FY 2010

Transaction Number	Fiscal Year	Dollar Amount	Userid	Vendor Name
1010000081	2010	$ 1,147.50	NBCBAM0	ALAN J GILBERT
1010000081	2010	$ 188.08	NBCBAM0	ALAN J GILBERT
1010000081	2010	$ 77.50	NBCBAM0	ALAN J GILBERT
1010000038	2010	$ 313.50	NBCBAM0	ALAN J GILBERT
1010000038	2010	$ 58.02	NBCBAM0	ALAN J GILBERT
1010000038	2010	$ 19.00	NBCBAM0	ALAN J GILBERT
1010000113	2010	$ 51.35	NBCBAM0	ALAN JAY GILBERT
1010000138	2010	$ 332.50	NBCBAM0	ALVIN H WARREN
1010000138	2010	$ 73.77	NBCBAM0	ALVIN H WARREN
1010000138	2010	$ 14.00	NBCBAM0	ALVIN H WARREN
BJBROOKS1	2010	$ 106.50	NBCBAM0	BENJAMIN J. BROOKS
BJBROOKS1	2010	$ 53.00	NBCBAM0	BENJAMIN J. BROOKS
BJBROOKS1	2010	$ 50.00	NBCBAM0	BENJAMIN J. BROOKS
1010000034	2010	$ 146.82	NBCJAG0	BRADLEY, MARGARET
1010000147	2010	$ 203.00	NBCBAM0	BRADLEY, MARGARET
1010000106	2010	$ 14.00	NBCBAM0	BRIAN SCRENAR
1010000137	2010	$ 106.50	NBCBAM0	BRIAN SCRENAR
1010000137	2010	$ 15.00	NBCBAM0	BRIAN SCRENAR
1010000119	2010	$ 68.50	NBCBAM0	CARLY MONTOYA
1010000119	2010	$ 106.50	NBCBAM0	CARLY MONTOYA
CMONTOYAPCA	2010	$ -	FSDCMO0	CARLY MONTOYA — REQ'D FROM PSC DEPT
1010000146	2010	$ 22.00	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
1010000004	2010	$ 45.00	NBCBAM0	DANIEL DAVIS, LAURA
1010000172	2010	$ 1,892.50	NBCBAM0	ELIZABETH MARSTERS
1010000172	2010	$ 196.43	NBCBAM0	ELIZABETH MARSTERS
1010000172	2010	$ 38.00	NBCBAM0	ELIZABETH MARSTERS
1010000098	2010	$ 30.50	NBCBAM0	HAYES, DAVID
1010000171	2010	$ 701.50	NBCBAM0	HEATHER ZICHAL
1010000171	2010	$ 72.44	NBCBAM0	HEATHER ZICHAL
910000265	2010	$ 54.33	NBCBAM0	HELEN B PADILLA
1060000114	2010	$ 14.00	NBCBAM0	JACQUELYNN K HANLEY
HANLEYNOLA	2010	$ 82.00	NBCBAM0	JACQUELYNN K HANLEY
HANLEYNOLA	2010	$ 25.00	NBCBAM0	JACQUELYNN K HANLEY

HANLEYNOLA	2010	$	409.76	NBCBAM0	JACQUELYNN K HANLEY
1010000107	2010	$	26.54	NBCBAM0	JAMES FRANCIS CATLIN
1010000144	2010	$	49.00	NBCBAM0	JANEA SCOTT
1010000028	2010	$	60.25	NBCBAM0	KATHERINE DUFFY PUSTAY
1010000028	2010	$	2.75	NBCBAM0	KATHERINE DUFFY PUSTAY
1010000103	2010	$	50.00	NBCBAM0	KATHERINE DUFFY PUSTAY
1010000105	2010	$	65.00	NBCBAM0	KEITH MOORE
1010000105	2010	$	576.25	NBCBAM0	KEITH MOORE
1010000105	2010	$	74.50	NBCBAM0	KEITH MOORE
1010000105	2010	$	65.54	NBCBAM0	KEITH MOORE
1010000080	2010	$	19.75	NBCBAM0	LANE, KENNETH L
1010000002	2010	$	12.50	NBCBAM0	LANE, KENNETH L
1010000002	2010	$	3.50	NBCBAM0	LANE, KENNETH L
1010000053	2010	$	12.00	NBCBAM0	LANE, KENNETH L
1010000120	2010	$	18.00	NBCBAM0	LANE, KENNETH L
1091000127	2010	$	18.00	NBCBAM0	LANE, KENNETH L
1010000066	2010	$	48.00	NBCBAM0	LENOR A SCHEFFLER BLAESER
1010000139	2010	$	1,006.50	NBCBAM0	LEWIS, COURTENAY C.
1010000139	2010	$	18.20	NBCBAM0	LEWIS, COURTENAY C.
1010000030	2010	$	34.65	NBCBAM0	LINDSEY DUBIN
1010000030	2010	$	142.50	NBCBAM0	LINDSEY DUBIN
1010000148A	2010	$	1,089.25	NBCBAM0	LINDSEY DUBIN
1010000148A	2010	$	93.00	NBCBAM0	LINDSEY DUBIN
10100000163	2010	$	115.00	NBCBAM0	LINDSEY DUBIN
10100000163	2010	$	45.00	NBCBAM0	LINDSEY DUBIN
1010000064	2010	$	25.00	NBCJAG0	LOIS EPSTEIN
1010000064	2010	$	27.00	NBCJAG0	LOIS EPSTEIN
1010000064	2010	$	106.50	NBCJAG0	LOIS EPSTEIN
1010000018	2010	$	63.00	NBCBAM0	LORRAINE V. FAETH
109100169	2010	$	28.75	NBCBAM0	LORRAINE V. FAETH
1010000007	2010	$	636.00	NBCBAM0	MARCIA MCNUTT
1010000007	2010	$	96.42	NBCBAM0	MARCIA MCNUTT
1010000007	2010	$	164.09	NBCBAM0	MARCIA MCNUTT
910000273	2010	$	353.25	NBCBAM0	MARCIA MCNUTT

910000273	2010	$	33.21	NBCBAM0	MARCIA MCNUTT
910000273	2010	$	74.00	NBCBAM0	MARCIA MCNUTT
910000282	2010	$	353.25	NBCBAM0	MASTEN, SUSAN
910000282	2010	$	33.21	NBCBAM0	MASTEN, SUSAN
1010000022	2010	$	45.21	NBCBAM0	MAXINE VELASQUEZ
1010000022	2010	$	92.00	NBCBAM0	MAXINE VELASQUEZ
1010000022	2010	$	335.50	NBCBAM0	MAXINE VELASQUEZ
1010000009	2010	$	339.50	NBCBAM0	MCGHEE, ROBERT
1010000170	2010	$	177.50	NBCBAM0	MICHAEL FRENCH
910000268	2010	$	202.86	NBCBAM0	NAWI, DAVID
910000268	2010	$	78.00	NBCBAM0	NAWI, DAVID
910000268	2010	$	187.63	NBCBAM0	NAWI, DAVID
1010000005	2010	$	139.50	NBCBAM0	NAWI, DAVID
1010000005	2010	$	25.10	NBCBAM0	NAWI, DAVID
1010000005	2010	$	77.00	NBCBAM0	NAWI, DAVID
1010000011	2010	$	241.50	NBCBAM0	NAWI, DAVID
1010000010	2010	$	160.40	NBCBAM0	NAWI, DAVID
1010000024	2010	$	5.00	NBCBAM0	NAWI, DAVID
1010000024	2010	$	70.05	NBCBAM0	NAWI, DAVID
1010000024	2010	$	77.00	NBCBAM0	NAWI, DAVID
1010000078	2010	$	641.00	NBCBAM0	NAWI, DAVID
1010000078	2010	$	52.26	NBCBAM0	NAWI, DAVID
1010000078	2010	$	78.73	NBCBAM0	NAWI, DAVID
1010000078	2010	$	7.00	NBCBAM0	NAWI, DAVID
1010000077	2010	$	66.50	NBCBAM0	NAWI, DAVID
1010000111	2010	$	15.00	NBCBAM0	NAWI, DAVID
1010000165	2010	$	19.50	NBCBAM0	PETERSON, SARAH
1010000152	2010	$	48.00	NBCBAM0	RAY JOSEPH
1010000152	2010	$	24.00	NBCBAM0	RAY JOSEPH
1010000152	2010	$	21.00	NBCBAM0	RAY JOSEPH
1010000153	2010	$	48.00	NBCBAM0	RAY JOSEPH
1010000153	2010	$	24.00	NBCBAM0	RAY JOSEPH
1010000153	2010	$	21.00	NBCBAM0	RAY JOSEPH
1010000154	2010	$	57.00	NBCBAM0	RAY JOSEPH

1010000154	2010	$	34.00	NBCBAM0	RAY JOSEPH
1010000154	2010	$	20.00	NBCBAM0	RAY JOSEPH
1010000050	2010	$	89.25	NBCBAM0	RAYMOND RIVERA
1010000097	2010	$	137.30	NBCBAM0	RAYMOND RIVERA
1010000067	2010	$	93.00	NBCBAM0	ROBERT STANTON
1010000090	2010	$	55.00	NBCBAM0	ROBERT STANTON
1010000130	2010	$	151.00	NBCBAM0	ROBERT STANTON
1040000129	2010	$	27.50	NBCBAM0	ROBERT STANTON
1010000156	2010	$	63.00	NBCBAM0	ROBERT STANTON
1010000122	2010	$	848.15	NBCBAM0	SARA TUMEN
1010000121	2010	$	371.00	NBCBAM0	SARA TUMEN
1010000121	2010	$	376.34	NBCBAM0	SARA TUMEN
1010000121	2010	$	27.30	NBCBAM0	SARA TUMEN
1010000122	2010	$	63.48	NBCBAM0	SARA TUMEN
1010000122	2010	$	458.92	NBCBAM0	SARA TUMEN
1010000006	2010	$	315.50	NBCBAM0	SHEILA MARAGO
1010000006	2010	$	30.31	NBCBAM0	SHEILA MARAGO
1010000006	2010	$	40.00	NBCBAM0	SHEILA MARAGO
1010000065	2010	$	591.50	NBCBAM0	STEFFANI A COCHRAN
1010000065	2010	$	81.04	NBCBAM0	STEFFANI A COCHRAN
1010000065	2010	$	92.00	NBCBAM0	STEFFANI A COCHRAN
1010000082	2010	$	1,595.08	NBCBAM0	STEPHEN A DOHERTY
1010000082	2010	$	217.55	NBCBAM0	STEPHEN A DOHERTY
1010000082	2010	$	99.64	NBCBAM0	STEPHEN A DOHERTY
1010000032	2010	$	591.50	NBCBAM0	STEPHEN A DOHERTY
1010000032	2010	$	78.04	NBCBAM0	STEPHEN A DOHERTY
1010000032	2010	$	55.00	NBCBAM0	STEPHEN A DOHERTY
1010000116	2010	$	338.75	NBCBAM0	STEPHEN A DOHERTY
1010000116	2010	$	11.83	NBCBAM0	STEPHEN A DOHERTY
1010000116	2010	$	445.50	NBCBAM0	STEPHEN A DOHERTY
1010000003	2010	$	64.00	NBCBAM0	STEVE BLACK
1010000068	2010	$	60.75	NBCBAM0	STEVE BLACK
1010000141	2010	$	55.75	NBCBAM0	STEVE BLACK
1010000033	2010	$	591.50	NBCBAM0	STEVEN STALLINGS

1010000033	2010	$	145.04	NBCBAM0	STEVEN STALLINGS
1010000033	2010	$	70.00	NBCBAM0	STEVEN STALLINGS
1010000029	2010	$	137.70	NBCBAM0	STONE, RENEE
1010000158	2010	$	7.00	NBCBAM0	STONE, RENEE
1010000031	2010	$	313.50	NBCBAM0	TRACEY FISCHER
1010000031	2010	$	45.17	NBCBAM0	TRACEY FISCHER
1010000031	2010	$	30.00	NBCBAM0	TRACEY FISCHER
1010000042	2010	$	53.71	NBCBAM0	UDOAKU CAMILLA IHENETU
1010000057	2010	$	53.25	NBCBAM0	WENDY WHITE EAGLE
1010000057	2010	$	30.00	NBCBAM0	WENDY WHITE EAGLE
1010000047	2010	$	205.96	NBCBAM0	WYNN, PATRICK
1010000047	2010	$	1,079.50	NBCBAM0	WYNN, PATRICK
1010000047	2010	$	121.81	NBCBAM0	WYNN, PATRICK

2010-07-01 11:30 FAX 2022085627 >> 3030697281 P 11/19

TRAVEL VOUCHER

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. 1010000138

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
a. FROM 03-14-2010
b. TO 03-15-2010

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

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Warren1
b. DATE(S) 03-11-2010

8. MAILING ADDRESS (Include ZIP Code) Warren, Alvin
P. O. Box 813
Espanola, NM 87532

9. PRESENT DUTY STATION
Espanola, NM

10. CHECK NO.

11. PAID BY
TDT/0

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and which passenger copies of 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)
Set attached ticket	1,841.50	DL	Economy	03-12-2010	Albuquerque, NM	Washington, DC and return
TMC/MAC	28.25					

211D $332.50
211T $73.77
211I $14.00

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

JUN 28 2010

06.29.10

13. I hereby 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 average cost of lodging incurred during the period covered by this voucher.

SIGNATURE ▶ [signature] DATE 5/31/10 AMOUNT CLAIMED ▶ $ 420.27

NOTE: Falsification of an item in an instrument or court works a forfeiture of claim (23 U.S.C. 251-4) 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; Ld. 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 (18 U.S.C. 6508).)

APPROVING OFFICIAL SIGNATURE ▶ [signature] DATE 6.22.10

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGNATURE ▶ 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 ▶ $ 420.27

18. ACCOUNTING CLASSIFICATION
2010 1000 DDC01 68

07.02.10

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)

Use this schedule to claim allowances for members of an employee's immediate family, show the children's names, ages, and relationship to employee and marital status of employee (unless this information is shown on the travel authorization).

Complete only for claimed overnight travel.

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

(h): Show expenses, such as laundry, cleaning and pressing of clothes, tips in taxi/bus, 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, or fare (if purchased with cash), local or long distance telephone calls for Government business, commercial relocation other than subsistence, etc.

226/71

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Warren

Warren

DESCRIPTION (a)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (c)	LUNCH (d)	DINNER (e)	TOTAL (f)	MISCELLANEOUS ITEMS EDGE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
Depart Albuquerque, NM						226.00					
Arrive Washington, DC			53.25			220.00	278.25			278.25	
Lodging tax											32.77 tax
Taxi											20.00 taxi
Taxi											8.00 taxi
Lodging/COL											13.00 taxi
Taxi DC/DCA											
Depart Washington, DC											
Arrive Albuquerque, NM			53.25				53.25			53.25	
Airport Parking											14.00 parking
										332.50	
SUBTOTALS ▶										6332.50	$67.77
TOTALS ▶										$332.50	$87.77

If additional space is required, continue on another SF 1012-A BACK, leaving 1in from blank.

Enter grand total of columns (l), (m) and (n), below and in item 12 on the front of this form. 87.77

TOTAL AMOUNT CLAIMED ▶ $420.27

STANDARD FORM 1012 BACK (10-77)

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

[redacted]

Pursuant to 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), F.O. 11609 of July 22, 1971, (36 FR 13747), E.O. 11609 of July 22, 1971, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b). The principal purpose of the requested information is to determine payment amounts to eligible individuals for allowable travel and transportation expenses incurred under administrative authorization while traveling on official business away from designated post of duty. The information on this form is used by agency officials and employees who have a need for the information in the performance of their official duties. It may be disclosed to a congressional office from the record of an individual in response to an inquiry from that congressional office made at the request of that individual. It 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 or person receiving payments which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary on all of the remaining reviewers. Failure to provide the information (other than SSN) required to support the claim may result in delay in issue of reimbursement.

UNITED STATES
DEPARTMENT OF THE INTERIOR
WASHINGTON, D.C. 20240
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

TRAVEL AUTHORIZATION

1. No. Warren1
2. 03/11/10 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Sheri Warren

5. OFFICIAL STATION Albuquerque, NM

6. TITLE Invitational

7. ACCOUNTING OFFICE Washington, DC

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

PLACES OF TRAVEL

(a) Albuquerque, NM

(b) Washington, DC and return

9. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a position at the Department of the Interior.

10. PER DIEM ALLOWANCE:

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

11. PERIOD OF TRAVEL: Beginning on or about 03/14/10 Ending on or about 03/15/10

MODE OF TRAVEL

12. [X] Common carrier 14. Extra fare 15. Government-owned conveyance

13. [ ] 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)
Luggage, airport parking, taxi fare

19. Shipment household goods and personal effects

ESTIMATED COST		
19. Transportation	$	1175.30
20. Per Diem		393.00
21. Other		100.00
22. TOTAL	$	1668.00

23. CHARGED TO:
2010 1000 DDD01 GS

24. [signature] (SIGNATURE, TITLE OF CERTIFYING OFFICIAL)

25. [signature] (SPECIAL CERTIFYING OFFICER SIGNATURE)

26. [signature] (SIGNATURE OF TRAVELER)

27. Invitational (TITLE)

28. [signature] (APPROVING OFFICIAL SIGNATURE)

29. Deputy Chief of Staff (TITLE)

March 12, 2010

Carlson Wagonlit Travel

SatoTravel.

To: ALVIN WARREN

To: NGB/SDO
STATE MAS**INVITATIONAL**.

Sales Person: 77
Locator: JLAGZE
Customer Number: (b) (6) [redacted]

[illegible] PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
[illegible] IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.

Sunday March 14, 2010

Delta Airlines
Class of Service: Coach Class Y
Depart: ALBUQUERQUE, NM
Arrive: ATLANTA, GA
Total Flight Time:
Equipment: M88
Meal Service: Available For Purchase
Status: Confirmed
DEP-SOUTH TERMINAL

Flight Number: 1022

1:10 Pm March 14, 2010
6:09 Pm March 14, 2010
2 Hours 59 Minutes Non-Stop

Confirmation Number: QDTJJB

Sunday March 14, 2010

Delta Airlines
Class of Service: Coach Class Y
Depart: ATLANTA, GA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: M88
Meal Service: None
Status: Confirmed
Reserved Seat: WARREN/ALVIN 23D
DEP-SOUTH TERMINAL ARR-TERMINAL B

Flight Number: 1976

7:20 Pm March 14, 2010
9:09 Pm March 14, 2010
1 Hour 49 Minutes Non-Stop

Confirmation Number: QDTJJB

Sunday March 14, 2010

WASHINGTON/NATL,DC
KIMCO HOTEL RALOHAN 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: 226.00 USD Per Night
Check In: Mar 14, 2010
Check Out: Mar 15, 2010
Confirmation Number: 1093551403
Cancellation Policy: Cancel 24 hours prior.
Directions: AIRPORTS

Monday March 15, 2010

American Airlines
Class of Service:Coach Class Q
Depart: WASHINGTON/NAT,DC
Arrive: DALLAS/FT WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Mail Service: Available For Purchase
Status: Confirmed
Reserved Seat: WARREN/ALVIN 17D
ONEWORLD
ONEWORLD

Flight Number: 2001

6:10 Pm March 15, 2010
8:40 Pm March 15, 2010
3 Hours 30 Minutes Non-Stop

Confirmation Number: JLACZF

Monday, March 15, 2010

American Airlines
Class of Service:Coach Class Q
Depart: DALLAS/FT WORTH,TX
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Mail Service: None
Status: Confirmed
Reserved Seat: WARREN/ALVIN 27E
ONEWORLD

Flight Number: 657

10:00 Pm March 15, 2010
10:50 Pm March 15, 2010
1 Hour 50 Minutes Non-Stop

Confirmation Number: JLACZF

	Invoice/Ticket	Fare	Tax1	Tax2	Tax3	Total
[illegible]	[illegible]	1023.26	75.74US	14.80XF	10.00AY	1,144.80
[illegible]	[illegible]	28.25				28.25
					Total Amount:	1,168.38

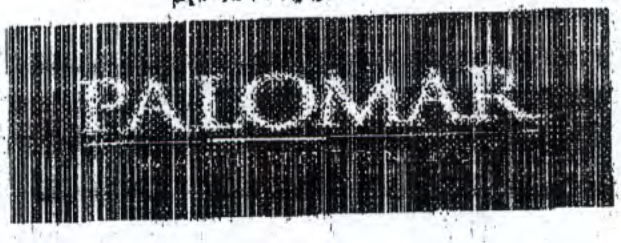
SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

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

A. Warren - [illegible]

Page 1 of 1

Hotel Palomar
[illegible] Street NW
Washington DC [illegible]
(T) 202.448.1800
(F) 202.448.1801
www.[illegible]palomar-dc.com



PALOMAR

226/71

WARREN, ALVIN

Room Number: 510
Daily Rate: 226.00
Room Type: EXKG
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
[illegible]	03/15/10	(b) (6) [redacted]	SAT	INEG	11420286694

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
[illegible]	510	ROOM CHARGE	#510 WARREN, ALVIN	$226.00
03/14/10	510	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$32.77
03/15/10	510	LONG DISTANCE	510/07:24/10/5057531627	$19.75
03/15/10	510	LOCAL CALL	510/07:33/3/2028341262	$1.00
03/15/10	510	LOCAL CALL	510/08:19/3/2028341262	$1.00
03/15/10	510	MASTERCARD	MASTERCARD	($280.52)

TOTAL DUE: $0.00

KIMPTON hotels & restaurants

800.KIMPTON • KIMPTONHOTELS.COM

A. Warren
DOI Interview

Pandi Express
[illegible]

[illegible]	1.49
[illegible]	1.60
Subtotal	8.09
Tax	0.75

FREE ENTREE ITEM!
WE VALUE YOUR OPINION!

[illegible]

Total	8.82
Master Card	8.82

[illegible]

Customer Copy

A. Warren DOI Interview

TAXICAB RECEIPT

Origin of trip: DOI

Destination: Reagan Int'l Airport

Fare: $12.00

Time: 3/15/10

Date:

Sign: [illegible]

A. Warren
DOI Interview

CITY OF ALB AVIATION PAC
3200 SUNPORT BLVD SE
ALBUQUERQUE NM 87106
[illegible]

Tone ID: [illegible] Ref #: [illegible]

Sale

(b) (6) [redacted]

MASTERCARD Entry Method: Swiped

Total: $ 14.50

03/15/10 22:44:15
Inv #: 000079 Appr Code: 078059
Batch#: 000011
Zip Code:

Customer Copy

THANK YOU!

A. Warren
DOI Interview

Matchi Lounge
Albuquerque Sunport, New Mexico
(505) 842-4220

405004 Phuc

CHK 2939 MAR14'10 12:43GST 1

1 Grab N Go Sndwch	7.29
1 Chips	1.29
Subtotal	8.58
Tax	0.57
Payment	9.15
MASTERCARD	9.15

(b) (6) [redacted]

DOI Interview
A. Warren

[illegible]

Transaction #: 35
Card Type: MasterCard
Acct: [illegible]
Entry: Swiped
Hdq Amt: 38.25

Tip: $ 7.00

Total Amt: 35.25

Reference No.: 4039693489
Auth Code: 4[illegible]
Response: APPROVAL 4[illegible]
Sequence Number: 0005

A. Warren
DOI Interview

Urbana
Restaurant and Wine Bar
2121 P St.
Washington, DC
202-466-6952

[illegible]	005: 03/15/2010
[illegible]	03/15/2010
[illegible]	8/30/10
[illegible]	3145/35
Card (b) (6) [redacted]	
Magnetic card present: Yes	
Ref: [illegible] 220136	

Amount 20.90
+ Tip: 4.00
Total 24.90

Guest Copy

A. Warren
DOI Interview

G STREET FOOD

[illegible]
WASHINGTON, DC [illegible]
[illegible]

MON MARCH 15, 2010
CHECK [illegible]

1 MARTIN/IMMO	[illegible]
1 CS & FRIES	[illegible]
1 BURGER	[illegible]
SUB-TOTAL	[illegible]
STATE TAX	[illegible]
TOTAL	[illegible]

Time: 12:43 1 CUSTOMER

THANK YOU VERY MUCH
PLEASE COME AGAIN !!!

YOU HAVE BEEN SERVED
BY : JANICE

MASTER CARD EFT : [illegible]39.22
(b) (6) [redacted]

A. Warren - DOI Interview
TAXI DRIVER'S CUSTOMER RECEIPT
www.mafbsocpsh.com

Cab #: ID #:
Charge Account:
To: Hotel Palomar
Room: [illegible]
# of Passengers: [illegible]
Total Fare $ [illegible] Time/Date [illegible]
Driver Signature:

A. Warren - DOI Interview
Total Cab Receipt

DATE: 3/15/10 TIME: 11:10 AM
ORIGIN: Hotel Palomar CAB #
DESTINATION: DOI
FARE: $ [illegible] SIGNATURE

FAX FROM THE DESK OF

Jolene Romero
NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5689
FAX: 303-969-6631

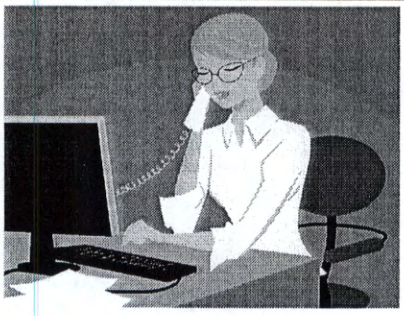
TO Barb Martin

FAX: 202-208-5627

Date: 06/23/10

Total Pages 2

MESSAGE: .



07:41:55 Tue Jul 06, 2010

DOCID: TV O 1010000138
STATUS: SCHED BATID: TV O 187JR1 SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000138 VOUCHER PARTIAL/FINAL: F
LOG DATE: 06 29 2010 DOC ACTION: TOTAL VERIFIED: 420.27
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 03 14 2010 END DATE: 03 15 2010 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: 585513991 DAYS: OWED EMPLOYEE: 420.27 I/D:
NAME : ALVIN H WARREN 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: (b) (6) (b) (6)
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

Travel Voucher (TV) Header Screen

Traveler Information

[redacted] ? Home Org: 100b

Name: ALVIN H WARREN

Address: (b) (6) [redacted]

(b) (6) [redacted] (b) (6) [redacted]

Comments To Print

Document Actions

New Modify Cancel

Amounts

Total Claimed	420.27	
Owed Traveler	420.27	I/D
Taxable		I/D
Tax Withheld		I/D
WTA	0.00	
Ticket	0.00	
Adjustment	0.00	I/D

Travel Information

Ref TC/Doc No: TO 1010000138 Offset Ind: Y

Trans Type: EX B/Y/S: Payment Cat: H

Purpose: 0 (Enter up to 5 travel purposes)

Dates

Begin Date: 03 14 2010 End Date: 03 15 2010

TV Date: Acct Period:

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TABV | TOHT | TOLT | Other

End

Department of the Interior

Office of The Secretary/OS
Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	0

Julian Date	Prep Unit	Sequence Number
187	JR	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
07.06.10	1	1

System Checked By: JR Date 07.06.10

Batch Approval

_____

_____

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.: BJBrooks1

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Brooks, Ben J.

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

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

d. OFFICE TELEPHONE NO.:

e. PRESENT DUTY STATION: Phoenix, AZ

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

6. PERIOD OF TRAVEL: a. FROM 07-29-2010 b. TO 07-30-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) BJBrooks1 b. DATE(S) 07-27-2010

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 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 sticket	999.40	US	Economy	07-27-2010	Phoenix, AZ	Washington, DC and return
TMC Fee	28.25					

Invitational travel. Traveler interviewed for a position at DOI with the Secretary. Air fare purchased with corporate card. No lodging claimed.

8/9/10 Need Ach to be added to system.

AUG -9 2010

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 ▶ Ben Brooks DATE 8/4/10 AMOUNT CLAIMED ▶ $ 209.50

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 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 8.6.10

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 ▶ $ 209.50

18. ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

2010-08-09 10:32 FAX 2022085627 >> 3039696631 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.

226/71

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

TRAVEL AUTHORIZATION NO. BJBrooks1

TRAVELER'S LAST NAME Brooks

2010 (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)
07/29	8:47 am	Depart Phoenix, AZ											
	4:08 pm	Arrive Washington, DC				3/4	53.25		53.25			53.25	
		Luggage fee											25.00 C
07/30		Taxi Lodging/DOI											13.00 T
		Taxi DOI/Lodging/DCA											40.00 T
	5:15 pm	Depart Washington, DC											
	7:08 pm	Arrive Phoenix, AZ				3/4	53.25		53.25			53.25	
		Baggage fee											25.00 C
										SUBTOTALS ▶		$106.50	$103.00
										TOTALS ▶		$106.50	$103.00

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 ▶ $209.50

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.

This form was electronically produced by Elite Federal Forms, Inc

STANDARD FORM 1012 BACK (10-77)

101•32 *
101•32 +
101•32 +
101•32 +
0•C
71• ×
75• =
5,325•00 +
0• C
0• C
53•25 +
53•25 +
106•50
25•00 +
13•00 +
40•00 +
25•00 +
209•50

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1940

TRAVEL AUTHORIZATION

1. No. BJBrooks1
2. DATE 07/27/10
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Brooks, Benjamin John
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 will interview for a job 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 07/29/10 Ending on or about 07/30/10

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare
15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of 50 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)
    Taxi fare, luggage fee, parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	999.40
21. Per Diem		276.50
22. Other		180.00
23. TOTAL	$	1456.90

24. CHARGED TO:
2010 1000 DDD01 68

25. (TRAVEL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

Deputy Chief of Staff (TITLE)

HMSHost Burger King Store #13055
N1 Burger King
Phoenix Sky Harbor Int'l Airport

B755 ATHJK

CHK 751 JUL29'10 7:58AM

1 Reg CHB CRS HEC 5.79

Subtotal	5.79
Tax	0.54
Amt Paid	6.33
Cash	20.00
Change Due	13.67

HMSHost
N1 Burger King
Phoenix Sky Harbor Int'l Airport

Customer Copy
Open City

Open City

Current Batch 07282010
Thu 7/29/2010 10:33:08 PM
Check 813 Table 203
Carly 137

Cardholder acknowledges receipt of goods in the amount of the TOTAL shown here and agrees to perform the obligations set forth in the Cardholder agreement with the Issuer.

Visa (b) (6) [redacted]
Approval 022421

BASE	$12.27
Tip	2.00
TOTAL	14.27

Customer Copy

Show your appreciation!
Please Tip Your Server.

Thank you for dining at Open City.

DC TRIP / CAPPED
ABAFOGI H J
CAB # 2145
07/30/10 TR 9388
START END MILES
08:50 09:02 4.2
FARE FOR EA RATE
RATE 1: $ 10.25
EXTRA: $ 2.75
TOTAL: $ 13.00
THANKS
DC TAXICAB COMM
TEL 202 645-6018

Cinnabon #274
Washington Nat'l Airport
Phone: 703-417-1654

07/30/2010 4:37PM 01
000000#1695 CLERK01

classic	$3.99
bottle water	$1.85
NOSE ST	$5.84
TAX1	$0.47
ITEMS	2
***TOTAL	$6.31
CASH	$10.00
CHANGE	$3.69

TAXICAB RECEIPT

Time: 2:00PM
Date: 7/30/10
Origin of trip: DCA - Hotel
Destination: DCA
Fare: $40
Sign:

U·S AIRWAYS

U·S AIRWAYS E-TICKET RECEIPT

DG1NCB/US 30JUL10 BF0D83Y1

BROOKS/BENJAMINJOH ARRIVAL

1000A EXCESS BAG EBC US 9957 Y 30JUL 1130A FEE FEE

FROM TO
EBC FEE

FP [redacted]/0810/104538 /FC BAGGAGE FEE (1B) 01 0025 (2B) 00 0000 (3B) 00 0000 (OH) 00 0000 (OZ) 00 0000(SE) 00 0000 USDTTL 025.00E

ND

FARE USD 25.00 DOCUMENT NUMBER 0372397571297
TAX US .00
TAX NO CASH VALUE
TOTALUSD 25.00

THANK YOU FOR FLYING
US AIRWAYS

U·S AIRWAYS

U·S AIRWAYS E-TICKET RECEIPT

CX70E3/US 29JUL10 BF180AB4

BROOKS/BENJAMINJOH ARRIVAL

1000A EXCESS BAG EBC US 9957 Y 29JUL 1130A FEE FEE

FR US AIRWAYS
BAG CLAIM CHECK
BROOKS/BENJA B4 KKS
29JUL10 07:31
US 44 DCA PNR: CCBDTL
BAGS CHKD: 000001 OF 01
US401407

FP VIXXXXXXXXXXXX5294/0810/760856 /FC BAGGAGE FEE (1B) 01 0025 (2B) 00 0000 (3B) 00 0000 (OH) 00 0000 (OZ) 00 0000(SE) 00 0000 USDTTL 025.00E

ND

FARE USD 25.00 DOCUMENT NUMBER 0372397399372
TAX US .00
TAX NO CASH VALUE
TOTALUSD 25.00

THANK YOU FOR FLYING
US AIRWAYS

July 28, 2010

SatoTravel

For: BENJAMIN JOHN BROOKS

To: NGMSDOI
ETKT 27JUL NN FOP.

Sales Person: LD
Locator: OPGQXE
Customer Number: (b) (6)

*TICKET PURCHASED WITH CA (b) (6)
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Thursday July 29, 2010

US Airways
Class of Service:Coach Class T
Depart: PHOENIX, AZ
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: BROOKS/BENJAMIN JOHN 15D
DEP-TERMINAL 4 ARR-TERMINAL C

Flight Number: 44

8:47 Am July 29, 2010
4:09 Pm July 29, 2010
4 Hours 22 Minutes Non-Stop

Confirmation Number: CCBDTL

Friday July 30, 2010

US Airways
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: PHOENIX, AZ
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: BROOKS/BENJAMIN JOHN 15B
DEP-TERMINAL C ARR-TERMINAL 4

Flight Number: 43

5:15 Pm July 30, 2010
7:06 Pm July 30, 2010
4 Hours 51 Minutes Non-Stop

Confirmation Number: CCBDTL

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
BROOKS BENJAMIN JOHN	6380/0377902308115	909.76	68.24US	7.40ZP	14.00XT	999.40
BROOKS BENJAMIN JOHN	6380/8900525923387	28.25				28.25
					Total Amount:	1,027.65

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 877-668-2554

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
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
NON-CONTRACT/NON-GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL
CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

GOVERNMENT ISSUED ID IS REQUIRED

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

FOR INFORMATION ON TSA SECURE FLIGHT PROGRAM

VISIT WWW.TSA.GOV

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 888-488-6135 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 877-834-3459
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

P.01

TRANSACTION REPORT

AUG-09-2010 MON 08:54 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
AUG-09	08:52 AM	FAX	1'58"	10	FAX RX	OK		

P. 01

TRANSACTION REPORT

AUG-11-2010 WED 10:16 AM

FOR: DOI-OS-DENVER 3039696631

SEND DATE START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
AUG-11 10:13 AM	912022085627	3'23"	2	FAX TX	OK	925	

TOTAL : 3M 23S PAGES: 2

FAX FROM THE DESK OF

BARBARA SMITH

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5697
FAX: 303-969-6631

TO Barb Martin

FAX: 2022085627

Date:

Total Pages

MESSAGE:

0:03:06 Wed Aug 11, 2010

DOCID: TV S BJBROOKS1
BATID: TV S 223ESA SEC2:

STATUS: SCHED

TRAVEL VOUCHER DOCUMENT

REF TRANSACTION: TO BJBROOKS1 VOUCHER PARTIAL/FINAL: F

TRANS DATE:
LOG DATE: 08 09 2010 DOC ACTION: TOTAL VERIFIED: 209.50
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 07 29 2010 END DATE: 07 30 2010 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: 527933562 DAYS: OWED EMPLOYEE: 209.50 I/D:
NAME : BENJAMIN J. BROOKS 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: (b) (6) (b) (6)
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	
---	----------	-------	----------	---	----------	----------	

Department of the Interior

OFFICE OF THE SECRETARY

Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	S

Julian Date	Prep Unit	Sequence Number
223	ES	A

Batch Totals

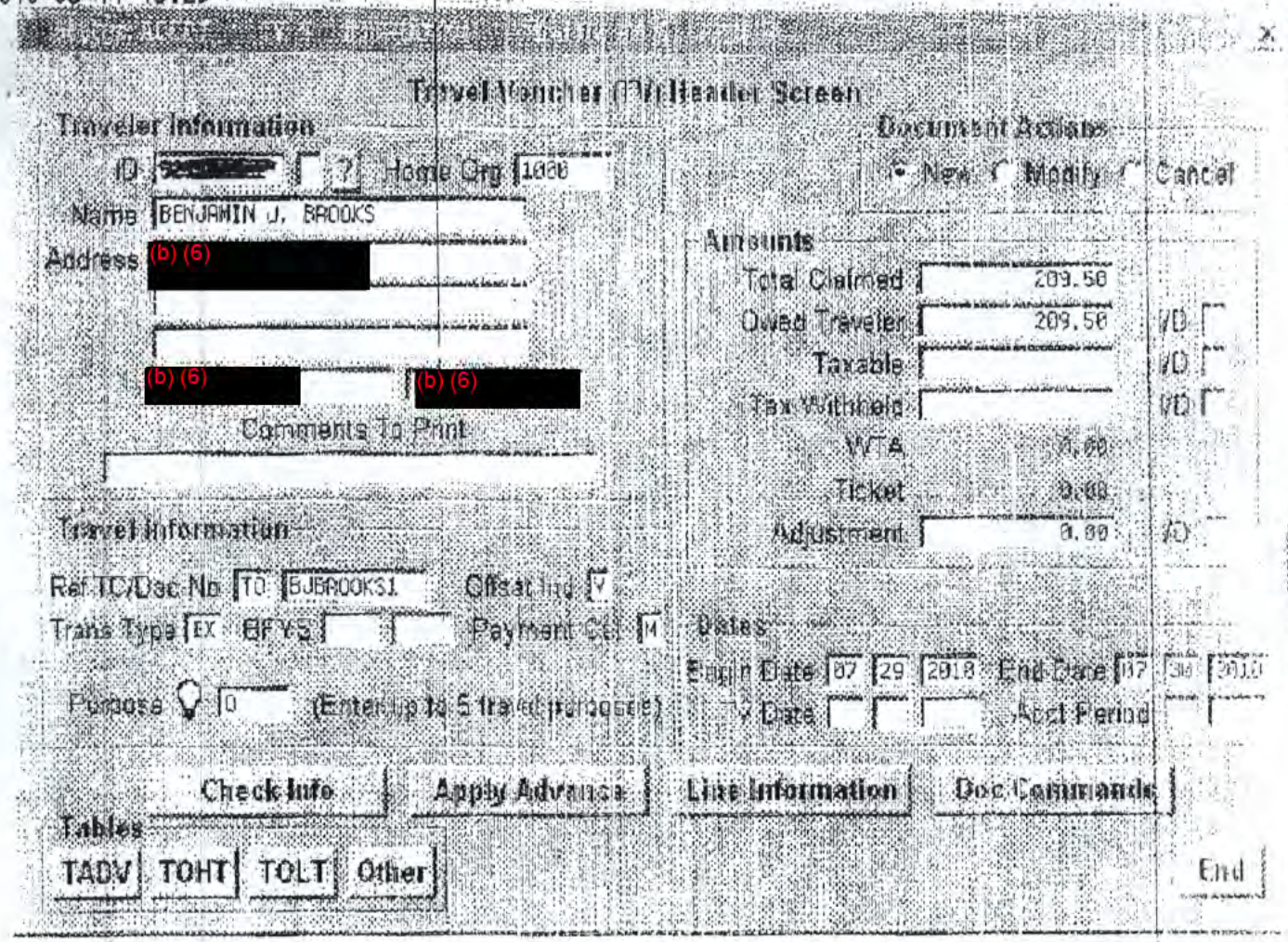
Input Date	Number of Documents	Net Total (Required)
8-11-10	1	209.50

System Checked By: LS Date 8-11-10

Batch Approval

Approved By: _____

Date Approved: _____


Travel Voucher (TV) Header Screen
Traveler Information
ID
Home Org 1000
Name BENJAMIN J. BROOKS
Address (b) (6)
(b) (6)
(b) (6)
Comments To Print
Document Actions
New
Modify
Cancel
Amounts
Total Claimed 209.50
Owed Traveler 209.50
Taxable
Tax Withheld
VITA 0.00
Ticket 0.00
Adjustment 0.00
Travel Information
Ref TC/Doc No TO BJBROOKS1
Offset Ind Y
Trans Type EX
Payment Cat M
Dates
Begin Date 07 29 2010
End Date 07 30 2010
Purpose 0
(Enter up to 5 travel purposes)
Y Date
Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV
TOHT
TOLT
Other
End

2010-04-30 12:25 FAX 2022085637 → 303 969 7284 P.5/8

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

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

5. PAID BY

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

CLAIMANT 4.

a. NAME (Last, first, middle initial) 1010000106
Scrence, Brian

(b) (6) [redacted]

c. MAILING ADDRESS (include ZIP Code)
1849 C Street, NW
Washington, DC 20240

d. OFFICE TELEPHONE NUMBER

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 2010 (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)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
04/15	C	Taxi to DOI to transport AGO materials cross town				14.00		
			APR 27 2010					
			APR 27 2010					
			APR 27					

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)) ▶ $ 14.00

TOTALS 14.00

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 4-23-10

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 4/21/10

BD 4-30-2010

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO

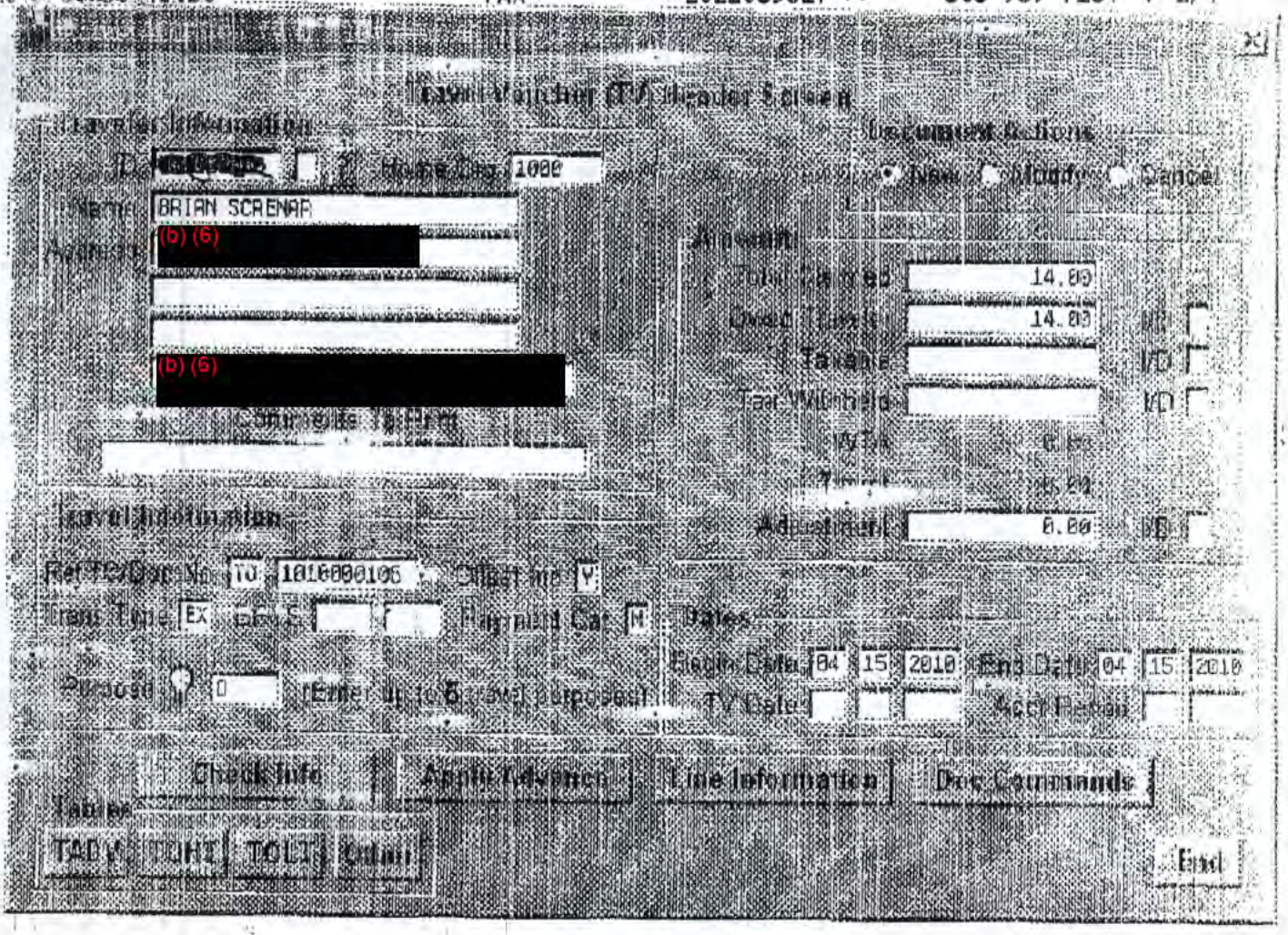
ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

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

STANDARD FORM 1159 (Rev. 11-77) Prescribed by GSA, FIRM (CFR 41) 101-7

DC TRIP / CAPPED
GRAND
CAB # 648
04/18/10 TR 0095
START END MILES
20:18 20:25 1.0
FARE OTH LA RATE
RATE : $ 6.75
EXTRA: $ 4.50
TOTAL: $ 11.25
THANKS
DC TAXICAB COMM
TEL 202 645-3018


Travel Voucher (TV) Header Screen
Traveler Information
ID
Home Dep 1000
Name BRIAN SCRENAR
Address (b) (6) [redacted]
(b) (6) [redacted]
Comments To Print
Document Actions
New
Modify
Cancel
Amount
Total Claimed 14.00
Overall Total 14.00
Taxable
Tax Withheld
Adjustment 0.00
Travel Information
Ref TC/Doc No TO 1010000106
Offset Ind Y
Trans Type EX
Payment Cat M
Dates
Begin Date 04 15 2010
End Date 04 15 2010
Purpose 0
(Enter up to 6 travel purposes)
TV Date
Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV
TOHT
TOLT
Other
End

Department of the Interior

Office of The Secretary/OS
Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	0

Julian Date	Prep Unit	Sequence Number
119	BIA	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
4-30	3	

System Checked By: _____ Date _____

Batch Approval

_____

_____

2010-07-01 11:28 FAX 2022085627 >> 3039607204 p.2

TRAVEL VOUCHER

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.
1010000137

4. SCHEDULE NO.

1010000137 (b) (6)

5. NAME (First, Middle Initial, Last)
Screnar, Brian

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 05-14-2010
b. TO 05-15-2010

7. TRAVEL AUTHORIZATION
a. NUMBER(S) ScrenarNOLA
b. DATE(S) 06-14-2010

a. ADDRESS (Include ZIP Code)
1849 C Street, NW
Washington, DC 20240

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

f. PRESENT DUTY STATION
Washington, DC

8. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE
JUN 28 2010

10. CHECK NO.
11. PAID BY
TDT/O

Traveler's Initials

12. GOVERNMENT TRANSPORTATION RECEIPTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number each ticket issued each passenger as given, if cash is used to purchase ticket or reserve same.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges scheduled 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 eticket	DL	Economy	05-14-2010	Washington, DC	New Orleans, LA
See attached eticket	AT	Economy	05-15-2010	New Orleans, LA	Washington, DC
		241.10			
		241.26			

Traveler staffed the Secretary at a meeting with MMS in the Gulf region. Due to inclement weather, traveler missed his connecting flight in Atlanta. In order to make the events in New Orleans in time, traveler rented a car and drove to New Orleans.

211D $106.50
211I $15.00

Rental car approved: Lenice Horne

received them on 6.29.10 6.29.10 new fax # [redacted]

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment of it has not been received by me. Where applicable, per diem claimed is not in excess of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE
DATE 6/23/10
AMOUNT CLAIMED $ 121.50

NOTE: Fraudulent or dishonest filing of this claim may subject you to 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. Travel was 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 be authorized in writing by the head of the department or agency to so certify (5 U.S.C. 5707).)

APPROVING OFFICIAL SIGN HERE
Lenice Horne
DATE 6.24.10

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 $ 121.50

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

15. VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE
DATE

16. ACCOUNTING CLASSIFICATION
3010 1000 D0C001 G4

07.02.10

1012-106
NSN 7540-00-484-4180
STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7
This form was automatically produced by Cole Publishing Co. Inc. 1012

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

This voucher replaces per diem allowances for members of employee's immediate family, dependent parents, ages and relationship to employee and marital status of children (attach statement if shown on the travel authorization.)

Col. (a) Date
Col. (b) City
Col. (c) Enter amount claimed for each meal, including tax, tips, and daily total meal cost.
Col. (d) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
(e) Complete for per diem and actual expense travel.
(f) Show total subsistence expense incurred for actual expense travel.
(g) Show per diem amount (not to exceed maximum rate) or travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.
(h) 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 or certain subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

ScreinarNOLA

TRAVELER'S LAST NAME

Screinar

ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE:	AMOUNT CLAIMED		
DESCRIPTION (a)	MEALS			MISCELLANEOUS SUBSISTENCE (d)	LODGING (e)	TOTAL SUBSISTENCE EXPENSE (f)	NO. OF MILES (g)	MILEAGE (h)	SUBSISTENCE (i)	OTHER (j)
	BREAKFAST (b)	DINNER (c)	TOTAL (d)							
Depart Washington, DC										
Arrive Atlanta			53.25			53.25			53.25	
Rental Car ($406.06)										
Arrive New Orleans										
Lodging ($ 123.00)										
Lodging Tax ($17.28)										
Gasoline ($40.14)										
Depart New Orleans										
Arrive Washington, DC			53.25			53.25			53.25	
Parking										15.00
						SUBTOTALS ▶			$106.50	$15.00
						TOTALS ▶			$106.50	$15.00

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

Enter grand total of columns (i), (j) and (k), below and in item 19 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $121.50

Authority: Privacy Act of 1974. The following information is provided to you in connection with the filing of an employee, the issuance of a penalty or assistance, or overall policies of the performance of official duty while on Government status. Your Social Security Account Number (SSN) is solicited under the authority of 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 of your SSN and other requested information is voluntary. Disclosure of your SSN and other requested information is voluntary. In income. Disclosure of your SSN and other requested information is voluntary. 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)

1. No. ScrenarNOLA
2. 05/14/10 (DATE)

TRAVEL AUTHORIZATION

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Brian Screnar
5. OFFICIAL STATION Washington, DC
6. TITLE White House Liaison
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
TO: New Orleans and return

9. PURPOSE AND REMARKS:

Staff the Secretary for a meeting with the MMS chief investigator regarding Deepwater Horizon.

10. 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 05/14/10 Ending on or about 05/15/10

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) [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)
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	378.65
21. Per Diem		242.00
22. Other		100.00
23. TOTAL	$	720.65

24. CHARGED TO:
2010 1000 DD001 31

25. _____ (FISCAL OFFICER'S SIGNATURE)

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

(1) Tuesday, June 22, 2010 1:29:19 PM EDT

[illegible] NUMBER NOT FOUND IN ELECTRONIC TICKET DATABASE-0022

PQR - REISSUE DETAILS

PQR 2 [illegible]

[illegible] EXCH TKT 0067889246521 TTL USD 350.40
REFUND TTL USD -180.70 Changed Return ID Air Iran Flight

BASE FARE		TAXES	TOTAL
[illegible]		22.56XT	USD180.70
[illegible]	3.70XP	2.50AY	4.50XF

[illegible] KCADCA
[illegible] USD147.91END ZRDCA XFDCA[illegible]
VALIDATING CARRIER SPECIFIED [illegible]
[illegible] 14MAY [illegible] KCADCA N1
[illegible]
[illegible] REFUND 0.0 PCT
VALIDATING CARRIER-[illegible]
[illegible] 1553/17MAY PRICE-AGT

$169.70 - One Way TTL
Washington - New Orleans on
Delta

[illegible]

[illegible]

[illegible]

[illegible] REF: 3D01XXOS

[illegible] ESTIMATED AIRFARE ON 14MAY AT 0824 IS 241.70

[illegible] SATURDAY

[illegible] AIRWAYS	FDT:14L	COACH	EQP: ECF:NO 717
[illegible]		35LB	COHR 25MIN
[illegible]		716P	NON-STOP
			REF: D9DSGW

[illegible] SEAT [illegible]

[illegible]	[illegible]	SCHENAR BRIAN	241.70
		BILLED TO MASTERCARD	
		SUB TOTAL	241.70
		NET CC BILLING	241.70
		TOTAL AMOUNT DUE	0.00

[illegible] HOURS EMERGENCY 866 219 6444
[illegible] VACATION AND WE HAVE THE PERFECT ONE
[illegible] INCLUDING [illegible] TARM RATES. VISIT
[illegible] COM OR CALL [illegible] FREE 877-698-2554

[illegible] 14MAY
[illegible] 14MAR
[illegible] NON-GOVERNMENT FARES ARE NOT GUARANTEED
[illegible] AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
[illegible] NO. S RECOMMENDED.

[illegible] ARE NONREFUNDABLE

[illegible] TICKETS MUST BE RETURNED TO SAIOTRAVEL
[illegible] RONIC TICKETS

[illegible] ISSUED IS REQUIRED

CONTINUED ON PAGE 2

[illegible]

[illegible]
[illegible] SCRENAR
[illegible]
[illegible]
[illegible]

[illegible] RE: GDOCDOCS

[illegible] CHARGE A FEE FOR CHECKED BAGGAGE
[illegible] AIRLINE CARRIERS WEBSITE FOR
[illegible] CHECKED BAGGAGE FEES

[illegible] ITINERARIES ONLINE PLEASE GO TO
[illegible] IRFUBIGYTHERE.COM [illegible]
[illegible] CODE AND NAME IN
[illegible] AND ENTER

[illegible] ON THE [illegible] PROGRAM

[illegible] WITH SATO TRAVEL
[illegible] NUMBERS FOR YOUR ACCOUNT
[illegible] TRAVEL RESERVATIONS PLEASE CALL
[illegible] OFFICE DURING NORMAL BUSINESS HOURS
[illegible] NUMBER 566-[illegible] 2 MON-FRI 8AM-8PM [illegible]
[illegible] ASSISTANCE WILL IN TRAVEL STATUS ONLY
[illegible] 866-506-[illegible]
[illegible] TRAVEL ORDERS IS 800-300-8751
[illegible] TO CHANGE AND A RLINE FUEL SURCHARGES
[illegible]
[illegible] A VACATION AND WE HAVE THE PERFECT ONE
[illegible] INCLUDING MILITARY RATES. VISIT
[illegible] TREE 877-695-2554

THE [illegible]
[illegible] BEATLING [illegible]
LONGBEACH, [illegible]
[illegible]

[illegible]

[illegible]

[illegible] 1,56[illegible]
[illegible] [illegible]

[illegible]
[illegible] $ 2.799
[illegible] $ 40.74

Total $ 40.74

Tell us about
your shopping
experience by
[illegible]
[illegible]

[illegible]
CHOOSING CHEVRON

A L A M O

RA 718917547 Inv 0
Rental 14-MAY-2010 10:51 PM
ATLANTA ARPT
Return 15-MAY-2010 03:17 PM
NEW ORLEANS ARPT

BRIAN SCRENAR
Vehicle # AN168449
Model AVENGER SXT
Class Driven SCAR Class Charged ILAR
License# BLA9592 State/Province LA
M/kms Driven 731
M/Kms Out 3803
M/Kms In 4534

US GOVERNMENT/MILITARY - OFFICIAL
Contract ID GOV017
Billing Ref 15283[illegible]

Charges	No	Unit	Price	Amount
EDW/LDW	1	Days		0.00*
FSO	1	Rental	47.30	47.30
T & M	1	Days	48.00	48.00*
EXTRA T&M	731	M/Kms	0.35	255.85*
VEH LIC FEE				0.72*
AP CONCESSION FEE RECOV				34.59*
GOV ADMIN RT SPLMNT $5/D				5.00*
CUSTOMER FACILITY CHARGE				4.50
RNTL MTR VEH EXCISE TAX				10.30

Total Charges USD 406.06

Deposit MC 8014

Amount Due USD 406.06

* Taxable Items
Subject to Audit
Customer service Number 1(800) 445-5664

PARKING MANAGEMENT SERVICES
DATE 5/15/10
AMOUNT PAID 0.5

INTERCONTINENTAL.
NEW ORLEANS

05-15-10

Mr Brian Schenk
(b) (6) [redacted]

Folio No.	:	Room No.	: 0924
A/R Number	:	Arrival	: 05-15-10
Group Code	:	Departure	: 05-16-10
Company	: Sato Travel	Conf. No.	: 62537248
Membership No.	:	Booking #	:
Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
05-14-10	No Show	133.00	
05-14-10	Room State Tax	11.97	17.29
05-14-10	Room City Tax	5.32	
	Total	**150.29**	**0.00**
	Balance	**150.29**	

Guest Signature: _____

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 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.

444 St. Charles Avenue, New Orleans, LA 70130-3171 USA Tel: (504) 525.5566 Fax: (504) 523.7910
http://new-orleans.intercontinental.com neworleans@ihg.com

Bradley, Margaret

From: Screnar, Brian
Sent: Tuesday, June 22, 2010 11:14 AM
To: Bradley, Margaret
Subject: RE: May trip to the GULF

flew commercially through Atlanta. Because of weather in DC, we were delayed an hour to Atlanta and missed our connection to New Orleans, hence Kendra and I rented a car and drove 7 hours.

listened to the Secretary for his meeting with MMS' chief investigator regarding the initial root cause findings. Following, we traveled to Ft. Jackson to visit the Bird Recovery Center. We then traveled to the Joint Incident Command in Robert to meet with Admiral Landry and Doug Suttles of BP. The Secretary also met with the MMS staff in Robert and spoke to the JIC staff.

Brian Screnar
Office of the Department of the Interior
o: (202) 208-6418 | f: (202) 208-1485
brian_screnar@ios.doi.gov

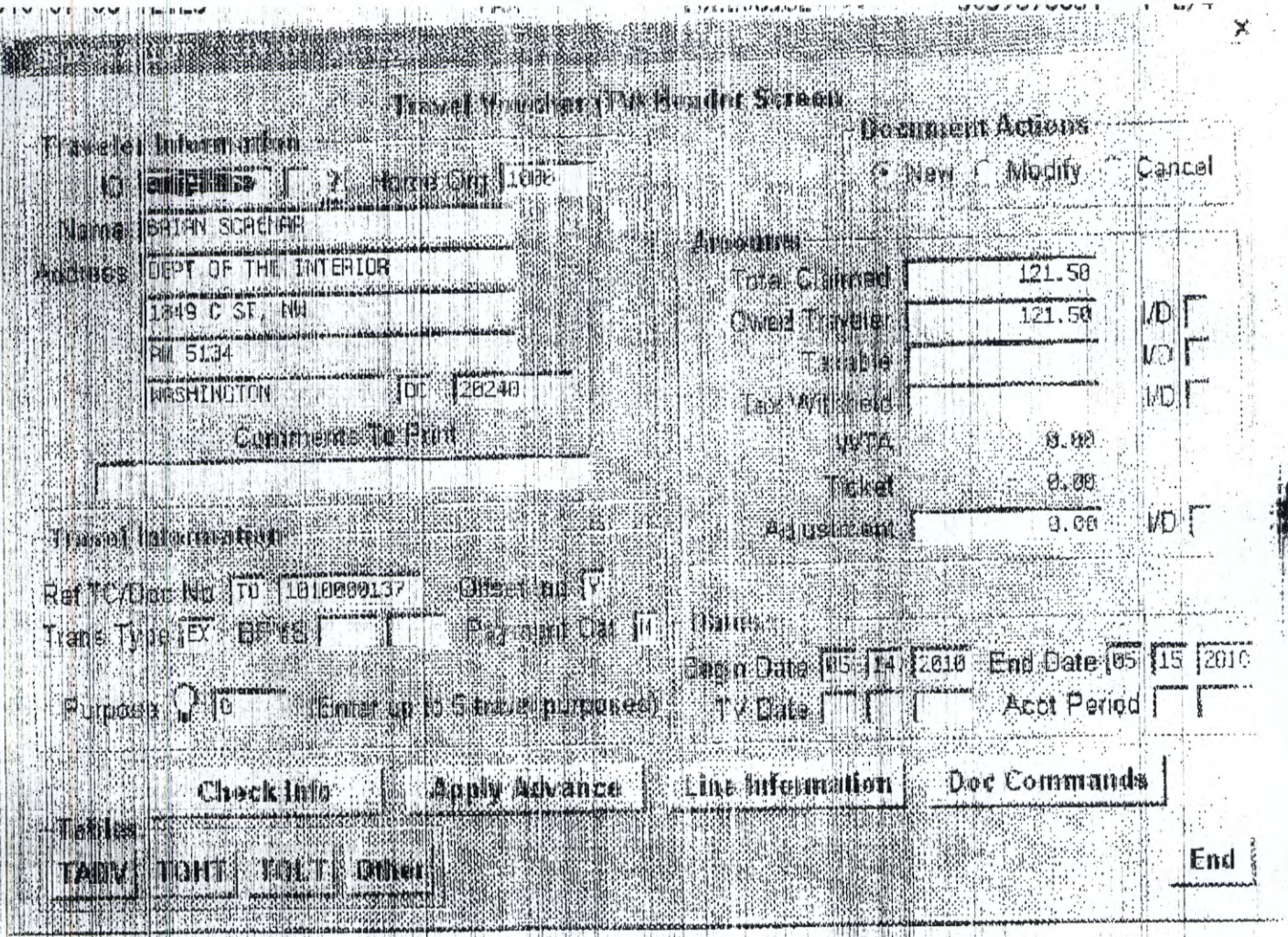
From: Bradley, Margaret
Sent: Tuesday, June 22, 2010 11:10 AM
To: Screnar, Brian
Subject: May trip to the GULF

Hi Brian,

Please remind me again about the trip you took to the Gulf in May, when you only got to spend 2 hours in the hotel. ☹ As I construct the travel vouchers, it would be helpful to have a brief narrative of what happened. Did we fly you down there, or were you supposed to fly on a military plane? I know you rented a car in Atlanta and drove; I believe because of inclement weather. Anyway, a brief synopsis of your trip would be helpful.

Thank you!
Margaret.

Margaret Bradley
Staff Assistant
US Department of the Interior
Washington, DC
202-208-3290



Travel Voucher (TV) Header Screen

Traveler Information

ID: [illegible] ? Home Org: 1000

Name: BRIAN SCREMAR

Address: DEPT OF THE INTERIOR
1849 C ST, NW
RM 5134
WASHINGTON DC 20240

Comments To Print

Document Actions

New Modify Cancel

Amounts

Total Claimed	121.50	
Owed Traveler	121.50	I/D
Taxable		I/D
Tax Withheld		I/D
VVTA	0.00	
Ticket	0.00	
Adjustment	0.00	I/D

Travel Information

Ref TC/Doc No: TD 1010000137 Offset Ind: Y

Trans Type: EX BFYS Payment Cat: M

Purpose: 0 (Enter up to 5 travel purposes)

Dates

Begin Date: 05 14 2010 End Date: 05 15 2010

TV Date: Acct Period:

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TADV | TOHT | TOLT | Other

End

14:57:32 Fri Jul 02, 2010

DOCID: **TV O 1010000137**
STATUS: **SCHED** BATID: **TV O 183JR2** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000137** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **05 29 2010** DOC ACTION: TOTAL VERIFIED: **121.50**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **05 14 2010** END DATE: **05 15 2010** 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: **516155053** DAYS: OWED EMPLOYEE: **121.50** I/D:
NAME : **BRIAN SCRENAR** EXCPTION CODE: SCHEDULE CATEGORY: **A**
ADDR1: **DEPT OF THE INTERIOR** PRINT CHECK: **Y** SCHEDULE FY:
ADDR2: **1849 C ST, NW** NO CHECK DISB: **N** SCHED NUM:
ADDR3: **RM 5134** DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: **WASHINGTON DC 20240**
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	

Department of the Interior

Office of The Secretary/OS
Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	O

Julian Date	Prep Unit	Sequence Number
183	JR	2

Batch Totals

Input Date	Number of Documents	Net Total (Required)
07/02/10	2	2

System Checked By: JR Date 07/02/10

Batch Approval

_____

_____

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): Marsters, Elizabeth
b. SOCIAL SECURITY NO. (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW Washington, DC 20240
1010000172
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Washington, DC
f. RESIDENCE (City and State): Washington, DC

6. PERIOD OF TRAVEL: a. FROM 08-16-2010 b. TO 08-29-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) MarstersNOLA b. DATE(S) 08-11-2010

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 25CB171

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 carrier 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 ACCOM-MODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
See attached eticket	565.40	US	Economy	08-16-2010 SEP 10 2010	Washington, DC	New Orleans, LA and return
TMC fee	28.25					
TMC fee	28.25					
See attached eticket	565.40	US	Economy	08-26-2010	New Orleans, LA	Washington, DC

Infrequent traveler; no govt charge card at time of travel. Traveler provided staff support to DOI's Gulf oil spill response team. Traveler obtained permission to extend travel to 8/29 for personal reasons at no additional cost to the govt. No per diem for personal days. Return portion of first ticket has been reimbursed. Attached check from traveler reimburses the govt for the second TMC fee incurred when traveler changed travel plans for personal reasons.

2111, 1992.X 25.00
6 1943 2114 2117 38.00

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 9/7/10 AMOUNT CLAIMED ▶ $ 2,126.93

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; 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 ▶ Renne Stone DATE 9.7.10

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

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 ▶ $ 2,055.93

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 G1

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 4 PAGES

TRAVEL AUTHORIZATION NO.

MarstersNOLA

TRAVELER'S LAST NAME

Marsters

104/74

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: ¢

2010	TIME (Hour and airport) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	MEALS BREAK-FAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCEL-LANEOUS SUBSIS TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	AMOUNT CLAIMED MILEAGE (l)	AMOUNT CLAIMED SUBSISTENCE (m)	AMOUNT CLAIMED OTHER (n)
08/16		Depart DCI; en route DCA											18.00
	11:45 am	Depart Washington, DC											
	1:22 pm	Arrive New Orleans, LA					53.25	101.00	154.25			154.25	
		Lodging Tax											15.13
		Baggage fee25.00											
		New Orleans, LA					71.00	101.00	172.00			172.00	
08/17		Lodging Tax											15.13
		New Orleans, LA					71.00	101.00	172.00			172.00	
08/18		Lodging Tax											15.13
		New Orleans, LA					71.00	101.00	172.00			172.00	
08/19		Lodging Tax											15.13
		New Orleans, LA					71.00		71.00			71.00	
08/20													
								SUBTOTALS ▶				$741.25	$76.52
								TOTALS ▶					

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 ▶

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.

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 3 OF 4 PAGES

TRAVEL AUTHORIZATION NO.

MarstersNOLA

TRAVELER'S LAST NAME

Marsters

TIME 2010 (Hour and minutes) (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)
08/20	Lodging Tax											15.13
	New Orleans, LA					71.00	101.00	172.00			172.00	
08/21	Lodging Tax											15.13
	New Orleans, LA					71.00	101.00	172.00			172.00	
08/22	Lodging Tax											15.13
	New Orleans, LA					71.00	101.00	172.00			172.00	
08/23	Lodging tax											15.13
	New Orleans, LA					71.00	101.00	172.00			172.00	
08/24	Lodging Tax											15.13
	New Orleans, LA					71.00	101.00	172.00			172.00	
08/25	Lodging tax											15.13
	New Orleans, LA					71.00	101.00	172.00			172.00	
08/26												
								SUBTOTALS ▶			$1,032.00	$90.78
								TOTALS ▶			$1,601.25	$167.30

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 and 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) requested to support the claim may result in delay or loss of the reimbursement.

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) 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.

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(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 4 OF 4 PAGES

TRAVEL AUTHORIZATION NO.

MarstersNOLA

TRAVELER'S LAST NAME

Marsters

ITEMIZED SUBSISTENCE EXPENSES

TIME 2010 (Hour and enter) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	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 (l)
08/26	Lodging Tax								
08/27	New Orleans, LA					71.00			
	Personal Time								
08/28	Depart New Orleans, LA								
08/28	Arrive Washington, DC					53.25		53.25	
	Baggag fee								
	Taxi DCA/Residence								

AMOUNT CLAIMED

MILEAGE (k)	SUBSISTENCE (m)	OTHER (n)
		15.13
	71.00	
	53.25	
		25.00
		22.00
SUBTOTALS ▶	124.25	$82.13
TOTALS ▶	1897.50	$229.43

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 13 on the front of this form

TOTAL AMOUNT CLAIMED ▶ 2126.93

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 (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. 6311(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 number, 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.

ELIZABETH S MARSTERS
(b) (6) [redacted]

1036
82-0214/1070

8/31/00
DATE

PAY TO THE ORDER OF US Department of the Interior $ 28.55 ESM

twenty-eight 25/100 ESM DOLLARS

BANK OF WEST
Sample Bros Office
7815 UNIVERSITY BLVD
DENVER, CO 80209-4723
1-800-488-2385

FOR SATO TRAVEL
(b) (6) [redacted]

Elizabeth Marsters
(b) (6) [redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1128
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 9, 1949

TRAVEL AUTHORIZATION

1. No. MarstersNOLA
2. 08/11/10 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Marsters, Elizabeth
5. OFFICIAL STATION Washington, DC
6. TITLE Special 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
9. TO: New Orleans, LA and return

10. PURPOSE AND REMARKS:

Traveler will provide staff support to DOI staff working in the Gulf of Mexico on the Deepwater Horizon oil spill response.

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 08/16/10 Ending on or about 08/27/10

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) 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, data services, luggage fees
19. Shipment household goods and personal effects

ESTIMATED COST	
20. Transportation	$ 565.40
21. Per Diem	2279.50
22. Other	350.00
23. TOTAL	$ 3194.90

24. CHARGED TO:
2010 1000 DDD01 G1

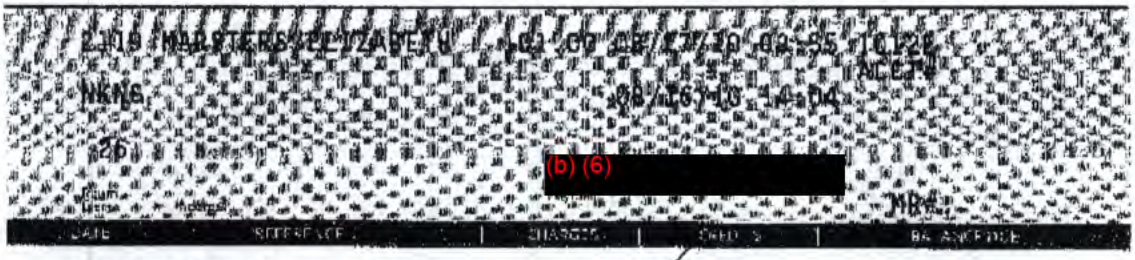
25. (FISCAL OFFICER'S SIGNATURE)

26. Elizabeth Marsters (REQUESTER'S SIGNATURE)
27. Special Assistant (TITLE)
28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

GUEST FOLIO

JW MARRIOTT
NEW ORLEANS

JW Marriott® New Orleans • 614 Canal Street, New Orleans, Louisiana, 70130 • 504.525.6500



DATE	DESCRIPTION	CHARGES	CHECK #	REFERENCE
08/16	ROOM TR	2119, 1	101.00	
08/16	SALESTAX	2119, 1	6.06	A
08/16	OCC TAX	2119, 1	2.00	B
08/16	ROOM TAX	2119, 1	7.07	C
08/17	ROOM TR	2119, 1	101.00	
08/17	SALESTAX	2119, 1	6.06	A
08/17	OCC TAX	2119, 1	2.00	B
08/17	ROOM TAX	2119, 1	7.07	C
08/18	ROOM TR	2119, 1	101.00	
08/18	SALESTAX	2119, 1	6.06	A
08/18	OCC TAX	2119, 1	2.00	B
08/18	ROOM TAX	2119, 1	7.07	C
08/19	ROOM TR	2119, 1	101.00	
08/19	SALESTAX	2119, 1	6.06	A
08/19	OCC TAX	2119, 1	2.00	B
08/19	ROOM TAX	2119, 1	7.07	C
08/20	ROOM TR	2119, 1	101.00	
08/20	SALESTAX	2119, 1	6.06	A
08/20	OCC TAX	2119, 1	2.00	B
08/20	ROOM TAX	2119, 1	7.07	C
08/21	ROOM TR	2119, 1	101.00	
08/21	SALESTAX	2119, 1	6.06	A
08/21	OCC TAX	2119, 1	2.00	B
08/21	ROOM TAX	2119, 1	7.07	C
08/22	ROOM TR	2119, 1	101.00	
08/22	SALESTAX	2119, 1	6.06	A
08/22	OCC TAX	2119, 1	2.00	B
08/22	ROOM TAX	2119, 1	7.07	C
08/23	ROOM TR	2119, 1	101.00	
08/23	SALESTAX	2119, 1	6.06	A
08/23	OCC TAX	2119, 1	2.00	B
08/23	ROOM TAX	2119, 1	7.07	C
08/24	ROOM TR	2119, 1	101.00	
08/24	SALESTAX	2119, 1	6.06	A
08/24	OCC TAX	2119, 1	2.00	B
08/24	ROOM TAX	2119, 1	7.07	C
08/25	ROOM TR	2119, 1	101.00	
08/25	SALESTAX	2119, 1	6.06	A
08/25	OCC TAX	2119, 1	2.00	B
08/25	ROOM TAX	2119, 1	7.07	C
08/26	ROOM TR	2119, 1	101.00	

For questions regarding this folio, please call Guest Services at [illegible]

To secure your next stay, go to jwmarriott.com

TAXI CAB RECEIPT

Time: 8/29/10
Date: 11:00

Origin of trip: DCA

Destination: Home

Fare: $22 Sign: Lizzie Maist

TAXICAB RECEIPT

Time: 10:30
Date: 8/16/10

Origin of trip: DOI

Destination: DCA

Fare: $16.00 Sign: Lizzie Maist

August 26, 2010

SatoTravel

For: ELIZABETH S MARSTERS

To: NGMSDOI
NGMSDOI
ETKT 13AUG PNDG OK.

Sales Person: LD
Locator: NENERN
Customer Number: (b) (6)

TICKET PURCHASED WITH CA.....3788
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Sunday August 29, 2010

US Airways
Class of Service:Coach Class T
Depart: NEW ORLEANS, LA
Arrive: WASHINGTON/NATL,DC
Equipment: Unknown
Meal Service: None
Status: Confirmed

Flight Number: 3260
7:30 Am August 29, 2010
10:56 Am August 29, 2010
Confirmation Number: BJXW25

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
MARSTERS	6517/0377914719017/24AUG1(	253.02	18.98US	3.70ZP	7.00XT	282.70
ELIZABETH S MARSTERS	6517/8900526639044/24AUG1(	28.25				28.25
ELIZABETH S MARSTERS	6516/0377914719016/24AUG1(	253.02	18.98US	3.70ZP	7.00XT	282.70
ELIZABETH S MARSTERS	6476/0377902308221/13AUG1(	506.04	59.36			565.40
ELIZABETH S MARSTERS	6476/8900526438456/13AUG1(	28.25				28.25
ELIZABETH S						
					Total Amount:	1,187.30

.....SEE BELOW FOR REFUND INFO.....

TICKET NUMBER 7902308221 HAS BEEN PROCESSED FOR A REFUND
ON 24AUG IN THE AMOUNT OF 282.70
REFUNDS MAY TAKE UP TO 1-2 BILLING CYCLES TO APPEAR ON

YOUR CHARGE CARD STATEMENT DEPENDING UPON YOUR BILLING
CYCLE. THIS STATEMENT CAN BE USED AS PROOF OF REFUND

.

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
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
** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

.

TO VIEW ITINERARIES ONLINE PLEASE GO TO
.....*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

August 13, 2010

SatoTravel

For: ELIZABETH S MARSTERS

To: NGMSDOI
NGMSDOI
ETKT 13AUG PNDG OK.

Sales Person: LD
Locator: NFNERN
Customer Number: (b) (6)

*TICKET PURCHASED WITH CA....(b) (6)
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Monday August 16, 2010

US Airways Flight Number: 3277
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC 11:45 Am August 16, 2010
Arrive: NEW ORLEANS, LA 1:22 Pm August 16, 2010
Total Flight Time: 2 Hours 37 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed Confirmation Number: BJXWZ5
Reserved Seat: MARSTERS/ELIZABETH S 7D
DEP-TERMINAL C
*DCA-MSY OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Monday August 16, 2010

NEW ORLEANS, LA
MARRIOTT HOTELS JW MARRIOTT NEW ORLEANS
614 CANAL ST
NEW ORLEANS LA 70130
Phone Number: 504-525-6500
Fax Number: 504-525-8068
Number of Rooms: 1
Rate: 101.00 USD Per Night
Check In: Aug 16, 2010
Check Out: Aug 27, 2010
Confirmation Number: 88304779
Cancellation Policy: Cancel 3 days prior
Directions: - FROM NEW ORLEANS INTERNATIONAL AIRPORT ... FOLLOW I10 EAST TO POYDRAS STREET EXIT 234B. FOLLOW POYDRAS STREET 1 MILE TO CAMP STREET. TURN LEFT ON CAMP STREET. GO THREE BLOCKS TO COMMON STREET AND TURN LEFT. MOTOR LOBBY ENTRANCE IS LOCATED AT 611 COMMON STREET BETWEEN CAMP STREET AND ST CHARLES AVENUE.

Monday August 16, 2010

Other Service
Aug 16, 2010 - Aug 16, 2010
Departure City: NEW ORLEANS, LA
PLEASE NOTE HOTEL CANCELLATION IS 72HRS PRIOR

Friday August 27, 2010

US Airways — Flight Number: 3294
Class of Service:Coach Class T
Depart: NEW ORLEANS, LA — 4:40 Pm August 27, 2010
Arrive: WASHINGTON/NATL,DC — 8:15 Pm August 27, 2010
Total Flight Time: — 2 Hours 35 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed — Confirmation Number: BJXWZ5
Reserved Seat: MARSTERS/ELIZABETH S 12C
ARR-TERMINAL C
*MSY-DCA OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MARSTERS ELIZABETH S	6476/0377902308221	506.04	37.96US	7.40ZP	14.00XT	565.40
MARSTERS ELIZABETH S	6476/8900526436456	28.25				28.25
					Total Amount:	593.65

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
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
** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
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CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
.....*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

P. 01

TRANSACTION REPORT

SEP-10-2010 FRI 08:07 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
SEP-10	08:03 AM	FAX	3'28"	17	FAX RX	OK		

FINANCIAL MANAGEMENT AND BUDGET DIRECTORATE – Fax # 202-208-5627

National Business Center

Web Address: http://www.nbc.gov
Street Address: 1849 C STREET, NW
WASHINGTON, DC 20240

FAX

To:	Brad Allegrezza	Fax:	303-969-6631
From:	Barb Martin	Date:	9/10/2010
Re:	Enclosed is a travel voucher for Elizabeth Marsters	Pages:	
CC:			

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

Notes:

Thanks,

Barbara

FAX FROM THE DESK OF

Brad Allegrezza

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-7718
FAX: 303-969-6631

TO: Barbara Martin
FAX: 202-208-5627

Date: 9-13-2010

Total Pages 1

MESSAGE: HI BARB
THIS IS DONE,
THANKS,
BRAD

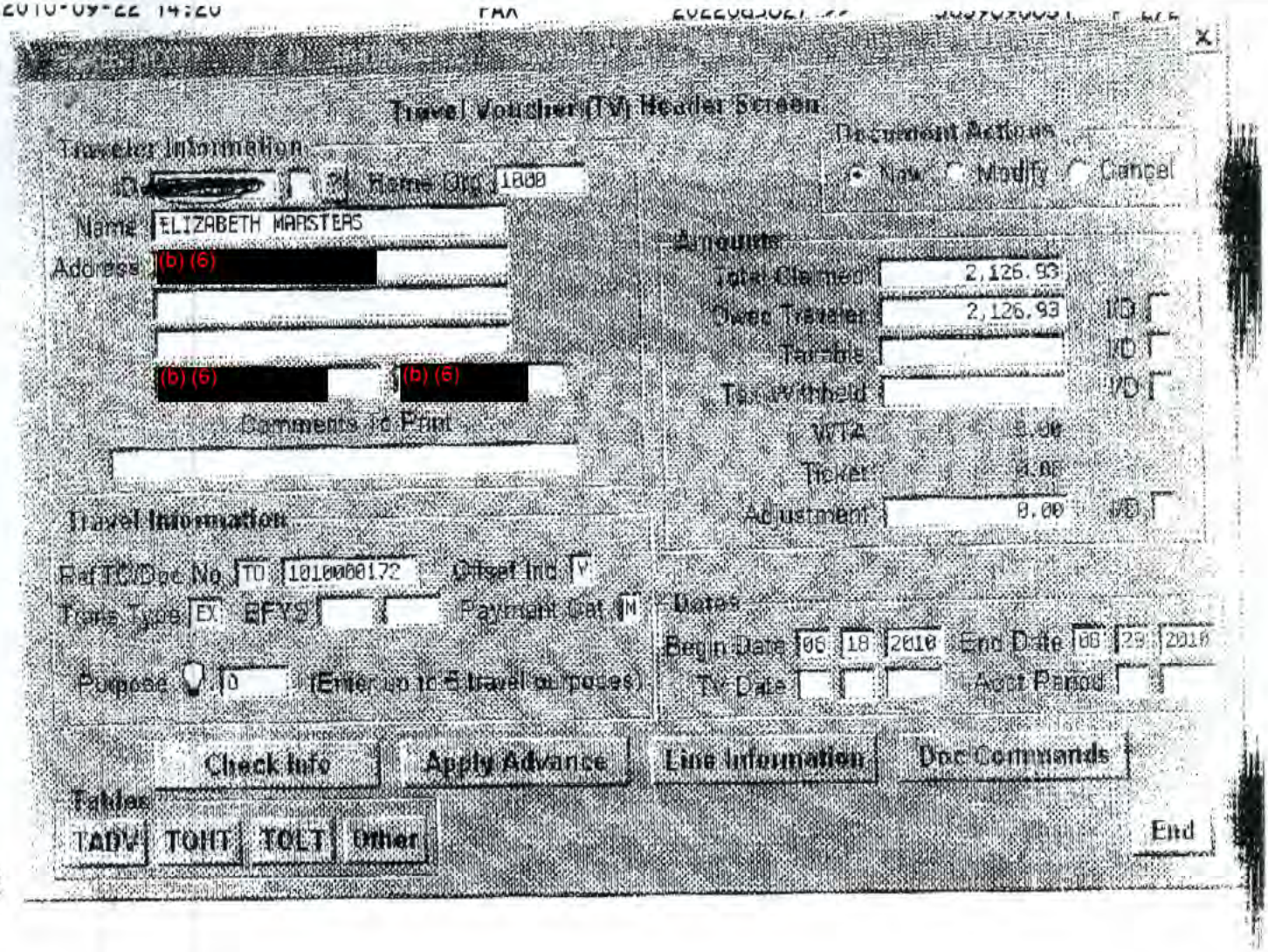
Political Appointee Travel Vouchers

11:15:06 Mon Sep 13, 2010

DOCID: **TV O 1010000172**
STATUS: **PEND1** BATID: **TV O 256BA1** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000172** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **09 10 2010** DOC ACTION: TOTAL VERIFIED: **2,126.93**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **08 18 2010** END DATE: **08 29 2010** 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: **523439893** DAYS: OWED EMPLOYEE: **2,126.93** I/D:
NAME : **ELIZABETH MARSTERS** 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: (b) (6) (b) (6)
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

A--*HP03-DOCUMENT ERRORS DETECTED H--*S401-READY FOR APPROVAL 1


Travel Voucher (TV) Header Screen
Traveler Information
ID [redacted] SS Home Org 1800
Name ELIZABETH MARSTERS
Address (b) (6)
(b) (6) (b) (6)
Comments to Print
Travel Information
Ref T.O. Doc No TO 1010000172 Offset Ind V
Trans Type EX BFY2 Payment Cat M
Purpose 0 (Enter up to 5 travel purposes)
Document Action
New Modify Cancel
Amounts
Total Claimed 2,126.93
Owed Traveler 2,126.93 MD
Taxable MD
Tax Withheld MD
WTA 0.00
Ticket 0.00
Adjustment 0.00 MD
Dates
Begin Date 06 18 2010 End Date 06 29 2010
Tx Date Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV TOHT TOLT Other
End

Department of the Interior

Office of The Secretary/OS
Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	0

Julian Date	Prep Unit	Sequence Number
256	BM	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
9-13	1	~~2,126~~ 2126.83 2,055.83

System Checked By: BM **Date** 9-17-2010

Batch Approval

_____

_____

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. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Zichal, Heather 1010000171

b. SOCIAL SECURITY NUMBER

c. MAILING ADDRESS (include ZIP Code): Direct Deposit 33462 3449

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (city and State)

6. PERIOD OF TRAVEL: a. FROM 09/01/2010 b. TO 09/04/2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) b. DATE(S) 8/30/2010

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 REQUEST, OR TRANSPORTATION TICKETS, IS BURCHASED WITH CASH (List by number below and attached 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)
			SEP 22 2010	Washington, DC	Deadhorse, AK, Barrow, AK, Anchorage, AK and return

RID 401.50
RIIT 77.44

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 claim claimed is based and the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE: [signature] DATE 9/21/10 AMOUNT CLAIMED $ 773.94

NOTE: Falsification of an item in an expense account works a forfeiture of claim (27 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 OFFICAL SIGN HERE: Pamela Hove DATE 9-22-10

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 CERTIFIYING OFFICAL 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 $ 773.94

PM 9-24 2010

18. ACCOUNT CLASIFICATION
1000 DDD01 68

NSN 7540-00-634-4150

STANDARD FROM 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-explanation)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's 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 and tips, and daily total meal cost.
(g) Show expenses, such as: laundry, cleaning and pressing clothes, tips to bellboys, porters, etc. (other than for meals)
(h) Complete for per diem and actual expense travel.
(i) Show total subsistence expense incurred for actual expense travel.
(j) 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.
(m) 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.
(n)

Complete this information if this is a continuation sheet

PAGE 1 of

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
Zichal

181197

DATE 2010 (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)
9/1		Washington, DC Deadhorse, AK				72.75			72.75			72.75	43.44
9/2		Anchorage, AK				97.00		181.00	278.00			278.00	29.00
9/3		Anchorage, AK				97.00		181.00	278.00			278.00	
9/4		Anchorage, AK Washington, DC				72.75			72.75			72.75	
										SUBTOTALS ▶		701.50	72.44
										TOTALS ▶		701.50	72.44

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. 11069 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 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 payment is requested by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the conformance of official duty within a 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 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 ▶ 773.94

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 9, 1949

TRAVEL AUTHORIZATION

2. 8-30-2010 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Heather Zichal 5. OFFICIAL STATION Washington, DC

6. TITLE Dep Asst to President for Energy/ClimateChange 7. ACCOUNTING OFFICE National Business Center

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 to Deadhorse, AK to Barrow, AK to Anchorage, AK to Homer, AK to Anchorage, AK and return to
9. TO: Washington, DC

10. PURPOSE AND REMARKS:
Traveling with the Secretary of the Interior, Deputy Secretary of Interior, and the Deputy Secretary of Homeland Security to meet with Alaska Natives, locals, and political leaders to discuss Arctic issues, native issues and the oil and gas production in the region. Meeting with oil and gas executives. In addition, will be meeting with Interior employees, the Alaska Native Federation and doing an over-flight of Kenai National Park.

11. PER DIEM ALLOWANCE:
Transportation provided by Department of Homeland Security. Allowances are for 2 nights at hotel, meals, and incidentals.

12. PERIOD OF TRAVEL: Beginning on or about September 1, 2010 Ending on or about September 4, 2010

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 $
21. Per Diem $278 per day 556.00
22. Other
23. TOTAL $ 556.00
24. CHARGED TO:

25. [signature] (FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)
27. Chief of Staff to Deputy Secretary (TITLE)
28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)
29. Associate Deputy Secretary (TITLE)

Deleted Items
Drafts [8]
Inbox
Junk E-mail
Sent Items
Click to view all folders
(By Person)
RCF
Manage Folders...

RE: AK Travel

Screnar, Brian

Sent: Tuesday, August 31, 2010 9:08 AM
To: Lliteras, Margaret A
Cc: Haze, Pam K

Heather Zichal

4482090012647608

X:
052011

Code:
970

B-Day:
02081976

Brian Screnar
The U.S. Department of the Interior
p: (202) 208-6418 | f: (202) 208-1481
brian_screnar@ios.doi.gov

-----Original Message-----
From: Lliteras, Margaret A
Sent: Monday, August 30, 2010 4:44 PM
To: Screnar, Brian
Cc: Haze, Pam K
Subject: FW: AK Travel

Brian -- I went to the expert on this ... Margaret Bradley are her instructions. Can you speak with the traveler a information about her charge card and birth date? Is the will see what I can do on the rest of it. Thanks

M.
Margaret Lliteras
Department of the Interior
Office of Budget
202 208 3996

From: Bradley, Margaret
Sent: Monday, August 30, 2010 4:38 PM
To: Lliteras, Margaret A
Subject: RE: AK Travel

I'm happy to help. Need to start by finding out dates of departing point and destination. Find out if rental car i charge card # (including expiration date) from the travele traveler's legal name and date of birth.

Then call 219-0707 to book the travel. LaDonna Davis can the SATO travel officer. LaDonna can book airfare, rental for you.

Once you have the travel reservations made, you will need travel authorization. Use the TA that's on the Department' http://www.doi.gov/nbc/formsmgt/fm_forms.html

The next step, a day or so before travel (once everything firm), you can purchase the itinerary. In order to purcha you will need to submit the approved travel authorization card memo to Sheila Wilson (Office of Financial Management to LaDonna in the SATO office. I've attached a copy of th memo. You will need to complete the blank portions. I as the 1000 account . . .

Get with me after travel is completed to start the reimbur You might as well have the traveler complete the attached you're at it. Let me know if I can be of any further assi

Margaret

Margaret Bradley
Staff Assistant
US Department of the Interior
Washington, DC
202-208-3290

-

Cc

Office Outlook Web Access | Type here to search | Address Book | Options | Log Off

Mail
Calendar
Contacts

Deleted Items
Drafts [9]
Inbox (1)
Junk E-mail
Sent Items

Click to view all folders

(By Person)
RCF

Manage Folders...

Reply | Reply to All | Forward | Move | Delete | Junk

RE: AK Travel

Screnar, Brian

Sent: Tuesday, August 31, 2010 10:45 AM
To: Lliteras, Margaret A
Cc: Haze, Pam K

Dates are easy.

9/1
DC to Deadhorse (Prudhoe Bay), AK (RON on the Arctic Refuge)

9/2
Deadhorse, AK to Barrow, AK to Anchorage, AK (RON at the Captain Cook Hotel)

9/3
Anchorage, AK to Homer, AK, back to Anchorage, AK (RON at the Captain Cook Hotel)

9/4
Anchorage, Ak to DC

Brian Screnar
The U.S. Department of the Interior
p: (202) 208-6418 | f: (202) 208-1481
brian_screnar@ios.doi.gov

------Original Message------
From: Lliteras, Margaret A
Sent: Tuesday, August 31, 2010 10:41 AM
To: Screnar, Brian
Cc: Haze, Pam K
Subject: RE: AK Travel

Now I need the official dates of travel and all of the destinations. Sorry to be such a pain -- the government paperwork demands this!!!

M.
Margaret Lliteras
Department of the Interior
Office of Budget
202 208 3996

From: Screnar, Brian
Sent: Tuesday, August 31, 2010 9:08 AM
To: Lliteras, Margaret A
Cc: Haze, Pam K
Subject: RE: AK Travel

Heather Zichal

4482090012647608

X:
052011

181 hote
78 meals
19 incidental
278

September 04, 2010

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 174603

Send to Heather Zichal

Phone

Guest Name Heather Zichal

Arrival Date 9/2/2010

Departure Date 9/4/2010

Group DoI (dept. Of Interior)

Room Information 0547 - Deluxe King

Bill To Zichal, Heather

Phone

Folio Number 261052

Trans Date	Description		Voucher	Amount
Charges				
9/2/2010	Room Service Dinner		5560	7.20
9/2/2010	Government Room Charge	government	cch-0547	181.00
9/2/2010	MOA Room Tax		cch-0547	21.72
9/3/2010	Government Room Charge	government	cch-0547	181.00
9/3/2010	MOA Room Tax		cch-0547	21.72
9/4/2010	Room Service Dinner		5183	(10.20)
	Total Charges			422.84
Payments				
9/2/2010	Cash	(b) (6)		-360.00
9/4/2010	Visa		0000096301	-62.84
	Total Payments			-422.84
			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

Pepe's North of the Border

Barrow Arctic Science Consortium
Post Office Box 577
Barrow, Alaska 99723
(907) 852-4881

No.: 1493

Server: Date: Table: No:

Name of Project:

Name(s) of Researchers:

Don't forget to include a tip!

Subtotal:

TIP:

Total:

Researcher Signature:

BASC USE ONLY
☐ 000
☐ 10
☐ __

GLACIER BREWHOUSE
737 WEST 5TH AVE
ANCHORAGE, ALASKA
(907) 274-BREW
PRESS BROTHERS LLC

Date: 9/3/2010 Time: 8:04:05 PM
Status: Approved
Card Type: Visa
Card Number: [illegible]
Swipe Manual: Swipe
Server ID: 1154
Server Name: Keiser
Check Number: 523631
Check Name:

Tab Number:
Profit Center ID: 6
Profit Center: Dinner
Number Of Covers: 5
Persons: 1, 2, 3, 4, 5
Card Owner: TISHAL/HEATHER K

TOTAL AMOUNT DUE 41.00

TIP

TOTAL 41.00

Approval: [illegible]

I AGREE TO COMPLY WITH THE CARDHOLDER AGREEMENT

Customer Signature

US COAST GUARD
1 REAGAN NAT'L APRT #76
WASHINGTON, DC 20593

09-04-2010 16:18:22
Merchant ID: 000000001467935
Terminal ID: 02187522
374160531887

CREDIT CARD

VISA SALE

CARD = (b) (6) [redacted]
INVOICE 360002
Batch #: 000036
Approval Code:
Authorization Required
Entry Method Swiped
Approved: Pending

SALE AMOUNT $29.00

CUSTOMER COPY

****
* YOUR RECEIPT *
* THANK YOU *
****

10:43 09-03-2010
MC NO.0000 4815
DEPT#001 $9.25T1

SUBTOTAL $9.25
DEPT#001 $1.50T1

SUBTOTAL $10.75
TAX1 $0.00
TOTAL-TAX $0.00

TOTAL $10.75
CASH $15.00
CHANGE $4.25

/ HAVE A NICE DAY /
/ PLEASE COME AGAIN /
/ /

FFS

Doreen D Henderson to: Brad J Allegrezza 09/24/2010 08:36 AM

Zichal has been updated.

Dee

2010-05-11 14:07 FAX 2022085627 >> 303 969 7281 P 2/3

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
US 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.

4. CLAIMANT

a. NAME (Last, first, middle initial)
1010000114
Hanley, Kallie

b. SOCIAL SECURITY NO.

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

d. OFFICE TELEPHONE NUMBER

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)

DATE 2010 (a)	CODE (b)	(c) FROM (Explain expenditures in specific detail)	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
04/15	C	Taxi to DOI to transport AGO materials cross town				14.00		

MAY

YHW 5.14.10

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).)* ▶ $ 14.00

TOTALS 14.00

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 5.7.10

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 5/4/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

11:50:47 Tue May 18, 2010

DOCID: **TV O 1060000114**
STATUS: **HELD** BATID: **TV O 134GR4** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1060000114** VOUCHER PARTIAL/FINAL: **P**
LOG DATE: **05 14 2010** DOC ACTION: TOTAL VERIFIED: **14.00**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **04 15 2010** END DATE: **04 15 2010** 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: **646149080** DAYS: OWED EMPLOYEE: **14.00** I/D:
NAME : **JACQUELYNN K HANLEY** 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: (b) (6) (b) (6)
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

2010-08-11 11:27 FAX 2122[illegible] >> [illegible] P.05

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.
HanleyNOLA0810

4. SCHEDULE NO.

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial)
1010000150
Hanley, Jacquelynn

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

6. PERIOD OF TRAVEL
a. FROM 08-03-2010
b. TO 08-05-2010

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

d. OFFICE TELEPHONE NO.
(202) 208-5397

7. TRAVEL AUTHORIZATION
a. NUMBER(S) HanleyNOLA0810
b. DATE(S) 07-27-2010

e. PRESENT DUTY STATION
Washington, DC

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

10. CHECK NO.

11. PAID BY
3112 25.00
211 D ~~282.00~~ 282.24
211 7 82.00 409.96

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)	TO (f)
See attached eticket	849.40	US	Economy	08-02-2010	Washington, DC	New Orleans, LA and return
TMC fee	28.25					

Infrequent traveler does not yet own a govt charge card.
Air fare purchased with corporate card. Traveler staffed the BOEMRE public outreach meeting on suspensions.

AUG 11 2010

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 8/6/10

AMOUNT CLAIMED ▶ $ 516.76

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 telephonic 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 8-9-10

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

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 ▶ $ 516.76

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 G1

1012-115
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 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 (minus no 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.

HanleyNOLA0810

TRAVELER'S LAST NAME

Hanley

104 / 71

2010 (a)	TIME (Hour and minute) (b)	DESCRIPTION (Depart/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: 0 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/03		Taxi Residence/DCA											20.00
	8:25 am	Depart Washington, DC											
	10:00 am	Arrive New Orleans, LA					3/4 53.25	101.00	154.25			154.25	
		Lodging Tax											15.12
		Luggage fee											25.00
08/04		New Orleans, LA					71.00	101.00	172.00			172.00	
		Lodging tax											15.13
08/05		Taxi Lodging/Airport											40.00
	4:40 pm	Depart New Orleans											
	8:15 pm	Arrive Washington, DC					3/4 53.25		53.25			53.25	
		Taxi DCA/Residence											22.00
							177.50					~~379.50~~	
									SUBTOTALS ▶			$379.50	$137.26
									TOTALS ▶			$379.50	$137.26

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). Enter grand total in item 13 on the front of this form. 137.26

TOTAL AMOUNT CLAIMED ▶ $516.76

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 25 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 retention of an employee, the issuance of a security clearance, or 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(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 to 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)

0. c
71. x
75. %
53.25 +
0. c
154.25 +
172.00 +
53.25 +
379.50
0. c
20.00 +
15.13 +
15.13 +
25.00 +
40.00 +
22.00 +
137.26
0. c
379.50 + totals
137.26 +
516.76
516.76

Per Diem
Tax
Lodge + Misc
Other
Taxes
Taxis
Misc
Baggage

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: DOT

AGENCY LOCATION CODE (ALC): 19-01-0001

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS
1849 C Street, NW
Washington, DC 20240

TELEPHONE NUMBER
(202) 208-5735

CONTACT PERSON NAME
Accounts Payable

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME
Jacqueline K. Hanlon

SSN #, OR TAXPAYER ID NO.
(b) (6)

ADDRESS
(b) (6)

CONTACT PERSON NAME

TELEPHONE NUMBER
(b) (6)

FINANCIAL INSTITUTION INFORMATION

NAME
Citibank

ADDRESS:

TELEPHONE NUMBER
( )

ACH COORDINATOR NAME:

NINE-DIGIT ROUTING TRANSIT NUMBER:
(b) (6)

DEPOSITOR ACCOUNT TITLE

LOCKBOX NUMBER:

DEPOSITOR ACCOUNT NUMBER:
(b) (6)

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

FMS 3881 (REV. 7/2001)
Prescribed by Department of the 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. HanleyNOLA0810
2. 07/27/10 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Hanley, Jacquelynn 5. OFFICIAL STATION Washington, DC

6. TITLE Deputy White House Liaison 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: New Orleans, LA and return

10. PURPOSE AND REMARKS:
Infrequent traveler. Traveler will staff and run the the Bureau of Ocean Energy Management, Regulation and Enforcement public outreach meeting on suspensions

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 08/03/10 Ending on or about 08/05/10

MODE OF TRAVEL

13. ✕ Common carrier
14. Extra fare
15. Government-owned convey nce at a mileage rate of 50 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, luggage fee, parking, data services, phone call's
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	849.40
21. Per Diem		335.50
22. Other		250.00
23. TOTAL	$	1434.90

24. CHARGED TO:
2010 1000 DDD01 G1

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Deputy White House Liaison (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

Deputy Chief of Staff (TITLE)

U·S AIRWAYS

U·S AIRWAYS

ETHZ36/US 3AUG10 BF0DB022 E-TICKET RECEIPT

HANLEY/JACQUELYNN

				ARRIVAL	FROM	TO
1000A EXCESS BAG EBC	US	9957	Y	03AUG	1130A FEE FEE	EBC FEE

FF (b) (6) BAGGAGE FEE (1B) 01 0025 (2B) 00
0000 (3B) 00 0000 (4B) 00 0000 (0T) 00 0000(5F) 00 0000 USDTTL 025.00E
NI2

FARE USD 25.00
TAX US .00
TAX
TOTALUSD 25.00

DOCUMENT NUMBER 0372397958107

NO CASH VALUE

THANK YOU FOR FLYING
US AIRWAYS

Tues 3rd
Cab to airport $80.00 ✓

Thursday 5
Mb from hotel → airport $40.00 ✓
Mb from DCA → home $22.00 ✓

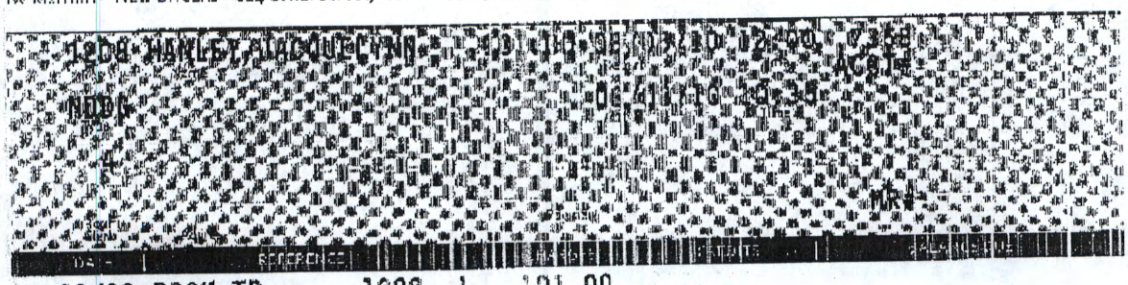
Kellie Hanley

JW MARRIOTT
NEW ORLEANS

GUEST FOLIO

JW Marriott® New Orleans • 614 Canal Street, New Orleans, Louisiana, 70130 • 504.525.6500

1208 HANLEY JACQUELYNN [illegible] 12:00 [illegible]
NDDG [illegible] 06 [illegible] 10:35
MR#



DATE	REFERENCE				
08/03	ROOM TR	1208, 1	101.00		
08/03	SALESTAX	1208, 1	6.06	15.13	A
08/03	OCC TAX	1208, 1	2.00		B
08/03	ROOM TAX	1208, 1	7.07		C
08/04	ROOM TR	1208, 1	101.00		
08/04	SALESTAX	1208, 1	6.06	15.13	A
08/04	OCC TAX	1208, 1	2.00		B
08/04	ROOM TAX	1208, 1	7.07		C
08/05	MC CARD			$232.26	

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

FOR EXPRESS CHECK OUT, CALL "AT YOUR SERVICE" OR USE VIDEO CHECK OUT. QUESTIONS REGARDING YOUR BILL AFTER YOU LEAVE? CALL TOLL FREE AT 866-435-7627 OPTION 2.

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

	DESCRIPTION	TAXED AMOUNT	TAX
O	REST CITY TAX INCL	.00	.00
P	REST STATE TAX INCL	.00	.00

NET CHARGES	TAX	CREDITS	FOLIO
232.26	.00	.00	232.26

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

For questions regarding this folio, please call Marriott Business Services toll free 866-735-7627.

To secure your next stay, go to jwmarriott.com

August 2, 2010

SatoTravel

For: JACQUELYNN HANLEY

To: NGMSDOI
ETKT 30JUL NN FOP FOR HTL

Sales Person: LD
Locator: OBAMNB
Customer Number: (b) (6)

YOUR ESTIMATED AIRFARE ON 02AUG AT 1416 IS 849.40
TICKET PURCHASED WITH CA.....3766
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Tuesday August 3, 2010

US Airways Flight Number: 3225
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC 8:25 Am August 3, 2010
Arrive: NEW ORLEANS, LA 10:00 Am August 3, 2010
Total Flight Time: 2 Hours 35 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed Confirmation Number: CC87CX
Reserved Seat: HANLEY/JACQUELYNN 8F
DEP-TERMINAL C
*DCA-MSY OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Tuesday August 3, 2010

NEW ORLEANS, LA
MARRIOTT HOTELS JW MARRIOTT NEW ORLEANS
614 CANAL ST
NEW ORLEANS LA 70130
Phone Number: 504-525-6500
Fax Number: 504-525-8068
Number of Rooms: 1
Rate: 101.00 USD Per Night
Check In: Aug 03, 2010
Check Out: Aug 05, 2010
Confirmation Number: 81334163
Cancellation Policy: Cancel 3 days prior
Directions: - FROM NEW ORLEANS INTERNATIONAL AIRPORT ... FOLLOW I10 EAST TO POYDRAS STREET EXIT 234B. FOLLOW POYDRAS STREET 1 MILE TO CAMP STREET. TURN LEFT ON CAMP STREET. GO THREE BLOCKS TO COMMON STREET AND TURN LEFT. MOTOR LOBBY ENTRANCE IS LOCATED AT 611 COMMON STREET BETWEEN CAMP STREET AND ST CHARLES AVENUE

Tuesday August 3, 2010

Other Service
Aug 03, 2010 - Aug 03, 2010
Departure City: NEW ORLEANS, LA
PLEASE NOTE HOTEL CANCELLATION IS 72HRS PRIOR TO ARRVL

Thursday August 5, 2010

US Airways — Flight Number: 3294
Class of Service:Coach Class Y
Depart: NEW ORLEANS, LA — 4:40 Pm August 5, 2010
Arrive: WASHINGTON/NATL,DC — 5:15 Pm August 5, 2010
Total Flight Time: — 2 Hours 35 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed — Confirmation Number: CC87CX
Reserved Seat: HANLEY/JACQUELYNN 17D
ARR-TERMINAL C
*MSY-DCA OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
HANLEY JACQUELYNN	6407/0377802308143	770.23	57.77US	7.40XP	14.00XT	849.40
HANLEY JACQUELYNN	6407/8900526115212	28.25				28.25
					Total Amount:	877.65

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 877-898-2554

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
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
NON-CONTRACT/NON-GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL

CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

.....

GOVERNMENT ISSUED ID IS REQUIRED

.....

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

.....

.....

.....

TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

.....

FOR INFORMATION ON TSA SECURE FLIGHT PROGRAM
VISIT WWW.TSA.GOV

.....

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 877-834-3459
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 877-698-2564

National Business Center

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

FAX

To: Jolene Romero **Fax:** 303-969-6631

From: Barbara Martin **Date:** 8/11/2010

Re: Enclosed is a voucher for Jacquelynn Hanley. If you have any questions give me a call....Thanks **Pages:**

CC:

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

Notes:

Thanks ☺

FAX FROM THE DESK OF

TO: BARBARA SMITH

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5697
FAX: 303-969-6631

From ~~TO~~ Barb Martin
FAX: 202 208 5627

Date:

Total Pages

MESSAGE:

Accepted/Paid

Thanks

Department of the Interior

OFFICE OF THE SECRETARY

Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	S

Julian Date	Prep Unit	Sequence Number
223	ES	B

Batch Totals

Input Date	Number of Documents	Net Total (Required)
8-11-10	1	516.76

System Checked By: LS Date 8-11-10

Batch Approval

Approved By: _____

Date Approved: _____

12:46:57 Wed Aug 11, 2010

DOCID: TV S HANLEYNOLA
STATUS: SCHED BATID: TV S 223ESB SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO HANLEYNOLA VOUCHER PARTIAL/FINAL: F
LOG DATE: 08 11 2010 DOC ACTION: TOTAL VERIFIED: 516.76
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 08 03 2010 END DATE: 08 06 2010 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: 646149080 DAYS: OWED EMPLOYEE: 516.76 I/D:
NAME : JACQUELYNN K HANLEY 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: (b) (6) (b) (6)
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

Travel Voucher (TV) Header Screen

Traveler Information

ID [redacted] ? Home Org 1000

Name JACQUELYNN K HANLEY

Address (b) (6) [redacted]

(b) (6) [redacted] (b) (6) [redacted]

Comments To Print

Document Actions

New Modify Cancel

Amounts

Total Claimed	516.76	
Owed Traveler	516.76	I/D
Taxable		I/D
Tax Withheld		I/D
WTA	0.00	
Ticket	0.00	
Adjustment	0.00	I/D

Travel Information

Ref TC/Doc No TO HANLEYNOLA Offset Ind Y

Trans Type EX BRYS Payment Cat M

Purpose 0 (Enter up to 5 travel purposes)

Dates

Begin Date 08 03 2010 End Date 08 06 2010

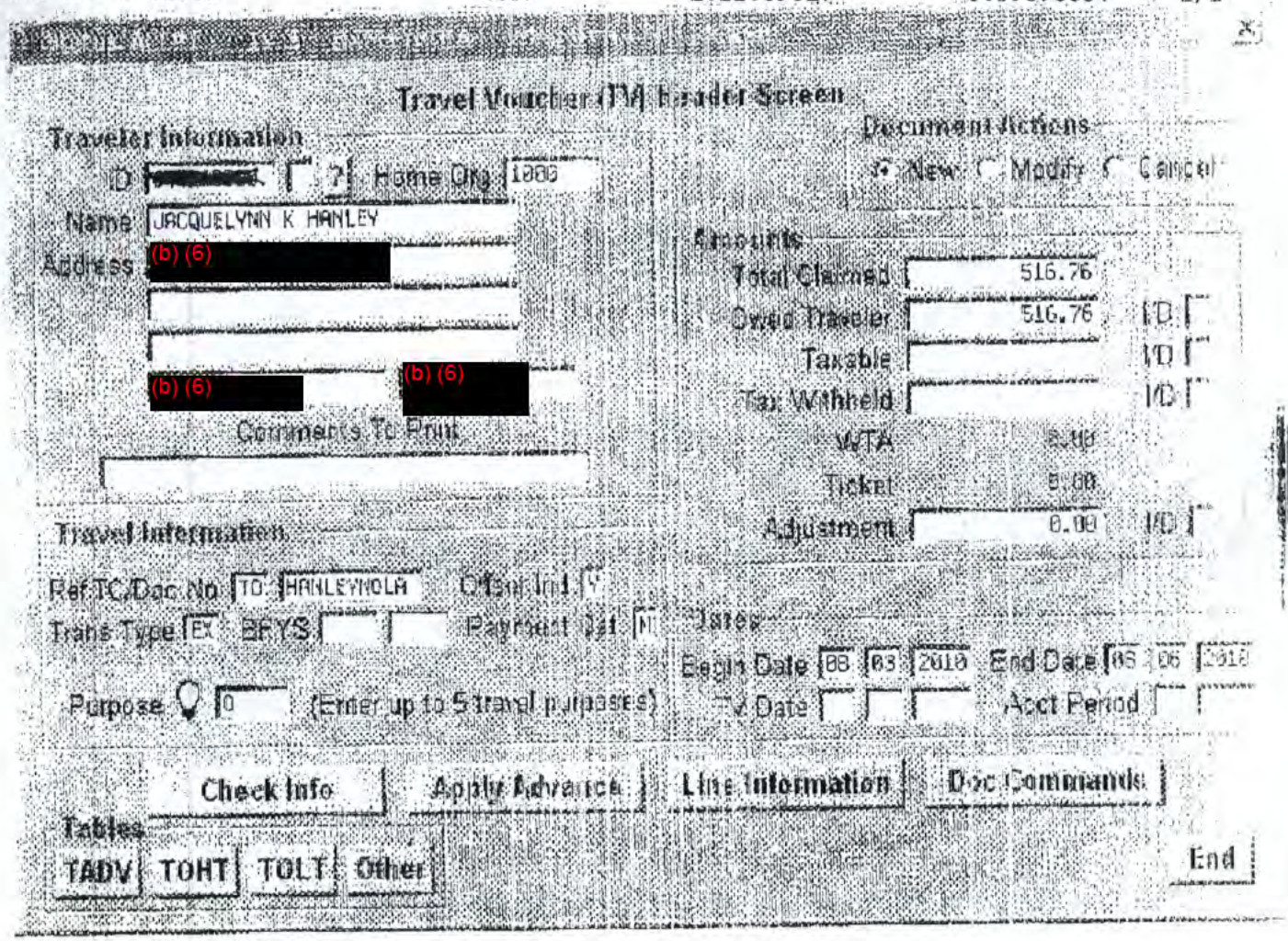
TV Date Acct Period

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TADV | TOHT | TOLT | Other

End



CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Office of the Secretary - OEA
2. VOUCHER NUMBER:
3. SCHEDULE NUMBER:
5. PAID BY:

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

4. a. NAME (Last, first, middle initial): Catlin, James F. 1010000107
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW - Room 6313 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 2010 (a)	CODE (b)	Show appropriate code in col. 7b: 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 (e)	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADJ PER-SONS (i)	TIPS AND MISCELLANEOUS (j)
04/20	C	FedEx package to Boston for the							26.54

APR 2...
APR 27 2010

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

TOTALS 26.54

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 26.54

8. I certify approval. 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. 680b).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/23/10

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 ▶ James Catlin DATE 04/23/10

4/28/2010

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
2010-1000-DDD01 68

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev [illegible])
Prescribed by GSA, FPMR (CFR 41) 101-7

6. EXPENDITURES - *Continued*

DATE 19 2010 (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 ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)

FedEx Express US Airbill — FedEx Tracking Number 8726 1611 6270

1 From *Please print and press hard.*

Date 04/20/2010 — Sender's FedEx Account Number SENDER'S FEDEX ACCOUNT NUMBER ONLY

Sender's Name James Catlin — Phone (202) 208 1923

Company Department of the Interior

Address 1849 C St. NW — Room 6313

City Washington — State DC — ZIP 20240

2 Your Internal Billing Reference

3 To

Recipient's Name Heather Platt — Phone ( )

Company Environment Massachusetts

Address 44 Winter St. — 4th floor — HOLD Weekday / HOLD Saturday

Address

City Boston — State MA — ZIP 02108

Sender's Copy

4a Express Package Service — Packages up to 150 lbs.

- [X] FedEx Priority Overnight
- [ ] FedEx Standard Overnight
- [ ] FedEx First Overnight
- [ ] FedEx 2Day
- [ ] FedEx Express Saver

4b Express Freight Service — Packages over 150 lbs.

- [ ] FedEx 1Day Freight
- [ ] FedEx 2Day Freight
- [ ] FedEx 3Day Freight

5 Packaging

- [X] FedEx Envelope
- [ ] FedEx Pak
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling and Delivery Signature Options

- [ ] SATURDAY Delivery
- [ ] No Signature Required
- [ ] Direct Signature
- [ ] Indirect Signature

Does this shipment contain dangerous goods?

- [ ] No
- [ ] Yes
- [ ] Yes
- [ ] Dry Ice
- [ ] Cargo Aircraft Only

7 Payment Bill to:

- [X] Sender
- [ ] Recipient
- [ ] Third Party
- [X] Credit Card
- [ ] Cash/Check

Total Packages 1 — Total Weight 1 — Total Declared Value

606

RETAIN THIS COPY FOR YOUR RECORDS

FedEx Office

1825 K ST NW
WASHINGTON, DC 20006

Location: BZSKN
Device ID: BZSKN-POS2
Employee: 1889031
Transaction: 73072510216

PRIORITY OVERNIGHT
872818116270 0.10 lb (S) 26.54

Shipment subtotal: 26.54

Total Due: 26.54

(V) CreditCard: 26.54
(b) (6) [redacted]

M = Weight entered manually
S = Weight read from scale
T = Taxable item

Subject to additional charges. See FedEx Service Guide at fedex.com for details. All merchandise sales final.

Visit us at: fedex.com
Or call 1.800.GoFedEx
1.800.463.3339

Travel Voucher (TV) Header Screen

Document Action

New Modify Cancel

Traveler Information

[redacted] 1000

Name JAMES FRANCIS CATLIN

Address (b) (6) [redacted]

(b) (6) [redacted] (b) (6) [redacted]

Comments To Prod

Amount

Total Claimed 26.54

Check Transfer 26.54 VC

Taxable VD

Tax Withheld VD

WTA 0.00

Ticket 0.00

Adjustment 0.00 VD

Travel Information

Ref TO/Doc No TO 1010000107 Offset Ind Y

Trans Type EX BEYS Payment Cat M

Purpose 0 (Line up to 5 travel purposes)

Dates

Begin Date 04 20 2010 End Date 04 20 2010

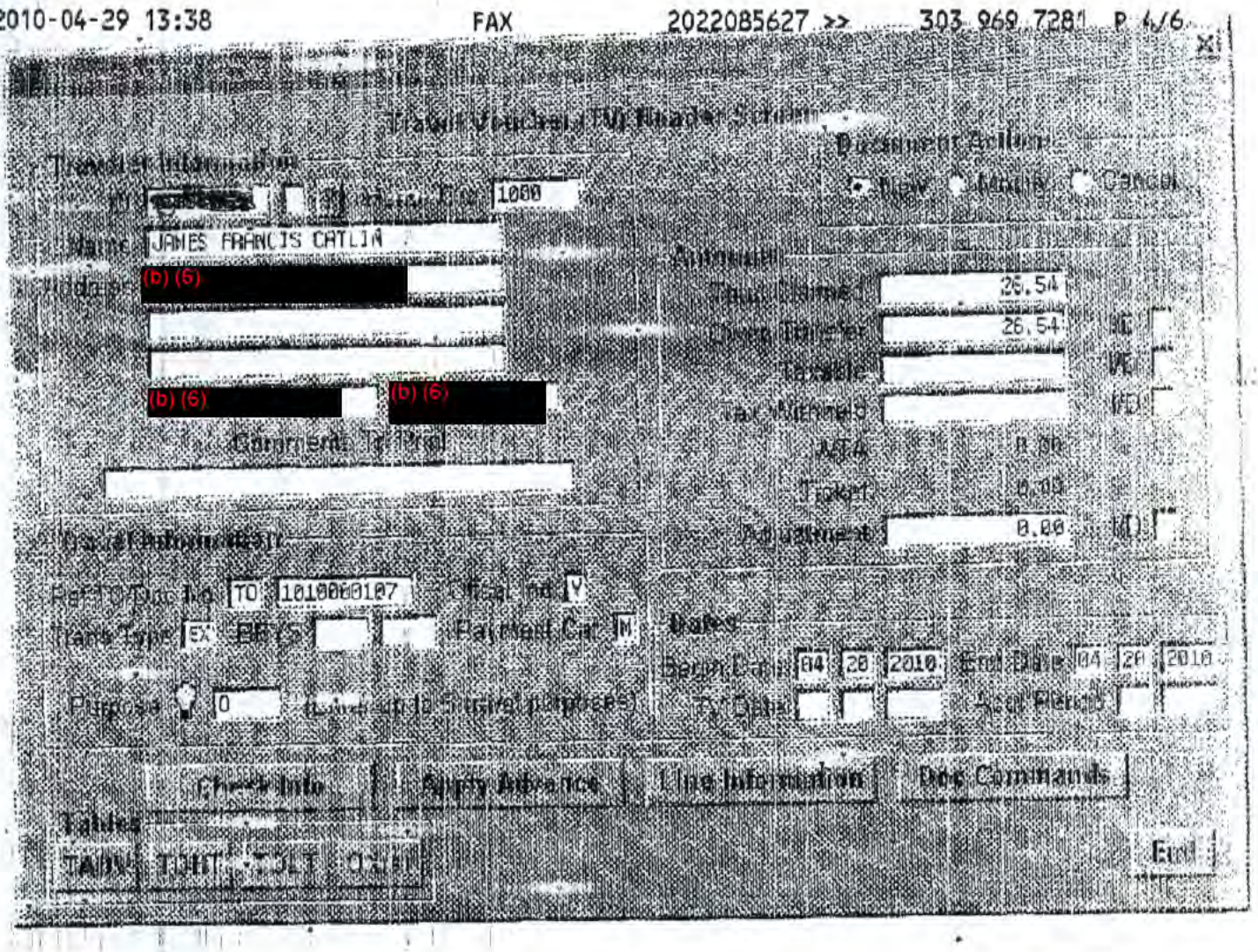
TV Date Acct Period

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TADV TDHT TDLT OXIT

End



13:02:57 Wed Apr 28, 2010

DOCID: **TV O 1010000107**
STATUS: **HELD** BATID: **TV O 118BA1** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000107** VOUCHER PARTIAL/FINAL:
LOG DATE: **04 27 2010** DOC ACTION: TOTAL VERIFIED: **26.54**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **04 20 2010** END DATE: **04 20 2010** 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 [redacted] DAYS: OWED EMPLOYEE: **26.54** I/D:
NAME : **JAMES FRANCIS CATLIN** EXCPTION CODE: SCHEDULE CATEGORY: **A**
ADDR1: (b) (6) [redacted] PRINT CHECK: **Y** SCHEDULE FY:
ADDR2: NO CHECK DISB: **N** SCHED NUM:
ADDR3: DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: (b) (6) [redacted] (b) (6) [redacted]
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

Department of the Interior

Office of The Secretary/OS
Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	0

Julian Date	Prep Unit	Sequence Number
118	BD	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
4-28-2010	4	1405.70

System Checked By: PA Date 4-28-2010

Batch Approval

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)*: Moore, Keith 1010000105

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

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

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION: Vermillion, SD

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

6. PERIOD OF TRAVEL: a. FROM 04-08-2010 b. TO 04-10-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) KMoore1 b. DATE(S) 04-08-2010

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)	TO (f)
See attached eticket	400.30	UA	Economy	04-08-2010	Sioux Falls, SD	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.

2111 65.00
2111 596.25
2111 ~~75.00~~ 74.50
2111 65.54

APR 21 2010

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 ▶ Keith Moore DATE 4-20-10 AMOUNT CLAIMED ▶ $ 781.29

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 4.23.10

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 ▶ $ 781.29

4-28-2010

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

576•32 -
63•37 +

••0••

65• x
0•5 =
32•50 +

32•50 *

53•25 +
220•00 +
71•00 +
226•00 +
6•00 +
576•25 *

32•77 +
32•77 +
22•50 +
11•00 +
99•04 *

7•00 +
7•00 *

22•00 +
22•00 *

65• x
0•5 =
32•50 +

32•50 *

12•00 +
12•00 *

781•29
•••••••••••••••• *

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 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.

226/71

Complete this information if this is a continuation sheet. PAGE 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

KMoore1

TRAVELER'S LAST NAME

Moore

DATE 2010 (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 50.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/08		Depart residence via POV en route Sioux Falls airport								65	32.50		
	6:33 p.m.	Depart Sioux Falls											
	11:48 p.m.	Arrive Washington, DC					53.25	220.00	279.25			279.25	
		Lodging tax											32.77
		Taxi DCA/Lodging											22.50
04/09		Washington, DC					71.00	226.00	297.00			297.00	
		Lodging tax											32.77
		Taxi DCA/Lodging											11.00
		Taxi											7.00
04/10		Taxi Lodging/DCA											22.00
	7:34 am	Depart Washington, DC											
	11:18 a.m.	Arrive Sioux Falls											
		If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.							SUBTOTALS ▶		$32.50	$576.25	$128.04
									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 records 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 ▶

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. KMoore1

TRAVELER'S LAST NAME Moore

2010 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 50.0 ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/13		Airport Parking											12.00
		POV to residence								65	32.50		
									SUBTOTALS		$32.50		$12.00
									TOTALS		$65.00	$576.25	$140.04

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $781.29

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. KMoore1
2. 04-08-2010 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Keith O. Moore 5. OFFICIAL STATION Vermillion, 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: Vermillion, SD
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:
Invitational travel. Traveler will particiate in a a job interview with top DOI officials.

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 04-08-2010 Ending on or about 04-10-2010

MODE OF TRAVEL

13. ☒ Common carrier 14. ☐ Extra fare 15. ☐ Government-owned conveyance
16. ☒ Privately owned at a mileage rate of 50 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 luggage, airport parking, taxi fare
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	428.55
21. Per Diem		879.50
22. Other		70.00
23. TOTAL	$	1,378.05

24. CHARGED TO:
2010 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renuka Stone (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

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

April 8, 2010

Carlson Wagonlit Travel SatoTravel

For: KEITH MOORE

To: NGMSDOI
ETKT 07APR.
ETKT 08APR.

Sales Person: JK
Locator: CNDXAR
Customer Number: (b) (6) [redacted]

TICKET ISSUED TO CORP CARD - 213820
SOLICITOR OFC
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 8, 2010

United Airlines — Flight Number: 6324
Class of Service: Coach Class Y
Depart: SIOUX FALLS, SD — 6:33 Pm April 8, 2010
Arrive: CHICAGO/OHARE — 8:21 Pm April 8, 2010
Total Flight Time: — 1 Hour 48 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed — Confirmation Number: X73F3Y
Reserved Seat: MOORE/KEITH 13B
ARR-TERMINAL 2
*FSD-ORD OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
FSD-ORD CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE
AISLE SEAT CONFIRMED

Thursday April 8, 2010

United Airlines — Flight Number: 628
Class of Service: Coach Class Y
Depart: CHICAGO/OHARE — 9:04 Pm April 8, 2010
Arrive: WASHINGTON/NATL,DC — 11:48 Pm April 8, 2010
Total Flight Time: — 1 Hour 44 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed — Confirmation Number: X7SF3Y
Reserved Seat: MOORE/KEITH 24D
DEP-TERMINAL 1 ARR-TERMINAL C
STAR ALLIANCE
AISLE SEAT CONFIRMED

Thursday April 8, 2010

WASHINGTON/NATL,DC
GEORGETOWN SUITES
1111 30TH ST NW
WASHINGTON DC 20007

Phone Number: 1-202-2987800
Fax Number: 1-202-333 5792
Number of Rooms: 1
Rate: 226.00 USD Per Night
Check In: Apr 08, 2010
Check Out: Apr 10, 2010
Confirmation Number: 900M2413BJL
Cancellation Policy: Cancel 1 day prior
Directions: UNDERGROUND PARKING IS AVAILABLE FOR 20 DOLLARS PER NIGHT.
PLEASE CABCEL BY 24 HOURS PRIOR TO ARRIVAL TO AVOID HOTEL PENALTY

Saturday April 10, 2010

United Airlines — Flight Number: 605
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 7:34 Am April 10, 2010
Arrive: CHICAGO/OHARE — 8:50 Am April 10, 2010
Total Flight Time: — 2 Hours 16 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed — Confirmation Number: X78F3Y
Reserved Seat: MOORE/KEITH 21F
DEP-TERMINAL C ARR-TERMINAL 1
STAR ALLIANCE
AISLE UNAVAILABLE WINDOW SEAT CONFIRMED

Saturday April 10, 2010

United Airlines — Flight Number: 5745
Class of Service:Coach Class Y
Depart: CHICAGO/OHARE — 9:45 Am April 10, 2010
Arrive: SIOUX FALLS, SD — 11:18 Am April 10, 2010
Total Flight Time: — 1 Hour 33 Minutes Non-Stop
Equipment: ER4
Meal Service: None
Status: Confirmed — Confirmation Number: X78F3Y
Reserved Seat: MOORE/KEITH 7B
DEP-TERMINAL 1
*ORD-FSD OPERATED BY /UNITED EXPRESS/EXPRESSJET AIRLINES
ORD-FSD CHECK-IN WITH UNITED AIRLINES TERM 1
STAR ALLIANCE
AISLE SEAT CONFIRMED

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MOORE KEITH	5832/0167875626043	336.74	25.26US	14.80ZP	10.00AY	400.30
MOORE KEITH	5832/8900522627106	28.25				28.25
					Total Amount:	428.55

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//07APR

LODGING DECLINED//07APR

1111 30th Street, NW
Washington, D.C. 20007
Tel (202) 298-7800
Fax (202) 333-5792

GEORGETOWN SUITES

1000 29th Street, NW
Washington, D.C. 20007
Tel (202) 298-1600
Fax (202) 333-2019

Guest Name: Keith Moore

226/71

Room #: 2310
Folio#: R17180 - 1
Group #:
Guests: 1
Clerk: FO

Arrive: 04/08/10 Time: 12:24 AM Depart: 04/10/10 Time: 05:48 AM Stat: HIST

Date	Description	Reference	Comment	Charges	Credits
04/08/10	ROOM CHARGE	2310		$226.00	
04/08/10	14.5 SALES TAX	2310t	14.5 SALES TAX	$32.77	
04/09/10	ROOM CHARGE	2310		$226.00	
04/09/10	14.5 SALES TAX	2310t	14.5 SALES TAX	$32.77	
04/10/10	PAID VISA	Ck Out 05:48	(b) (6)		($517.54)

Folio Balance: $0.00

Guest Signature: Keith Moore

Taxi Cab Receipts

DATE: 4-8-10 TIME: 11:45 Pm

TRIP ORIGIN: Airport - DCA

DESTINATION: Hotel - Georgetown Suites

FARE: $ 22.50 SIGNATURE [signature]

STANDARD PARKING
SIOUX FALLS REGIONAL AIRPORT
2801 JAYCEE LANE
SIOUX FALLS SD 57104
605 336 8154
Rcpt# 11792
04/10/10 11:32 Ln 1 Sh 5 Tkn 18864
04/08/10 16:58 In 04/10/10 11:32 Out
Tkt# 473096
LONG TERM $ 12.00
Total Fee $ 12.00
VISA $ 12.00
(b) (6) [redacted]
Approval No.:09943C
Reference No.:#
Change Due $ 0.00
THANK YOU
COME AGAIN

Taxi Cab Receipts

DATE: 4-9-10 TIME: 5:30 Pm

TRIP ORIGIN: DEP'T of INTERIOR

DESTINATION: Hotel

FARE: $ 11.00 SIGNATURE [signature]

[signature]

Taxi Cab Receipt

DATE: 4/9/10 TIME: _____

ORIGIN _____ CAB # _____

DESTINATION: _____

FARE: $ 7.00 SIGNATURE [signature]

Mileage:	130 miles
Beginning:	124,320
Ending:	124,450

Taxi Cab Receipts

DATE: 4-10-10 TIME: _____

TRIP ORIGIN: DC. HOTEL

DESTINATION: AIRPORT

FARE: $ 22.00 SIGNATURE [signature]

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

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): 1010000106 Screnar, Brian

b. SOCIAL SECURITY NO.:

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

d. OFFICE TELEPHONE NUMBER:

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 2010 (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)
04/15	C	Taxi to DOI to transport AGO materials cross town				14.00		
			APR 27 2010					
			APR 27 2010					
			APR 27 2010					

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)) ▶ $ 14.00

TOTALS: 14.00

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 4-23-10

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 4/21/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

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

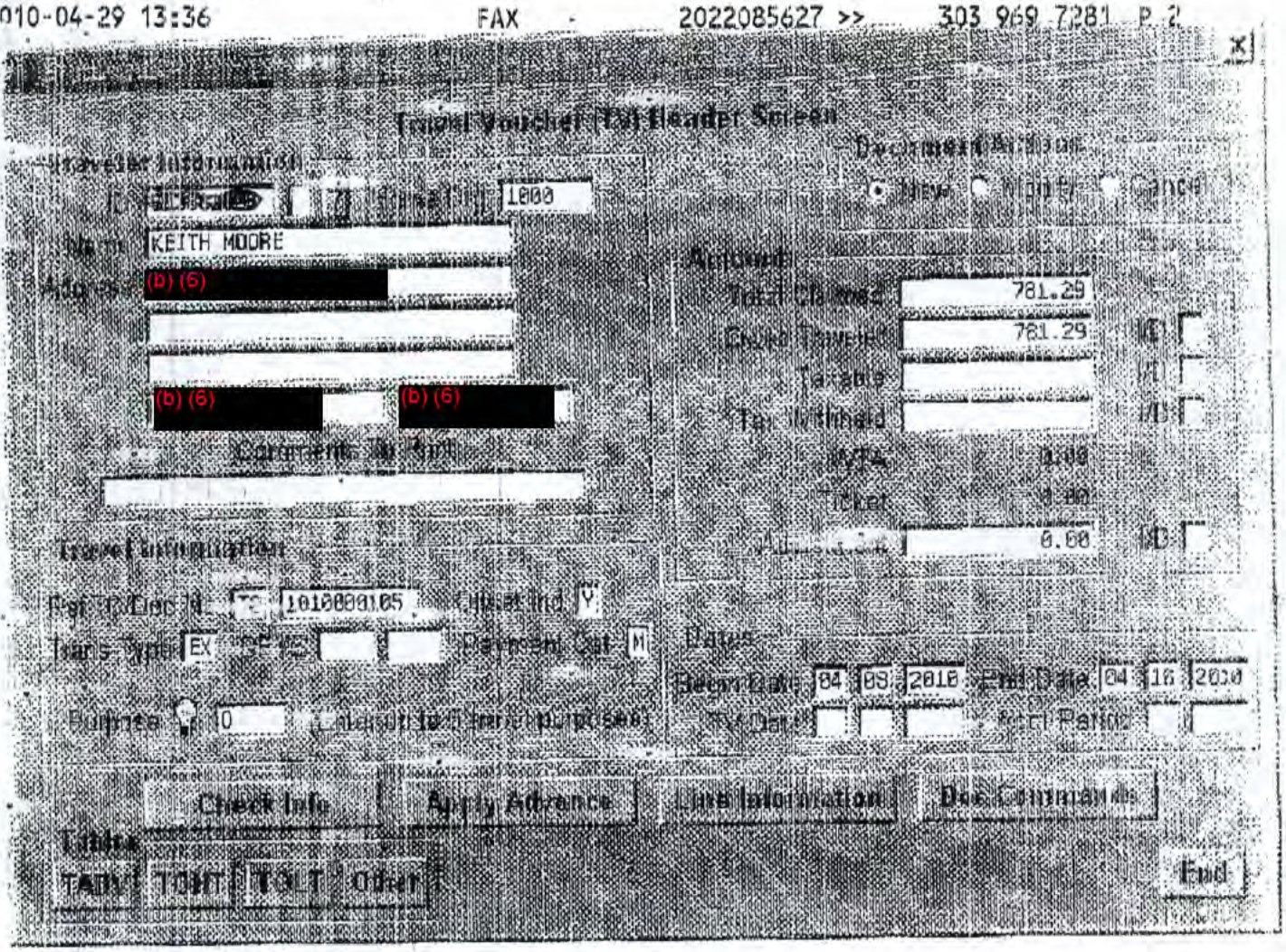
STANDARD FORM 1164 (Rev. 11-77) Prescribed by GSA, FPRM (CFR 41) 101-7

DC TRIP / [illegible]
GRAND
CAB # 648
04/15/10 [illegible]
START END MILES
20:18 20:25 1.0
FARE FOR [illegible] RATE
PAY : $ 6.75
EXTRA: $ 4.50
TOTAL: $ 11.25
[illegible]
DC TAXICAB COMM
TEL 202 645-[illegible]

13:02:47 Wed Apr 28, 2010

DOCID: **TV O 1010000105**
STATUS: **HELD** BATID: **TV O 118BA1** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000105** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **04 27 2010** DOC ACTION: TOTAL VERIFIED: **781.29**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **04 08 2010** END DATE: **04 10 2010** 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 [redacted] DAYS: OWED EMPLOYEE: **781.29** I/D:
NAME : **KEITH MOORE** EXCPTION CODE: SCHEDULE CATEGORY: **A**
ADDR1: (b) (6) [redacted] PRINT CHECK: **Y** SCHEDULE FY:
ADDR2: NO CHECK DISB: **N** SCHED NUM:
ADDR3: DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: (b) (6) [redacted]
CHECK TYPE: COMMENTS TO PRINT:

TTYP	FIELD 1: TRAVEL ORDER	ADV NUM	FIELD 2: APPLIED AMOUNT	I/D	FIELD 3: ADVANCE BALANCE	FIELD 4: DESCRIPTION


Travel Voucher (TV) Header Screen
Traveler Information
1000
KEITH MOORE
(b) (6)
(b) (6)
(b) (6)
Comments To Print
Document Actions
New
Modify
Cancel
Amount
Total Claimed
781.29
Check Traveled
781.29
Taxable
Tax Withheld
0.00
Ticket
0.00
0.00
Travel Information
1010000105
Y
EX
M
Dates
Begin Date
04
08
2010
End Date
04
16
2010
0
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV
TGHT
TGLT
Other
End

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.: 10100000060

4. SCHEDULE NO.:

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Scheffler, Lenor A

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

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

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

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Scheffler08/09 b. DATE(S) 08-13-2009

e. PRESENT DUTY STATION: Minneapolis, MN

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

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 eticket	$771.20	NW	Economy	08-17-2009	Minneapolis, MN	Washington, DC and return
TMC fee	28.25					

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

211048dd

FEB 12 2010

FEB - 4 2010

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 ▶ Lenor Scheffler DATE

AMOUNT CLAIMED ▶ $ 48.00

NOTE: Falsification of an item on 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. 68b).)

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone DATE 2.4.10

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

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 ▶ $ 48.00

2/18/10

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. (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.

(k) 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 connection subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

Scheffler08/09

TRAVELER'S LAST NAME

Scheffler

DATE 2009 (b)	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: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/20	7:20 am	Depart Minneapolis, MN											
	10:49 am	Arrive Washington, DC											
	6:55 pm	Depart Washington, DC											
	8:50 pm	Arrive Minneapolis, MN					48.00		48.00			48.00	

233.64

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

SUBTOTALS ▶ $48.00

TOTALS ▶ $48.00

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

TOTAL AMOUNT CLAIMED ▶ $48.00

In compliance with the Privacy Act of 19[illegible] Solicitation of the information on this fo[illegible] implemented by the Federal Travel Reg[illegible] 22-187, E.O. 11012 of March 27, 1962[illegible] U.S.C. 5011(a) and 6109. The primary [illegible] determine payment or reimbursement [illegible] and/or relocation expenses incurred und[illegible] and to record and maintain costs of su[illegible] The information will be used by citizens [illegible] information in the performance of their [illegible] disclosed to appropriate Federal, State, [illegible] executions, or when pursuant to a requirement by this agency [illegible] the hiring or firing of an employee, the issuance of a security [illegible] obligations of the performance of official duty within [illegible] of. Your Social Security Account Number (SSN) is solicited [illegible] of the Internal Revenue Code (26 U.S.C. 6011(a) and 6109) [illegible] November 27, 1943, for use as a taxpayer and/or employee [illegible]; disclosure is MANDATORY on vouchers claiming travel [illegible] expense reimbursement which is, or may be, taxable [illegible] to your SSN and other requested information is voluntary. However, failure to provide the information (other than SSN) [illegible] the claim may result in delay or loss of reimbursement.

Produced by Elba Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

56.5 x
75.0 %
42.00 ÷
0.00 x
1.00 =

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. 06-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Scheffler08/09
2. 08/13/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Lenor A. Scheffler
5. OFFICIAL STATION Minneapolis, MN
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: Minneapolis, MN
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler is interviewing for a job 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 08/20/09 Ending on or about 08/20/09

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, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation $ 800.00
21. Per Diem
22. Other 100.00
23. TOTAL $ 900.00
24. CHARGED TO:
2009 1000 DDD01 68

25. (REGISTER'S SIGNATURE)
27. Invitational (TITLE)
28. (AUTHORIZING OFFICIAL SIGNATURE)
29. Deputy Chief of Staff (TITLE)

25. (FISCAL OFFICER'S SIGNATURE)

Carlson Wagonlit Travel SatoTravel

August 17, 2009

For: LENOR A SCHEFFLER GDOIOS

To: NGMSDOI
ETKT 18AUG.

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

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

Thursday August 20, 2009

Northwest Airlines
Class of Service:Coach Class B
Depart: MINNEAPOLIS,MN
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: SCHEFFLER/LENOR A 5A
DEP-LINDBERGH TERMINAL ARR-TERMINAL A

Flight Number: 1762

7:20 Am August 20, 2009
10:49 Am August 20, 2009
2 Hours 29 Minutes Non-Stop

Confirmation Number: 2BBENQ

Thursday August 20, 2009

Northwest Airlines
Class of Service:Coach Class B
Depart: WASHINGTON/NATL,DC
Arrive: MINNEAPOLIS,MN
Total Flight Time:
Equipment: CR9
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL A ARR-LINDBERGH TERMINAL
*DCA-MSP OPERATED BY MESABA AVIATION

Flight Number: 3501

6:58 Pm August 20, 2009
8:50 Pm August 20, 2009
2 Hours 52 Minutes Non-Stop

Confirmation Number: 2BBEMQ

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
SCHEFFLER LENOR A	5044/0127686245818	697.80	52.32US	7.20ZP	5.00AY	771.20
SCHEFFLER LENOR A	5044/8900501932998	20.26				23.25
					Total Amount:	790.45

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//13AUG
LODGING DECLINED//13AUG

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
049	BS	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)

System Checked By: _____ **Date** _____

Batch Approval

Approved By: _____

Date Approved: _____

2009-12-18 14:30 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)
1010000030
Dublin, Lindsay P.

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

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

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 12-03-2009
b. TO 12-05-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S) SMIAMIFL120309
b. DATE(S) 12-02-2009

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)
See attached eticket	229.80	US	Economy	12-02-2009	Washington, DC	Miami, FL
See attached eticket	535.80	AA	Economy	12-02-2009	Orlando, FL	Washington, DC
TMC	28.25					

DEC 16 2009

211D 1425.0
211F 34.65

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 12/14/09 AMOUNT CLAIMED ▶ $ 177.15

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 12-16-09

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 ▶	$ 177.15

18. ACCOUNTING CLASSIFICATION
2010 DR 1000 DDR13 NP0099 68

12/21/09

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

Col. (c) If the traveler includes per diem or allowance for

Quarters (plus)

Col. (d) Hour(s) } Show meals incurred for each meal, including tax, tips, and daily total meal cost.

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

am and actual expense travel.

nce expense incurred for actual expense travel.

ount, limited to maximum rate, or if travel on actual ...ipt for the amount from col. (j) or maximum rate.

...ion tax, taxi/limousine fares, air fare (if purchased with ...distance telephone calls for Government business, ...r than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

Dubin

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

2009	TIME (Hour and min.)	DESCRIPTION (Departure/arrival points, circumstances of expenses)	PERSONAL TRANSPORTATION EXPENSES: MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE: ¢ NO. OF MILES	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	(c)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12/03	6:20 am	Depart Washir							
	11:00 am	Arrive Miami,	49.50	128.00	177.50			49.50	
		Lodging tax. $							
		Parking $20.(							9.05
		Internet Acce							4.03
		Turnpike toll							5.70
12/04		Vero Beach claimed	51.00		51.00			51.00	
		Turnpike toll							4.00
12/05		Rental car gas							5.70
		Rental car $							
	3:50 pm	Depart Orla							
	5:49 pm	Arrive Wash	42.00	38.25	42.00			42.00	
		SUBTOTALS ▶						$142.50	$18.65
		TOTALS ▶							

If additional space is req... leaving it front blank.

In compliance with the Privacy Act of ... Solicitation of the information on this ... implemented by the Federal Travel Re... 22, 1971, E.O. 11012 of March 27, 19... U.S.C. 5701(b) and 6109. The princi... determine reimbursement or reimburseme... and information on expenses incurred u... and to record and maintain costs of ... The information will be used by offici... information in the performance of th... disclosed in appropriate Federal, Sta...

...practices, or when pursuant to a requirement by this agency in the hiring or firing of an employee, the issuance of a security investigations or the performance of official duty within ... vices. Your Social Security Account Number (SSN) is solicited by ... the Internal Revenue Code (26 U.S.C. 6011(b) and 6109, ... November 22, 1943, for use as a taxpayer and/or employee ... number disclosure is MANDATORY on vouchers claiming ... allowance expense reimbursement which is, or may be, taxable ... use of your SSN and other requested information is voluntary ... cant; however, failure to provide the information (other than SSN) ... port 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 ▶

...ly produced by Elite Federal Forms, Inc.

STANDARD FORM 1012 BACK (10-77)

posted yet

2009-12-18 [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 member's 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.

TRAVELER'S LAST NAME: Dubin

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)
12/05		Taxi to residence											15.00
										SUBTOTALS ▶			$15.00
										TOTALS ▶		$142.50	$34.65

T

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 19 on the front of this form.

TOTAL AMOUNT* CLAIMED ▶ $177.15

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 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 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)

2009-12-18 14:31 FAX 2022085627 >> 3039[illegible] P 6

Hilton Honors

1717 N BAYSHORE DRIVE
MIAMI, FL 33132
TELEPHONE 305-372-0313 FAX 3053729465

DOUBLETREE

Potato & Mitos

[illegible]

[illegible] NESAY P
(b) (6) [redacted]

Room	837/ND2C	
Arrival Date	12/3/2009	5:10:00PM
Dept Date	12/4/2009	
Adult/Child	1/0	
Room Rate	128.00	

Email: _____

PHONE: _____

RATE PLAN L-SSV
HHI
AL:
CIVIL:

CONFIRMATION NUMBER : 80862580

12/4/2009 PAGE 1

Please Verify Rate and Departure Date
Early Departure Fee: *1 Night Room and Tax*
Valet Parking Fee $29.00 daily
Early Check In Before 12:00pm $75.00

DATE	REF	DESCRIPTION	AMOUNT
12/3/2009	1791629	GUEST ROOM	$128.00
12/3/2009	1791629	STATE TAX	$8.96 } 16.64
12/3/2009	1791629	CITY TAX	$7.68
12/4/2009	1791826	*VALET PARKING	$29.00 — parking
12/4/2009	1791826	MO (b) (6) [redacted]	($173.84)
		** BALANCE **	$0.00

128/64

280876 A

The management regrets it cannot accept any liability for valuables left in the guestrooms. For your convenience, a safe is located in your guest room.

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 the full amount of these charges. When your balance reaches $1000.00 we require it to be settled.

Signature _____

2009-12-[illegible] 14:51 FAX 2022085627 >> 3059[illegible] P 9

Hilton Honors

1717 N BAYSHORE DRIVE
MIAMI, FL 33132
TELEPHONE 305-372-0313 FAX 3053729458

DOUBLETREE

Paid for personally

PUBIN, LINDSAY R
(b) (6) [redacted]

Room	837/ND2C	
Arrival Date	12/3/2009	5:10:00PM
Dept Date	12/4/2009	
Adult/Child	1/0	
Room Rate		

Email: _____

PHONE: _____

RATE PLAN L-SGV
HH#
AL
GAR:

Please Verify Rate and Departure Date
Early Departure Fee: 1 Night Room and Tax
Valet Parking Fee $29.00 daily
Early Check In Before 12:00pm $75.00

CONFIRMATION NUMBER : 80882580

12/4/2009 PAGE 1

DATE	REF	DESCRIPTION	AMOUNT
12/3/2009	1791394	HIGH SPEED INTERNET ACCESS	$9.95
12/4/2009	1791828	CASH	($9.95)
		** BALANCE **	$0.00

(Cash)

230676 B

The management regrets it cannot accept any liability for valuables left in the guestrooms. For your convenience, a safe is located in your guest room.

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 the full amount of these charges. When your balance reaches $1000.00 we require it to be settled.

Signature _____ -9.95

FLORIDA'S TURNPIKE
TOLL RECEIPT

DATE:12/04/09 TIME:1618 TRANS#:2039

PLAZA:FTYTES LANE:06 COLL ID:5721

CLASS:02 TOLL:$ 5.70 PAID:CASH

YOU WOULD HAVE SAVED $ 1.30 AT
THIS TOLL PLAZA BY USING SUNPASS

AVAILABLE AT PUBLIX, CVS
AND WWW.SUNPASS.COM

FLORIDA'S TURNPIKE
TOLL RECEIPT

DATE:12/04/09 TIME:1646 TRANS#:2515

PLAZA:SYPNES LANE:02 COLL ID:1174

CLASS:02 TOLL:$ 1.00 PAID:CASH

YOU WOULD HAVE SAVED $ 0.25 AT
THIS TOLL PLAZA BY USING SUNPASS

AVAILABLE AT PUBLIX, CVS
AND WWW.SUNPASS.COM

Tolls: last receipts
12/3/09 - 4.00 VB
12/4/09 - 5.00

TAXICAB RECEIPT

Time: _____
Date: Saturday 12/6/09

Origin of trip: Washington National Airport

Destination: Residence, 450 Massachusetts Ave,

Fare: $15.80 Sign: [signature]

SUNSHINE FOODS 234
3860 S. A1A
MELBOURNE BEACH, FL.
32951 321-984 4400

SUNSHINE #234

MELBOURN, FL
DEALER# 9739947-DEA

DUPLICATE OUTDOOR RECEIPT

DEALER# 9739947-DEA
SUNSHINE #234

MELBOURN FL

#MasterCard X7654
CARD # 765
MCFT15
DUBIN/LINDSAY P
INV # DEA5358
AUTH # 067726
APPROVAL # DEA5358
DATE 12/05/09 10:23

PUMP # 07 PLUS
GALLONS 13.194
PRICE/CAL $ 2.019

[illegible]

FRANKLIN [illegible] AGAIN

Budget Rent A Car System, Inc.

(b) (6) [redacted]

3901 NW 28TH STREET MIAMI, FL, 33142, US 02706

RETURN: RA DOCUMENT 437979054
ISBN 0 2 5 0 6 4 6 0 GRP C

RENTED: 03DEC09/1142 AT: MIAMI APO, FL
RETURN: 05DEC09/1225 AT: ORLANDO FL APO
DUE IN: 05DEC09/1[illegible] AT: ORLANDO FL APO

PHONE: 305-877-3722 098121
RATE: MB/C TIME: 2 DY 1 HR
MIN 1 DAY
RATE NOT VALID AFTER MON 23:59

1 MI @	.00	
1 HR @	32.25	32.25
2 DY @	42.99	85.90
0 WK @	644.85	
0 MO @		

MB/C 375FM

DISCOUNT 10.0%	-	7.00
ADJUSTMENTS (M)	-	44.00
TIME & MILEAGE	=	66.63
TXBLE CNTR PROD	+	35.85
FUEL PURCHASE OPTION	+	44.67
### 0.53/DY EXP	+	1.59
GAPS $ 5.00/DAY	+	15.00
* $6.38/DAY SURCHARGE	+	19.03
** 9.89% FEE	+	11.78
SUBTOTAL		194.60
TAX 7.000%	+	13.62
TOTAL CHARGES		206.22
PREPAY:CASH	-	19.90
AMOUNT DUE (C) USD		184.32

* $2.01 FLA SURCHARGE-BATTERY/TIRE
.35/DAY VLF + $4.00/DY RCT CHARGE
#WEREDGY RECOVERY FEE
**CONCESSION RECOVERY FEE

MI OUT:28840 MI IN: 29186
TOTAL MILES DRIVEN: 376
PLATE# FL 65827S FUEL OUT: 0/8
RED POINT GO NOR FUEL IN: 0/8

METHOD OF PAYMENT: MASTER 7684
DRIVER: LIC# (b) (6) [redacted]
DOB 7788300
REMARKS:ZD0436197[illegible]
RA DOCUMENT 437979054

********OPTIONAL SERVICES******

LDW:	26.99/DAY DECLINED
PAE:	6.95/DAY DECLINED
ESP:	5.00/DAY DECLINED
SLI:	14.[illegible]/DAY DECLINED

DUBIN, LINDSAY P
US DEPT OF INTERIOR

1 GPS $ 11.95/DAY + 35.85

Paid for personally
no Reimbursement

NOTICES BUDGET NOTICES BUDGET NOTICES BUDGET NOTICES

***THE AMOUNT THAT APPEARS IN "AMOUNT DUE" HAS BEEN BILLED TO YOUR MASTER CARD.
***ALL CHARGES ARE SUBJECT TO AUDIT AND CHANGE IF ANY ERRORS ARE FOUND.
***THANK YOU FOR RENTING FROM BUDGET.
***MINIMUM CHARGE IS 1 DAY (24 HRS) PLUS MILEAGE.
***FUEL SERVICES ADD'L IF CAR IS RETURNED WITH LESS FUEL THAN WHEN RENTED.
JBBD/425C/09339/12:17/F

***FUEL PURCHASE OPTION-UNUSED FUEL NOT REFUNDABLE
***I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS SHOWN ON THIS RENTAL DOCUMENT AND ON THE SEPARATE RENTAL DOCUMENT JACKET DELIVERED TO ME WITH THIS RENTAL DOCUMENT.

X_____ RENTAL #437979054
RES # 01231227-US-AC
PREPARED BY: 71743 CLOSED BY: 90743

OFFICIAL TDY TRAVELER AUTHORIZATION

(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NO.: ISMIAMI*120309 A01

2. TRAVELER (first name, middle initial, last name): Lindsay Dubin

3. TITLE: OTHER

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

5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:
164[illegible] St. NW
MS 7229
Washington, DC 20240

6A. OFFICE/DIVISION: OS, Secretary Immedi

6B. CORP. SYMBOL:

7. OFFICIAL DUTY STATION: Washington

8. OFFICE PHONE NO.: 202-208-7551

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 [X] SPEECH OR PRESENTATION [ ] CONFERENCE ATTENDANCE [ ] ENTITLEMENT [ ] SPECIAL MISSION [ ] OTHER (SPECIFY)

12. SPECIFIC TRAVEL PURPOSE

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal side trips or modes of transportation that are for personal convenience and/or preference.

DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c) CITY	STATE	PER DIEM RATE M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)	ACTUAL EXPENSE RATE (g)	MODE OF TRANS BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		FROM: WASHINGTON							
12/03/09	THU	TO: MIAMI	FL	66	128	194			
12/04/09	FRI	MIAMI	FL	51	89	140			
12/04/09	FRI	TO: VERO BEACH	FL	51	89	140			
12/05/09	SAT	VERO BEACH	FL	---	---				
12/05/09	SAT	TO: RES: washington	dc						

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 (private club, 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 Form 179) [ ] 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 (SEE 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 100% OF THE AMOUNT IN ITEM 13(f).

19. TRAVELER IS (check one): [X] a. GOVT CHARGE CARD HOLDER [ ] b. GOVT CHARGE CARD DECLINED [ ] 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. AIRLINE GOVERNMENT CHARGE CARD [ ] c. GOVERNMENT TRANSPORTATION REQUEST [X] OTHER (Explain in item 22)

21. FUNDS: A. INITIALS DBLI-GATED: B. DATE

22. REMARKS:
Trip is greater than 12 hours. Advance Staff for the SECY.
No lodging claimed on 12/4/09.

23. EST. COST TO GOVERNMENT

A. TOTAL COMMON CARRIER COST	$ 765.00
B. TOTAL PER DIEM AND OTHER	$ 704.25
C. TOTAL ESTIMATED COST	$ 1469.25
25. ADVANCE AUTHORIZED	$ 0.00

24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one): [X] a. GOVERNMENT ISSUED CHARGE CARD [ ] b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT

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: Renee Stone DCOS

27B. SIGNATURE (PRESS FIRMLY, USE BALL POINT PEN): Renee Stone

27C. DATE: 12.2.09

GENERAL SERVICES ADMINISTRATION — GSA FORM 87 (REV. 6/08)

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.

GovTrip Travel System

Doc No: ISMIAMIFL120309 A01

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-I-211C				765.00
GASOLINE-211I				80.00
LODGING-211D				158.00
M&IE-211D				138.75
OTHER-211I				30.00
RENTAL CAR-211R				200.00
TAXI-211T				60.00
TMC FEE -I-211B				27.50
10 1000.DDR13,	.6	0.00	0.00	1,469.25

2010^^DR^1000^^DDR13^NP0099^68^

December 2, 2009

Carlson Wagonlit Travel SatoTravel

For: LINDSAY P DUBIN

To: NGIMSDOI
LINDSAY DUBIN
1849 C ST NW
ROOM 6222
WASHINGTON DC 20240

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

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

Thursday December 3, 2009

American Airlines — Flight Number: 2097
Class of Service:Coach Class
Depart: WASHINGTON/NATL,DC — 8:20 Am December 3, 2009
Arrive: MIAMI, FL — 11:00 Am December 3, 2009
Total Flight Time: — 2 Hours 40 Minutes Non-Stop
Equipment 738
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: BRTSPE
Reserved Seat: DUBIN/LINDSAY P 22E
DEP-TERMINAL B
ONEWORLD

Thursday December 3, 2009

BUDGET — Intermediate Car
Pick Up: December 3, 2009 11:00 Am — Location MIAMI, FL
MIAMI, FL
Return: December 5, 2009 6:59 Pm — To: ORLANDO INTL AIRPORT
1 AIRPORT BLVD
ORLANDO, FL
Drop Charge: USD.00
Daily Rate: 59.00 USD — Extra Days: 39.00 Extra Hours: 23.00
Unlimited Free Miles
Approximate Total: 175.35 3Days 0Hours 58.00Mandatory Charge
Confirmation Number: 01231227US4

Thursday December 3, 2009

MIAMI, FL
DOUBLETREE HOTELS DOUBLETREE GRAND BISCAYNE BAY
1717 N BAYSHORE DR
MIAMI FL 33132
Phone Number: 1-305-372-0313
Fax Number: 1-305-539-9228
Number of Rooms: 1
Rate: 128.00 USD Per Night
Check In: Dec 03, 2009
Check Out: Dec 04, 2009

Confirmation Number: 80862580
Cancellation Policy: Cancel by 4PM
Directions - MIAMI INTERNATIONAL AIRPORT...6.5MI / 10.5KM

Saturday December 5, 2009

US Airways
Class of Service: Coach Class T
Depart.: ORLANDO, FL
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: DUBIN/LINDSAY P 6B
ARR-TERMINAL C

Flight Number: 859

3:50 Pm December 5, 2009
5:49 Pm December 5, 2009
1 Hour 59 Minutes Non-Stop

Confirmation Number: B4PV60

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
DUBIN LINDSAY P	5491/0377708271231	203.72	25.88			229.60
DUBIN LINDSAY P	5491/8900509047971	28.25				28.25
DUBIN LINDSAY P	5490/0017708271230	488.37	36.83US	3.60ZP	2.50AY	535.80

(b) (6) [redacted]

Total Amount: 793.05

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8404
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-498-2564

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//25NOV
LODGING DECLINED//25NOV

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.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. Name *(Last, first, middle initial)*

Dubin, Lindsey

1010000163

b. SOCIAL SECURITY NO.

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: 08-09-2010
b. TO: 08-11-2010

7. TRAVEL AUTHORIZATION

a. NUMBER(S): DubinFL/GA
b. DATE(S): 09-09-2010

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)	TO (f)
See attached eticket	440.80	DL	Economy	08-09-2010	Washington, DC	Pensacola, FL and return
See attached eticket	283.65	DL	Economy	08-11-2010	Pensacola, FL	Washington, DC
TMC fee	28.25				
TMC 433	28.25				

Traveler helped facilitate BOEMRE meeting in Pensacola, FL and was also scheduled to provide advance for the Secy. When Secy's schedule changed, traveler's return to DC was affected. $220.40 of invoice #0008435 has been refunded.

AUG 20 2010

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. 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 8/13/10 AMOUNT CLAIMED ▶ $ 60.00

NOTE: Falsification of an item in an accompanying 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 8-18-10

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

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 ▶ $ 60.00

18. ACCOUNTING CLASSIFICATION

2010-1000 DDR07 MS009568

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

EDULE

ENSES

D

MOUNTS

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) 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.
- (h) 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.
- (i) Show expenses, such as taxi, airplane fares, car fare (if purchased with cash), local or long distance telephone calls for Government business, commercial reservation or other subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

DubinFL/GA

TRAVELER'S LAST NAME

Dubin

109/4

2010 (a)	TIME (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)	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)
08/09		Depart DOI en route DCA via taxi											23.00 T
	4:40 p.m.	Depart Washington, DC											
	7:15 p.m.	Arrive Pensacola, FL					34.50 46.80	109.00	143.50			34.50	
08/10		Pensacola, FL					46.00	109.00	155.00			46.00	
		Parking ($16.00)											
08/11		Rental car fuel ($30.78)											
		Rental Car ($131.20)											
	6:25 p.m.	Depart Pensacola											
	11:24 p.m.	Arrive Washington, DC					34.50		34.50			34.50	
		Taxi to residence											22.00 T
										SUBTOTALS ▶		$115.00	$45.00
										TOTALS ▶		$115.00	$45.00

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 to allow the 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 within 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 ▶ $160.00

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

STANDARD FORM 1012 BACK (10-77)

2110 115-D
2111 45.00 T
160.00

National Business Center

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

FAX

To:	Brad Allegrezza	Fax:	305-969-6631
From:	Barbara Martin	Date:	8/20/2010
Re:	Enclosed is a voucher for Lindsay Dubin. If you have any questions give me a call....Thanks	Pages:	
CC:			

☐ 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: U.S. 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): Dubin, Lindsay
b. SOCIAL SECURITY NO.: 101000010 3 (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: 08-09-2010
b. TO: 08-11-2010

7. TRAVEL AUTHORIZATION
a. NUMBER(S): DubinFUGA
b. DATE(S): 09-09-2010

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 eticket	440.80	DL	Economy	08-09-2010	Washington, DC	Pensacola, FL and return
See attached eticket	288.65	DL	Economy	08-11-2010	Pensacola, FL	Washington DC
TMC fee	28.25					
TMC 403	28.25					

Traveler helped facilitate BOEMRE meeting in Pensacola, FL and was also scheduled to provide advance for the Secy. When Secy's schedule changed, traveler's return to DC was affected. $220.40 of invoice #0006435 has been refunded.

AUG 20 2010

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 8/17/10 AMOUNT CLAIMED ▶ $ 160.00

NOTE: Falsification of an item in an expense account voids 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 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 8-18-10

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. DCI 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 ▶ $ 160.00

18. ACCOUNTING CLASSIFICATION

2010-1000 DDR07 MS009568

TRANSACTION REPORT

AUG-20-2010 FRI 08:34 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
AUG-20	08:32 AM	FAX	1'11"	3	FAX RX	COM. E-23		

National Business Center

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

FAX

To:	Brad Allegrezza	**Fax:**	303-969-6631
From:	Barbara Martin	**Date:**	8/20/2010
Re:	Enclosed is a voucher for Lindsay Dubin. If you have any questions give me a call....Thanks	**Pages:**	
CC:			

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

Notes:

Thanks ☺

August 20, 2010

To: Barbara Martin

From: Margaret Bradley MB

I prepared the attached voucher for Lindsay Dubin's recent trip to the Gulf Region to participate in the Department of the Interior's response to the Deepwater Horizon oil spill. Lindsay is currently employed in the Office of Scheduling and Advance in the Immediate Office of the Secretary. However, effective late August 2010, Lindsay is transitioning to a new position as special assistant to the Director of the Bureau of Ocean Energy Management, Regulation and Enforcement. Because of the short time period remaining on Lindsay's tenure in the Immediate Office of the Secretary, I decided to not create a GovTrip account for Lindsay, but to allow her new employing office to create a GovTrip account for her.

Please let me know if you have any questions. I can be reached at 202-208-3290.

Thank you.

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

TRAVEL AUTHORIZATION

1. No. Dubin Flight
2. 8-09-2010 (DATE)

3. _____ OS (BUREAU OR OFFICE)

4. NAME Lindsay P Dubin
5. OFFICIAL STATION Washington, DC
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: ~~Such places in the contiguous US, AK, HI, PR, and US Territories as may be necessary, and return. Accomplish & missions. Off. business.~~ Gulf of Mexico

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 08-09-10 Ending on or about 08-11-10

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	$ 490.00
21. Per Diem	460.00
22. Other	225.00
23. TOTAL	$ 1155.00

24. CHARGED TO: RCA - MMS RA1000095
2010-1000 DDDR07 MS0095 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)
27. Spec. Asst. to the Secy (TITLE)
28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)
29. Renee Stone, Depy COS (TITLE)

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

CUSTOMER NBR: S321RGK DUPLICATE KUNWYW PAGE: 01

TO: CWT SATO TRAVEL
1849 C STREET NW
ROOM 6329
WASHINGTON, DC 20240

FOR: DUBIN/LINDSAY P REF: GDC[illegible]

YOUR ESTIMATED AIRFARE ON 06AUG AT 1434 IS 440.50

09 AUG 10 - MONDAY

AIR DELTA AIR LINES INC FLT:1539 COACH
LV WASHINGTON REAGAN 400P EQP: BOEING 737 800
DEPART: TERMINAL B 01HR 54MIN
AR ATLANTA 554P NON-STOP
ARRIVE: SOUTH TERMINAL REF: E08XXI
DUBIN/LINDSAY P SEAT-28B

AIR DELTA AIR LINES INC FLT:1213 COACH
LV ATLANTA 658P EQP: MD-88
DEPART: SOUTH TERMINAL 01HR 17MIN
AR PENSACOLA 715P NON-STOP
REF: E08XXI
DUBIN/LINDSAY P SEAT [illegible]

CAR PENSACOLA BUDGET RENT A CAR COMPACT CAR AUTO AC
PICK UP 1915
RETURN 11AUG/1823
RATE PLAN 2 DAYS 0 HRS USD MI/KM EX MI/KM
DAILY RATE 43.00 UNL
XTRA DAY- 33.00 UNL
XTRA HOUR- 32.00 UNL
MANDATORY CHARGES 45.00
APPROX RENTAL COST 131.20 UNL
CONFIRMATION NUMBER 15637502156 RATE-GUARANTEED
CD-[illegible]88300

HOTEL MOBILE CUT-10AUG
RENAISSANCE HOTELS 1 NIGHT
THE BAT LE HOUSE RE 1 ROOM BEST AVAILABLE RATE GUEST
26 NORTH ROYAL ST.
MOBILE AL 36602 RATE-139.00USD PER NIGHT
PHONE 251-338 2000 CANCEL 01 DAYS PRIOR TO ARRIVAL
FAX 251-338 5428
GUARANTEED LATE ARRIVAL
CONFIRMATION 85268881
NSRM KING

CONTINUED ON PAGE 2

Refund of $[illegible]

$220.40

TO: CWT SATO TRAVEL
1849 C STREET NW
ROOM 6229
WASHINGTON DC 20240

FOR: DUBIN/LINDSAY P REF: GDGIDOOS

10 AUG 10 - TUESDAY
HOTEL PENSACOLA
HAMPTON INN
HAMPTON INN PENSACO
2187 AIRPORT BLVD
PENSACOLA FL 32504
FONE 1-850-478-1123
FAX 1-850-478-8519
GUARANTEED LATE ARRIVAL
CONFIRMATION 90479004
NSRM ZD00324[illegible]

OUT-11AUG CORP ID-0560009417
1 NIGHT
1 ROOM 2 DOUBLE BEDS NONSMOKING
FREE HI SPEED LAPDISK-CURVED S
RATE [illegible] USD PER NIGHT
CANCEL BY 06P DAY OF ARRIVAL

11 AUG 10 - WEDNESDAY
AIR DELTA AIR LINES INC FLT:302 COACH
LV PENSACOLA 625P EQP: NO 68
01HR 19MIN
AR ATLANTA 844P NON STOP
ARRIVE: SOUTH TERMINAL REF: EO8XX1
DUBIN/LINDSAY P SEAT [illegible]
AIR DELTA AIR LINES INC FLT:1458 COACH
LV ATLANTA 935P EQP: BOEING 737-800
DEPART: SOUTH TERMINAL 01HR 49MIN
AR WASHINGTON REAGAN 1124P NON-STOP
ARRIVE: TERMINAL B REF: EO8XX1
DUBIN/LINDSAY P SEAT 23C

07 FEB 11 - MONDAY
OTHER INFORMATION
THANK YOU FOR USING CWTSATOTRAVEL

SERVICE FEE XD0526250866 DUBIN LINDSAY P
BILLED TO MASTERCARD 28.25*

AIR TICKET [illegible] DUBIN LINDSAY P
ELEC TKT BILLED TO MASTERCARD 140.80*

CONTINUED ON PAGE 5

TO: CWT SATO TRAVEL
1849 C STREET NW
ROOM 6329
WASHINGTON,DC 20240

FOR: DURIN/LINDSAY F Ref: GDOIDOG6

07 FEB 11 - MONDAY

SUB TOTAL	469.05
NET CC BILLING	469.05*
TOTAL AMOUNT DUE	0.00

SABRE TRAVEL AFTER HOURS EMERGENCY 866 729-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU. INCLUDING MILITARY RATES. VISIT
WWW.GOVOVACATIONS.COM OR CALL TOLL FREE 877-498 [illegible]

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
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
PLEASE NOTE HOTEL IN MOBILE IS OVER PER DIEM 100.00
PER DIEM RATE SOLD OUT LOWER AVAILABLE RATE BOOKED
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REVIEW ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***
AND YOUR SABRE RESERVAL ON CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

CONTINUED ON PAGE 4

CUSTOMER NBR: 8321BGK DUPLICATE KUWEYV PAGE: 04

TO: CWT SATO TRAVEL
1609 C STREET NW
ROOM 3329
WASHINGTON, DC 20240

FOR: DUBIN/LINDSAY P REF: GDOIDOOS

U15-CO
U8 -----
A/1595
U10-P
U12 GDOIDOOS
U75-C
U27 100.00
U7 0.00-28.25-0.00

PAGE: 01

TO: CWT SATO TRAVEL
1800 F STREET NW
ROOM 6429
WASHINGTON, DC 20405

FOR: DUBIN/LINDSAY P   REF: OD01DOUS

TICKET PURCHASED WITH CA.......7651
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

[illegible] AUG [illegible]   WEDNESDAY

DELTA AIR LINES INC DL 1502 COACH
LV PENSACOLA 0552
AR ATLANTA 0440
ARRIVE: SOUTH TERMINAL
DUBIN/LINDSAY P SEAT-12B
EQP: MD 88
0142 [illegible]
NON-STOP
REF: HO:XX1

DELTA AIR LINES INC DL 1426 COACH
LV ATLANTA 0952
DEPART: SOUTH TERMINAL
AR WASHINGTON REAGAN 1124P
ARRIVE: TERMINAL B
DUBIN/LINDSAY P SEAT-11D
EQP: BOEING 737 800
[illegible]
NON-STOP
REF: [illegible]

[illegible]   MONDAY
[illegible] INFORMATION
THANK YOU FOR USING [illegible] TRAVEL

[illegible] FEE [illegible]   DUBIN LINDSAY [illegible]
BILLED TO [illegible]   [illegible]

[illegible]   DUBIN LINDSAY [illegible]
[illegible]   [illegible]

SUB TOTAL   [illegible]
NET [illegible]   [illegible]

TOTAL [illegible]   [illegible]

[illegible]

[illegible]

CONTINUED ON PAGE 2

mail   for return to DC

DATE 8/29/16 AMOUNT $ 2.35

RECEIVED FROM

FROM

DESTINATION

CAB # DRIVER I.D. #

DRIVERS NAME

8/9/2010	1618676	GUEST ROOM EXEMPT	$109.00
8/10/2010	1618921	GUEST ROOM EXEMPT	$109.00
		WILL BE SETTLED TO MC (b) (6)	$218.00
		EFFECTIVE BALANCE OF	$0.00

ESTIMATED CURRENCY TOTAL

1.800.Hampton | Hamptoninn.com

account no.	date of charge	folio/check no.
		3180276 A
card member name	authorization	initial
establishment no. and location	purchases & services	
	taxes	
	misc. & misc.	
signature of card member	total amount	0.00

CONRAD Hilton HONORS

57 542 690201
SHELL
4450 BAYOU BLVD
PENSACOLA
FL 32503

Invoice # 885186
Date 08/11/10
Time 04:20PM
Auth # 012511

MC FLEET Acct #
(b) (6)
DUBIN/LINDSAY P

Pump	Gallons	Price
03	11.574	$2.659

Product	Amount
UNL REG 87	$30.78

Total Sale $30.78

RENTAL NUMBER CAR NUMBER CAR GROUP

431628105 42621843 F

UBLIN,LINDSAY P
CD = T788300
V - (b) (6) [redacted]

UT PNS 09AUG10/1905 MI	=	19585	
N PNS 11AUG10/1634 MI	=	19809	
224 MI@ 00	=		
HR@ 32 28	=		
2 DY@ 43.00	=	86.00	
.50/DY ERF	=	1.00	
*11 11% FEE	=	10.95	
0.02 /DY TES	=	.04	
0.78 /DY VLF	=	1.56	
4.25 /DY CFC	=	8.50	
5.00 /DY GARS	=	10.00	
2.00 /DY SSU	=	4.00	
AXABLE SUBTOT	=	122.05	
AX 7.500%	=	9.15	
EL SERVICE	=		
TAL CHARGES	=	131.20	
CONCESSION RECOVERY FEE			
NERGY RECOVERY FEE		.50/DY	
RE BATT. SURCH.			
H LIC REC. FEE			
UST. FAC. FEE			

Go to Budget.com to

* Please check your car for personal effects. *

* Please check your car for personal effects. *

RENTAL NUMBER CAR NUMBER CAR GROUP

431628105 42621843 F

DUBLIN,LINDSAY P
BCD = T788300
CV - (b) (6) [redacted]

GOVT ADMIN SURCHARGE
STATE SURCHARGE

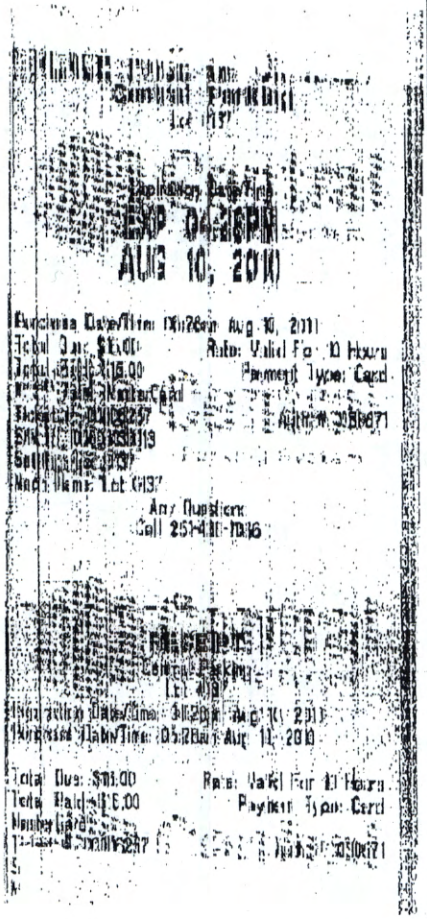
Go to Budget.com to

* Please check your car for personal effects. *

* Please check your car for personal effects. *

[illegible]
Central Parking
Lot [illegible]

Expiration Date/Time
EXP 04:26PM
AUG 10, 2010



Purchase Date/Time: 08:26am Aug 10, 2011
Total Due: $16.00 Rate: Valid For 10 Hours
Total Paid: $16.00 Payment Type: Card
[illegible] Card
Ticket [illegible] Auth # [illegible]
[illegible]
Sell [illegible]
Mach Name: Lot [illegible]

Any Questions
Call 251-[illegible]

[illegible]
Central Parking
Lot [illegible]
Expiration Date/Time: [illegible] Aug 10, 2011
Purchase Date/Time: 05:28am Aug 10, 2010

Total Due: $16.00 Rate: Valid For 10 Hours
Total Paid: $16.00 Payment Type: Card
Number Card
Ticket # [illegible] Auth # [illegible]

TAXICAB RECEIPT

Time: 11:45pm

Date: 8/11/10

Origin of trip: _____

Destination: _____

Fare: $12 Sign: _____

Lindsay Dubin Itinerary
8/9-8/11/10

8/9/10
Took taxicab from the office to the airport (paid in cash)
Flew to Pensacola, FL from Washington, DC
Rented car
Checked into Hampton Inn

8/10/10
Drove from Pensacola, FL to Mobile, AL
Paid for parking
Helped facilitate BOEM forum on offshore drilling
Drove from Mobile, AL to Pensacola, FL

8/11/10
Checked out of hotel
Helped facilitate BOEM forum on offshore drilling
Paid for gas
Returned rental car
Flew to Washington, DC
Took cab from the airport to my apartment (paid in cash)

P.01

TRANSACTION REPORT

AUG-20-2010 FRI 08:46 AM

FOR: DOI-OS--DENVER 3039696631

RECEIVE DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
AUG-20	08:35 AM	FAX	11'00"	17	FAX RX	OK		

P.01

TRANSACTION REPORT

AUG-20-2010 FRI 10:13 AM

FOR: DOI-OS-DENVER 3039696631

SEND DATE START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
AUG-20 10:12 AM	912022085627	1'38"	2	FAX TX	OK	(31)	970

TOTAL : 1M 38S PAGES: 2

FAX FROM THE DESK OF

Liz Sanchez
NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5679
FAX: 303-969-6631

TO Martin, Barbara

FAX 202-208-5627

Date: 08-20-10

Total Pages 2

FAX FROM THE DESK OF

TO Liz Sanchez

NATIONAL BUSINESS CENTER/DENVER

7301 West Mansfield Ave

Denver, CO 80235

PHONE: 303-969-5679

FAX: 303-969-6631

From

~~TO~~ Martin, Barbara

FAX 202-208-5627

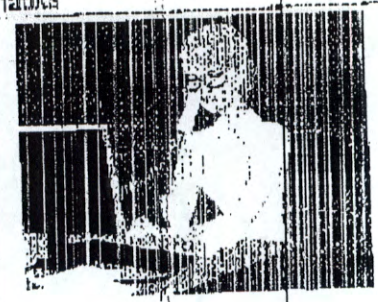
Date: 08-20-10

Total Pages 2

Lindsay Dubin

Thanks

Thanks



Accepted/Paid Copy

Department of the Interior

OFFICE OF THE SECRETARY

Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	C

Julian Date	Prep Unit	Sequence Number
232	ES	A

Batch Totals

Input Date	Number of Documents	Net Total (Required)
8-20-10	1	160.00

System Checked By: LS Date 8-20-10

Batch Approval

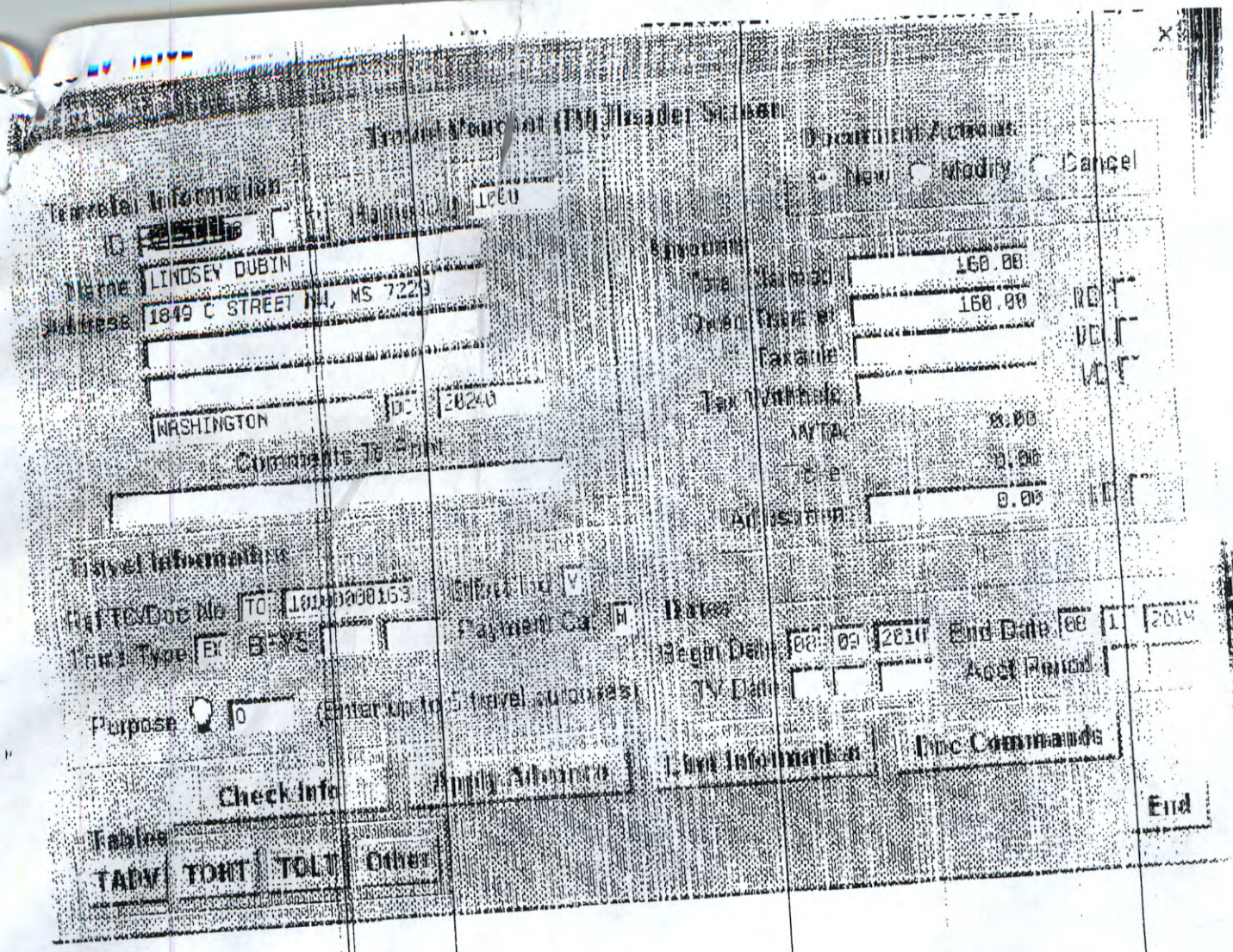
Approved By: _____

Date Approved: _____

10:16:58 Fri Aug 20, 2010

DOCID: **TV O 10100000163**
STATUS: **SCHED** BATID: **TV O 232EJS** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 10100000163** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **08 20 2010** DOC ACTION: TOTAL VERIFIED: **160.00**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **08 09 2010** END DATE: **08 11 2010** 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: **322761703** DAYS: OWED EMPLOYEE: **160.00** I/D:
NAME : **LINDSEY DUBIN** EXCPTION CODE: SCHEDULE CATEGORY: **A**
ADDR1: **1849 C STREET NW, MS 7229** PRINT CHECK: **Y** SCHEDULE FY:
ADDR2: NO CHECK DISB: **N** SCHED NUM:
ADDR3: DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: **WASHINGTON DC 20240**
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
---	---	---	---	---	---	---



Travel Voucher (TV) Header Screen

Document Actions

New Modify Cancel

Traveler Information

ID [redacted] Name Dig 1000

Name LINDSEY DUBIN

Address 1849 C STREET NW, MS 7229

WASHINGTON DC 20240

Comments To Print

Payment

Total Claimed 160.00

Owed Traveler 160.00 RD

Taxable VD

Tax Withheld VD

WTA 0.00

Cost 0.00

Adjustment 0.00 LD

Travel Information

Ref TC/Doc No TC 10100000163 Offset Ind Y

Trans Type EX BFYS Payment Cat M

Purpose 0 (Enter up to 5 travel purposes)

Dates

Begin Date 08 09 2010 End Date 08 11 2010

TV Date Acct Period

Check Info Apply Advance Line Information Doc Commands

Tables

TADV TOHT TOLT Other

End

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): Epstein, Lois
b. SOCIAL SECURITY NO.: 101000064
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.: (b) (6)
e. PRESENT DUTY STATION: Anchorage, AK
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL
a. FROM: 10-30-2009
b. TO: 11-04-2009

7. TRAVEL AUTHORIZATION
a. NUMBER(S): Epstein1
b. DATE(S): 10-15-2009

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
TOD

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	486.70	AK	Economy	10-29-2009	Anchorage, AK	Washington, DC
See attached eticket	282.60	US	Economy	10-29-2009	Washington, DC	New Orleans, LA
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position with DOI. Air fare purchased with corporate card. No lodging claimed - traveler stayed with friends. Traveler arrived in DC 4 days prior to her job interview at no additional cost to the govt. Traveler continued to New Orleans, LA, on personal business at no additional cost to the govt. FEB - 3 2010

2110-20650
211T 2500
211T 2700

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 ▶ Lois N. Epstein DATE

AMOUNT CLAIMED ▶ $ 158.50

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 ▶ Connie Stone DATE 2-2-10

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 ▶ PAID DATE FEB 11 2010

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 ▶ $ 158.50

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

2/8/10

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

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): 1010000064 Epstein, Lois
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.: (b) (6)
e. PRESENT DUTY STATION: Anchorage, AK
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: a. FROM 10-30-2009 b. TO 11-04-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Epstein1 b. DATE(S) 10-15-2009

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 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 (e)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (a)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See attached eticket	486.70	AK	Economy	10-29-2009	Anchorage, AK	Washington, DC
See attached eticket	282.60	US	Economy	10-29-2009	Washington, DC	New Orleans, LA
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position with DOI. Air fare purchased with corporate card. No lodging claimed - traveler stayed with friends. Traveler arrived in DC 4 days prior to her job interview at no additional cost to the govt. Traveler continued to New Orleans, LA, on personal business at no additional cost to the govt. FEB - 3 2010

2110-10680
211T 2500
211T 2700

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 ▶ Lois N. Epstein DATE

AMOUNT CLAIMED ▶ $ 158.50

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 ▶ Laura Stone DATE 2-2-10

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 ▶ PAID DATE FEB 11 2010

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 ▶ $ 158.50

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

2/8/10

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 **NUMBER, AGE** 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.

(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 this 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.

Epstein1

TRAVELER'S LAST NAME

Epstein

2009	TIME (How and when) (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 ITEMS (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
10/30	8:30 am	Depart Anchorage, AK												
	9:59 pm	Arrive Washington, DC					53.25		53.25			53.25		
10/31		Personal time												
11/01		Personal time												
11/02		Personal time												
11/03		Taxi Lodging/DCI											8.00	T
11/04		Taxi Lodging/DCA											19.00	T
	2:10 pm	Depart Washington DC												
	4:04 pm	Arrive New Orleans, LA					53.25		53.25			53.25		
		Luggage											25.00	I

20/71

106.50

71.00 ×
75.00 %
53.25 +
0.00

0.00
0.00
53.25 +
53.25 +
106.50 ×
0.00
8.00 +
19.00 +
25.00 +
52.00 ×
52.00 +
106.50 +
158.50 ×

If additional space is [illegible], leaving the front blank.

SUBTOTALS ▶ $106.50 $52.00

TOTALS ▶

Enter grand total of columns (l), (m) and (n), below and in item 19 on the front of this form

TOTAL AMOUNT CLAIMED ▶ $158.50

[illegible] Privacy Act Solicitation of the information on this [illegible] implemented by the Federal Travel Regulation, 41 CFR Part 301-70, as amended by the Federal Travel Regulation Amendments, GSA Bulletin FTR Amendment 81, dated March 22, 1974, E.O. 11609 of March 22, 1971, E.O. 11012 of March 27, 1962, and 5 U.S.C. 5511(b) and 5707. The primary purpose for requesting this information is to determine the amount of travel allowances due the traveler and to record and maintain costs of travel performed at Government expense. The information will be used by Government officials in the performance of their official duties. Information in the performance of their official duties 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, the conducting of a suitability or security investigation of the performance of official duty while in office. Your Social Security Account Number (SSN) is solicited under authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109, as amended) and Executive Order 9397, November 22, 1943, for use as a tax payer and/or employee identification. Disclosure is MANDATORY on vouchers claiming travel allowances authorized by law, payable at Government expense. Failure to provide this information, or any part thereof, including disclosure of your SSN and other requested information is voluntary in accordance with the Privacy Act; however, failure to provide the information (other than SSN) to support the claim may result in delay or loss of reimbursement.

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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. Epstein1
2. 10/15/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Lois Epstein 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; New Orleans, LA

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a position at the Department of the Interior. Traveler will arrive in Washington, DC, 4 days prior to the interview at no additional cost to the government.

Traveler will not return to Anchorage but will continue to New Orleans, LA on personal business, 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. No lodging will be claimed; traveler will lodge with friends. Allowable per diem on travel dates only.

12. PERIOD OF TRAVEL: Beginning on or about 10/30/09 Ending on or about 11/04/09

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)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 5, 1949

TRAVEL AUTHORIZATION

1. No. Epstein1
2. 10/15/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Lois Epstein 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.

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8. FROM: Anchorage, AK
9. TO: Washington, DC; New Orleans, LA

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12. PERIOD OF TRAVEL: Beginning on or about 10/30/09 Ending on or about 11/04/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cents, subject to:
16. 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)*
    Luggage fees, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	790.00
21. Per Diem		100.00
22. Other		100.00
23. TOTAL	$	990.00

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (FISCAL OFFICER SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

TAXICAB RECEIPT

Time: 7:10 PM
Date: 11-03-09

Origin of trip: Dupont circle
Destination: 18th & C NW
Fare: $8.00 Sign: [signature]

TAXICAB RECEIPT

Time:
Date: 10-4-09

Origin of trip: DC
Destination: N Air Port
Fare: 19.00 Sign: [signature]

U·S AIRWAYS

A13F56/US 4NOV09 RF0DB5Y5 E-TICKET RECEIPT
EPSTEIN/LUIS ARRIVAL FROM TO
1000A EXCESS BAS BBB UC 0057 Y 04NOV 1150A FFF FFF EBC FEE

FY [redacted] /FC BAGGAGE FEE (1B) 01 0025 (2B) 00 0000 (3B) 00 0000 (0C) 00 0000 (0F) 00 0000 (ST) 00 0000 USDTTL 025.00E
ND

PC

FARE USD 25.00 DOCUMENT NUMBER 0272368665907
TAX US .00
TAX
TOTALUSD 25.00

THANK YOU FOR FLYING
US AIRWAYS

Carlson Wagonlit Travel SatoTravel.

October 29, 2009

For: LOIS EPSTEIN

To: NGMSDOI
ETKT 28OCT**INVITATIONAL**.

Sales Person: 77
Locator: JIXCKI
Customer Number: [redacted] (b) (6)

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

Friday October 30, 2009

Alaska Airlines
Class of Service:Coach Class Q
Depart: ANCHORAGE, AK
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: EPSTEIN/LOIS 28B
DEP-SOUTH TERMINAL DOMESTIC

Flight Number: 80
8:30 Am October 30, 2009
12:59 Pm October 30, 2009
3 Hours 29 Minutes Non-Stop
Confirmation Number: IEHJQV

Friday October 30, 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
Reserved Seat: EPSTEIN/LOIS 27A
ARR-TERMINAL B

Flight Number: 2
2:05 Pm October 30, 2009
9:59 Pm October 30, 2009
4 Hours 54 Minutes Non-Stop
Confirmation Number: IEHJQV

Wednesday November 4, 2009

US Airways
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC
Arrive: NEW ORLEANS, LA
Total Flight Time:
Equipment: E75
Meal Service: None
Status: Confirmed
Reserved Seat: EPSTEIN/LOIS 11A
DEP-TERMINAL C
*DCA-MSY OPERATED BY US AIRWAYS EXPRESS REPUBLIC AIRLINES

Flight Number: 3237
2:10 Pm November 4, 2009
4:04 Pm November 4, 2009
2 Hours 54 Minutes Non-Stop
Confirmation Number: GAKTS/

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
EPSTEIN LOIS	5400/0377708271145	253.02	29.58			282.60
EPSTEIN LOIS	5400/8900508192674	28.25				28.25
EPSTEIN LOIS	5399/0277708271144	444.12	22.88US	7.20ZP	5.00AY	486.70

(b) (6) [redacted]

Total Amount: 797.55

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8414
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//15OCT
LODGING DECLINED//15OCT

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	

Julian Date	Prep Unit	Sequence Number
041	BS	1

Batch Totals

Input Date	Number of Documents	Net Total Required)
2/10/10	4	34020

System Checked By: _____ Date 2/10/10

Batch Approval

Approved By: PAID

Date Approved: FEB 11 2010

FAX FROM THE DESK OF
BARBARA SMITH
NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5697
FAX: 303-969-6631

TO Barbara Martin
FAX: 202-208-5627

Date: 2/16/10

Total Pages

We paid these
2/11/10
BS

Political Appointee screen prints

2009-11-03 16:51 AA

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

1010000007

2. TYPE OF TRAVEL

[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

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

McNutt, Marcia

b. SOCIAL SECURITY NO.

(b) (6) [redacted]

6. PERIOD OF TRAVEL

a. FROM 10-06-2009 b. TO 10-08-2009

TRAVELER (PAYEE)

c. MAILING ADDRESS (include ZIP Code)

(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION

a. NUMBER(S) McNutt3 b. DATE(S) 10-02-2009

e. PRESENT DUTY STATION

Monterey, CA

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 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 sticket	844.40	UA	Economy	10-06-2009	Monterey, CA	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler prepared for and testified at her Senate confirmation hearing. Air fare purchased with corporate card.

NOV - 3 2009

211D-63600
211I 9642
211T 16409

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 10/26/2009 AMOUNT CLAIMED ▶ $ 896.51

89651

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; Ltr. 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 officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 660a).)*

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 10-29-09

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 ▶ $ ~~896.51~~ 89651

18. ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

1/2/9 RJ

1012-118 NSN 7540-00-831-4180 STANDARD FORM 1012 (REV. 10-77)

This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

Fy 10

2009-11-03 16:32 FAX 3819 P.03

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) through (g): Show amount incurred for each meal, including tax, tips, and daily total must cost.

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

(i) Correlate to per diem and actual expense travel.

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

(k) Show per diem amount. If left to master-rate, or if travel on actual expense, show the lesser of the amount for col. (j) or maximum rate.

(l) Show expenses, such as: taxi fare, bridge tolls, airline (if purchased with cash), long distance calls, telephone calls for Government business, car rental, mileage on other than Government-owned vehicle, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

McNutt3

TRAVELER'S LAST NAME

McNutt

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: ¢

AMOUNT CLAIMED

2009	TIME (Show local meridian) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense) (c)	MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSES (j)	NO. OF MILES (k)	MILEAGE (m)	SUBSISTENCE (n)	OTHER (o)
10/06	8:00 am	Depart Monterey, CA											
	4:31 pm	Arrive Washington, DC					53.25	229.00	282.26			282.25	
		Lodging tax											33.24 3321
		Taxi LAD/Lodging											65.00 6500
10/07		Washington, DC					71.00	229.00	300.00			300.00	
		Lodging tax											35.21 3324
		Taxi Lodging/DOI											8.00 8—
		Taxi DOI/Lodging											9.00 8—
		Taxi Lodging/Capitol Hill											11.00 11—
		Taxi Lodging/Capitol Hill											11.00 11—
10/08		Taxi Lodging/IAD taxi: To airport											61.59 61.59
	4:13 pm	Depart Washington, DC											
												SUBTOTALS ▶	9582.25 8231.01
												TOTALS ▶	

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 to 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. Chp. 57 as implemented by the General 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 relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such claims or claims 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 retaining 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 Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer number for employee identification purposes. Disclosure is MANDATORY for individuals claiming travel and/or relocation allowances or 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 (other than SSN) required to support the claim may result in delay in use of reimbursement.

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

STANDARD FORM 1012 BACK (10-77)

2009-11-07 16:33 FAX 2022085627 505?696651 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 number of 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 in col. (g).
(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bell boys, 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), 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 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO. McNutt3

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 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)
10/08	6:40 pm	Arrive Monterey, CA					53.25		53.25			53.25	
		Airport Parking					5325						30.00
		SUBTOTALS										$53.25	$30.00
		TOTALS										$635.50	$261.01

178[80] 458[00] 130.07

If additional sp[ace] ... [s]ide, leaving the front blank

In compliance with th[e] ... Schedule ... of the inf[ormation] ... employment by the ... 22, 1971 E.O. 1101 ... U.S.C. 6011(b) and ... determine paymen[t] ... under relocation ... and to reconst[ruct] ... The information ... information in the ... disclosed to appr[opriate] ... [...]positions 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 enter in item 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $896.51

[This form] was electronically produced by Elite Federal Forms Inc.

STANDARD FORM 1012 BACK (10-77)

Adding machine tape:

0.

636.00 +
96.63 +
164.09 +
164.09 +
96.43 +
636.00 +
164.09 +
0.

0.

0.

636.00 +
96.43 +
164.09 +
0.

636.00 +
96.42 +
164.09 +
896.51 *

896.51
*

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. [illegible]
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. McNutt3
2. 10/02/09 (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: Salinas, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational. Traveler will prepare for and testify at a 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 10/08/09 Ending on or about 10/08/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare
15. Government-owned conveyance
16. X Privately owned at a mileage rate of 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. X Other (specify)
    Luggage fee, taxi, parking, taxes, phone calls
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	900.00
21. Per Diem		850.00
22. Other		150.00
23. TOTAL	$	1,900.00

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (DIRECTOR OF CITIZENS NOTIFY)

26. _____ (REGISTER'S SIGNATURE)

27. Invitational (TITLE)

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

29. Deputy Chief of Staff (TITLE)

525 15th Street, NW
Washington, DC 20004
202-661-2400 / 202-661-2425
http://www.whotels.com/

HOTELS

Mcnutt, Marcia	Page Number	1	Invoice Nbr	1000004199
	Guest Number	50914	Arrive Date	10-06-2009
	Folio ID	A	Depart Date	10-08-2009
	No. Of Guest	1		
	Room Number	537		
	Time	10-08-2009 18:10		

Invoice

Date	Reference	Description	Charges	Credits
10-06-2009	4242	The Living Room	$7.60	
10-06-2009	RT537	Room Charge	$329.00	
10-06-2009	RT537	Room Tax	$33.21	
10-07-2009	3413	In Room Dining	$29.04	
10-07-2009	RT537	Room Charge	$329.00	
10-07-2009	RT537	Room Tax	$33.21	
10-08-2009	KJ	Wheels Valet - Day	$20.00	
10-08-2009	VI	Visa		$-581.06
10-08-2009	dh	Munchie Bar	$22.28	
10-08-2009	VI	Visa		$-22.28
		** Total	$603.34	$-603.34
		** Balance	$0.00	

Continued on the next page

Hotel, Senate confirmation hearing

Charged to personal credit card

535 15th Street, NW
Washington, DC 20004
202-661-2400 / 202-661-2425
http://www.whotels.com/

HOTELS

Nemtt, Marcia

Page Number	2	Invoice Nbr	1000004199
Guest Number	50914	Arrive Date	10-06-2009
Folio ID	A	Depart Date	10-08-2009
No. Of Guest	1		
Room Number	537		
Time	10-08-2009 18:10		

Invoice

0.00
0.00
0.00
0.00
0.00

G.S.T. # RT

We are pleased to confirm your - miles will be awarded for this visit. Thank you for your stay with us.

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

Signature

W Washington DC
515 15th Street, NW
Washington, DC 20004
202-661-2400 / 202-661-2425
http://www.whotels.com/

W HOTELS

Mamatt, Wanda	Page Number	3	Invoice Nbr	1000004199
	Guest Number	50914	Arrive Date	10-06-2009
	Folio ID	A	Depart Date	10-08-2009
	No. Of Guest	1		
	Room Number	537		
	Time	10-08-2009 18:10		

Invoice

EXPENSE SUMMARY REPORT

Currency (USD)

Date	Rooms	Room Tax	F&B	F&B Tax	Incidentals	Other	Payments	Balance
10-06-2009	$329.00	$23.21	$0.10	$0.00	$0.00	$7.50	$269.81	$0.00
10-07-2009	$329.00	$23.21	$0.10	$0.00	$0.00	$29.04	$281.25	$0.00
10-08-2009	$0.00	$0.00	$0.10	$0.00	$10.00	$22.28	$43.28	$-603.34
Total	$658.00	$46.42	$0.30	$0.00	$10.00	$58.82	$603.34	$-603.34

TAXI DRIVER'S CUSTOMER RECEIPT

ID #

Charge Account

To: W Hotel

From: JAD

# of Luggages # of Passengers

Total Fare: $ 65 Time / Date:

Driver Signature:

TAXICAB RECEIPT

Time:

Date:

Origin of trip: Hotel

Destination: Senate

Fare: $ 11 Sign:

TAXICAB RECEIPT

Time

Date:

Origin of trip: Hotel

Destination: Interior

Fare: $ 8.00 Sign:

TAXICAB RECEIPT

Time:

Date:

Origin of trip: Interior

Destination: Hotel

Fare: $ 8.00 Sign:

[illegible] 46
10/08/09 TR 077
START END MILE
14:37 15:19 26.
FARE FOR EA RAT
RATE 3: $ 54.5
EXTRA: $ [illegible]
TOTAL: $ 61.5
THANKS
DC TAXICAB COMM
TEL 202 645-60[illegible]

DC TRIP / CAPFLO
FIVE STAR CAB
CAB # 46
10/08/09 TR 0767
START END MILES
[illegible] 11:33 1.6
FARE FOR EA RATE
RATE 1: $ 4.50
EXTRA: $ 4.50
TOTAL: $ 11.30
THANKS
DC TAXICAB COMM
TEL 202 645-6018

10/6-10/8 TRIP

$164.59

October 5, 2009

Carlson Wagonlit Travel SatdTravel

For: MARCIA MCNUTT GDOIOS

To: NGMSDOI
ETIC 05OCT"INVITATIONAL".

Sales Person: 77
Locator: MEC7HC
Customer Number: (b) (6) [redacted]

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

Tuesday October 6, 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 October 6, 2009
9:25 Am October 6, 2009
3 Hours 15 Minutes Non-Stop
Confirmation Number: KMTSBK

Tuesday October 6, 2009

United Airlines
Class of Service: Coach Class T
Depart: DENVER, CO
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: MCNUTT/MARCIA DOB
ARR-TERMINAL C
STAR ALLIANCE

Flight Number: 484
11:06 Am October 6, 2009
4:31 PM October 6, 2009
3 Hours 25 Minutes Non-Stop
Confirmation Number: KMTSBK

Tuesday October 6, 2009

WASHINGTON/NATL,DC
W WASHINGTON DC
515 15TH STREET
WASHINGTON DC 20004
Phone Number: 202-661-2400
Fax Number: 202-661-2405
Number of Rooms: 1
Rate: 229.00 USD Per Night
Check In: Oct 06, 2009
Check Out: Oct 08, 2009
Confirmation Number: C89449916[illegible]
Cancellation Policy: Cancel 1 day prior

Thursday October 8, 2009

United Airlines
Class of Service:Coach Class T
Depart: WASHINGTON/DULLES
Arrive: LOS ANGELES,CA
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: MCNUTT/MARCIA 17D
ARR-TERMINAL 7
STAR ALLIANCE

Flight Number: 967

4:13 PM October 8, 2009
6:48 PM October 8, 2009
5 Hour 35 Minutes Non-Stop

Confirmation Number: KMT8HK

Thursday October 8, 2009

United Airlines
Class of Service:Coach Class T
Depart: LOS ANGELES,CA
Arrive: MONTEREY, CA
Total Flight Time:
Equipment: Embraer Turboprop
Meal Service: None
Status: Confirmed
Reserved Seat: MCNUTT/MARCIA 4B
DEP-TERMINAL 8
*LAX-MRY OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
LAX-MRY CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Flight Number: 6292

7:20 PM October 8, 2009
8:40 PM October 8, 2009
1 Hour 20 Minutes Non-Stop

Confirmation Number: KMT8HK

Name	Invoice / Ticket	Base	Tax	Tax	Tax	Total
MCNUTT MARCIA	5287/016770327 1028	748.36	65.86US	14.40ZP	0.30AY	864.40
MCNUTT MARCIA	5287/8900507460286	28.24				28.25
(b) (6)					Total Amount:	872.85

SATO TRAVEL AFTER HOURS EMERGENCY 866-218-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-308-2554

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

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TJ	80

Julian Date	Prep Unit	Sequence Number
309	BS	1

Batch Totals

Input Date	Number of Documents	
11/5/19	4	

241.60 +
385.81 +
896.51 +
239.50 +
1,763.42 *

..0..

System Checked By: RJ **Date** 11/5/19

Batch Approval

Approved By: _____

Date Approved: _____

11-16-9

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. PERIOD OF TRAVEL: a. FROM 09-30-2009 b. TO 10-02-2009

6. a. Name (Last, first, middle initial): 91000282 Masten, Susan

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

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Masten' b. DATE(S) 09-28-2009

e. PRESENT DUTY STATION: Hoopa, 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

10. CHECK NO.

11. PAID BY

Travelers 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 nonusable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)

	AGENT'S VALUATION OF TICKET (d)	ISSUING CARRIER (Initials) (e)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (f)	DATE ISSUED (g)	POINTS OF TRAVEL FROM (h)	POINTS OF TRAVEL TO (i)
See attached ticket	460.60	UA	Economy	09-28-2009	Eureka, CA	Washington, DC
See attached ticket	819.20	AK	Economy	09-28-2009	Washington, DC	Eureka, CA
TMC fee	28.25					

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

2110-63425
211 6700

NOV 16 2009

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment of 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 11-9-09 AMOUNT CLAIMED $ 701.25

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: Renee Stone DATE 11-13-09

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

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

b. TOTAL VERIFIED CORREXIT FOR CHARGE TO APPROPRIATION $

Certifier's Initials:

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER $ 701.25

18. ACCOUNTING CLASSIFICATION

2009 1000 DDDC1 68 - Airfare, per diem, lodging on 9/30

2010 1000 DDDC1 68 - per diem & lodging for 10/1 and 10/2

2119281 211 3379 11/20/09

2117 3379

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

2009 / 210 28[illegible] 211 3379

2010 / 210-35325 2117 3321

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 for

Col. (d) Complete plete only for

Show amounts incurred for each meal, including tax, tips, and daily total meal cost.

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

...plete for per diem and actual expense travel.

...w hotel subsistence expense incurred for actual expense travel.

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

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

Complete this information if this is a continuation sheet

PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Master1

TRAVELER'S LAST NAME

Master

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

2009 (a)	TIME (Hour and am/pm) (b)
08/30	8:28 am
	8:00 pm
10/01	
10/02	8:00 am
	5:20 pm

...ED SUBSISTENCE EXPENSES

TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: $ NO. OF MILES (k)
233				
	46.00	230.00	251.00	
	71.00	229.00	300.00	
462				
	83.25		83.25	

AMOUNT CLAIMED		
MILEAGE (j)	SUBSISTENCE (m)	OTHER (n)
	251.00	33.79
	300.00	33.21
	83.25	
	$634.25	$67.00
	$634.25	$67.00

233.00 +
220.00 +
0.00
233.00 +
229.00 +
462.00 *
462.00 +
172.25 +
634.25 *
0.00
73.79 +
33.21 +
67.00 *
67.00 +
634.25 +
701.25 *
0.00

3379
3324
17225
63425

...BACK, leaving all travel advance ... SUBTOTALS ▶ ... TOTALS ▶

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

TOTAL AMOUNT CLAIMED ▶ $701.25

...ll additional space ...

...in compliance with the Pri... Solicitation of the Informat... implemented by the Federa... 22, 1974, E.O. 11912 of A... U.S.C. 6011(b) and 6406, ... determine payment or reimbursement to eligible individuals for allowable travel under relocation expenses incurred and or 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 ...

...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 investigation of the performance of official duty while in ...ravel service. Your Social Security Account Number (SSN) is solicited ... the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, (or 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 to all other individuals; 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 1, 1948

TRAVEL AUTHORIZATION

1. No. Masten1
2. 09/29/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Susan Masten 5. OFFICIAL STATION Hoopa, 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: Hoopa, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a job 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 09/30/09 Ending on or about 10/02/09

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)
Luggage, taxi fare, parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1380.00
21. Per Diem		800.00
22. Other		100.00
23. TOTAL	$	2280.00

24. CHARGED TO:
2009 1000 DDD01 68
2010 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)

September 29, 2009

Carlson Wagonlit Travel SatoTravel.

For: SUSAN MASTEN GDOIOS

To: NGMSDOI
ETKT 29SEP.

Sales Person: 77
Locator: LBCGSW
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 September 30, 2009

United Airlines — Flight Number: 5967
Class of Service:Coach Class M
Depart: EUREKA/ARCATA,CA — 9:28 Am September 30, 2009
Arrive: SAN FRANCISCO/SFO — 10:35 Am September 30, 2009
Total Flight Time: — 1 Hour 27 Minutes Non-Stop
Equipment: Embraer Turboprop
Meal Service: None
Status: Confirmed — Confirmation Number: LBTXLI
Reserved Seat: MASTEN/SUSAN 7B
ARR-TERMINAL 3
*ACV-SFO OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
ACV-SFO CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Wednesday September 30, 2009

United Airlines — Flight Number: 100
Class of Service:Coach Class M
Depart: SAN FRANCISCO/SFO — 11:43 Am September 30, 2009
Arrive: WASHINGTON/DULLES — 8:00 Pm September 30, 2009
Total Flight Time: — 5 Hours 17 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LBFXLI
Reserved Seat: MASTEN/SUSAN 34D
DEP-TERMINAL 3
STAR ALLIANCE

Wednesday September 30, 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: 233.00 USD Per Night
Check In: Sep 30, 2009
Check Out: Oct 02, 2009
Confirmation Number: 153335Y089901

Cancellation Policy: Cancel 1 day prior

Friday October 2, 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
Reserved Seat: MASTEN/SUSAN 28B
DEP-TERMINAL B

Flight Number: 1

8:00 Am October 2, 2009
10:45 Am October 2, 2009
5 Hours 45 Minutes Non-Stop

Confirmation Number: NNXEMD

Friday October 2, 2009

Alaska Airlines
Class of Service:Coach Class Y
Depart: SEATTLE/TACOMA,WA
Arrive: EUREKA/ARCATA,CA
Total Flight Time:
Equipment: DH4
Meal Service: None
Status: Confirmed
Stop At: REDDING, CA
Reserved Seat: MASTEN/SUSAN 3B
*SEA-ACV OPERATED BY HORIZON AIR

Flight Number: 2309

2:25 Pm October 2, 2009
5:20 Pm October 2, 2009
2 Hours 55 Minutes Direct 1-Stop

Confirmation Number: NNXEMD
Time On Ground: 30 Minutes

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MASTEN SUSAN	5268/0277708271003	412.10	48.50			460.60
MASTEN SUSAN	5268/831X15C7488277	28.25				28.25
MASTEN SUSAN	5267/0167708271002	742.33	55.67US	7.20ZP	5.00AY	819.20
					Total Amount:	1,308.05

SATO TRAVEL AFTER HOURS EMERGENCY 886-219-8444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-696-2554

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/C39SEP

The MELROSE Hotel
WASHINGTON, D. C.

Attn Margaret Bradley

202 208 4561

Susan Masten

Room No. : 404
Arrival : 09-30-09
Departure : 10-02-09
Page No. : 1 of 1

11-07-09

Date	Text		Charges	Credits
09-30-09	Room Charge:		233.00	
09-30-09	Room Tax		33.79	
09-30-09	Cash			200.00
09-30-09	Room Serv Dinner Food	Room# 404 : CHECK# 1014 [212]	29.96	
10-01-09	RS Breakfast Food	Room# 404 : CHECK# 1016 [206]	24.20	
10-01-09	Room Charge		229.00	
10-01-09	Room Tax		33.21	
10-02-09	Visa	(b) (6) [redacted]		383.16

personal credit card

Total	583.16	583.16
Balance		0.00

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. 20037-2516
202-955-6400 1-800 MELROSE Facsimile 202-955-5792
www.melrosehotel.com

Federal Financial System (FFS) Supplier Request Form

Client: O/S

Date: 11/20/09

Requestor: B Smith

Approver: J Sanger

☑ Add new supplier ☐ Change existing supplier

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (Pub. Law 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 payment 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:	Susan Masten
DUNS Number:	(b) (6) [redacted]
Taxpayer ID:	
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) _____

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0060

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) 208-3715

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Susan Masten

SSN: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON:

TELEPHONE NUMBER: (530 625-4397

FINANCIAL INSTITUTION INFORMATION

NAME: Susan Masten

ADDRESS: (b) (6) [redacted]

ACH COORDINATOR NAME:

TELEPHONE NUMBER: ( )

NINE-DIGIT ROUTING TRANSIT NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE: Coast Central Credit Union

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. 7/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

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	324	BS	1

Batch Totals

Input Date	Number of Documents
11/20/09	4

137.70 +
102.05 +
701.25 +
207.62 +
1,548.62 *

System Checked By: _____ Date _____

11-20-09

Batch Approval

Approved By: _____

Date Approved: _____

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: 10-05-2009
b. TO: 10-06-2009

6. TRAVEL AUTHORIZATION
a. NUMBER(S): McGneel
b. DATE(S): 10-02-2009

TRAVELER (PAYEE)

a. Name (Last, First, Middle Initial)
McGhee, Pamela

b. MAILING ADDRESS (Number, Street, City, State, and ZIP Code)
(b) (6)

c. OFFICE TELEPHONE NO.
(b) (6)

RECEIVED NOV 16 2009

d. PRESENT DUTY STATION
Atmore, AL

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

7. 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

9. CHECK NO.

10. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below, and attach passenger coupon.) (Cash refund MUST be claimed above on line 9.)

Traveler's Initials

	a. AGENT'S VALUATION OF TICKET	b. ISSUING CARRIER (Indicate)	c. MODE CLASS OF SERVICE AND ACCOMMODATIONS	d. DATE ISSUED	e. POINTS OF TRAVEL FROM	e. POINTS OF TRAVEL TO
	(a)	(b)	(c)	(d)	(e)	(f)
See attached etiket	324.20	US	Economy	10-02-2009	Mobile, AL	Washington, DC
See attached etiket	~~249.20~~	DL	Economy	10-02-2009	Washington, DC	Mobile, AL
TMC fee	25.28					

NOV 17 09

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

2110-33950
211T 3500
211I 3988
211P 6600

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: Pamela McGhee
DATE: 11/8/09

AMOUNT CLAIMED: $ 480.38

(NOTE: Falsification on an expense account may be a violation of 18 U.S.C. 287, 1001, 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 required, the approving official must have been authorized in writing by the head of the department or designee to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE: Renee Stone
DATE: 11-5-09

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 on reverse.
$

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certified to be: $

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)
$

d. NET TO TRAVELER: $ 480.38

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 88

11/17/09 BS

1012-116
NSN 7540-00-634-4160

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

2009-11-16 10:58

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (c) If this voucher includes per diem allowances for reimbursement of employee's miscellaneous expenses, specify the reimbursement rate, applicable to employee's marital status or children (unless information is shown on the travel authorization). Complete for per diem basis only.

Col. (f) through (g) Show amount claimed for each meal, including tax, tips, and daily total in col. (g).

(i) Show expenses, such as laundry, cleaning and pressing of clothes, tips in lieu of meals, etc., with explanation for each item.

(j) Provide brief justification for actual expense travel.

(k) Show total miscellaneous expenses claimed for authorized expense travel.

(m) Show personal vehicle mileage claimed. If claimed in excess of actual expenses, show the reason for the use of the vehicle in col. (j) or maximum rate.

(o) Show telegram, such as toll/mailgram/cablegram, air fare (if purchased with cash), toll or long distance telephone calls for Government use only, car rental, taxi/car, other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

McGhee1

TRAVELER'S LAST NAME

McGhee

TIME 2009 (a)	(b)	DESCRIPTION (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 ¢ AND OR MILES (k)	AMOUNT CLAIMED: MILEAGE ($)	SUBSISTENCE ($)	OTHER ($)
	0600 am	Depart residence via POV											
10:05										60	33.00		
							58.25	223.00	$281.25			280.25	
													25.00 F
													20.00 F
10													15.00
													16.00 I
										60	33.00		
							58.25		58.25			58.25	
										SUBTOTALS ▶	$66.00	$330.50	$74.38
										TOTALS ▶	$66.00	$330.50	$74.38

Enter grand total of cols. (h), (j) and (l), below and in item 15 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $480.38

23.68 +
23.68 -
23.68 +
15.00 +
0.00
330.50 +
35.00 +
30.88 +
0.00
33.00 +
33.00 +
0.00

330.50 +
35.00 +
30.88 +
66.00 +
480.38 ☆
0.00

or SF 1012-A BACK, leaving in front blank.

...investigation or prosecution, or court-martial or disciplinary proceeding brought to enforce or apply the criminal laws of the United States. It is also for 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 number, employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or allowances, expenses or reimbursement which are or may be taxable income. Disclosure of your SSN and other questioned information is voluntary in all other circumstances; failure to provide this information (other than SSN) required to support the claim may result in delay or loss of monies entered.

This form was electronically produced by Elite 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. McGhee1
2. 10/02/09 (DATE)

3. Office of the Secretary (SUBDIVISION OFFICE)

4. NAME Robert McGhee
5. OFFICIAL STATION Atmore, AL
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: Atmore, AL
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 10/05/09 Ending on or about 10/06/09

MODE OF TRAVEL

13. X 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. X Other (specify)
    Luggage, airport parking, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	527.00
21. Per Diem		375.00
22. Other		100.00
23. TOTAL	$	1,002.00

24. CHARGED TO:
2010 1000 DDD01 88

25. (FEDERAL OFFICER'S SIGNATURE)

26. (PERCENTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renee Astone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Hilton
Arlington & Towers

950 North Stafford Street • Arlington, VA 22203
Phone (703) 528-6000 • Fax (703) 812-5127
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

MOGHES, ROBERT

Room 528M12D
Arrival Date 10/5/2009 0:06:00PM
Departure Date 10/8/2009

Adult/Child 1/0
Room Rate $23[illegible].00

RATE PLAN [illegible]
HH#
AL
BONUS AL CAR

Confirmation: 3[illegible]

10/8/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/5/2009	1404712	GUEST ROOM	$233.00
10/5/2009	1404712	ROOM TAXES	23.88
		WILL BE SETTLED TO A (b) (6) [redacted]	$256.88
		EFFECTIVE BALANCE OF	$0.00

ESTIMATED CURRENCY TOTAL

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.

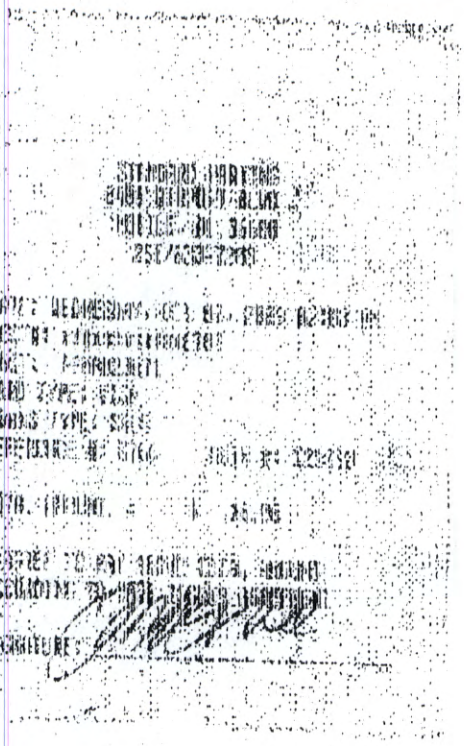
- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase,
  - charge purchases to your account, then stop by the Front Desk for an updated statement,
  - or request an updated statement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

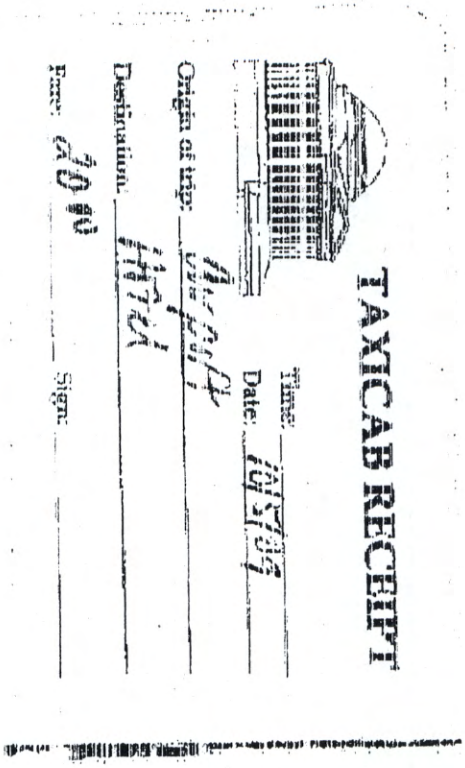
Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

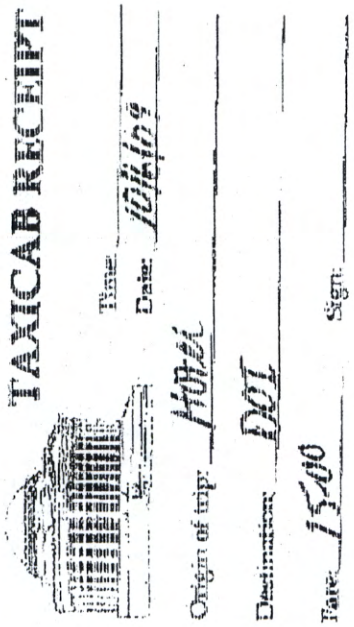
Please call the Front Desk if you wish to extend your own payment subject to availability.

DATE OF CHARGE	FOLIO NO./CHECK NO. 2[illegible]
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIP & MISC.	
TOTAL AMOUNT	0.00

THANK YOU




TAXICAB RECEIPT
Time:
Date:
Origin of trip:
Destination:
Fare:
Sign:


TAXICAB RECEIPT
Time:
Date:
Origin of trip:
Destination:
Fare:
Sign:

October 2, 2009

Carlson Wagonlit Travel SatoTravel

For: ROBERT MCGHEE GODIOS

To: MSMSDC
EYKT 0XOCT "INVITATIONAL"

Sales Person: 77
Locator: EMXTOQ
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 October 5, 2009

US Airways — Flight Number: 2541
Class of Service: Coach Class T
Depart: MOBILE, AL — 11:17 Am October 5, 2009
Arrive: CHARLOTTE, NC — 1:51 Pm October 5, 2009
Total Flight Time: — 1 Hour 34 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed — Confirmation Number: BHGTJ1
Reserved Seat: MCGHEE/ROBERT 1A
*MOB-CLT OPERATED BY US AIRWAYS EXPRESS-PSA AIRLINES

1:16
4:00

Monday October 5, 2009

US Airways — Flight Number: 1766
Class of Service: Coach Class T
Depart: CHARLOTTE, NC — 2:30 Pm October 5, 2009
Arrive: WASHINGTON/NATL,DC — 3:47 Pm October 5, 2009
Total Flight Time: — 1 Hour 17 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed — Confirmation Number: BHGTJ1
Reserved Seat: MCGHEE/ROBERT 14C
ARR-TERMINAL C

Monday October 5, 2009

WASHINGTON/NATL,DC
HILTON/CONRAD HOTELS HILTON ARLINGTON AND TOWERS
950 N STAFFORD STREET
ARLINGTON VA 22203
Phone Number: 1-703-528-6000
Fax Number: 1-703-812-5127
Number of Rooms: 1
Rate: 233.00 USD Per Night
Check In: Oct 05, 2009
Check Out: Oct 06, 2009
Confirmation Number: 3357096247
Cancellation Policy: Cancel by 4PM

Tuesday October 6, 2009

Delta Airlines Flight Number: 1977
Class of Service:Coach Class L
Depart: WASHINGTON/NATL, DC 7:00 Pm October 6, 2009
Arrive: ATLANTA, GA 9:02 Pm October 6, 2009
Total Flight Time: 2 Hours 2 Minutes Non-Stop
Equipment: M88
Meal Service: None
Status: Confirmed Confirmation Number: PAYBC9
DEP-TERMINAL 1 ARR-SOUTH TERMINAL

Tuesday October 6, 2009

Delta Airlines Flight Number: 4967
Class of Service:Coach Class L
Depart: ATLANTA, GA 9:50 Pm October 6, 2009
Arrive: MOBILE, AL 10:XX Pm October 6, 2009
Total Flight Time 1 Hour 12 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed Confirmation Number: PAYBC9
Reserved Seat: MCGHEE/ROBERT 5D
DEP-SOUTH TERMINAL
WILL-BE OPERATED BY ATLANTIC SOUTHEAST

Name	Invoice/Ticket	Fare	Tax1	Tax2	Tax3	Total
MCGHEE ROBERT	5285/0067708271026	204.65	36.55			241.20
MCGHEE ROBERT	5285/8900807468285	28.25				28.25
MCGHEE ROBERT	5284/0077708271026	169.30	2.70 US	7.20ZP	5.00AY	200.20

(b) (6) [redacted]

Total Amount: 469.65

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8404
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-833-2554

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 OF RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA.GOV

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
321	BS	1

Batch Totals

Input Date	Number of Documents
11/17/9	5

480.38 +
546.80 +
120.00 +
280.71 +
67.00 +
1,594.89 *

System Checked By: JO **Date** 11/17/9

11-20-9

Batch Approval

Approved By: _____

Date Approved: _____

Travel Voucher (TV) Header Screen

Traveler Information

ID [redacted]01 Welcome Org 3796

Name MCGHEE, ROBERT

Address (b) (6) [redacted]

(b) (6) [redacted] (b) (6) (b) (6) [redacted]

Comments to Print

Document Actions

New Modify Cancel

Amount

Total Claimed 480.38

Taxed Traveler 480.38 I/D

Taxable I/D

Tax Withheld I/D

WTX 0.00

Ticket 0.00

Adjustment 0.00 I/D

Travel Information

Ref TO Doc No TO 1010000000 Fast Info Y

Trans Type EX DPYS Payment Date M

Dates

Begin Date 10 05 2009 End Date 10 06 2009

Purpose 0 Enter up to 5 travel purposes

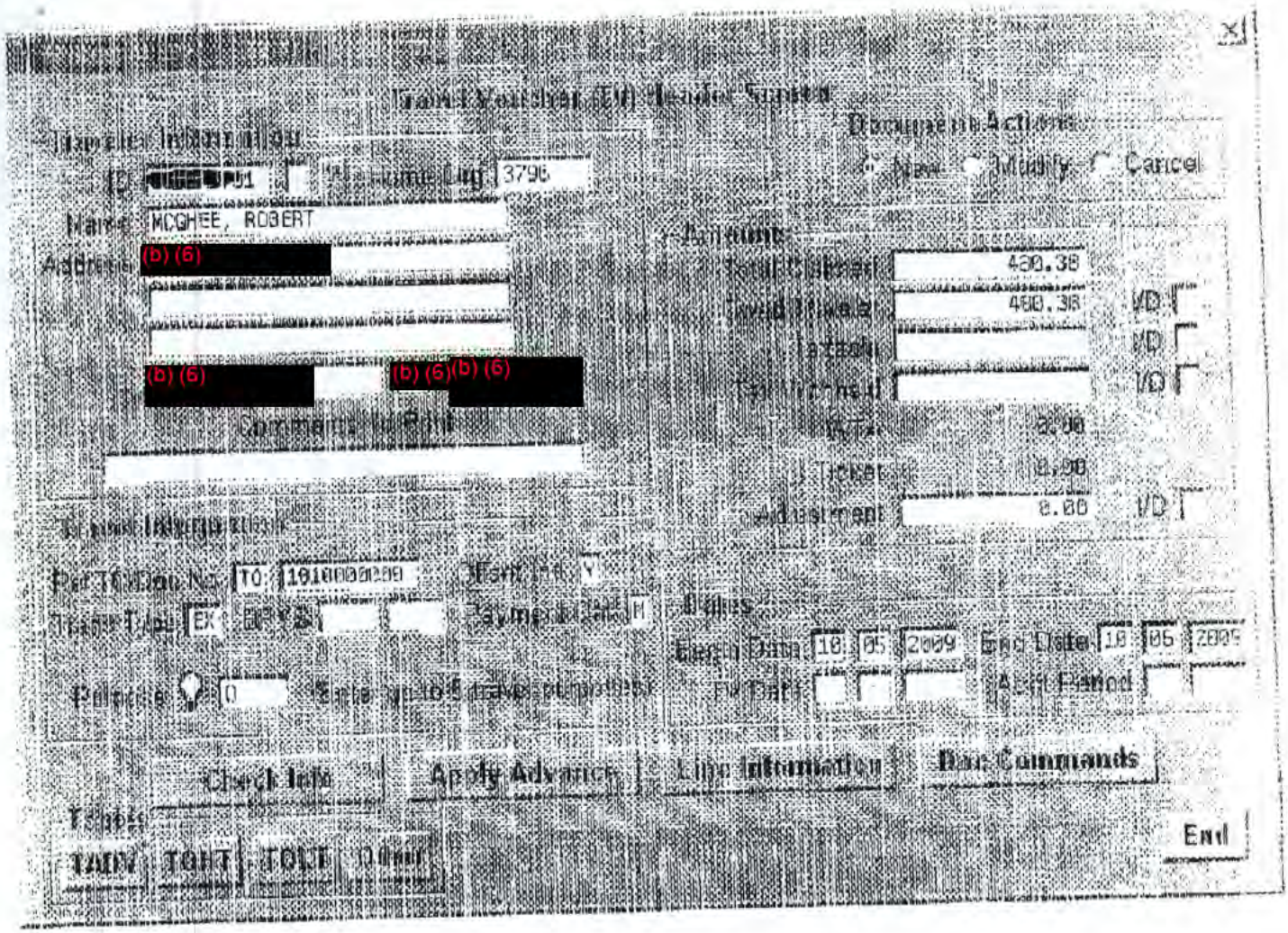
TV Date Acct Period

Check Info | Apply Advance | Line Information | Doc Commands

Tabs

TADV | TOHT | TOLT | Other

End



2009-11-30 15:13 FAX 2022085427 p.2

TRAVEL VOUCHER

(Please see 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): Velasquez, Maxine
b. SOCIAL SECURITY NO.: 101000 0022 (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL: a. FROM 10-07-2009 b. TO 10-08-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Velasquez2 b. DATE(S) 10-06-2009

8. a. PRESENT DUTY STATION: Corrales, NM
f. RESIDENCE (City and State): (b) (6)

9. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached [ ] Check [ ] Cash)
d. Balance outstanding

g. CASH/CHECK/MONEY RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

RECEIVED NOV 30 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 refund 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)

POINTS OF TRAVEL

	AGENT'S VALIDATION OR TICKET (a)	RISING CAR-RIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	FROM (e)	TO (f)
See attached ticket	237.60	AA	Economy	10-06-2009	Albuquerque, NM	Washington, DC
See attached ticket	385.70	UA	Economy	10-06-2009	Washington, DC	Albuquerque, NM
TMC	28.21					

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

2110-33550
211I $8.21
211T 92.00

DEC 04 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 11/19/09 AMOUNT CLAIMED ▶ $ 472.71

NOTE: Falsification of this item on an expense account voids a forfeiture of claim (31 U.S.C. 3804) 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 not 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 11-23-09

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 ▶ $ 472.71

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

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

18. ACCOUNTING CLASSIFICATION
2010 1000 DD001 68

12/4/9

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

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

Col. (c) If the traveler includes per diem allowance for members of employee's immediate family, show name(s) and relationship to employee and state status of children (unless information is shown on the travel authorization).

Cols. (d), (e), (f) Show amount incurred for each meal, including tax, tips, and state total meal cost.

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

(g) Commercial transportation and actual expense travel.

(h) Show actual subsistence expense incurred for actual travel.

(i) Show per diem amount, limited to maximum rate, or travel at actual expense, show the dollar amount from col. (j) or maximum less.

(k) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), but not original receipts for telephone calls for Government business, car rental, relocation allowance, subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

Velasquez2

TRAVELER'S LAST NAME

Velasquez

TIME	DESCRIPTION	ITEMIZE SUBSISTENCE EXPENSES							MILEAGE RATE	AMOUNT CLAIMED		
		MEALS				AUTOMOBILE ALLOWANCE SUBSISTENCE ALLOWANCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
20.00												
10.00												
							59.25	228.00	232.25		282.25	
												22.00 T
												33.21 T
												10.00 T
												80.00 T
							65.25		65.25		65.25	
												12.00
									SUBTOTALS ▶		$335.50	$137.21
									TOTALS ▶		$335.50	$137.21

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

TOTAL AMOUNT CLAIMED ▶ **$472.71**

Use SF 1012-A if more space is required (front and back).

Provides information solicited by this agency in connection with the hiring or retention of an employee, the issuance of a security clearance, or investigations of the performance of official duty while on 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 transportation allowance, expense reimbursement vouchers, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other circumstances, but failure to provide the information could result in delay or loss of the reimbursement.

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

STANDARD FORM 1012 BACK (10-77)

5325

5325

10650

-3550

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 2, 1971

TRAVEL AUTHORIZATION

1. No. Velasquez2
2. 10/06/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Maxine Velasquez
5. OFFICIAL STATION Corrales, 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: Corrales, 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 according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 10/07/09 Ending on or about 10/08/09

MODE OF TRAVEL

13. ✗ Common carrier
14. Extra fare
15. Government-owned conveyance at a mileage rate of .55 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)
    Luggage, taxi fare, parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	655.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	1,105.00

24. CHARGED TO:
2010 1000 DDD01 58

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTING SIGNATURE)

27. Invitational (TITLE)

28. Renna Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Hote. Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

VELASQUEZ, MAXINE

Room Number: 1001
Daily Rate: 229.00
Room Type: QQDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/07/09	10/08/09	(b) (6) [redacted]	GFD	IDSN	11420264562

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
10/07/09	1001	ROOM CHARGE	#1001 VELASQUEZ, MAXINE	$229.00
10/07/09	1001	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$33.21

TOTAL DUE: $262.21

AIRPORT PARKING $12.00
TAXI FARE $22.00
$60.00
$10.00
$104.00

HOTEL $262.21
TOTAL $366.21

Parking Receipt

The time above shows time, date of receipt, and amount paid

Airport Parking
125 & Sunport
505-843-9333
www.airportparkingsunport.com

Taxi Cab Receipt

DATE: 10/8/09 TIME: 12:15 AM
ORIGIN Reagan Nat'l CAB #
DESTINATION PALOMAR HOTEL
FARE: $ 18.00 SIGNATURE
4.00 tr - $ 22.00

TAXICAB RECEIPT

Time: 353
Date: 10/8/07
Origin of trip: DOI - Hotel - Dulles Airport
Destination:
Fare: $60.00 Sign:

TAXICAB RECEIPT

Time: 12:45
Date: 10-8-09
Origin of trip: Hotel - Palomar
Destination: DOI
Fare: $7.00 +3 $10.00 Sign:

October 6, 2009

Carlson Wagonlit Travel

SatoTravel.

For: MAXINE VELASQUEZ

To: NGMSDOI
EYKT 08DCT.

Sales Person: 17
Locator: CTZUJA
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 October 7, 2009

American Airlines
Class of Service:Coach Class Y
Depart: ALBUQUERQUE, NM
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed
Reserved Seat: VELASQUEZ/MAXINE 29D
ONEWORLD

Flight Number: 636
5:15 Pm October 7, 2009
8:00 Pm October 7, 2009
1 Hour 45 Minutes Non-Stop
Confirmation Number: CTZUJA

Wednesday October 7, 2009

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: VELASQUEZ/MAXINE 12C
ARR-TERMINAL B
ONEWORLD

Flight Number: 1828
8:55 Pm October 7, 2009
10:40 Am October 8, 2009
2 Hours 45 Minutes Non-Stop
Confirmation Number: CTZUJA

Wednesday October 7, 2009

WASHINGTON/NATL,DC
KIMCO HOTEL PRIMER LC-A KIMPTON HIL
2121 P STREET NW
WASHINGTON DC 20037
Phone Number: 202-648-1200
Fax Number: 202-648-1800
Number of Rooms: 1
Rate: 229.00 USD Per Night
Check In: Oct 07, 2009
Check Out: Oct 08, 2009
Confirmation Number: 1004183354
Cancellation Policy: Cancel 24 hours prior

Directions: AIRPORTS

Thursday October 8, 2009

United Airlines
Class of Service: Coach Class V
Depart: WASHINGTON/DULLES
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
STAR ALLIANCE

Flight Number: 783

7:45 Pm October 8, 2009
10:00 Pm October 8, 2009
4 Hours 15 Minutes Non-Stop

Confirmation Number: [illegible]

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
VELASQUEZ MAXINE	529 /0157708271041	211.15	26.44			237.60
VELASQUEZ MAXINE	529 /8900507468[illegible]	28.25				28.25
VELASQUEZ MAXINE	529 /0017708271039	321.86	24.14US	7.20ZF	5.00AY	365.70

(b) (6) [redacted]

Total Amount: 631.55

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8441
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-598-2534

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
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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/A406OCT

Federal Financial System (FFS) Supplier Request Form

Client: O/S
Requestor: BSMITH
Date: 12/02/09
Approver:

Add new Supplier Change existing Supplier

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974. All information collected on this form is required under the provisions of 5 U.S.C. 552a and 31 CFR 210. The 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:	Maxine Velasquez
DUNS Number:	
Taxpayer ID:	
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)

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) 208-5722

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Maxine Velasquez

SSN NO. OR TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]
(b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER: 505 780 8640

FINANCIAL INSTITUTION INFORMATION

NAME: New Mexico Educators Federal Credit Union

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER: ( )

NINE-DIGIT ROUTING TRANSIT NUMBER: (b) (6) [redacted]

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT: (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

Department of the Interior

OFFICE OF THE SECRETARY

OS/TRAVEL

FFS Batch Control Document

Political Appointees

Batch ID

Trans Type	Division
TV	80

Julian Date	Prep Unit	Sequence Number
336	BS	1

Batch Totals

Input Date	Number of Documents
12/02/09	2

472.71+
293.75+
766.46 *

System Checked By: _____ **Date** _____

Batch Approval

Approved By: _____

Date Approved: _____

12-3-09

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.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial)
French, Michael J. 10100090170

b. SOCIAL SECURITY NUMBER
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 08/23/2010
b. TO 08/25/2010

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) MJFrench
b. DATE(S) 08/23/10

e. PRESENT DUTY STATION
Washington, DC

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

10. CHECK NO.

11. PAID BY 2458171

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
AUG 31 2010

12. GOVERNMENT TRANSPORTATION REQUEST, OR TRANSPORTATION TICKETS PURCHASED WITH CASH (List by carrier name and distance passenger applied. If cash is used, so state on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursement for 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)
See attached	858.60	US	Economy	08/23/2010	Washington, DC	New Orleans, LA
TMC	28.25					
See attached	575.90	US	Economy	08/25/2010	New Orleans, LA	Washington, DC
TMC	28.25					

Infrequent traveler; GovTrip access in process. Traveler receive approval via email from Chief of Staff to extend his trip in New Orleans by one day.

2 HD
177.50

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 and the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE AMOUNT CLAIMED ▶ $ 177.50

NOTE: Falsification of an item in an expense account works a forfeiture of claim (27 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 OFFICAL SIGN HERE ▶ [signature] DATE 8.30.10

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 OFFICAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER ▶ $ 177.50

18. ACCOUNT CLASSIFICATION
2010 1009 DDD01 G1

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 member's 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 and tips, and daily total meal cost.
Show expenses, such as: laundry, cleaning and pressing clothes, tips to bellboys, porters, etc. (other than for meals).
Col. (i): Complete for per diem and actual expense travel.
Col. (j): 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 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. MJFrench

TRAVELER'S LAST NAME: French

DATE 2010 (a)	TIME (Hour and min.) (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)
08/23	2:15 pm	Depart Washington, DC											
	3:57 pm	Arrive New Orleans, LA					53.25	104.00				53.25	
		Lodging Tax ($14.87)											
08/24		New Orleans, LA					71.00	104.00				71.00	
		Lodging Tax ($14.87)											
08/25	6:25 pm	Depart New Orleans, LA											
	11:33 pm	Arrive Washington, DC					53.25					53.25	
		Airport Parking ($60.00)											
		Taxi Fare ($42.00)											
									SUBTOTALS ▶			177.50	
									TOTALS ▶			177.50	

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 ▶ 177.50

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) 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 employees for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and monitor costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for 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 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)

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

TRAVEL AUTHORIZATION

2. No. MJFrench
1. 08/23/10 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME French, Michael J.
5. OFFICIAL STATION Washington, DC
6. TITLE Senior Advisor
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: New Orleans, LA and return

10. PURPOSE AND REMARKS:

Traveler will represent the Department of the Interior at the Corporation for National and Community Service Gulf Convening Session.

11. PER DIEM ALLOWANCE:

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

12. PERIOD OF TRAVEL: Beginning on or about 08/23/10 Ending on or about 08/24/10

MODE OF TRAVEL

13. X Common carrier
14. Extra fare
15. Government-owned conveyance
16. X Privately owned at a mileage rate of 50 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. Other (specify)
   Airport parking, taxi fare, data services, luggage fees
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	858.80
21. Per Diem		150.00
22. Other		128.25
23. TOTAL	$	1,166.85

24. CHARGED TO:
2010 1000 DDD01 ~~50~~ GI

25. (FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)
27. Senior Advisor (TITLE)
28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)
29. for Deputy Chief of Staff (TITLE)

August 23, 2010

SatoTravel

For: MICHAEL J FRENCH

To: NGMSDOI

Sales Person: LD
Locator: QUCDEX
Customer Number: (b) (6)

*TICKET PURCHASED WITH CA... (b) (6)
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX

Monday August 23, 2010

US Airways
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC
Arrive: NEW ORLEANS, LA
Total Flight Time:
Equipment: E75
Meal Service: None
Status: Confirmed
Reserved Seat: FRENCH/MICHAEL J 15A
DEP-TERMINAL C
*DCA-MSY OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Flight Number: 3237
2:15 Pm August 23, 2010
3:57 Pm August 23, 2010
2 Hours 42 Minutes Non-Stop
Confirmation Number: E0B7HT

Monday August 23, 2010

NEW ORLEANS, LA
INTERCONTINENTAL HOTELS INTERCONTINENTAL NEW ORLEANS
444 ST CHARLES AVE
NEW ORLEANS LA 70130
Phone Number: 1-504-525-5566
Fax Number: 1-504-585-4350
Number of Rooms: 1
Rate: 184.00 USD Per Night
Check In: Aug 23, 2010
Check Out: Aug 24, 2010
Confirmation Number: 68650924
Cancellation Policy: Cancel by 6PM
Directions: DIRECTION TO THE PROPERTY FROM EAST - TAKE I-10 WEST TO EXIT 235B-CANAL STREET. GO 1 BLOCK AND TURN RIGHT ONTO CANAL STREET. GO 10 BLOCKS TO ST. CHARLES AVE. TURN RIGHT AND GO 3 BLOCKS AND THE HOTEL IS ON THE LEFT.

Tuesday August 24, 2010

US Airways
Class of Service:Coach Class Y
Depart: NEW ORLEANS, LA
Arrive: CHARLOTTE, NC

Flight Number: 3118
6:25 Pm August 24, 2010
9:20 Pm August 24, 2010

Total Flight Time: 1 Hour 55 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed Confirmation Number: E0B7HT
Reserved Seat: FRENCH/MICHAEL J 19D
*MRT-CLT OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Tuesday August 24, 2010

US Airways Flight Number: 1780
Class of Service:Coach Class Y
Depart: CHARLOTTE, NC 10:10 Pm August 24, 2010
Arrive: WASHINGTON/NATL,DC 11:23 Pm August 24, 2010
Total Flight Time: 1 Hour 13 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed Confirmation Number: E0B7HT
ARR-TERMINAL C

Tuesday August 24, 2010

Other Service
Aug 24, 2010 - Aug 24, 2010
Departure City: NEW ORLEANS, LA
US1780 SEAT ASSIGNMENT RESTRICTED TO ATO CHECK IN ONLY

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
FRENCH MICHAEL J	6508/0377914719010/23AUG10	770.23	57.77US	11.10XP	19.50XT	858.60
FRENCH MICHAEL J	6508/6900528639037/23AUG10	28.25				28.25
					Total Amount:	886.85

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

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

August 25, 2010

Sato Travel

For: MICHAEL J FRENCH

To: NGMSDOI

Sales Person: LD
Locator: OUCQEX
Customer Number: (b) (6)

YOUR ESTIMATED AIRFARE ON 25AUG IS 575.90
*TICKET PURCHASED WITH CA..... (b) (6)
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX

Wednesday August 25, 2010

US Airways — Flight Number: 3116
Class of Service: Coach Class Y
Depart: NEW ORLEANS, LA — 6:25 Pm August 25, 2010
Arrive: CHARLOTTE, NC — 9:20 Pm August 25, 2010
Total Flight Time: — 1 Hour 55 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed — Confirmation Number: E0E7HT
Reserved Seat: FRENCH/MICHAEL J 16A
*MSY-CLT OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Wednesday August 25, 2010

US Airways — Flight Number: 1780
Class of Service: Coach Class Y
Depart: CHARLOTTE, NC — 10:10 Pm August 25, 2010
Arrive: WASHINGTON/NATL,DC — 11:33 Pm August 25, 2010
Total Flight Time: — 1 Hour 23 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed — Confirmation Number: E0E7HT
ARR-TERMINAL C

Tuesday August 24, 2010

Other Service
Aug 24, 2010 - Aug 24, 2010
Departure City: NEW ORLEANS, LA
US1780 SEAT ASSIGNMENT RESTRICTED TO ATO CHECK IN ONLY

Wednesday August 25, 2010

Other Service
Aug 25, 2010 - Aug 25, 2010
Departure City: SAN ANTONIO, TX

SEE BELOW FOR REFUND INFORMATION

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
FRENCH MICHAEL J	6509/0377914719021/25AUG1C	517.21	38.79US	7.402P	12.50XT	575.90
FRENCH MICHAEL J	6509/8900526639048/25AUG1C	28.25				28.25
FRENCH MICHAEL J	6508/0377914719010/23AUG1C	770.23	88.37			858.60
FRENCH MICHAEL J	6508/8900526639037/23AUG1C	28.25				28.25
					Total Amount:	1,491.00

.....SEE BELOW FOR REFUND INFO.....

TICKET NUMBER 7914719010 HAS BEEN PROCESSED FOR A REFUND
ON 26AUG IN THE AMOUNT OF 575.90
REFUNDS MAY TAKE UP TO 1-2 BILLING CYCLES TO APPEAR ON
YOUR CHARGE CARD STATEMENT DEPENDING UPON YOUR BILLING
CYCLE. THIS STATEMENT CAN BE USED AS PROOF OF REFUND
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 877-698-2654

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
.....*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

INTERCONTINENTAL
NEW ORLEANS

08-24-10

Mr Michael French
(b) (6)

Folio No.	: 536578	Room No.	: 1148
A/R Number	:	Arrival	: 08-23-10
Group Code	:	Departure	: 08-24-10
Company	: Sato Travel	Conf. No.	: 68650924
Membership No.	:	Booking #	:
Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
08-23-10	Package Rate	104.00	
08-23-10	Room State Tax	8.91	14.87
08-23-10	State/City Occupancy Fee	2.00	
08-23-10	Room City Tax	3.96	
08-24-10	Mastercard (b) (6)		116.87
	Total	**116.87**	**116.87**
	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.

444 St. Charles Avenue, New Orleans, LA 70130-3171 USA Tel: (504) 525.5566 Fax: (504) 523.7310
http://new-orleans.intercontinental.com newor1ans@ihg.com

INTERCONTINENTAL
NEW ORLEANS

08-25-10

Mr Michael French
(b) (6)

Folio No. : 536690
A/R Number :
Group Code :
Company : Sato Travel
Membership No. :
Invoice No. :

Room No. : 0936
Arrival : 08-24-10
Departure : 08-25-10
Conf. No. : 62333723
Booking # :
Page No. : 1 of 1

Date	Description	Charges	Credits
08-24-10	Package Rate	104.00	
08-24-10	Room State Tax	8.91	
08-24-10	State/City Occupancy Fee	2.00	
08-24-10	Room City Tax	3.96	
08-25-10	Mastercard (b) (6)		118.87
	Total	**118.87**	**118.87**
	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.

444 St. Charles Avenue, New Orleans, LA 70130-3171 USA Tel: (504) 525.5566 Fax: (504) 523.7310
http://new-orleans.intercontinental.com neworleans@ihg.com

Bradley, Margaret

From: French, Michael J
Sent: Tuesday, August 24, 2010 2:42 PM
To: Bradley, Margaret
Subject: Fw: New orleans

Margaret - I am going to stay another day down here (ok from tom below). Can you help get me the hotel for another night and a new flight for tomorrow evening?

Thanks,
Mike

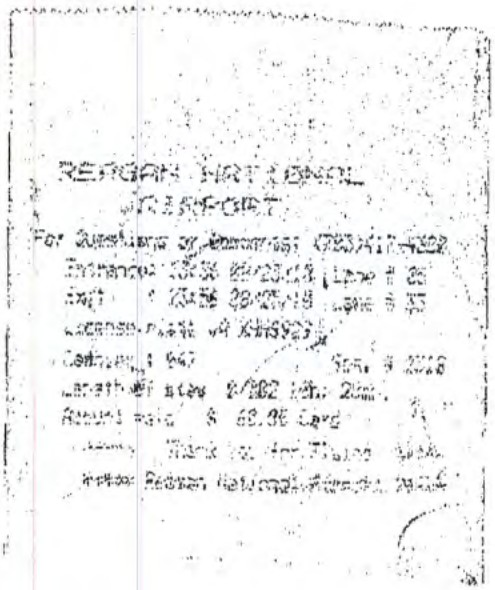
----- Original Message -----
From: Strickland, Thomas
To: French, Michael J
Sent: Tue Aug 24 14:38:12 2010
Subject: Re: New orleans

Sure.

----- Original Message -----
From: French, Michael J
To: Strickland, Thomas
Sent: Tue Aug 24 13:34:28 2010
Subject: New orleans

I am in new orleans for the corporation for natl and community service event. (Ill provide a report seperately).

I wanted to see if you were ok with my staying another day here and connecting with some of the fws/nps staff I have been working on project lists



4411 KNIGHT DR.
NEW ORLEANS, LA, 70127
(504) 427-5436

C O P Y
08/25/2010 16:10:24
Sale:

Transaction #	2
Card Type:	MasterCard
Acct:	(b) (6)
Entry:	Swiped
Clerk #	1
Invoice #	2
Total:	385.00
Reference No:	7-hp 080353867193 2
Auth.Code:	056891
Response:	Success

CUSTOMER CODE: 1

CUSTOMER COPY

P.01

TRANSACTION REPORT

SEP-01-2010 WED 09:43 AM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
SEP-01	09:36 AM	FAX	7'09"	13	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:	Brad Allegrezza	**Fax:**	303-969-6631
From:	Barbara Martin	**Date:**	9/1/2010
Re:	Enclosed is a voucher for Michael French. If you have any questions give me a call,...Thanks	**Pages:**	
CC:			

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

Notes:

Thanks ☺

P.01

TRANSACTION REPORT

SEP-02-2010 THU 09:53 AM

FOR: DOI-OS-DENVER 3039696631

SEND

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
SEP-02	09:52 AM	912022085627	2'14"	2	FAX TX	OK	(02) 031	

TOTAL : 2M 14S PAGES: 2

FAX FROM THE DESK OF

Brad Allegrezza

NATIONAL BUSINESS CENTER/DENVER

7301 West Mansfield Ave

Denver, CO 80235

PHONE: 303-969-7718

FAX: 303-969-6631

TO: Barbara Martin

FAX: 202-208-5627

Date: 9-2-2010

Total Pages 1

MESSAGE:

FAX FROM THE DESK OF

Brad Allegrezza

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-7718
FAX: 303-969-6631

TO: Barbara Martin
FAX: 202-208-5627

Date: 9-2-2016

Total Pages 1

MESSAGE: HI, BARB
THIS IS DONE
Brad

Political Appointee Travel Vouchers

09:54:41 Thu Sep 02, 2010

DOCID: TV O 1010000170
STATUS: HELD BATID: TV O 245BA1 SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000170 VOUCHER PARTIAL/FINAL: F
LOG DATE: 09 01 2010 DOC ACTION: TOTAL VERIFIED: 177.50
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 08 23 2010 END DATE: 08 25 2010 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: 565658634 DAYS: OWED EMPLOYEE: 177.50 I/D:
NAME : MICHAEL FRENCH 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: (b) (6)
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
---	---	---	---	---	---

A--*HD24-NO MORE DOCUMENTS IN BATCH

Department of the Interior

Office of The Secretary/OS
Political Appointee

FFS Batch Control Document

Batch ID

Trans Type	Division
TV	0

Julian Date	Prep Unit	Sequence Number
245	BA	1

Batch Totals

Input Date	Number of Documents	Net Total (Required)
9-2	1	177.50

System Checked By: BA **Date** 9-2-2010

Batch Approval

2010-08-12 14:44 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): 101000152 Joseph, Ray

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

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

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL: a. FROM 05-13-2010 b. TO 05-13-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) RJoseph1 b. DATE(S) 05-07-2010

e. PRESENT DUTY STATION: Princeton, NJ

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

211 P	48.00
211 T	24.00
211 I	21.00

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 invoice	268.00	AM	Business	05-11-2010	Philadelphia	Washington, DC and return

Invitational travel. Traveler interviewed with DOI officials for a position at the Department. Tran fare purchased with corporate card. One day travel less than 12 hours.

AUG 12 2010

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 8/10/2010 AMOUNT CLAIMED $ 93.00

NOTE: Falsification of an item in any expense account worth a forfeiture of claim (25 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 8-11-10

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 $ 93.00

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

2010 1000 DDD01 68

1012-116 NSN 7540-00-634-4150 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. RJoseph1

TRAVELER'S LAST NAME Joseph

DATE 2010 (a)	TIME (Hour and minutes) (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: 50.0 ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/13		Depart residence via POV en route 30th St. Station								48	24.00		
	11:07 am	Depart Philadelphia, PA											
	12:47 pm	Arrive Washington, DC											
		Taxi Union Station/DOI											12.00 T
		Taxi DOI/Union Station											12.00 T
	6:00 pm	Depart Washington, DC											
	7:25 pm	Arrive Philadelphia, PA											
		Parking 30th St. Amtrak Station											21.00 I
		POV to residence								48	24.00		
										SUBTOTALS ▶	$48.00 P		$45.00
										TOTALS ▶	$48.00		$45.00

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 (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 (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 ▶ $93.00

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

STANDARD FORM 1012 BACK (10-77)

48.00 +
24.00 +
21.00 +
93.00

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

TRAVEL AUTHORIZATION

1. No. RJoseph1
2. 05-07-2010 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Ray Joseph
5. OFFICIAL STATION Princeton, NJ
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: Princeton, NJ
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 according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 05-13-2010 Ending on or about 05-13-2010

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, parking
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	Amtrak	$ 297.00
21. Per Diem		0.00
22. Other		50.00
23. TOTAL		$ 347.00

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

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

29. Deputy Chief of Staff (TITLE)

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

TAXICAB RECEIPT

Time: a

Date: 5/13/2010

Origin of trip: Union Station

Destination: DC

Fare: 10 12.00 tip Sign:

TAXICAB RECEIPT

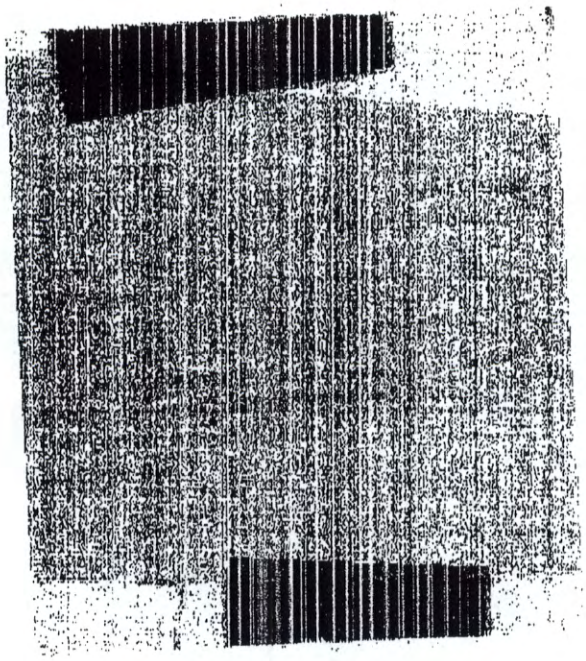
Time: 5/17/2010

Date:

Origin of trip: DC

Destination: Union Station

Fare: 9.50 +2.0 tip Sign:



May 11, 2010

SatoTravel

For: RAY JOSEPH

To: NGMSDOI
INVITATIONAL TRAVEL

Sales Person: 77
Locator: HZXYGX
Customer Number: (b) (6) [redacted]

THE TOTAL COST OF YOUR AMTRAK TICKET ON [redacted] AY IS 268.00
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.
*TICKET PURCHASED WITH CA.... (b) (6) [redacted]
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Thursday May 13, 2010

Amtrak Train Number: 2153
Depart: PHILADELPHIA - 30TH ST. STATION 11:07 Am
Arrive: WASHINGTON - UNION STATION 12:47 Pm
AMTRAK 003KC BSNSS
Confirmation Number: 0C58D2

Thursday May 13, 2010

Amtrak Train Number: 2124
Depart: WASHINGTON - UNION STATION 6:00 Pm
Arrive: PHILADELPHIA - 30TH ST. STATION 7:28 Pm
AMTRAK 004KA BSNSS
Confirmation Number: 0C58D2

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
JOSEPH RAY	0018/5547875626244	268.00				268.00
					Total Amount:	268.00

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

NON-CONTRACT/NON-GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

.....

TRANSACTION FEES ARE NONREFUNDABLE

.....

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL
CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

.....

GOVERNMENT ISSUED ID IS REQUIRED

.....

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

.....

.....

.....

TO VIEW ITINERARIES ONLINE PLEASE GO TO
.....*** WWW.VIRTUALLYTHERE.COM *** .....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

.....

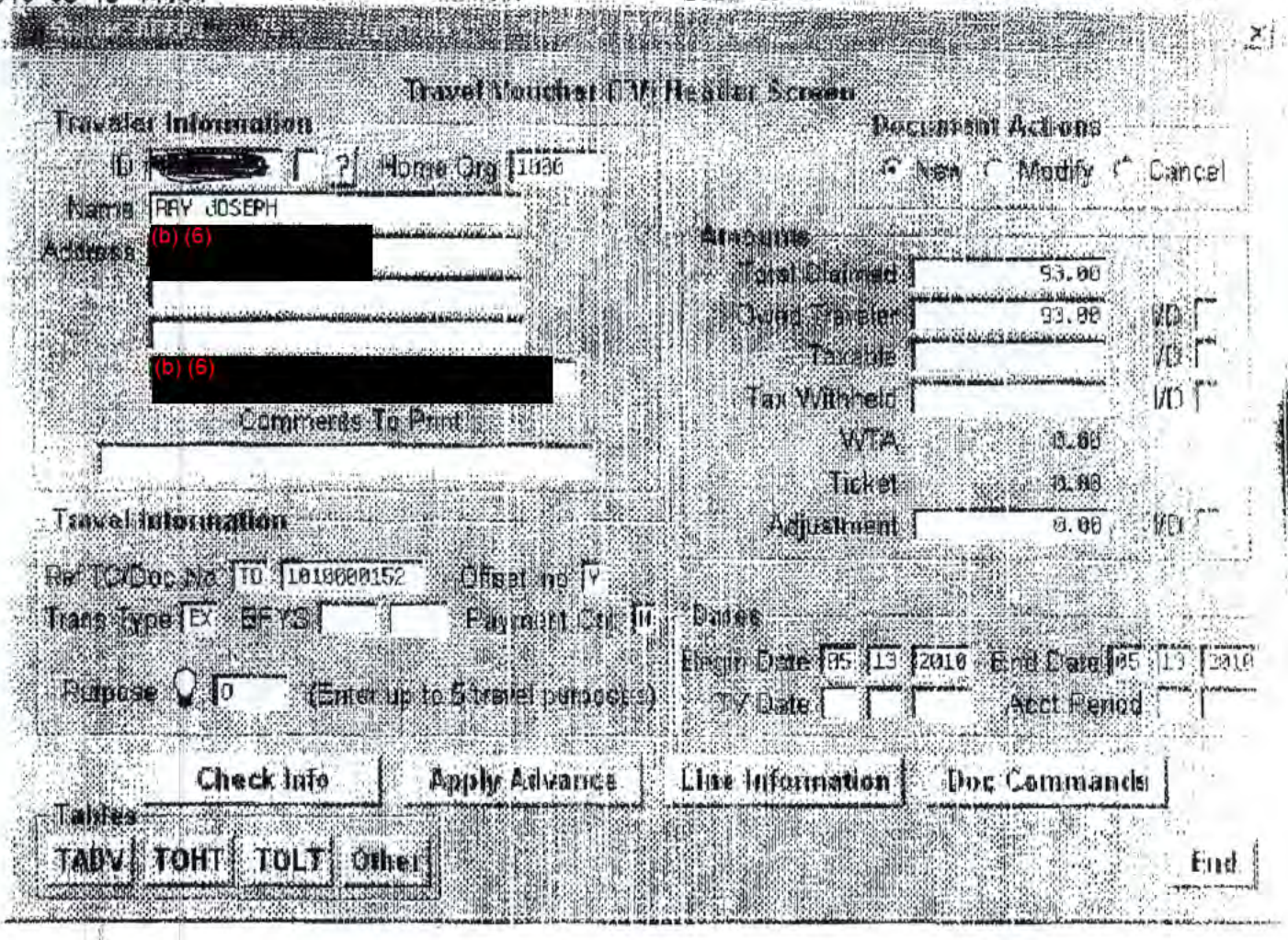
THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
COLLECT INFORMATION FROM YOU FOR PURPOSES OF WATCH
LIST SCREENING,UNDER THE AUTHORITY OF 49 U.S.C. SECTION
114, AND THE INTELLIGENCE REFORM AND TERRORISM
PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION 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
YOU PROVIDE WITH LAW ENFORCEMENT OR INTELLEGENCE
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 **********
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 866-486-8135 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 800-300-8731
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 877-888-2554

11:58:55 Fri Aug 13, 2010

DOCID: TV O 1010000152
STATUS: SCHED BATID: TV O 225ESA SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000152 VOUCHER PARTIAL/FINAL: F
LOG DATE: 08 13 2010 DOC ACTION: TOTAL VERIFIED: 93.00
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 05 13 2010 END DATE: 05 13 2010 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: 463551279 DAYS: OWED EMPLOYEE: 93.00 I/D:
NAME : RAY JOSEPH 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: (b) (6)
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


Travel Voucher (TV) Header Screen
Traveler Information
ID [redacted] ? Home Org 1036
Name RAY JOSEPH
Address (b) (6) [redacted]
(b) (6) [redacted]
Comments To Print
Document Actions
New Modify Cancel
Amounts
Total Claimed 93.00
Owed Traveler 93.00
Taxable
Tax Withheld
WTA 0.00
Ticket 0.00
Adjustment 0.00
Travel Information
Ref TO/Doc No TO 1010000152 Offset no Y
Trans Type EX BFYS
Payment Cur
Dates
Begin Date 05 13 2010 End Date 05 13 2010
TV Date Acct Period
Purpose 0 (Enter up to 5 travel purposes)
Check Info
Apply Advance
Line Information
Doc Commands
Taxes
TADV TOHT TOLT Other
End

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): 1010001521 Joseph, Ray
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
e. PRESENT DUTY STATION: Princeton, NJ
f. RESIDENCE (City and State): (b) (6)

6. PERIOD OF TRAVEL: FROM 08-21-2010 TO 08-21-2010

7. TRAVEL AUTHORIZATION
a. NUMBER(S): RJoseph2
b. DATE(S): 08-10-2010

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
211 P 76
211 T 29.00
211 I 2.00

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 ACCOM-MODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
(a)	(b)	(c)	(d)	(e)	(f)
See attached train tix	288.00 AM	Business	08-17-2010	Philadelphia	Washington, DC and return

Invitational travel. Traveler interviewed for a position at the Department of the Interior. AX Rail fare purchased with corporate card. One day trip less than 12 hours.

AUG 12 2010

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 8-10-2010 AMOUNT CLAIMED ▶ $ 93.00

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 8.11.10

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 ▶ $ 93.00

18. ACCOUNTING CLASSIFICATION
2010 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 (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 chauffeurs, porters, etc. (other than on meals).

Complete for per diem and actual expense travel.

Show total subsistence costs 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. (i) 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, recreation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

Rjoseph2

TRAVELER'S LAST NAME

Joseph

TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 50.0 ¢	AMOUNT CLAIMED		
2010 (Hour and a.m./p.m.) (b)	(Departure/arrival city, per diem computation, or other explanations of expense) (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)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/21	Depart residence via POV en route 30th St. Station								48	24.00		
11:07 a.m.	Depart Philadelphia, PA											
12:47 pm	Arrive Washington, DC											
	Taxi Union Station/DOI											12.00 T
	Taxi DOI/Union Station											12.00 T
8.00 pm	Depart Washington, DC											
7:28 pm	Arrive Philadelphia, PA											
	Parking 30th St. Amtrak Station											21.00 I
	POV to residence								48	24.00		
												P
								SUBTOTALS ▶		$48.00		$45.00
								TOTALS ▶		$48.00		$45.00

If additional space is required, continue on another SF 1012-A BACK, leaving 1st 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 ▶ $93.00

In accordance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on the forms 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 the payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorities 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 since reimbursement will 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• C

48•00 +
24•00 +
21•00 +
93•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. RJoseph2
2. 06/18/2010 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Ray Joseph

5. OFFICIAL STATION Princeton, NJ

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: Princeton, NJ
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 according to the Federal Trave Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 08/21/10 Ending on or about 06/21/10

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of 50
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, parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	300.00
21. Per Diem		0.00
22. Other		100.00
23. TOTAL	$	400.00

24. CHARGED TO:
2010 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)

06 3426 1169
PASSENGER TICKET AND BAGGAGE CHECK
GDDI0S

S321BGK 0006226 A77

PASSENGER RECEIPT

A-R-C XXX

AMTRAK XXXXX 09581283 JOSEPH/RAY
CARLSON WAGONLIT WASHINGTON, D DC US17JUN10 PHL
JOSEPH/RAY GZNGKZ/AA 1KDBSNSS 6 0011/ XWAS 2V2155 KD21JUN1KDBSNSS
NOT VALID FOR THIS IS YOUR RECEIPT PHL 2V2126 KD21JUN1KDBSNSS
**TRANSPORTATION* N3KD*77
AMTRAK-RAIL SERVICE 1FULL
FP [redacted] C 063602
FC RR02D4D4 1680 1RIDER RF 268.00AC .00 PHLWAS/Z
OGE 134.00WASPHL/ZOGE 134.00ASK ABOUT RESTRICTION
S

USD 268.00
EXEMPT
42673734390 0 554 7889246725 0 NOT VALID FOR TRAVEL
0 554 7889246725 0
USD 268.00 AA9581283

TAXICAB RECEIPT

Time: 6/21/201[illegible]

Date: _____

Origin of trip: Union Sta

Destination: DOE

10 + 2.00 tip

Fare: _____ Sign: _____

TAXICAB REC

www.TaxiRadar.com

Direct Connect To Your Driver

Time: _____ Date: 6/21/201[illegible]

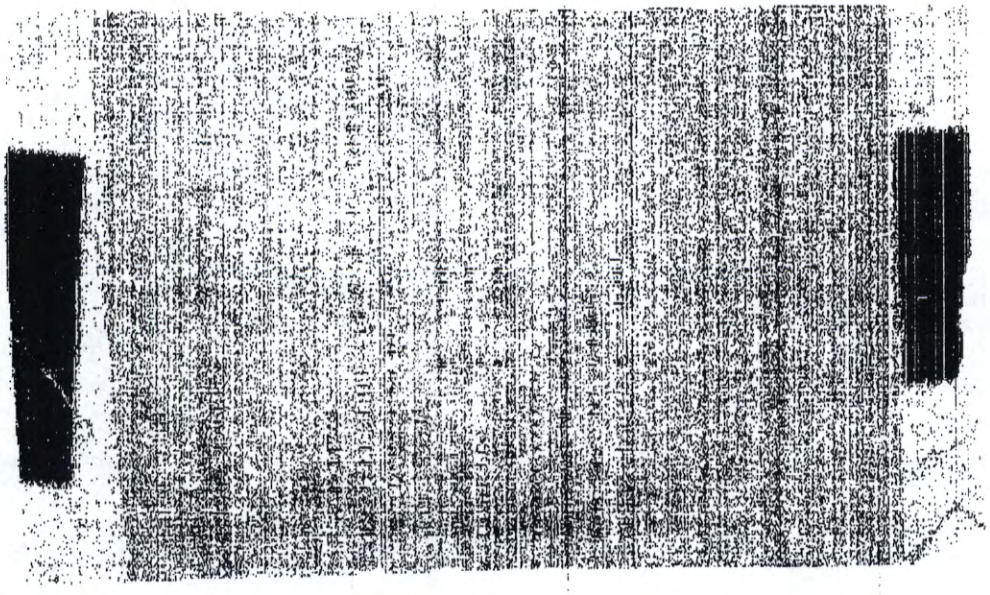
Origin: DOE

Destination: Union Sta

Fare: 10 + 2.00 tip Sign: _____

Download free cellphone GPS apps at www.TaxiRadar.com

Text your pickup address to (202) TAXIRADAR/(202) 829-4723



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. 93-679). 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): 14-01-0003

ACH FORMAT: [X] CCD+ [ ] CTX

ADDRESS:
1849 C Street, NW
Washington, DC 20240

CONTACT PERSON NAME:
Accounts Payable

TELEPHONE NUMBER:
(202) 208-5735

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME: Ray Tossel

[redacted]

ADDRESS: [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER:
(605) 423-5918

FINANCIAL INSTITUTION INFORMATION

NAME: Bank of America

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:
( )

NINE-DIGIT ROUTING TRANSIT NUMBER: [redacted]

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER: [redacted]

LOCKBOX NUMBER:

TYPE OF ACCOUNT:
[X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator)

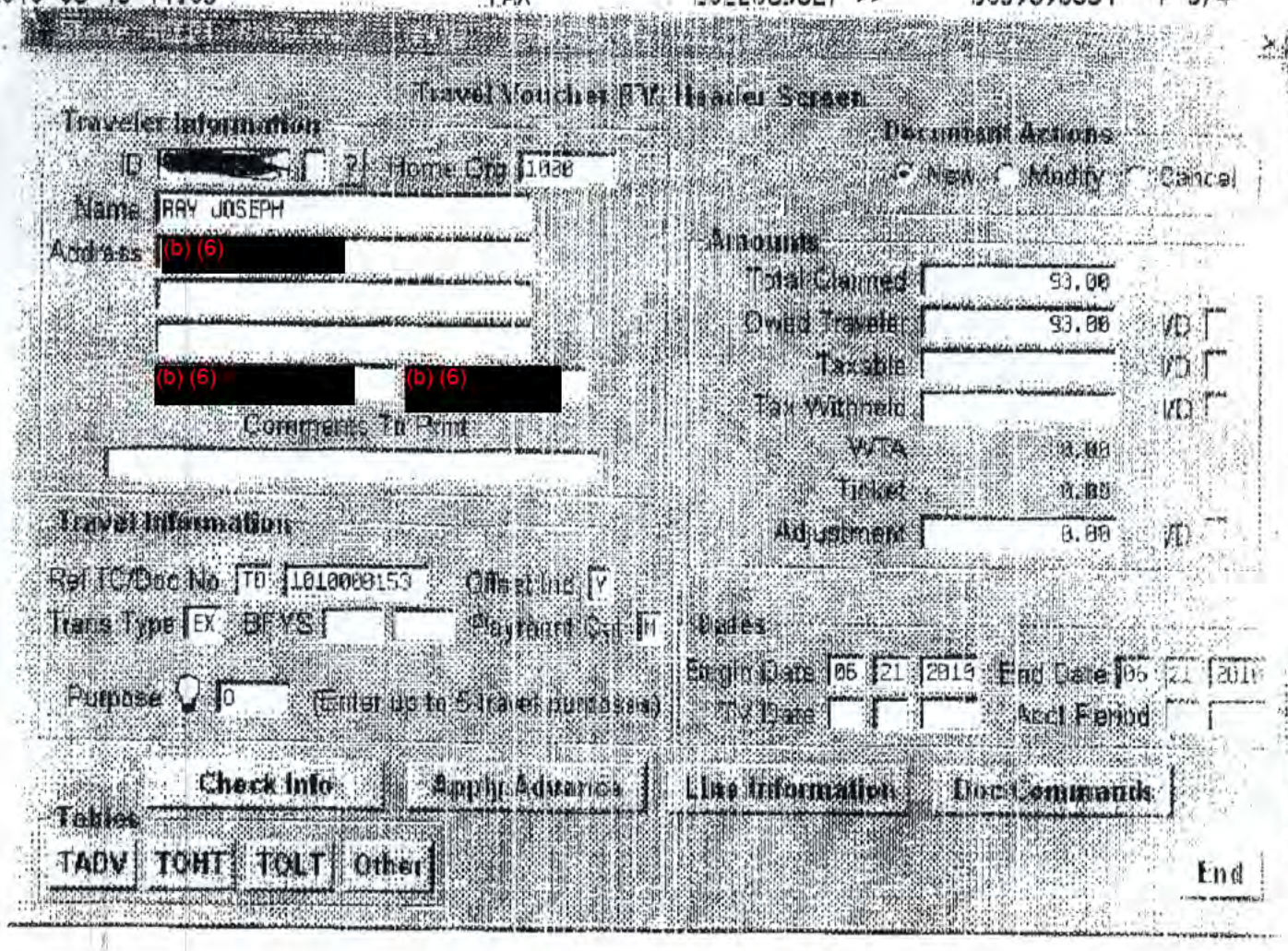
TELEPHONE NUMBER:
( )

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (REV. 2/2001)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

DOCID: **TV O 1010000153**
STATUS: **SCHED** BATID: **TV O 225ESA** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000153** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **08 13 2010** DOC ACTION: TOTAL VERIFIED: **93.00**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **06 21 2010** END DATE: **06 21 2010** 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: **463551279** DAYS: OWED EMPLOYEE: **93.00** I/D:
NAME : **RAY JOSEPH** EXCPTION CODE: SCHEDULE CATEGORY: **A**
ADDR1: (b) (6) [redacted] PRINT CHECK: **Y** SCHEDULE FY:
ADDR2: NO CHECK DISB: **N** SCHED NUM:
ADDR3: DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: (b) (6) [redacted] (b) (6) [redacted]
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


Travel Vouchers FIX: Header Screen
Traveler Information
ID
Home Org 1030
Name RAY JOSEPH
Address (b) (6)
(b) (6)
(b) (6)
Comments To Print
Travel Information
Ref TC/Doc No TD 1010008153
Offset Inc Y
Trans Type EX BFYS
Payment Cd M
Purpose 0 (Enter up to 5 travel purposes)
Document Actions
New Modify Cancel
Amounts
Total Claimed 93.00
Owed Traveler 93.00
Taxable
Tax Withheld
VITA 0.00
Tickets 0.00
Adjustment 0.00
Dates
Begin Date 06 21 2010
End Date 06 21 2010
Trvl Date
Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV TOHT TOLT Other
End

2010-08-12 14:47 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): 1010060154 Joseph, Ray

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

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

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL: a. FROM 07-02-2010 b. TO 07-02-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) RJoseph3 b. DATE(S) 07-01-2010

e. PRESENT DUTY STATION: Princeton, NJ

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
211 P 67.00
211 T 34.00
211 I 20.00

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	TO
	(a)	(b)	(c)	(d)	(e)	(f)
See attached eticket	985.40	US	Economy	07-01-2010	Philadelphia	Washington, DC and return
TMC fee	28.25					

Invitational travel. Traveler met with the Secretary regarding a position at DOI. Air fare purchased with corporate card. One day travel less than 12 hours.

AUG 12 2010

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 7/10/2010

AMOUNT CLAIMED ▶ $ 111.00

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 8-11-10

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

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 ▶ $ 111.00

18. ACCOUNTING CLASSIFICATION
2010 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 dressing 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.

Rjoseph 3

TRAVELER'S LAST NAME

Joseph

2010 (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: 50.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
07/02		Depart residence via POV on route Airport								57	28.50		
	1:50 pm	Depart Philadelphia, PA											
	2:52 pm	Arrive Washington, DC											
		Taxi DCA/DOI											17.00
		Taxi DOI/DCA											17.00
	6:40 pm	Depart Washington, DC											
	7:44 pm	Arrive Philadelphia, PA											
		Airport Parking											20.00
		POV to residence								57	28.50		
										SUBTOTALS ▶	$57.00		$54.00
										TOTALS ▶	$57.00		$54.00

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 or criminal proceedings, 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 ▶ $111.00

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

STANDARD FORM 1012 BACK (10-77)

0•
0• C

57•00 +
34•00 +
20•00 +
111•00

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

TRAVEL AUTHORIZATION

1. No. RJoseph3
2. 07/01/10 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Joseph, Ray 5. OFFICIAL STATION Princeton, NJ

6. TITLE Invitational 7. ACCOUNTING OFFICE Princeton, NJ

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: Princeton, NJ
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 according to the Federal Travel Regulation issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 07/02/10 Ending on or about 07/02/10

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of 50
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
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 1,013.65
21. Per Diem	0.00
22. Other	100.00
23. TOTAL	$ 1,113.65

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (BUREAU OFFICIAL DESIGNATE)

26. _____ (REQUESTING OFFICIAL)

27. Invitaitonal (TITLE)

28. _____ (FOR ORDERING OFFICIAL DESIGNATED)

29. Deputy Chief of Staff (TITLE)

July 1, 2010

SatoTravel

For: RAY JOSEPH

To: NGMSDOI
ETKT 01JUL

Sales Person: LD
Locator: ETRWQD
Customer Number: (b) (6)

*TICKET PURCHASED WITH CA... (b) (6)
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Friday July 2, 2010

US Airways — Flight Number: 4093
Class of Service: Coach Class V
Depart: PHILADELPHIA, PA — 1:50 Pm July 2, 2010
Arrive: WASHINGTON/NATL,DC — 2:52 Pm July 2, 2010
Total Flight Time: — 1 Hour 2 Minutes Non-Stop
Equipment: CRJ
Meal Service: None
Status: Confirmed — Confirmation Number: PJFHD9
Reserved Seat: JOSEPH/RAY 9C
DEP-TERMINAL F — ARR-TERMINAL C
*PHL-DCA OPERATED BY US AIRWAYS EXPRESS-AIR WISCONSIN

Friday July 2, 2010

US Airways — Flight Number: 3397
Class of Service: Coach Class T
Depart: WASHINGTON/NATL,DC — 6:40 Pm July 2, 2010
Arrive: PHILADELPHIA, PA — 7:44 Pm July 2, 2010
Total Flight Time: — 1 Hour 4 Minutes Non-Stop
Equipment: E70
Meal Service: None
Status: Confirmed — Confirmation Number: PJFHD9
Reserved Seat: JOSEPH/RAY 6C
DEP-TERMINAL C — ARR-TERMINAL C
*DCA-PHL OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
JOSEPH RAY	6260/0377902308002	896.74	67.26US	7.40ZP	14.00XT	985.40
JOSEPH RAY	6260/8800525071392	28.25				28.25
					Total Amount:	1,013.65

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 877-696-2554

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
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/LD/01JUL
LODGING DECLINED/LD/01JUL
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL
CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

GOVERNMENT ISSUED ID IS REQUIRED

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

FOR INFORMATION ON TSA SECURE FLIGHT PROGRAM

Taxi Cab Receipt

DATE: 7/2/2010 TIME:

ORIGIN DOI CAB #

DESTINATION: Resort

FARE: $ 15+2hp SIGNATURE

TAXICAB RECEIPT

Time:

Date: 7/2/2010

Origin of trip: RWN AIRPORT

Destination:

Fare: 15.00 +2.00/hp Sign:

OMB No. 1510-0056

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

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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: Ray Josef

SSN: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON NAME:

TELEPHONE NUMBER: (605) 423-9918

FINANCIAL INSTITUTION INFORMATION

NAME: Bank of America

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:

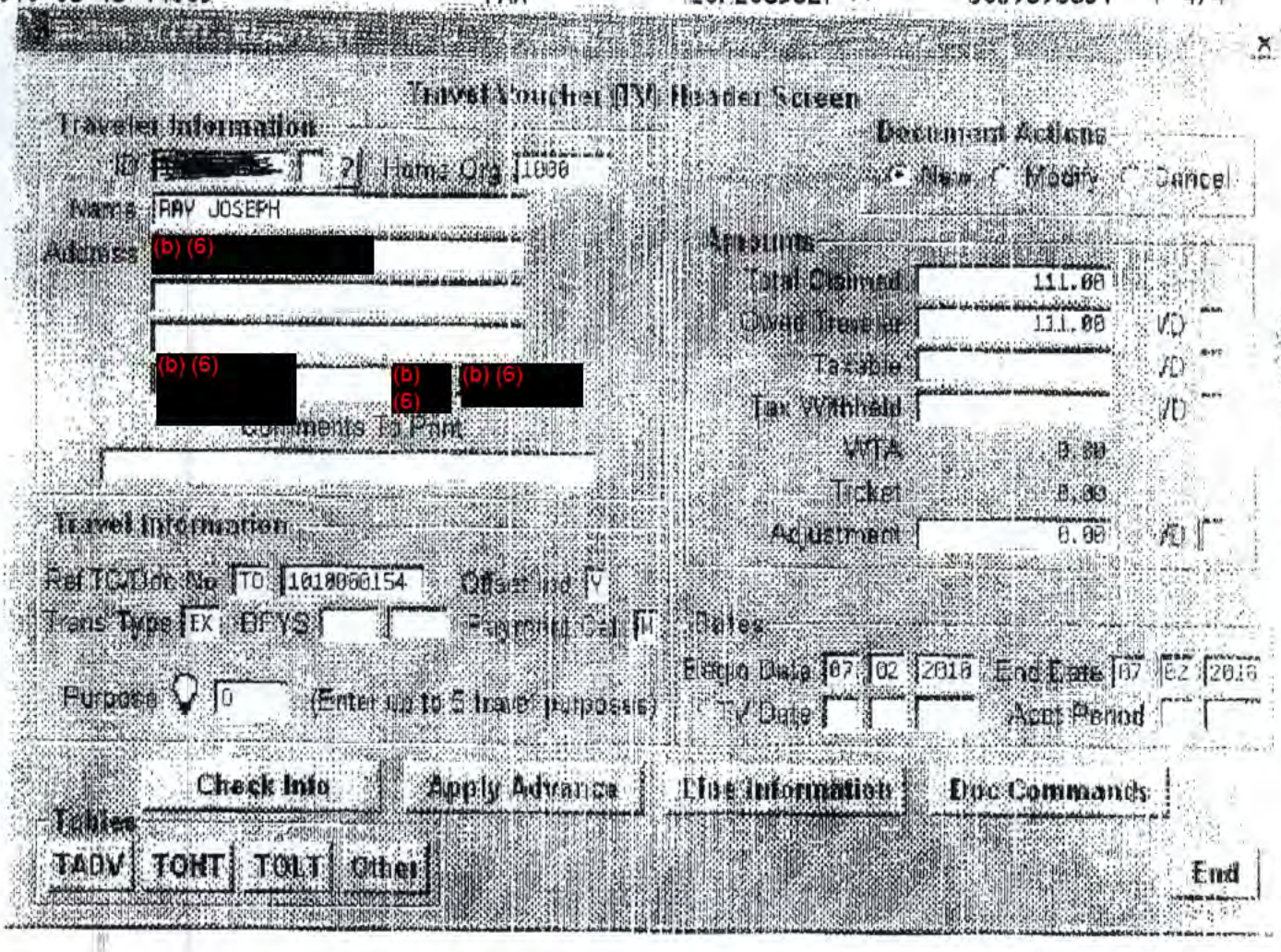
TYPE OF ACCOUNT: [✓] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 7/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210


Travel Voucher (TV) Header Screen
Traveler Information
ID
2
Home Org 1000
Name RAY JOSEPH
Address (b) (6)
(b) (6)
(b) (6)
(b) (6)
Comments To Pam
Travel Information
Ref TO/Doc No TO 1010000154
Offset Ind Y
Trans Type EX DFYS
Purpose 0 (Enter up to 5 travel purposes)
Document Actions
New Modify Cancel
Amounts
Total Claimed 111.00
Covid Travel 111.00 VD
Taxable VD
Tax Withheld VD
VMTA 0.00
Ticket 0.00
Adjustment 0.00 VD
Dates
Begin Date 07 02 2010 End Date 07 02 2010
Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV
TOHT
TOLT
Other
End

12:12:00 Fri Aug 13, 2010

DOCID: TV O 1010000154
STATUS: SCHED BATID: TV O 225ESA SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000154 VOUCHER PARTIAL/FINAL: F
LOG DATE: 08 13 2010 DOC ACTION: TOTAL VERIFIED: 111.00
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 07 02 2010 END DATE: 07 02 2010 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: 463551279 DAYS: OWED EMPLOYEE: 111.00 I/D:
NAME : RAY JOSEPH 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 (b) (6) (b) (6)
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

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. a. Name (Last, first, middle initial): Tumen, Sara E.

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 05-17-2010 b. TO 05-22-2010

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

1010000122

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) STumen2 b. DATE(S) 05-14-2010

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
d. Amount due Check Cash
e. Amount 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)	TO (f)
See attached eticket	UA	Economy	05-14-2010	Chicago, IL	New Orlerans, LA
				New Orleans, LA	Washington, DC

MAY 25 2010 MAY 24 2010

TMO 26.25

211I 63.48
211R 458.9
211D 848.2

Employee was asked to travel to New Orleans to support DOI staff engaged in the Deepwater Horizon response. Employee is not a government charge card holder. Air fairo purchased with corporate card. Employee changed hotels on the night of 5/21 to be closer to the airport. Late fee for the hotel in Covington for 5/21 is employee's responsibility.

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 ▶ Sara Tumen DATE 5/24/10 AMOUNT CLAIMED ▶ $ 1,370.55

14. 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).

15. 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 officials 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 5.24.10

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 ▶ $ 1,370.55

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

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

20. ACCOUNTING CLASSIFICATION
2010 100 DDD01 G1

..0..

..0..

42.00 +
99.00 +
156.00 +
156.00 +
156.00 +
190.00 +
53.25 +
852.25 *

..0..

..0..

42.00 +
99.00 +
155.00 +
155.00 +
155.00 +
190.00 +
S/B 53.25 +
849.25 *

458.82 +
11.63 +
11.63 +
11.63 +
11.63 +
16.96 +
522.30 *

1,371.55
..... *

..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 3 PAGES

TRAVEL AUTHORIZATION NO.

STumen2

TRAVELER'S LAST NAME

Tumen

133/71

Date (a)	Time (b)	DESCRIPTION (Description/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)
05/17	9:00 am	Depart Chicago											
	11:58 am	Arrive New Orleans			99156		42.00		42.00			42.00	
		Rental car to Covington, LA						99.00	99.00			99.00	
		Lodging Tax											11.63
05/18		Covington, LA					56.00	99.00	155.00			155.00	
		Lodging Tax											11.63
05/19		Covington, LA					56.00	99.00	155.00			155.00	
		Lodging Tax											11.63
05/20		Covington, LA					56.00	99.00	155.00			155.00	
		Lodging Tax											11.63
05/21		New Orleans, LA			133/71		56.00	132.00	189.00			189.00	
		Lodging Tax											18.06
									SUBTOTALS ▶			$795.00	$63.48
									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 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. 2011(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 of 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. §§ 1(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)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) In 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), (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).

(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.

STumen2

TRAVELER'S LAST NAME

Tumen

ITEMIZED SUBSISTENCE EXPENSES

DATE 2010 (a)	TIME (place and purpose) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	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)
05/22	11:00 am	Depart New Orleans											
	2:35 pm	Arrive Washington, DC					53.25		53.25			53.25	
		Car Rental											458.82
													SUB 849.25 PAC
									SUBTOTALS ▶			$53.25	$458.82
									TOTALS ▶			$848.25	$622.30

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 ▶ $1,370.55

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 Federal Travel Regulation (FPMR 101-7), E.O. 11609 of July 22, 1971, as amended by E.O. 12007 of August 27, 1980, E.O. 12137 of November 29, 1979, and 26 U.S.C. 6011(b). The principal purpose of the requested information is to determine the amount payable to an individual for allowable travel expenses incurred while away from official station, authorized administrative substitute subsistence, and to support claims for reimbursements to the Government. The information may 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 identifying 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. STumen2
2. 05/14/10 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Sara Tumen
5. OFFICIAL STATION Washington, DC
6. TITLE Special 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: Chicago, IL
9. TO: New Orleans, LA and Washington, DC

10. PURPOSE AND REMARKS:

Traveler is supporting staff responding to the Deepwater Horizon oil spill in the Gulf of Mexico.

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 05/17/10 Ending on or about 05/23/10

MODE OF TRAVEL

13. [X] Common carrier
[ ] Privately owned

14. Extra fare at a mileage rate of

15. Government-owned conveyance 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)*
Rental car, data services, parking, GPS, luggage fees, taxi fare

19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 950.00
21. Per Diem	1,130.00
22. Other	530.00
23. TOTAL	$ 2,610.00

24. CHARGED TO:
2010 1000 DD001 G1

25. _____ (FISCAL DATA SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Special Assistant (TITLE)

28. _____ (AUTHORIZING OFFICER SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Thank you for renting with Budget

Budget Car Rental E-Receipt

Rental Agreement Number:408161434

Customer Information

Customer Name:	SARA E TUMEN
Fastbreak Number:	
Budget Customer Discount Number:	
Customer Status:	
Method of Payment:	VISA
Credit Card #:	(b) (6) [redacted]
Your Traveler:	

Car Information

Car Group Rented:	COMPACT
Car Group Charged:	COMPACT
Car Make Model:	SIL CHEV COBA 4DR
Plate Number:	VAXVW6197
Car Number:	03405290
Mileage Out: 20328	Fuel Out: 8/8
Mileage In: 20630	Fuel In: 8/8
Mileage Driven: 302	

Rental Information

Pickup Date/Time:	17MAY10/1151	Return Date/Time:	22MAY10/0944
Pickup Location:	NEW ORLEANS 900 AIRLINE HWY,SERVICE RD B KENNER, LA 70062 US 504-467-1296	Return Location:	NEW ORLEANS 900 AIRLINE HWY,SERVICE RD B KENNER, LA 70062 US 504-467-1296

Car Charges

Time:	0 miles @ .00	0.00	TAX 10.750%	32.72
	0 hours @ 39.25	0.00	# 3% EXCISE TAX	12.41
	0 days @ 31.40	0.00	Gas Service Option	35.28
	1 weeks @ 156.99	156.99	SLI	74.35
Discount 10.00%		-15.70	Total Charges	458.82
Time & Mileage		141.29		
5.52/DY FRF		2.60		
[illegible]		34.74		
		0.00		
[illegible]		69.75		
[illegible]		31.00		
[illegible] GARS		25.00		
SUBTOTAL		304.38	Amount Due	458.82

**CONCESSION RECOVERY FEE
#LOUISIANA EXCISE TAX
ENERGY RECOVERY FEE .52/DY
CUST FACILITY CHG
GOVT ADMIN SURCHARGE
[illegible] PRODUCTS
[illegible] EA= 69.75*T

Budget Car Rental E-Receipt

Please do not reply to this message.
[illegible] questions regarding this rental or if you do not wish to receive electronic receipts, please e-mail e.receipts@budgetgroup.com for assistance.

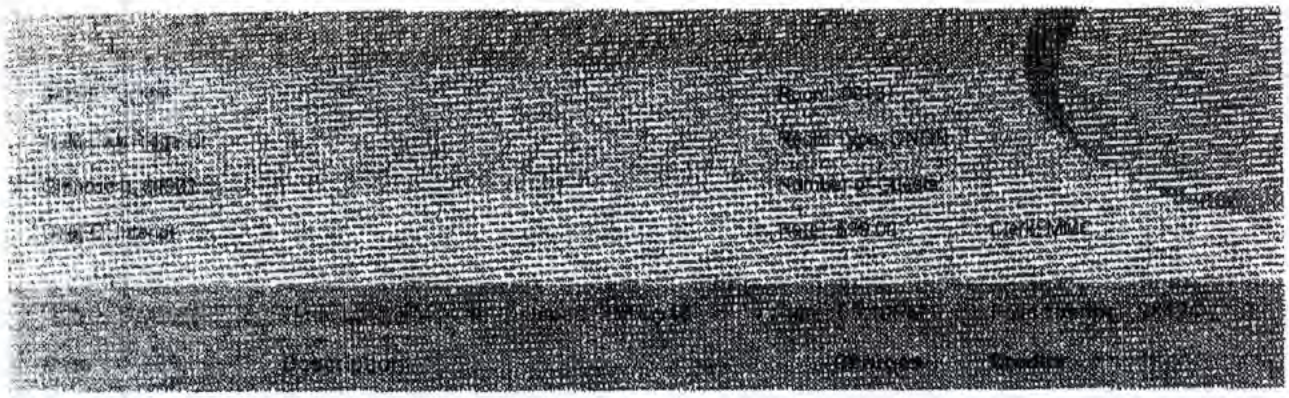
COURTYARD
Marriott

Courtyard by Marriott
New Orleans Covington
Mandeville

101 Northpark Blvd
Covington La 70433
T 985.871.0244

99156 ~~177171~~

[illegible]



17May10	Room Charge	99.00	
17May10	Occupancy Sales Tax	8.66	11.63
17May10	County Tax	2.97	
18May10	Room Charge	99.00	
18May10	Occupancy Sales Tax	8.66	11.63
18May10	County Tax	2.97	
19May10	Room Charge	99.00	
19May10	Occupancy Sales Tax	8.66	11.63
19May10	County Tax	2.97	
20May10	Room Charge	99.00	
20May10	Occupancy Sales Tax	8.66	11.63
20May10	County Tax	2.97	
21May10	Room Charge	~~49.50~~	
21May10	Occupancy Sales Tax	~~4.33~~	
21May10	County Tax	~~1.49~~	
21May10	Visa		497.84

Card #: (b) (6) [redacted]
Amount: 497.84 Auth: 396688 Signature on File
This card was electronically swiped on 17May10

Balance: 0.00

4

[illegible] Rewards member, you could have earned points towards your free dream vacation today. Start earning [illegible] status, plus enjoy exclusive member offers. Enroll today at the front desk, MarriottRewards.com, or [illegible]-4000

[illegible] a great day!

[illegible] your final hotel bill by email? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

Hilton
New Orleans Airport

901 Airline Drive • Kenner, LA 70062
Phone (504) 469-5000 • Fax (504) 466-5473
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

TUMEN, SARA E
(b) (6) [redacted]

133/71

Room	656/K1	
Arrival Date	5/21/2010	8:50:00PM
Departure Date	5/22/2010	
Adult/Child	1/0	
Room Rate	133.00	

RATE PLAN L-SJ

HH#
AL
BONUS AL CAR

Confirmation Number : 3392188787

5/22/2010 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
5/21/2010	GUEST ROOM	BCOLEM	2531182	$133.00		
5/21/2010	SALES TAX ROOM	BCOLEM	2531182	$12.97		
5/21/2010	OCCUPANCY TAX	BCOLEM	2531182	$3.99		
	WILL BE SETTLED TO VS (b) (6) [redacted]					$149.96
	EFFECTIVE BALANCE OF					$0.00

Hilton Honors
Points & Miles

DATE OF CHARGE	FOLIO NO./CHECK NO. 640624 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

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.
- If 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 [illegible] as your receipt. Feel free to leave your key(s) in the room.

[illegible] the Front Desk if you wish to extend your stay or if you have any [illegible] about your account.

THANK YOU

Your Travel Itinerary
Powered by

virtuallythere

English
2 hrs display

Sign In
Sign Up Now

BQT
BQTNIC

Home | View Itinerary | City Guides | Help

My Profile | My Trips

TO	PREPARED FOR	RESERVATION CODE	TRAVEL DATES
WASHINGTON REGAN, DC	SARA E TUMEN	BQTNIC	May 14 - May 23

Overview | Air | Hotel | Car

Ticket Received
Confirmation Number

Travel Arranger Priority Comments
THANK YOU FOR YOUR ELECTRONIC TICKET TRANSACTION.
PLEASE BRING A COPY OF YOUR ELECTRONIC ITINERARY TO AIRPORT
PLEASE CHECK-IN AT AIRPORT ANYWHERE ON UNITED
PLEASE PRESENT TICKET NUMBER UPON CHECK-IN
ENJOY YOUR FLIGHT

Friday May 14	MSY NEW ORLEANS, LA	ORD CHICAGO O'HARE, IL
UNITED AIRLINES UA 6342	Departing At 02:46pm	Arriving At 05:16pm
Check-in	Terminal Not Available	Terminal TERMINAL 1

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	23D / Confirmed	

Airline Reservation Code	PMGZF	Duration	02hr(s) 30min(s)
Status	Confirmed	Class	Economy
Aircraft	AIRBUS INDUSTRIE A319 JET	Gate	Check for latest information
Meals		Stops	0
Smoking	No	Distance (in Miles)	2031

Please verify flight times prior to departure

Buzz me of any flight changes
You can be notified if there are any delays or cancellations

Notify Me

Monday May 17	ORD CHICAGO O'HARE, IL	MSY NEW ORLEANS, LA
UNITED AIRLINES UA 3185	Departing At 09:39am	Arriving At 11:56am
Check-in	Terminal TERMINAL 1	Terminal Not Available

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	21E / Confirmed	

Airline Reservation Code	PMGZF	Duration	02hr(s) 17min(s)
Status	Confirmed	Class	Economy
Aircraft	AIRBUS INDUSTRIE A319 JET	Gate	Check for latest information
Meals	Food and Beverage for Purchase	Stops	0

NEXT STEPS

- Print Itinerary
- Save as PDF
- Send to TripCase
- Email Itinerary
- Add to Calendar
- Save eTicket Receipt
- View Checklist
- Add to My Trips

Where do you want to go?

Directions

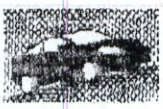
Smartest travel app out there. Period.
trip case
Click to see more

JOIN MASSIVE MOD

Smoking	No	Distance (in Miles)	0831

Please verify flight times prior to departure

Budget	May 17 Monday	May 23 Sunday



Pick Up Location NEW ORLEANS, LA (MSY)	Drop Off Location NEW ORLEANS, LA (MSY)
Pick Up Time 11:55am	Drop Off Time 06:35pm

Compact Car Automatic AC

Rate Plan	USD	MI/KM	Extra MI/KM
Weekly	141.00	UNL	0.00
Extra Hour	35.00	UNL	5.00
Extra Day	29.50	UNL	0.00
Mandatory Charges	138.00		
Approx Total Price	279.15	UNL	0.00

Car(s)	1	Confirmation	10071824USD
Rated Days	7 Days , 0 Hours	Rate Code	.8
Status	Confirmed	Client ID	
Drop Off Charge		Corporate Discount	T788300

Special Equipment NAVIGATIONAL SYSTEM

COURTYARD NEW ORLEA (COURTYARD BY MC)
101 NORTHPARK BOULEVARD
COVINGTON LA 70433
Phone 985-871-0244
Fax 985-867-9538

View on a map Get driving directions

Check In	Monday May 17	Check Out	Sunday May 23

Confirmation	89739870	Room Type	COV I/M LITARY
Room(s)	1	Number of Guests	1
Basic Rate	96.00 USD / night	Corporate Discount	
Guarantee	Room is guaranteed for late arrival	Cancellation Information	Cancel by 6:00pm on day of arrival to avoid a penalty
Status	Confirmed	Client ID	

Sunday May 23	MSY NEW ORLEANS, LA	CLT CHARLOTTE, NC

US AIRWAYS
US 3200
Operated by

Departing At 06:25pm	Arriving At 09:29pm

US AIRWAYS EXPRESS/ REPUBLIC AIRLINES	Terminal: Not Available	Terminal: Not Available

Check-In

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	21F (Confirmed	

Airline Reservation Code	EKVJLJ	Duration	01hr(s) :54min(s)
Status	Confirmed	Class	Economy
Aircraft	EMBRAER EMB-175 JET	Gate	Check for latest information
Meals		Stops	0
Smoking	No	Distance (in Miles)	0546

Please verify flight times prior to departure

Sunday, May 09	CLT CHARLOTTE, NC	DCA WASHINGTON REAGAN, DC

US AIRWAYS	Departing At: 10:14pm	Arriving At: 11:21pm
Check-In	Terminal: Not Available	Terminal: TERMINAL C

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	Check-In Required	

Airline Reservation Code	EKVJLJ	Duration	01hr(s) :10min(s)
Status	Confirmed	Class	Economy
Aircraft	AIRBUS INDUSTRIE A319 JET	Gate	Check for latest information
Meals		Stops	0
Smoking	No	Distance (in Miles)	0327

Please verify flight times prior to departure

Notes

SATO TRAVEL AFTER HOURS EMERGENCY 555-225-6444
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU INCLUDING MILITARY RATES. VISIT
PROMISATOVACATIONS.COM OR CALL TOLL-FREE 877-698-2554

CAR DECLINED/AIR/MAY
NON-CONTRACTING GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL
CONTACT SATO TRAVEL TO REFUND ELECTRONIC TICKETS

GOVERNMENT ISSUED ID IS REQUIRED

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIER'S WEBSITE FOR
MORE OPTIONS ON CHECKED BAGGAGE FEES

TO VIEW ITINERARIES ONLINE PLEASE GO TO
WWW.VIRTUALLYTHERE.COM
AND YOUR CARRIER RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER

FOR INFORMATION ON ISA SECURE FLIGHT PROGRAM
VISIT TRAVEL.GOV

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 888-488-6199 OPT 3 MON-FRI 24 X 6PM EST
FOR TRAVEL ASSISTANCE WHILE IN TRAVEL STATUS ONLY
CALL SATOTRAVEL AT 866-5118-2224
SATO FAX TO SEND TRAVEL ORDERS IS 800-300-5731
AIRFARES SUBJECT TO CHANGE AND AIRLINE FUEL SURCHARGES
PRIOR TO TICKETING
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
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PROMISATOVACATIONS.COM OR CALL TOLL FREE 877-698-2554

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your travel details pinpointed

sabre virtuallythere

PREPARED FOR
SARA E TUMEN
RESERVATION CODE
SQTNIC

TRIP TO
WASHINGTON REAGAN, DC
TRAVEL DATES
May 21 - May 22

eTicket Receipt(s)
0167889246522 - TUMEN/S
0377889246531 - TUMEN/S

Travel Arranger Priority Comments
THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.
TICKET PURCHASED WITH CA(b) (6)
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
NAME/INVOICE AND TICKET NUMBERS APPEAR
IN THE PRICING BOX

HILTON NEW ORLEANS (HILTON HOTELS)
901 AIRLINE HWY
KENNER LA 70062
Phone 1-504-469-5000
Fax 1-504-466-5473

Check In	**May 21** Friday	Check Out	**May 22** Saturday
Confirmation	3392188787	Room Type	CWTSATO GOVERNMENT RATE
Room(S)	1	Number Of Guests	1
Daily Rate	133.00 USD / Night	Corporate Discount	9887139
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
ZD340619771

Saturday May 22	**MSY** NEW ORLEANS, LA	**DCA** WASHINGTON REAGAN, DC
US AIRWAYS **US 3182** OPERATED BY US AIRWAYS EXPRESS- REPUBLIC AIRLINES	Departing At **11:00am** Terminal **Not Available**	Arriving At **02:29pm** Terminal **TERMINAL C**
Passenger Name » SARA E TUMEN	Seats **Check-In Required**	Frequent Flyer Number

Airline Reservation Code	EKVJLJ	Duration	02hr(S) :29min(S)
Status	Confirmed	Class	Economy
Aircraft	EMBRAER EMB 175 JET	Stops	0
Meals		Distance (In Miles)	0956
Smoking	No		

Please verify flight times prior to departure

Notes

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

CAR DECLINED/A/07MAY
NON-CONTRACT/NON-GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL
CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

GOVERNMENT ISSUED ID IS REQUIRED

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

FOR INFORMATION ON TSA SECURE FLIGHT PROGRAM
VISIT WWW.TSA.GOV

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 800-300-8731
AIRFARES SUBJECT TO CHANGE AND AIRLINE FUEL SURCHARGES
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WWW.SATOVACATIONS.COM OR CALL TOLL FREE 877-698-2554

15:34:28 Wed May 26, 2010

DOCID: TV O 1010000122
STATUS: HELD BATID: TV O 146BA1 SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000122 VOUCHER PARTIAL/FINAL: F
LOG DATE: 05 26 2010 DOC ACTION: TOTAL VERIFIED: 1,370.55
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 05 17 2010 END DATE: 05 22 2010 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: 333805162 DAYS: OWED EMPLOYEE: 1,370.55 I/D:
NAME : SARA TUMEN 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: (b) (6) (b) (6)
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

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): Tumen, Sara E.

b. SOCIAL SECURITY NO.

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

1010000121

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): Washington, DC

6. PERIOD OF TRAVEL: a. FROM 05-11-2010 b. TO 05-14-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) STumen1 b. DATE(S) 05-07-2010

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

+17+0

12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (Identify 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	849.40	US	Economy	05-10-2010	Washington, DC	New Orleans, LA
TMC	28.25					
See attached eticket					New Orleans, LA	Chicago, IL

MAY 24 2010

MAY 25 2010

Employee was asked to travel to New Orleans to support DOI staff engaged in the Deepwater Horizon response. Employee is not a government charge card holder. Air fare purchased with corporate card. Employee traveled from New Orleans to Chicago on May 14, for personal business, at no additional cost to the government.

211D 371.00
211R 376.34
211I 29.30

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 ▶ Sara Tumen DATE 5/24/10 AMOUNT CLAIMED ▶ $ 774.64

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; Ltd. 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 (18 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone DATE 5.24.10

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

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 ▶ $ 774.64

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 G1

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COMFORT INN (LA130)
110 WESTIN OAK DRIVE
HAMMOND, LA 70403 USA
Phone: (985) 429-0120
Fax: (985) 429-0015
gm.la130@choicehotels.com

Account: LA130 - 154873
Date: 05/24/10
Page: 1 of 1
Room: 310 SGM
Arrival Date: 05/11/10 19:27
Departure Date: 05/12/10 07:22
Frequent Traveler ID:
You were checked out by: TJE
You were checked in by: ADT

170/45

TUMEN, SARA E
1168 OAK RIDGE DRIVE
GLENDALE, IL 60022 US

Post Date	Description	Comment	Amount
05/11/10	ROOM CHARGE	#310 TUMEN, SARA E	70.00
05/11/10	STATE TAX	STATE TAX	2.80
05/11/10	CITY TAX	CITY TAX	1.40
05/11/10	PARISH TAX	PARISH TAX	3.50
05/11/10	OCCUPANCY TAX	OCCUPANCY TAX	1.40
05/12/10	VISA PAYMENT	VISA PAYMENT Acct: (b) (6)	-79.10
		Balance Due:	0.00

79.10

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement. PETS NOT ALLOWED. $100 CLEAN-UP FEE IF PET(S) ARE FOUND.

X _____

ATTN: Margaret

COMFORT INN (LA130)
110 WESTIN OAK DRIVE
HAMMOND, LA 70403 USA
Phone: (985) 429-0120
Fax: (985) 429-0015
gm.la130@choicehotels.com

Room: 310
Arrival Date: 05/11/10
Departure Date: 05/12/10
Account: LA130 - 154873
Frequent Traveler ID:

Approval Number
Card Type: VI
Date: 5/24/2010
Card Number: (b) (6)
Total: 79.10

SARA E TUMEN
(b) (6)

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement. PETS NOT ALLOWED. $100 CLEAN-UP FEE IF PET(S) ARE FOUND.

X _____

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110 WESTIN OAK DRIVE
HAMMOND, LA 70403 USA
Phone: (985) 429-0120
Fax: (985) 429-0015
gm.la130@choicehotels.com

Account: LA130 - 154988
Date: 05/14/10
Page: 1 of 1
Room: 219 BAR
Arrival Date: 05/12/10 22:33
Departure Date: 05/14/10 08:22
Frequent Traveler ID:
You were checked out by: BRH
You were checked in by: AB

70141

TUMEN, SARA
(b) (6) [redacted]

Date	Description	Comment	Amount
05/12/10	ROOM CHARGE	#219 TUMEN, SARA	70.00
05/12/10	STATE TAX	STATE TAX	2.80
05/12/10	CITY TAX	CITY TAX	1.40
05/12/10	PARISH TAX	PARISH TAX	3.50
05/12/10	OCCUPANCY TAX	OCCUPANCY TAX	1.40
05/13/10	ROOM CHARGE	#219 TUMEN, SARA	70.00
05/13/10	STATE TAX	STATE TAX	2.80
05/13/10	CITY TAX	CITY TAX	1.40
05/13/10	PARISH TAX	PARISH TAX	3.50
05/13/10	OCCUPANCY TAX	OCCUPANCY TAX	1.40
05/14/10	VISA PAYMENT	VISA PAYMENT Acct: (b) (6) [redacted]	-158.20

(2) 9.10 9.10

Balance Due: 0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement. PETS NOT ALLOWED. $100 CLEAN-UP FEE IF PET(S) ARE FOUND.

x _____

COMFORT INN (LA130)
110 WESTIN OAK DRIVE
HAMMOND, LA 70403 USA
Phone: (985) 429-0120
Fax: (985) 429-0015
gm.la130@choicehotels.com

Room: 219
Arrival Date: 05/12/10
Departure Date: 05/14/10
Account: LA130 - 154988
Frequent Traveler ID:

Approval Number:
Card Type: VI
Date: 5/14/2010
Card Number: (b) (6) [redacted]
Total: 158.20

TUMEN
(b) (6) [redacted]

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement. PETS NOT ALLOWED. $100 CLEAN-UP FEE IF PET(S) ARE FOUND.

x _____

Thank you for your business! Book your next reservation on choicehotels.com for the best internet rates guaranteed.

Bradley, Margaret

From:	Avis.RentACar@avis.com
Sent:	Friday, May 14, 2010 7:47 PM
To:	Bradley, Margaret
Subject:	UPDATED: E-Receipt for Avis Rental # 713892012
Attachments:	E-Receipt.pdf

Thank you for renting with Avis

Avis Car Rental E-Receipt

Rental Agreement Number:713892012

Customer Name:	**SARA E TUMEN**	Car Group Rented:	COMPACT
Wizard Number:		Car Group Charged:	COMPACT
Avis Worldwide Discount Number:		Car Make Model:	WHI FORD FOCU 4DR
Customer Status:		Plate Number	GAACP7789
Method of Payment:	**VISA**	Car Number:	40294321
Credit Card #:	(b) (6) [redacted]	Mileage Out: 25956	Fuel Out: 8/8
		Mileage In: 26200	Fuel In: 0/8
Freq Traveler:		Mileage Driven: 244	

Pickup Date/Time:	**11MAY10/1333**	Return Date/Time:	**14MAY10/1330**
Pickup Location:	**L.ARMSTRONG N.ORLEANS INTL APO** **900 AIRLINE HIGHWAY** **NEW ORLEANS INTL APO** **NEW ORLEANS, LA 70141 US** **504-464-9511**	Return Location:	**L.ARMSTRONG N.ORLEANS INTL APO** **900 AIRLINE HIGHWAY** **NEW ORLEANS INTL APO** **NEW ORLEANS, LA 70141 US** **504-464-9511**

Time:	0 miles @ .00	0.00	TAX 10.750%	27.78
	0 hours @ 38.25	0.00	# 3% EXCISE TAX	10.15
	3 days @ 51.00	153.00	Gas Service Option	35.55
	0 weeks @ 357.00	0.00	ALI	44.43
Time & Mileage		153.00	Total Charges	376.34
$ 52/DY ARF		1.56		
# 11.1136 FEE		28.42		
LDW		0.00		
GPS		41.85		
$ 6.20 /DY CFC		18.60		
$ 5.00 /DY GARS		15.00		
SUBTOTAL		**258.43**	**Amount Due**	**376.34**

CONCESSION RECOVERY FEE

May 10, 2010

Sato Travel

For: SARA E TUMEN

NGMSDOI
ETIC C7MAY**CORP CARD**.

Sales Person: 77
Location: BOTNIC
Customer Number: (b) (6)

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.
*TICKET PURCHASED WITH CA... (b) (6)
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX

Tuesday May 11, 2010

US Airways Flight Number: 3277
Class of Service:Coach Class T
Depart: WASHINGTON/NATL,DC 11:45 Am May 11, 2010
Arrive: NEW ORLEANS, LA 1:27 Pm May 11, 2010
Total Flight Time: 2 Hours 42 Minutes Non-Stop
Equipment: E75
Meal Service: None
Status: Confirmed Confirmation Number: HKVJLJ
Reserved Seat: TUMEN/SARA E 21C
DEP-TERMINAL C
*DCA-MSY OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Tuesday May 11, 2010

BUDGET Compact
Pick Up: May 11, 2010 1:27 Pm Location: NEW ORLEANS, LA
NEW ORLEANS, LA
Return: May 14, 2010 6:35 Pm
Daily Rate: 51.00 USD Extra Days: 51.00 Extra Hours: 38.00
Unlimited Free Miles
Approximate Total: 315.29 4Dwys 0Hours 111.00Mandatory Charge
Confirmation Number: 09765540US1
Special Equipment: NAVIGATIONAL SYSTEM

Tuesday May 11, 2010

NEW ORLEANS, LA
COMFORT INNS COMFORT INN HAMMOND
110 WESTON OAK DRIVE
HAMMOND LA 70403
Phone Number: 985-429-0120
Fax Number: 985-429-0015
Number of Rooms: 1

Your travel [illegible] pinpoint

sabre virtuallythere

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12 hrs display | Sign up now

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[illegible] WASHINGTON REAGAN, DC	PREPARED FOR SARA E TUMEN	RESERVATION CODE BOTNIC	TRAVEL DATES May 14 - May 23

Overview | Air | Hotel | Car

Ticket Receipt(s)
[illegible] TUMEN-S

Travel Arranger Priority Comments
[illegible] PLEASE CALL CARLSON WAGON [illegible] TRAVEL
[illegible] PURCHASED [illegible]
[illegible] ANTI-VOICE WHEN THE PASSENGER
[illegible] NUMBERS APPEAR
[illegible]

NEXT STEPS
- Print Itinerary
- Save as PDF
- Send to TripCase
- E-mail Itinerary
- Add to Calendar
- View e-Hotel Receipt
- View e-Invoice
- Add to My Trips

Friday May 14

MSY NEW ORLEANS, LA | ORD CHICAGO OHARE, IL

UNITED AIRLINES UA 0342

Check-In

Departing At 03:46pm | Arriving At 05:16pm
Terminal Not Available | Terminal TERMINAL 1

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	23D / Confirmed	

Airline Reservation Code	PMGZFI	Duration	02hr(s) :30min(s)
Status	Confirmed	Class	Economy
Aircraft	AIRBUS INDUSTRIE A310 JET	Gate	Check for latest information
Meals		Stops	0
Smoking	No	Distance (in Miles)	0831

Please verify flight times prior to departure

Buzz me of any flight changes
We can be notified [illegible]

Notify Me

Sunday May 17

ORD CHICAGO OHARE, IL | MSY NEW ORLEANS, LA

UNITED AIRLINES UA 0345

Check-In

Departing At 08:38am | Arriving At 11:59am
Terminal TERMINAL 1 | Terminal Not Available

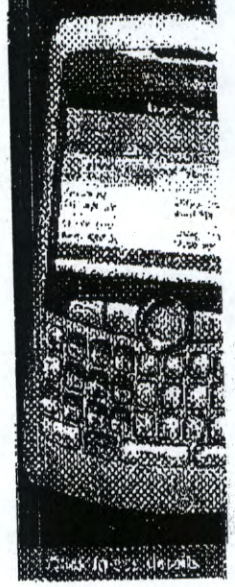
Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	21E / Confirmed	

Airline Reservation Code	PMGZFI	Duration	02hr(s) :19min(s)
Status	Confirmed	Class	Economy
Aircraft	AIRBUS INDUSTRIE A319 JET	Gate	Check for latest information
Meals	Food and Beverage for Purchase	Stops	0

Where do you want to go?

Menu Directions

[illegible]

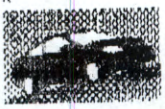
Smartest travel app out there. Period.
trip case

Check in our details

JOIN MASSIVEGOOD

Stocking No : Distance (in Miles) 0831

Please verify flight times prior to departure

Budget	May 17 Monday	May 23 Sunday



Pick Up Location	Drop Off Location
NEW ORLEANS, LA (MSY)	NEW ORLEANS, LA (MSY)
Pick Up Time 11:55am	Drop Off Time 06:35pm

Compact Car Automatic
AC

Rate Plan	USD	MI/KM	Extra Mi/KM
Weekly	141.00	UNL	0.00
Extra Hour	25.00	UNL	0.00
Extra Day	26.00	UNL	0.00
Mandatory Charges	138.00		
Approx Total Price	279.13	UNL	0.00

Car(s)		Confirmation	10071824USD
Hours Days	7 Days , 0 Hours	Rate Code	L8
Status	Confirmed	Client ID	
Drop Off Charge		Corporate Discount	1788300

Special Equipment: NAVIGATIONAL SYSTEM

COURTYARD NEW ORLEA (COURTYARD BY MC)
101 NORTHPARK BOULEVARD
COVINGTON LA 70433
Phone 985-871-0244
Fax 985-857-8935

View on a map Get driving directions

Check In	Monday May 17	Check Out	Sunday May 23

Confirmation	83739370	Room Type	GOVT/MILITARY
Room(s)	1	Number of Guests	1
Basic Rate	99.00 USD / night	Corporate Discount	
Guarantee	Room is guaranteed for late arrival	Cancellation Information	Cancel by 6:00pm or day of arrival to avoid a penalty
Status	Confirmed	Client ID	

Sunday May 23	MSY NEW ORLEANS, LA	CLT CHARLOTTE, NC

US AIRWAYS
US 2100
Operated by

Departing At	Arriving At
06:35pm	09:29pm

US AIRWAYS EXPRESS- REPUBLIC AIRLINES	Terminal: Not Available	Terminal: Not Available
Check-In:		

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	21F / Confirmed	

Airline Reservation Code	EKVJLJ	Duration	01hr(s) :54min(s)
Status	Confirmed	Class	Economy
Aircraft	EMBRAER EMB 175 JET	Gate	Check for latest information
Meals		Stops	0
Smoking	No	Distance (in Miles)	0645

Please verify flight times prior to departure

Depart: Day 24	CLT CHARLOTTE, NC	DCA WASHINGTON REAGAN, DC

US AIRWAYS US 1780	Departing At: 10:11pm	Arriving At: 11:21pm
Check-In:	Terminal: Not Available	Terminal: TERMINAL C

Passenger Name	Seats	Frequent Flyer Number
SARA E TUMEN	Check-In Required	

Airline Reservation Code	EKVJLJ	Duration	01hr(s) :10min(s)
Status	Confirmed	Class	Economy
Aircraft	AIRBUS INDUSTRIE A319 JET	Gate	Check for latest information
Meals		Stops	0
Smoking	No	Distance (in Miles)	0327

Please verify flight times prior to departure

Notice

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UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED FARES/TICKETS MUST BE RETURNED TO SATOTRAVEL
FOR EXCHANGE/REFUND ELECTRONIC TICKETS

PASSPORT ISSUED DATA REQUIRED

YOUR AIRLINE MAY CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE CHECK YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

FOR SEAT ASSIGNMENTS PLEASE PLEASE GO TO
WWW.VIRTUALLYTHERE.COM
AND YOUR AIRLINE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER

FOR INFORMATION ON TSA SECURE FLIGHT PROGRAM
VISIT WWW.TSA.GOV

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 866.215.2442 OPT 2 MON-FRI 8AM-5PM EST
FOR TRAVEL ASSISTANCE WHILE IN TRAVEL STATUS ONLY
CALL SATOTRAVEL AT 1.800.808.7824
SATO FAX TO SEND TRAVEL ORDERS IS 800.366.2134
AIRLINES MAY COST TO CHANGE AND AIRLINE FEES SUBJECT TO CHANGE
NOTICE TO TRAVELERS
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Notes

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WAITING FOR YOU INCLUDING MILITARY RATES, VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL FREE 877-888-2664

GAP SEGMENT(S) MAY
BE FOR CONSTRUCTION. GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION
EARLY CHECK-IN IS RECOMMENDED

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATO TRAVEL
CONTACT SATO TRAVEL TO REFUND E-TICKETS

DISPLAYED ITINERARY IS FOR REFERENCE

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CARRIERS BAGGAGE FEES

TO VIEW ITINERARIES ONLINE PLEASE GO TO
WWW.VIRTUALLYTHERE.COM
ADD YOUR CARRIER PREFERENCE CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER

SECURE FLIGHT PROGRAM

THANK YOU FOR BOOKING WITH SATO TRAVEL
PLEASE NOTE OUR PHONE NUMBERS FOR YOUR ACCURATE
CANCUN EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
OUR LOCAL SATO OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 888-428-8388 OPT 2 MONDAY-SATURDAY 9AM-6PM CST
FOR TRAVEL ASSISTANCE WHILE YOU TRAVEL AT A FLAT RATE
CALL SATO TRAVEL AT 866-908-7324
FOR SATO TO SERVICE TRAVEL ORDERS IN 800-208-8787
AIRLINES SUBJECT TO CHANGE ADDITIONAL FUEL SURCHARGES
READY TO BOOK ONE
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU INCLUDING MILITARY RATES, VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL FREE 877-888-2664

Copyright and Terms of Use

Bradley, Margaret

From: Stone, Renee
Sent: Monday, May 10, 2010 12:19 PM
To: Bradley, Margaret
Subject: RE: Rental Car for Sara

Yes, thanks, I think she needs one.

Renee Stone
Deputy Chief of Staff
U.S. Department of the Interior
202-208-6133 (office)
renee_stone@ios.doi.gov

From: Bradley, Margaret
Sent: Monday, May 10, 2010 9:24 AM
To: Stone, Renee
Subject: Rental Car for Sara

Hi Renee,

Sara has requested a rental car for her trip to Louisiana. I've asked SATO to add a rental car to her reservation.

Margaret Bradley
Staff Assistant
US Department of the Interior
Washington, DC
202-208-3290

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.

STumen1

TRAVELER'S LAST NAME

Tumen

2010 (a)	TIME (Hour and period) (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)
05/11	11:45 am	Depart Washington, DC											
	[illegible] pm	Arrive New Orleans, LA											
		Rental car to Hammond, LA					34.50	70.00	104.50			104.50	
		Lodging Tax											9.10
05/12		Hammond, LA					46.00	70.00	116.00			116.00	
		Lodging Tax											9.10
05/13		Hammond, LA					46.00	70.00	116.00			116.00	
		Lodging Tax											9.10
[illegible]		Rental Car										376.34	376.34
	2:45 pm	Depart New Orleans, LA											
	5:15 pm	Arrive Chicago, IL					34.50		34.50			34.50	
										SUBTOTALS ▶		$371.00	$403.64
										TOTALS ▶		$371.00	$403.64

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 ▶ $774.64

Instructions with the Privacy Act of 1974, the following information is provided: Disclosure 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 the amount of reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record the receipt 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.

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

STANDARD FORM 1012 BACK (10-77)

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. a. Name (Last, first, middle initial) 1010000033
Stallings, Steven

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

6. PERIOD OF TRAVEL
a. FROM 12-06-2009
b. TO 12-08-2009

TRAVELER (PAYEE)

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Stallings1
b. DATE(S) 12-04-2009

e. PRESENT DUTY STATION
Chandler, AZ

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
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)	TO (f)
See attached eticket	999.20	US	Economy	12-04-2009	Phoenix, AZ	Washington, DC; San Diego, CA
See attached eticket	329.60	US	Economy	12-07-2009	Washington, DC	Phoenix, AZ
TMC	28.25				
TMC	28.25				

Invitational travel. Traveler interviewed for a position at the DOI. Air fare purchased with corporate card. Traveler's itinerary changed during trip -- rather than continuing to San Diego, the traveler's meetings concluded in time for him to return to Phoenix. Unused portion of air fare to be refunded to the govt.

DEC 18 2009

211D 591.50
211I 145.04
211T 70.00

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, our claim claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 12/15/09 AMOUNT CLAIMED ▶ $ 806.54

NOTE: Falsification of an item in an expense account is 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.e. 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 12.16.09

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 ▶ $ 806.54

806.54

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

1012-116
This form was electronically produced by Elite Federal Forms, Inc.
NSN 7540-00-634-4180
STANDARD FORM 1012 (REV. 10-71)
Prescribed by GSA, FPMR (41 CFR) 101-7

12/21/09

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.

207/71

Complete this information if this is a continuation sheet.

PAGE 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Stallings1

TRAVELER'S LAST NAME

Stallings

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)
12/06	1:10 pm	Depart Phoenix, AZ											
	7:21 pm	Arrive Washington, DC					53.25	207.00	260.25			260.25	
		Lodging tax											30.02 I
		Baggage fee											25.00 I
		Taxi DCA/Lodging											20.00 T
12/07		Washington, DC					71.00	207.00	278.00			278.00	
		Lodging tax											30.02 I
		Taxi Lodging/DOI											10.00 T
		Taxi DOI/Lodging											8.00 T
12/08		Taxi Lodging/DCA											26.00 T
	10:30 am	Depart Washington, DC											
	1:42 pm	Arrive Phoenix, AZ					53.25		53.25			53.25	
									SUBTOTALS ▶			$591.50	$153.04
									TOTALS ▶			$598.25	$153.04

S/B 50.00 Two Receipt

414.00

=591.50

17750

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

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

TOTAL AMOUNT CLAIMED ▶

145
128.04
88.04
70.00

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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) 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), cost of long distance telephone calls for Government business, car rental, rowboat or other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Stallings1

TRAVELER'S LAST NAME

Stallings

2009 (a)	TIME (Hour and minute) (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)
		Airport Parking											62.00
										SUBTOTALS			$62.00
										TOTALS		$591.50	$215.04

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 $806.54

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. 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.

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Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR
WASHINGTON DC

STALLINGS, STEVEN

Room Number: 617
Daily Rate: 207.00
Room Type: EXKG
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE/PLAN	CATEGORY	ACCOUNT
12/06/09	12/08/09	(b) (6) [redacted]	SAT	INEG	1142027241

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
12/06/09	617	ROOM CHARGE	#617 STALLINGS, STEVEN	$207.00
12/06/09	617	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	~~$30.02~~
12/07/09	617	HONOR BAR BEVERAGE	HONOR BAR BEVERAGE	$10.00
12/07/09	617	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	$0.60
12/07/09	617	URBANA RESTAURANT	617/104421114/URBANA RESTAURANT	$84.50
12/07/09	617	ROOM CHARGE	#617 STALLINGS, STEVEN	$207.00
12/07/09	617	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
12/08/09	617	HONOR BAR BEVERAGE	HONOR BAR BEVERAGE	$12.00
12/08/09	617	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	$0.72
12/08/09	617	VISA	VISA	($581.86)

TOTAL DUE: $0.00

2009-12-18 14:40 2:25PM FAX 2028885627 >> 3039696831 P 17/50

U.S AIRWAYS
FSX7X2/US 20EC09 8FOORAY4 E-TICKET RECEIPT
STALLINGS/STEVEN ARRIVAL
1000A EXCESS BAG EBC US 9937 Y 08DEC 1130A FEE FEE
FP [redacted] BAGGAGE FEE (1B) 01 0025 (2B) 00
0000 (3B) 00 0000 (0W) 00 0000 (0Z) 00 0000(5E) 00 0000 USDTTL 025.00E
NO
FARE USD 25.00 DOCUMENT NUMBER 0372371919369
TAX US .00
TAX
TOTALUSD 25.00 NO CASH VALUE

U.S AIRWAYS
FQ8810/US 20EC09 8FIWCE6 E-TICKET RECEIPT
STALLINGS/STEVEN ARRIVAL
1000A EXCESS BAG EBC US 9937 Y 08DEC 1130A FEE FEE
FP [redacted] /FC BAGGAGE FEE (1B) 01 0025 (2B) 00
0000 (3B) 00 0000 (0W) 00 0000 (0Z) 00 0000(5E) 00 0000 USDTTL 025.00E
NO
FARE USD 25.00 DOCUMENT NUMBER 0372371751090
TAX US .00
TAX
TOTALUSD 25.00 NO CASH VALUE

TAXICAB RECEIPT
Time: 11A
Date: 12/7/09
Origin of trip: Hotel
Destination: USD01
Fare: 10 Sign: ✓

TAXICAB RECEIPT
Time: 8 3a
Date: 12/8/09
Origin of trip: Hotel
Destination: Airport
Fare: $25 w/tip Sign: ✓

TAXICAB RECEIPT
Time: 8p
Date: 12/6/09
Origin of trip: Airport
Destination: Hotel
Fare: 25 w/tip Sign:

TAXICAB RECEIPT
Time: 4P
Date: 12/7/09
Origin of trip: USD01
Destination: HOTEL
Fare: 8 Sign: ✓

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 11, 1948

TRAVEL AUTHORIZATION

1. No. Stallings1
2. 12/04/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Steven Stallings 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; San Diego, CA

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a position at the Department of the Interior. The traveler is interrupting previously scheduled travel to attend the interview; this voucher will allow the traveler to resume his prior schedule by returning to San Diego, CA, rather than Phoenix, AZ.

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 12/06/09 Ending on or about 12/09/09

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)*
    Luggage, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	910.55
21. Per Diem		675.00
22. Other		100.00
23. TOTAL	$	1885.65

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (APPROVING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

2009-12-18 14:29 FAX 2022085627 >> 5059696651 P 2

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OF ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS/SIO 1010000029

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): Stone, Renee

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-6133

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)	FROM (c) (Explain expenditures in specific detail.)	TO (d)	MILEAGE RATE / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCELLANEOUS (i)
12/7/09	C	Professional Liability Ins.						137 70

DEC 1 8 2009

12/21/9 B

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 137.70

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)): $137.70

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 12/14/09

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 Renee Stone DATE 12-8-09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

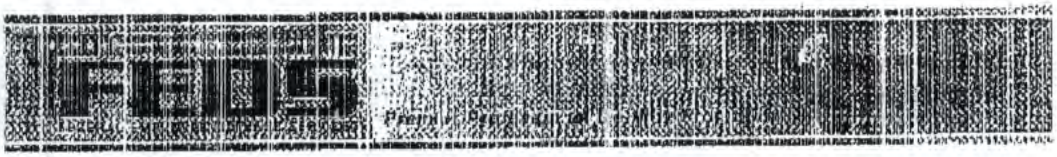
b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD0108



IDRA Professional Liability Insurance Enrollment Form

Name: Renee Stone

Street Address: (b) (6) [redacted]

City: (b) (6) [redacted] State: (b) (6) [redacted] Zip Code: (b) (6) [redacted]

Phone: (b) (6) [redacted] (Provide the best number to reach you)

Agency: Interior Email (required): renee_stone@ios.doi.gov

Are you a current member of IDRA ✓ Yes ____ No**

**Enrollees must be a Membership Plus member of IDRA.

I hereby wish to enroll in the IDRA/FEDS Professional Liability Program for which I am eligible. I understand that if I currently have knowledge of any allegation, claim or suit, or any act error or omission, which might reasonably be expected to result in a claim or suit, the matter for which I have prior knowledge of will not be covered by this insurance.

I hereby certify that the above statements and facts are true and accurate

Annual Cost: ☐ $275.40 (Includes Surplus Lines Tax)

Credit Card Billing: I authorize you to charge the cost of the FEDS liability insurance to the following charge card:

☐ MasterCard ☐ Visa ☐ Discover

Credit Card Number: Expiration Date:

Security Code:

Pay by Mail:

☒ I have enclosed a check payable to FEDS for my annual payment. (Mail to P.O. Box 65282, Washington D.C. 20035)

Payroll Deduction:

☐ I wish to set up a payroll allotment of $[ ] a pay period and I understand that I will be charged a onetime set up of $10 for this payment method. (You will be contacted by a FEDS representative to set up your allotment).

Signature: Renee Stone Date: 12-7-09

(Enrollment forms may be sent via Facsimile to 301-229-2487)

RENEE STONE
(b) (6) [redacted]

DATE 12.7.09 3355

15-7441/2540

PAY TO THE ORDER OF FEDS $ 275.40

Two hundred seventy five 40/100 DOLLARS

JFCU JUSTICE FEDERAL CREDIT UNION www.jfcu.org

MEMO Prof. Lab. Insurance Renee Stone

(b) (6) [redacted]

1/2

275.40 +
275.0 ÷
20 ÷
137.70 +
413.10 ×

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: RStoneLocal 1

3. SCHEDULE NUMBER

5. PAID BY

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

CLAIMANT

a. NAME (Last, first, middle initial): Stone, Renee

b. SOCIAL SECURITY NO: [redacted]

c. MAILING ADDRESS (include ZIP Code): [redacted] 1010000158

d. OFFICE TELEPHONE NUMBER: 202-208-6133

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 20 10	CODE	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)	AND PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
3/16	A	Taxi from DOI	U.S. Forest Service, 1099 14th St., NW, WDC (WFLC meeting)			5.25		1.75

AUG 18 2010

10 AUG 18 AM 10:18

DOI NATIONAL BUSINESS CENTER

HJR 8.19.10

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)) $ 7.00 TOTALS 5.25 1.75

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. 660a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 8/12/10

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: Renee Stone DATE: 8.11.10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE

a. CHECK NO

ACCOUNTING CLASSIFICATION

2010 DM 1000 DDD01 63

STANDARD FORM 1012 (REV. 7-77) Prescribed by GSA, FPMR (CFR 10) 4.1-2

(L)

[illegible]

[illegible]

[illegible]
START [illegible]
10:11 10:18 1.1
FARE FOR CA RATE
RATE 1: $ 5.25
EXTRA: $ 0.00
TOTAL: $ 5.25
THANKS
DC TAXICAB COMM
TEL 202 645-6018
[illegible] P = $7.00

Taxi to
WFLC
3/16/10

Free
Meeting

2009-12-18 14:32 FAX 2012205627 T-039 P.001/001 F-736

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.: 10100000031

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): Fischer, Tracey
b. SOCIAL SECURITY NO.: (b) (6)
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 11-16-2009 b. TO 11-18-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Fischer1 b. DATE(S) 11-12-2009

e. PRESENT DUTY STATION: Rapid City, SD

f. RESIDENCE (City and State): Rapid City, SD

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 (Cost by number below each ticket or passenger coupon; if cash is used, so state. Value 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	712.20	FR	Economy	11-17-2009	Washington, DC	Rapid City, SD
See attached ticket	219.60	bA	Economy	11-17-2009	Denver, CO	Washington, DC
TMC fee	28.25					

Invitational travel. Traveler interviewed for a position at the Department of the Interior. Air fare purchased with corporate card. Traveler was in travel status in Denver, CO when invitational travel commenced.

2110.313.50
2117 45.18
211I 3000

DEC 18 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: Tracey Fischer DATE

AMOUNT CLAIMED: $ 388.67

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 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: Renna Stone DATE 12-16-09

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 $ 388.67

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

12/21/09 KD

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

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

NSN 7540-00-634-1200

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 other family employee and their 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 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 expenses claimed for actual expense travel.

(m) Show per diem amount claimed, limited to maximum rate, for 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 or other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Fischer

TRAVELER'S LAST NAME

Fischer

TIME		DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE	AMOUNT CLAIMED		
2009	(Show and ending) (e)	(Departure/arrival city, per diem computation, or other explanations or expenses) (c)	BREAK-FAST (d)	MEALS LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/6	4:30 pm	Depart Denver, CO										
	9:47 pm	Arrive Washington, DC					53.25	207.00	260.25			260.25	
		Lodging tax											30.00
		Taxi DCA/Lodging											22.15 T
		Taxi DCA/Lodging											23.00 T
11/18													
	5:22 pm												
	5:46 pm						53.25		53.25			53.25	

191.81 +
71.00 −
71.00 −
49.81 −
49.81 +
71.00 −

10650 207

71 %
75 %
53.25 +
53.25 +
207.00 +
213.50 %

If additional sp

In compliance with the Solicitation of Information Act, as implemented by the Privacy Act, 22 [illegible], E.O. 10450, 5 U.S.C. 6011(b) and 6 U.S.C. 6011(b) and 6 U.S.C. 6011(b) and 6

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1021
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Fischer
2. 11/12/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Tracey A. Fischer 5. OFFICIAL STATION Rapid City, 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: Denver, CO
9. TO: Washington, DC Rapid City, SD

10. **PURPOSE AND REMARKS:**

Invitational travel. Traveler is interviewing for a position at the Department of the Interior. Traveler will be in travel status on personal business in Denver, CO when official travel commences.

11. **PER DIEM ALLOWANCE:**

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

12. **PERIOD OF TRAVEL: Beginning on or about** 11/18/09 **Ending on or about** 11/19/09

MODE OF TRAVEL

13. [X] Common carrier
14. Extra fare at a mileage rate of 55
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)*: Luggage fee, taxi fare, airport parking
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	960.00
21. Per Diem		350.00
22. Other		150.00
23. TOTAL	$	1,460.00

24. CHARGED TO:
2010 1000 DD001 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (RECIPIENT'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR
WASHINGTON DC

FISCHER, TRACEY A

Room Number: 419
Daily Rate: 207.00
Room Type: QQDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
11/18/09	11/19/09	(b) (6) [redacted]	SAT	INEG	11420269797

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
11/18/09	419	ROOM CHARGE	8419 FISCHER, TRACEY A	$207.00
11/18/09	419	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02

20%

TOTAL DUE: $237.02

KIMPTON every hotel tells a story
CARE | COMFORT | STYLE | FLAVOR | FUN

ALEXANDRIA UNION CAB

(703)683-1200 - 24 Hr. Dispatch Service

FROM DCA

TO Palomar 2121 P St NW

DATE 11/18/09 FARE$ 11.15 + 5.00 + 2.00

DRIVER'S NAME [illegible] CAB# 731

By Request, We Accept

Each Cab Independently Owned & Operated

TAXICAB RECEIPT

Time: 2:10 PM

Date: 11/19/09

Origin of trip: Interior Bldg - 1849 C St NW
Palomar 2121 P St NW
DCA

Destination:

Fare: 17.75 fare, 4.25 tip
$ 23.00

Sign: [illegible]

November 17, 2009

Carlson Wagonlit Travel SatoTravel

For: TRACEY A FISCHER

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

Sales Person: 77
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

Wednesday November 18, 2009

Frontier Airlines — Flight Number: 720
Class of Service: Coach Class T
Depart: DENVER, CO — 4:30 Pm November 18, 2009
Arrive: WASHINGTON/NATL, DC — 9:47 Pm November 18, 2009
Total Flight Time: — 3 Hours 17 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: NRVYBR
Reserved Seat: FISCHER/TRACEY A 4A
ARR-TERMINAL C

Wednesday November 18, 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: 207.00 USD Per Night
Check In: Nov 18, 2009
Check Out: Nov 19, 2009
Confirmation Number: 1097288435
Cancellation Policy: Cancel 24 hours prior
Directions: AIRPORTS

Thursday November 19, 2009

United Airlines — Flight Number: 663
Class of Service: Coach Class M
Depart: WASHINGTON/NATL, DC — 5:22 Pm November 19, 2009
Arrive: DENVER, CO — 7:25 Pm November 19, 2009
Total Flight Time: — 4 Hours 3 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: Z8M0MN
Reserved Seat: FISCHER/TRACEY A 29B
DEP-TERMINAL C

STAR ALLIANCE

Thursday November 19, 2009

United Airlines — Flight Number: 7025
Class of Service: Coach Class (M
Depart: DENVER, CO — 3:15 Pm November 19, 2009
Arrive: RAPID CITY, SD — 5:06 Pm November 19, 2009
Total Flight Time: — 1 Hour 51 Minutes Non-Stop
Equipment: DH2
Meal Service: None
Status: Confirmed — Confirmation Number: K6MMWE
*DEN-RAP OPERATED BY /UNITED EXPRESS/MESA AIRLINES
DEN-RAP CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
FISCHER TRACEY A	5450/0167708271194	642.79	69.41			712.20
FISCHER TRACEY A	5450/M900508595937	28.25				28.25
FISCHER TRACEY A	5449/4227708271193	194.40	14.58JS	3.60ZP	2.50AY	219.80

(b) (6) [redacted]

Total Amount: 960.05

SATO TRAVEL AFTER HOURS EMERGENCY 888-219-8444
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/12NOV

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Office of the Deputy Secretary
1010000042

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)
Ihenetu, Camilla

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

c. MAILING ADDRESS (Include Zip Code)
1349 C Street, N.W
Washington, DC 20240

[redacted] NUMBER
202-208-6291

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

JAN 14 2010

Show appropriate code in col. (c)
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 (e) NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
12/10	C	FED EX Package to Secretary	(See Attached Receipts)			53.71		

JAN 14 2010

1/15/10

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)) ▶ $ 53.71

TOTALS 53.71

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 1-8-10

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 1/6/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD0168

DnD Overprint 4/2002

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

FedEx Office

1825 'K' St NW
WASHINGTON, DC 20006

ction:	BZSKM
vice ID:	BZSKM-FOS2
pcyne:	38738
ansaction:	7208 1770073

IORITY OVERNIGHT		
3666 723408	1.75 lb (S)	53.71

Shipment subtotal:	53.71
Total Due:	53.71
(V) CreditCard:	53.71

(b) (6) [redacted]

M = Weight entered manually
S = Weight read from scale
T = Taxable item

Just to additional charges. See FedEx Service Guide at ex.com for details. All merchandise sales final.

Visit us at: fedex.com
Or call 1.800.GoFedEx
1.800.463.3339

December 30, 2009 3:05:46 PM

FedEx Express US Airbill 8686 6172 3408

1 From Date 12/30/09 Sender's FedEx Account Number
Sender's Name Uetonku C. Ihenetu Phone (202) 208 6417
Company Department of the Interior
Address 1849 C St. NW
City Washington State DC ZIP 20240

2 Your Internal Billing Reference

3 To Recipient's Name Secretary Ken Salazar Phone (202) 208 6417
Company
Recipient's Address 5140 Chase St.
Address
City Denver State CO ZIP 80212

4a Express Package Service
FedEx Priority Overnight
FedEx Standard Overnight
FedEx Pacific Overnight
FedEx 2Day
FedEx Express Saver
FedEx Ground Service

4b Express Freight Service
FedEx 1Day Freight
FedEx 2Day Freight
FedEx 3Day Freight
FedEx Ground Service

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other

6 Special Handling
SATURDAY Delivery
HOLD Weekday
HOLD Saturday
Cargo Aircraft Only

7 Payment
Sender
Recipient
Third Party
Credit Card
Cash/Check

8 Residential Delivery Signature Options
No Signature Required
Direct Signature
Indirect Signature
Adult Signature

520

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
015	BS	1

Batch Totals

Input Date	Number of Documents
1/15/10	~~8~~ 7

53.71+
1,407.27+
142.25+
20.00+
17.00+
1,640.23+

System Checked By: BS

Date _____

Batch Approval

Approved By: _____

Date Approved: _____

~~12~~
1-22-~~10~~

FAX FROM THE DESK OF

BARBARA SMITH

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5697
FAX: 303-969-6631

TO Barbara Martin
FAX: 202-208-5627

Date: 1/15/10

Total Pages 6

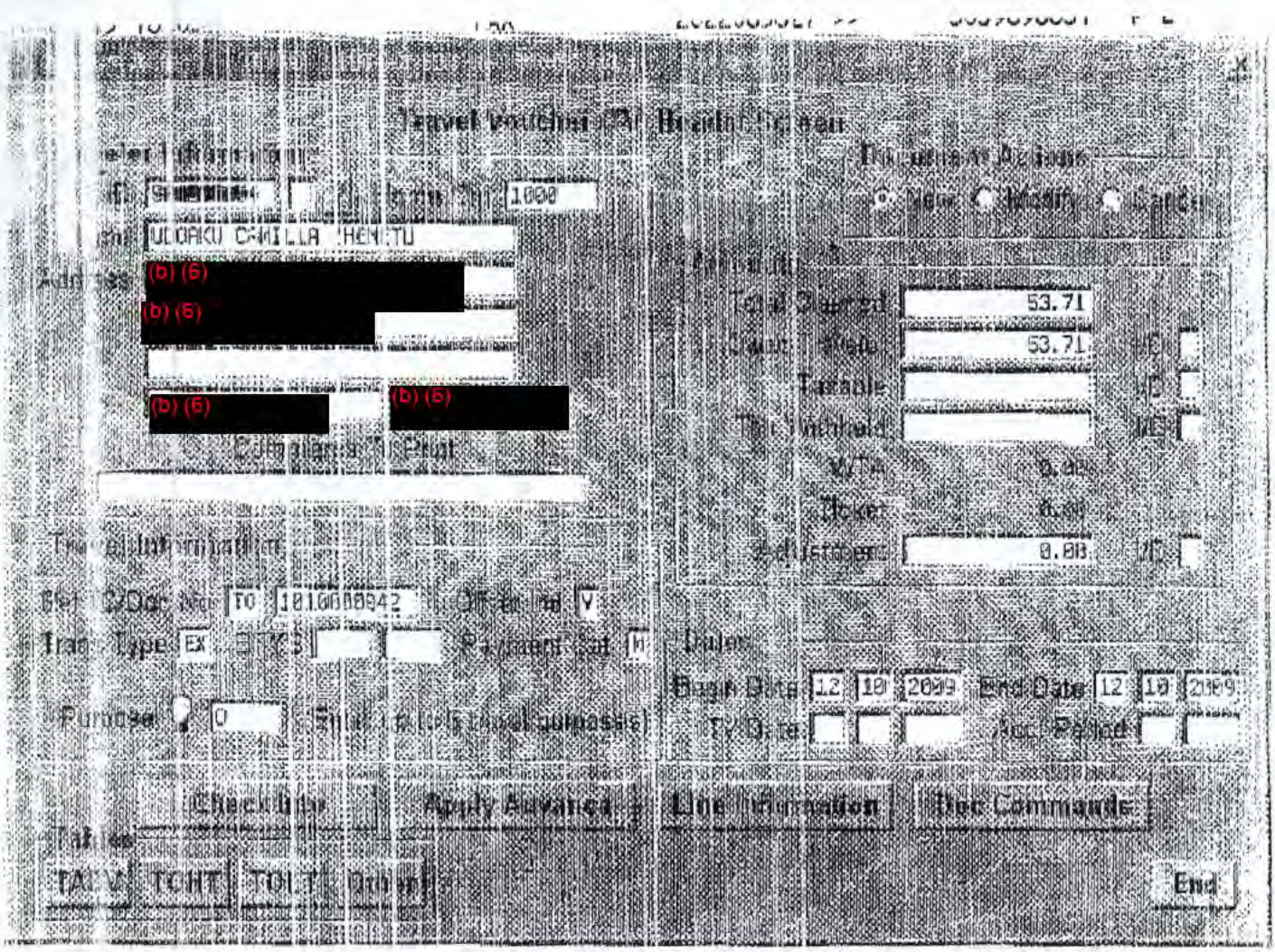
Political Appointee screen prints

10:07:45 Fri Jan 15, 2010

DOCID: TV O 1010000042
STATUS: HELD BATID: TV O 015BS1 SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000042 VOUCHER PARTIAL/FINAL: F
LOG DATE: 01 14 2010 DOC ACTION: TOTAL VERIFIED: 53.71
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 12 10 2009 END DATE: 12 10 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: 524555154 DAYS: OWED EMPLOYEE: 53.71 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: (b) (6)
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



Travel Voucher (TV) Header Screen

Document Actions

New | Modify | Cancel

Traveler Information

ID: [redacted] | Company Code: 1000

Name: UDOAKU CAMILLA CHENETU

Address: (b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted] | (b) (6) [redacted]

Complaints to Print

Amounts

Total Claimed: 53.71

Claim Total: 53.71 VD

Taxable: VD

Tax Withheld: VD

WTA: 0.00

Ticket: 0.00

Adjustment: 0.00 VD

Travel Information

Ref. C/Doc No: TO 1010000042 | Offset Ind: Y

Trans. Type: EX | Payment Set: M

Dates

Begin Date: 12 10 2009 | End Date: 12 10 2009

Purpose: 0 | Entitled to (Travel purposes) | TV Date: | Acc. Period:

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TAEV | TCHT | TOLT | Other

End

2010-01-22 13:38 FAX 2022085627 P 2/3

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
☒ TEMPORARY DUTY
PERMANENT CHANGE OF STATION

3. VOUCHER NO.
10100057

4. SCHEDULE NO.

5. TRAVELER (PAYEE) (Last, first, middle initial)
White Eagle, Wendy

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

6. PERIOD OF TRAVEL
a. FROM 10-28-2009
b. TO 10-28-2009

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

OFFICE TELEPHONE NO. (b) (6)

7. TRAVEL AUTHORIZATION
a. NUMBER(S) White Eagle
b. DATE(S) 10-28-2009

d. PRESENT DUTY STATION Chicago, IL

e. RESIDENCE (City and State) Elburn, IL

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attach Check / Cash)
d. Total amount outstanding

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

10. CHECK NO.

11. PAID BY

1/26/10 Rec-God SS## TW

Traveler's Initials

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below each kind of transportation charged. If cash is used for excess fare, explain 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 VALIDATION OF TICKET	ISSUING CARRIER (Indicate)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	POINTS OF TRAVEL TO
(a)	(b)	(c)	(d)	(e)	(f)
See attached eticket TMC fee	231.20 28.25	UA	Economy	10-27-2009 JAN 19 2010 Chicago, IL	Washington, DC and return

JAN 19 2010

International travel. Traveler interviewed for a position at DOI. Air fare purchased with corporate card. Travel and official business could have been accomplished in one day (approximately 12-13 hours) however for personal reasons traveler flew to DC the day early (at no additional cost to the government) remained overnight at her own expense, and returned on 10/29. This voucher pays one day travel per diem and 12 hours of parking at O'Hare Airport. All other expenses are the responsibility of the traveler.

2110532500
211F 30

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. With applicable, per diem claims, I have kept the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Wendy White Eagle DATE 01/12/2010

AMOUNT CLAIMED ▶ $ 83.25

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 or as certified (31 U.S.C. 680e).)

APPROVING OFFICIAL SIGN HERE ▶ Renee Orlando DATE 1-19-10

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 ▶ $ 83.25

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
2010 1000 DDD01 68

8325

10-2-116 NSN 7540-01-634-4160 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Federal Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

Came with TW for business

1/27/10

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (a) If the voucher includes expenses for dependent children or other dependents, list their names, ages, and relationship to employee and marital status of children. (Unless information is shown on the travel authorization.)

Cols. (b) thru (g) Date-wise entries of actual expenses travel.

(f) 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), 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.

White Eagle
TRAVELER'S LAST NAME

White Eagle

ITEMIZED SUBSISTENCE EXPENSES — MILEAGE RATE: $

TIME 2009 (a)	DESCRIPTION (Departure/arrival of 1 per diem computation, or other explanations of expense) (c)	MEALS 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)
10/28	Depart Chicago, IL								
	Arrive Washington, DC								
10/29	Depart Washington, DC								
	5:48 pm Arrive Chicago, IL								
	Airport Parking (12 hour rate)						13.25	53.25	

AMOUNT CLAIMED

MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
	53.25	
		30.00
SUBTOTALS ▶	$53.25	$30.00
TOTALS ▶	$53.25	$30.00

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 ▶ $83.25

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) (41 CFR 301-7), 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 amount of reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to maintain control 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 allowances as expense reimbursement allowable, 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
FOR... APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1940

TRAVEL AUTHORIZATION

1. No. White Eagle
2. 10/26/09 (DATE)

3. Office of the Secretary (BUREAU, OFFICE OR POST)

4. NAME Wendy White Eagle 5. OFFICIAL STATION Chicago, IL

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: Chicago, IL
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a position at the Department of the Interior.

Traveler will remain overnight and one additional day in Washington, DC at no expense to the government.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register. Since official travel could be accomplished in one day, per diem allowed for October 28 only.

12. PERIOD OF TRAVEL: Beginning on or about 10/28/09 Ending on or about 10/29/09

MODE OF TRAVEL

13. ✗ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance
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. Shipment household goods and personal effects
19. ✗ Other *(specify)*
Taxi fare, airport parking

ESTIMATED COST

20. Transportation	$	259.45
21. Per Diem		53.25
22. Other		100.00
23. TOTAL	$	412.70

24. CHARGED TO:
2010 1000 DD001 68

25. (BUREAU OFFICIAL SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

October 27, 2009

Carlson Wagonlit Travel SatoTravel

For: WENDY WHITE EAGLE

To: NGMSDOI
ETKT 28OCT"IN NITATIONAL".

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

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

Wednesday October 28 2009

United Airlines
Class of Service:Coach Class Y
Depart: CHICAGO/OHARE
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed
Reserved Seat: WHITE EAGLE/WENDY 14D
DEP-TERMINAL 1 ARR-TERMINAL C
STAR ALLIANCE

Flight Number: 606

8:55 Am October 28, 2009
11:46 Am October 28, 2009
1 Hour 51 Minutes Non-Stop

Confirmation Number: NDBORW

Thursday October 29, 2009

United Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: CHICAGO/OHARE
Total Flight Time:
Equipment: 712
Meal Service: None
Status: Confirmed
Reserved Seat: WHITE EAGLE/WENDY 30E
DEP-TERMINAL C ARR-TERMINAL 1
STAR ALLIANCE

Flight Number: 625

4:41 Pm October 29, 2009
5:46 Pm October 29, 2009
2 Hours 5 Minutes Non-Stop

Confirmation Number: NDBORW

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WHITE EAGLE/WENDY	5392/0167708271137	185.34	14.66US	7.20ZP	5.00AY	231.20
WHITE EAGLE/WENDY	5392/8900508192969	28.25				28.25

(b) (6)

Total Amount: 259.45

5 TO TRAVEL AFTER HOURS EMERGENCY 866-219-8444

YOU DESE[illegible] VACATION AND [illegible] THE PERFECT ONE
WAITING [illegible], INCLUDING MILITARY RATES. VISIT
WWW.SA[illegible]ATIONS.COM OR CALL TOLL-FREE 877-998-2534

THE TRA[illegible] OR SECURITY ADMINISTRATION OF THE
US DEPA[illegible] OF HOMELAND SECURITY REQUIRES US TO
COLLECT [illegible]TION FROM YOU FOR PURPOSES OF WATCH
LIST SCREE[illegible] 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//23OCT
LODGING DECLINED//23OCT

2010-01-19 15:33 FAX 2022085627 >> 3039696631 P.5/10

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: [ ] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 10100000051

4. SCHEDULE NO.:

TRAVELER (PAYEE)

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

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

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

d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 10-28-2009 b. TO 10-28-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) White Eagle; b. DATE(S) 10-26-2009

e. PRESENT DUTY STATION: Chicago, IL

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

8. a. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached [ ] Check [ ] Cash)
d. Balance outstanding

8. b. 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 person 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 eticket	231.20	UA	Economy	10-27-2009	Chicago, IL	Washington, DC and return
TMC fee	28.25					

JAN 19 2010

Invitational travel. Traveler interviewed for a position at DOI. Air fare purchased with corporate card. Travel and official business could have been accomplished in one day (approximately 12-13 hours) however for personal reasons traveler flew to DC one day early (at no additional cost to the government) remained overnight at her own expense, and returned on 10/29. This voucher pays one day travel per diem and 12 hours of parking at O'Hare Airport. All other expenses are the responsibility of the traveler.

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 has not exceeded the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE: Wendy White Eagle DATE 01/12/2010 AMOUNT CLAIMED $ 33.25

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: Renee Orr DATE 1-19-10

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

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 $ 33.25

18. ACCOUNTING CLASSIFICATION
2010 1000 DDDM 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 expenses, 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.

White Eagle

TRAVELER'S LAST NAME

White Eagle

DATE 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)	MILEAGE RATE: ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/26	8:55 am	Depart Chicago, IL											
	11:46 am	Arrive Washington, DC											
10/29	4:41 pm	Depart Washington, DC											
	5:46 pm	Arrive Chicago, IL					53.25		53.25			53.25	
		Airport Parking (12 hour rate)											30.00
									SUBTOTALS			$53.25	$30.00
									TOTALS			$53.25	$30.00

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 15 on the front of this form.

TOTAL AMOUNT CLAIMED $83.25

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 payments 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. This 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. White Eagle
2. 10/26/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Wendy White Eagle 5. OFFICIAL STATION Chicago, IL

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: Chicago, IL
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will interview for a position at the Department of the Interior.

Traveler will remain overnight and one additional day in Washington, DC at no expense to the government.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register. Since official travel could be accomplished in one day, per diem allowed for October 28 only.

12. PERIOD OF TRAVEL: Beginning on or about 10/28/09 Ending on or about 10/29/09

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, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	259.45
21. Per Diem		53.25
22. Other		100.00
23. TOTAL	$	412.70

24. CHARGED TO:
2010 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

October 27, 2009

For: WENDY WHITE EAGLE

To: NGM5DQI
ETKT 26OCT**INVITATIONAL**.

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

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

Wednesday October 28, 2009

United Airlines — Flight Number: 606
Class of Service: Coach Class Y
Depart: CHICAGO/OHARE — 8:55 Am October 28, 2009
Arrive: WASHINGTON/NATL,DC — 11:46 Am October 28, 2009
Total Flight Time: — 1 Hour 51 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed — Confirmation Number: NDB0RW
Reserved Seat: WHITE EAGLE/WENDY 34D
DEP-TERMINAL 1 ARR-TERMINAL C
STAR ALLIANCE

Thursday October 29, 2009

United Airlines — Flight Number: 625
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL,DC — 4:41 Pm October 29, 2009
Arrive: CHICAGO/OHARE — 5:46 Pm October 29, 2009
Total Flight Time: — 2 Hours 5 Minutes Non-Stop
Equipment: 752
Meal Service: None
Status: Confirmed — Confirmation Number: NDB0RW
Reserved Seat: WHITE EAGLE/WENDY 34B
DEP-TERMINAL C ARR-TERMINAL 1
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WHITE EAGLE WENDY	5392/0167708271137	195.34	14.66US	7.20ZP	5.00AY	231.20
WHITE EAGLE WENDY	5392/8900508192869	28.25				28.25

(b) (6)

Total Amount: 259.45

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 877-398-2554

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//23OCT
LODGING DECLINED//23OCT

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): 14-01-0003

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: NATIVE CAPITAL INVESTMENT

VENDOR OR TAXPAYER ID NO.: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

CONTACT PERSON: [redacted]

TELEPHONE NUMBER: (630) 387-1060

FINANCIAL INSTITUTION INFORMATION

NAME: LEE BANK

ADDRESS: 20 E. Campbell St.
ARLINGTON HEIGHTS, IL 60005

ACH COORDINATOR NAME: WANDA WHITE EAGLE

TELEPHONE NUMBER: 312, 285-3275

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): [signature]

TELEPHONE NUMBER: 312 285 - 3275

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

FAX FROM THE DESK OF
BARBARA SMITH
NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-5697
FAX: 303-969-6631

TO Barbara Martin
FAX: 202-208-5627

Date: 1/22/10

Total Pages 1

Political Appointee screen prints

1:01:10 Wed Jan 27, 2010

DOCID: **TV O 1010000057**
STATUS: **HELD** BATID: **TV O 027BS1** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000057** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **01 26 2009** DOC ACTION: TOTAL VERIFIED: **83.25**
BUDGET FYS: ACCTG PD: EXCEPTION: **0.00** I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **10 28 2009** END DATE: **10 29 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: **390707333** DAYS: OWED EMPLOYEE: **83.25** I/D:
NAME : **WENDY WHITE EAGLE** 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: (b) (6)
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
---	---	---	---	---	---	---

A--*HS33-DOCUMENT HELD

1/28/10 SB

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 (Required)
1/27/10	1	8325

System Checked By: RD Date 4/22/10

Batch Approval

Approved By: _____

Date Approved: _____

FAX FROM THE DESK OF
BARBARA SMITH
NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE 303-969-5697
FAX 303-969-6631

From:

TO Barbara Martin
FAX: 202-208-5627

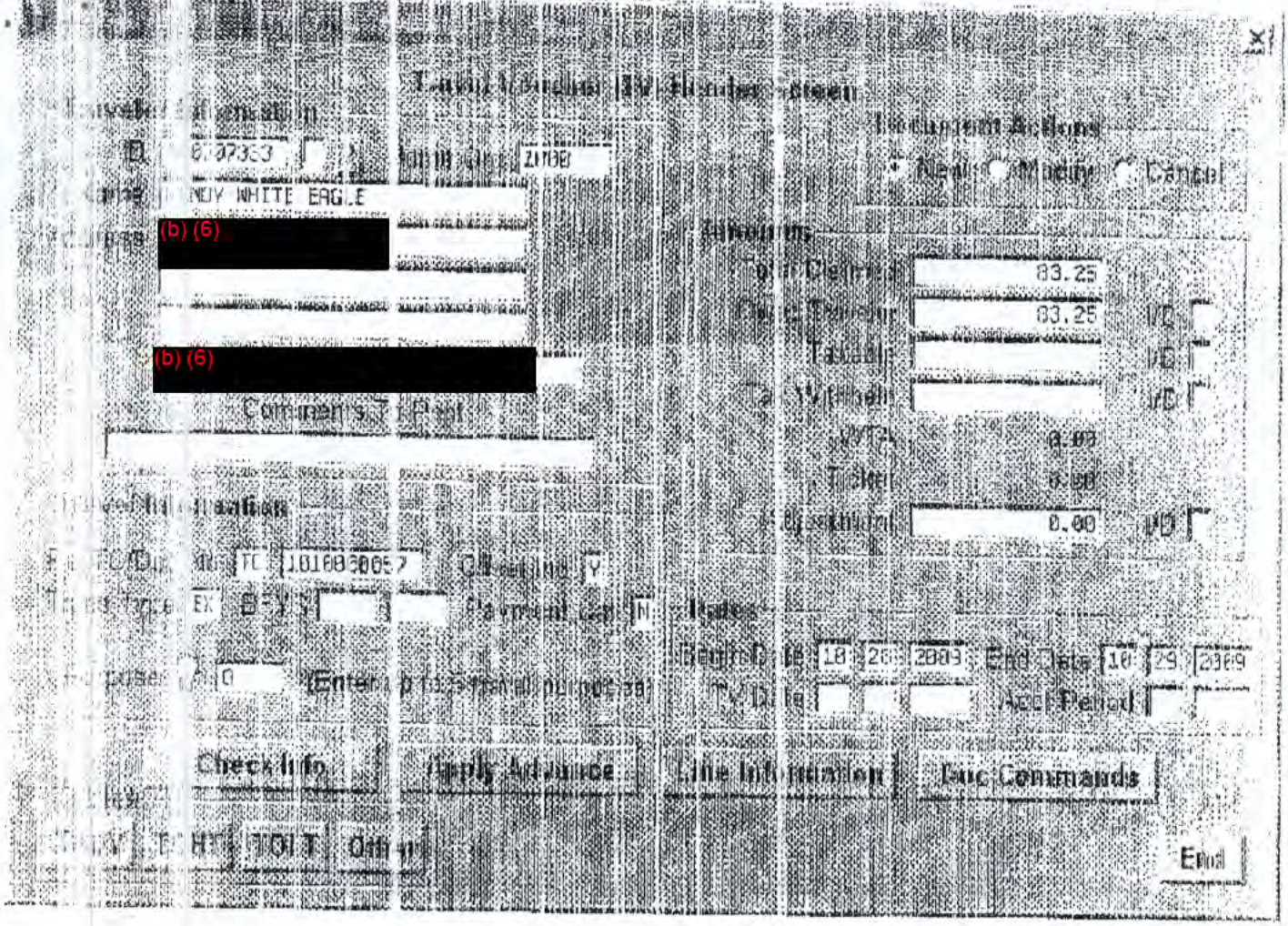
Date: 1/22/10

Total Pages 1

Paid

Accepted/Copies
Political Appointee screen prints

Thanks


Document Actions
New
Modify
Cancel
NOY WHITE EAGLE
(b) (6)
(b) (6)
Comments To Print
83.25
83.25
0.00
0.00
0.00
Check Info
Apply Advance
Line Information
Doc Commands
End

2010-01-14 16:14 FAX 2022085827 >> 5059696651 P 6/22

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

1010000047

2. TYPE OF TRAVEL

☑ TEMPORARY DUTY
— PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

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

Wynn, Patrick

b. SOCIAL SECURITY NO.

(b) (6) [redacted]

6. PERIOD OF TRAVEL

a. FROM 12-16-2009 b. TO 12-20-2009

TRAVELER (PAYEE)

c. MAILING ADDRESS (Include ZIP Code)

(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION

a. NUMBER(S) Wynn2 b. DATE(S) 12-14-2009

e. PRESENT DUTY STATION

Las Vegas, NV

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

JAN 14 2010

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 eticket	439.40	UA	Economy	12-16-2009	Las Vegas, NV	Washington, DC and return
TMC fee	28.25				

JAN 14 2010

Invitational travel. Traveler interviewed for a job at DOI. Air fare purchased with corporate card. Inclement weather caused the return flight to be cancled. Traveler was informed by airline that his flight had been moved to a USAirways flt on 12/19, so he checked out of hotel. However on arriving at DCA, traveler learned that all flights were cancled due to inclement weather. Traveler returned to hotel, re-booked another night and flew back to Las Vegas on 12/20. There was no additional air fare cost.

211I 20598
211010795
211T 12181

13. I certify that this voucher, is true and correct to the best of my knowledge and belief, and that payment of 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 1/5/10 AMOUNT CLAIMED ▶ $ 1,407.27

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.e. 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 [illegible] must have been authorized in writing by the head of the department or agency to so certify [illegible] C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 1-8-10

15. UNEXPENDED 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 ▶ $ 1,407.27

18. ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

1/18/10 38

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 similar 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: 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 3 PAGES

TRAVEL AUTHORIZATION NO. Wynn2

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)	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)
12/16	11:24 am	Depart Las Vegas											
	8:55 pm	Arrive Washington, DC					53.25	207.00	260.25			260.25	
		Lodging tax											~~[illegible]~~
		Baggage fee											20.00
		Taxi DCA/Lodging											14.50
12/17		Washington, DC					71.00	207.00	278.00			278.00	
		Lodging tax											~~30.02~~
		Taxi Lodging/DC											7.30
		Taxi DCI/Lodging											8.00
12/18		Washington, DC					71.00	207.00	278.00			278.00	
		Lodging tax											~~30.02~~
		Taxi Lodging/DC											7.00
										SUBTOTALS ▶		$816.25	$146.88
										TOTALS ▶			

20/71

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 the forms 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 8109. 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 8109) 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 to item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶

This form 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.)

Computation 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. Wynn2

TRAVELER'S LAST NAME Wynn

DATE 2009 (a)	TIME (Hour and am/pm) (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)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/16		Taxi DOT/Lodging											8.25
12/16		Washington, DC					71.00	139.00	210.00			210.00	
		Lodging tax											[illegible]
		Taxi Lodging/DCA											30.00
		Taxi DCA/Lodging											35.00
12/20		Taxi Lodging/DCA											20.00
	8:30 am	Depart Washington, DC											
		Arrive Las Vegas, NV					53.25		53.25			53.25	
		Airport Parking											70.00

260

39.50

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

	MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS		$263.25	$180.91
TOTALS		$1,079.50	$327.77

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

TOTAL AMOUNT CLAIMED $1,407.27

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)

2355

Taxes. ~~95.81~~ 115.98

Tax. ~~98.25~~ ... 1201

I 90

20597

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. 00-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. Wynn2
2. 12/14/09 (DATE)

3. Office of the Secretary (BUREAU OF 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 job 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 12/16/09 Ending on or about 12/19/09

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)
    Airport parking, luggage, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	530.00
21. Per Diem		950.00
22. Other		200.00
23. TOTAL	$	1,680.00

24. CHARGED TO:
2010 1000 DDD01 68

25. (BUREAU OF FIGURES SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel

December 15, 2009

PATRICK WYNN

NGMSDDI
ETKT 140[illegible]"INVITATIONAL"

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

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

Wednesday December 16, 2009

United Airlines — Flight Number: 397
Class of Service: Coach Class V
Depart: LAS VEGAS, NV — 11:24 Am December 16, 2009
Arrive: CHICAGO/OHARE — 4:58 Pm December 16, 2009
Total Flight Time: — 3 Hours 34 Minutes Non-Stop
Equipment: 73H
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: NBZ10I
Reserved Seat: WYNN/PATRICK 34C
DEP-TERMINAL 1 ARR-TERMINAL 1
STAR ALLIANCE

Wednesday December 16, 2009

United Airlines — Flight Number: 624
Class of Service: Coach Class V
Depart: CHICAGO/OHARE — 6:00 Pm December 16, 2009
Arrive: WASHINGTON/NATL,DC — 8:58 Pm December 16, 2009
Total Flight Time: — 1 Hour 58 Minutes Non-Stop
Equipment: 752
Meal Service: None
Status: Confirmed — Confirmation Number: NBZ10I
Reserved Seat: WYNN/PATRICK 31C
DEP-TERMINAL 1 ARR-TERMINAL C
STAR ALLIANCE

Wednesday December 16, 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: 207.00 USD Per Night
Check In: Dec 16 2009
Check Out: Dec 20, 2009
Confirmation Number: 1095833726

Cancellation Policy: Cancel 24 hours prior
Directions: AIRPORTS

Saturday December 19, 2009

United Airlines	Flight Number: 403
Class of Service:Coach Class Y	
Depart: WASHINGTON/MATL,DC	8:24 Am December 19, 2009
Arrive: DENVER, CO	10:35 Am December 19, 2009
Total Flight Time:	4 Hours 11 Minutes Non-Stop
Equipment: Airbus Industrie 320	
Meal Service Available For Purchase	
Status: Confirmed	Confirmation Number: NBZ10I
Reserved Seat: WINN/PATRICK 21D	
DEP-TERMINAL C	
STAR ALLIANCE	

Saturday December 19 2009

United Airlines	Flight Number: 301
Class of Service:Coach Class Y	
Depart: DENVER, CO	11:20 Am December 19, 2009
Arrive: LAS VEGAS, NV	12:23 Pm December 19, 2009
Total Flight Time:	2 Hours 3 Minutes Non-Stop
Equipment: 752	
Meal Service: None	
Status: Confirmed	Confirmation Number: NBZ10I
Reserved Seat: WINN/PATRICK 31D	
ARR-TERMINAL 1	
STAR ALLIANCE	

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WYNN PATRICK	5526/0167723550015	419.54	31.46US	14.40ZP	10.00AY	493.40
WYNN PATRICK	5526/8900509451575	28.25				28.25

(b) (6) [redacted]

Total Amount: 521.85

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 OF RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT PLEASE SEE TSA'S
WEB SITE AT WWW.TSA.GOV

CAT: DECLINED/A/11DEC

RECEIPT PAGE 3

(703) 549-2500

TOTAL

VISA

TAXICAB RECEIPT

Time:

Date: 12/13/09

Origin of trip: Palomar

Destination: Airport

Fare: 30 — Sign:

DATE 12/20/09 AMOUNT $ 30 —

RECEIVED FROM

FROM Palomar

DESTINATION Pagan Nat'l

CAB # DRIVER I.D. #

DRIVERS NAME

[illegible]

[illegible]

[illegible]

PARKING FEE $ 70.00

AMOUNT PAID AMERICAN EXP ($ 70.00)

AMOUNT TENDERED $ 70.00

AMOUNT CHANGE $ 0.00

[illegible]

RECEIPT PAGE 5

Page 1 of 1

Hotel Palomar
P Street NW
Washington DC 20037
(P) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR

WYNN, PATRICK

Room Number: 411
Daily Rate: 139.00
Room Type: KGDX
No. of Guests: 1/0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
12/19/09	12/20/09	(b) (6) [redacted]	BAR	FIMS	11420274264

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
12/19/09	411	URBANA RESTAURANT	411/301819.57/URBANA RESTAURANT	$29.40
12/19/09	411	ROOM CHARGE	#411 WYNN, PATRICK	$139.00
12/19/09	411	CITY OCCUPANCY TAX	CITY OCCUPANCY TAX	$20.18
12/20/09	411	AMERICAN EXPRESS	AMERICAN EXPRESS	($188.58)

TOTAL DUE $0.00

KIMPTON hotels & restaurants

800 KIMPTON • KIMPTONHOTELS.COM

RECEIPT PAGE 2

IN / OUT CC TRIP
BLACKPEARL #134
FACE ID #63721
12/15/09 TR 0324
START END MILES
21:02 21:16 5.7
FARE FUEL EA RATE
RATE 2: $ 12.00
EXTRA: $ 2.00
TOTAL: $ 14.50
TAC #H 83635
DC TAXICAB COMM
TEL 202-645-6010

Blue Top Cab Receipt

Date: 12/17 Time: _____

From: DOI

To: Palomar

Run #: _____ Fare $ 8.—

Cab #: _____ Signature: _____

703/243-TAXI

Taxi Cab Receipts

DATE: 12/17 TIME: _____

TRIP ORIGIN: Palomar

DESTINATION: DOI

FARE: $ 7.50 SIGNATURE _____

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
TOTAL [illegible]
COMPLAINTS CALL
202 645 6010
[illegible]

TAXICAB RECEIPT

Time: _____

Date: 12/16

Origin of trip: Palomar

Destination: DOI

Fare: 7.00 Sign: _____

RECEIPT PAGE 4

Page 1 of 1

Hotel Palomar
1121 F Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR

WYNN, PATRICK

Room Number: 817
Daily Rate: 207.00
Room Type: EXKG
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	FOR CONFIRMATION	RATE PLAN	CATEGORY	ACCOUNT
12/16/09	12/10/09	(b) (6) [redacted]	SAT	INEG	1142[illegible]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
12/16/09	817	ROOM CHARGE	#817 WYNN PATRICK	$207.00
12/16/09	817	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
12/17/09	817	ROOM CHARGE	#817 WYNN PATRICK	$207.00
12/17/09	817	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
12/16/09	817	ROOM CHARGE	#817 WYNN PATRICK	$207.00
12/16/09	817	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
12/16/09	817	AMERICAN EXPRESS	AMERICAN EXPRESS	($[illegible].00)

TOTAL DUE $0.00

IMPTON hotels & restaurants

800.KIMPTON • KIMPTONHOTELS.COM

RECEIPT PAGE 1

UNITED
16DEC09 LAST: 1017-1
CUSTOMER: WYNN/PATRICK
TKT NBR: 016 7723550015
ITEMS:
20.00 BAG1 FEE

BAGGAGE PAYMENT
CUSTOMER RECEIPT

CPN: 1 ORIGIN: LAS

WYNN/PATRICK
WASHINGTON/RONALD RE

OCR UA 624 /16
ORD UA 397 /16

3016UA-769977
12-16
08:40
HDZ1D1 360003
LASRLASUF

(b) (6) [redacted]

TOTAL 0:620.00

CPN DOCUMENT NUMBER CK
1 016 4511332660 0

Bag fee to DC
No bag fee paid for return trip

US AIRWAYS
WYNN/PATRICK ZONE 2
WASHINGTON
LAS VEGAS
FLIGHT 76 DEPARTS 820P DATE 20DEC
DATE 42 BOARD TIME 750P SEAT 7A

Return flight
Boarding Pass/
Receipt

To whom it may concern:

The purpose of this memo is to explain the attached receipts and the circumstances of my extended stay in Washington, DC and seek reimbursement for additional expenses I incurred resulting from the 12/19/09 snowstorm which passed through the region and related flight cancellations and airport closures.

Receipts

The receipts for charges I incurred on my 'invitational' trip to Washington, DC are organized in the attached documents which are labeled "RECEIPT PAGE 1" through "RECEIPT PAGE 7".

RECEIPT PAGE 1 shows a $20.00 baggage charge and the boarding pass stub of my 12/20/09 return flight to Las Vegas.

RECEIPT PAGE 2 shows taxi receipts for the following trips:

12/16/09 Airport to Palomar Hotel
12/17/09 Palomar Hotel to DOI
12/17/009 DOI to Palomar Hotel
12/18/09 Palomar Hotel to DOI
12/18/09 DOI to Palomar Hotel

RECEIPT PAGE 3 shows taxi receipts and airport parking (Las Vegas)

12/19/09 Hotel Palomar to Airport
12/19/09 Airport to Palomar Hotel
12/20/09 Hotel Palomar to Airport
12/20/09 McCarran Airport parking receipt

RECEIPT PAGE 4 – Hotel Palomar 12/16/09 – 12/19/09 (3 nights)
RECEIPT PAGE 5 - Hotel Palomar 12/19/09 – 12/20/09 (1 night)
RECEIPT PAGE 6 and RECEIPT PAGE 7

This printout is the hanged reservations United Airlines created the morning of 12/19/09 when my original United Airlines flight 443 at 8:24 AM was cancelled. The Saturday, December 19, 2009 flights were changed to US Airways flight from Reagan National to Charlotte, NC to Las Vegas Nevada.

The following paragraphs explain the events after the 12/19/09 US Airways flights were cancelled and Reagan National airport was closed.

Explanation of additional expenses

On Wednesday, 12/16/09, I travelled to Washington, DC with a scheduled return on 12/19/09 at approximately 8:24 am via United Airlines. At 5:00 am on 12/12/09, I logged on to my computer to check flight status and found my return flight (reference original flight arrangements emailed to me) on

United Flt # 443 was cancelled. As I attempted to contact the airlines, and while on hold on the telephone, I observed online (the United Airlines website) that my flight had been rescheduled to approx 3:40 pm on US Airways Flt 3153 (reference Receipt Page 6 & 7). Thereafter, I continued to monitor both the US Airways Flt 3153 on US Airways website and Reagan National Airport status (via www.fly.faa.gov). At approximately 11:00 AM on 12/19/09, seeing that both my flight would depart on time and the airport was experiencing minimal delay, I checked out of the hotel and took an overpriced taxi ($30) to the airport. On arrival, I checked with the US Airways ticket counter. The agent informed me that all flights for 12/19/09 had been cancelled.

Upon hearing that all flights were cancelled, I asked the ticket agent how I could get back to Las Vegas. He arranged for a nonstop flight on 12/20/09 at approximately 8:20pm and printed my boarding pass. The boarding pass stub (reference Receipt Page 1) is the only evidence of my return flight, as no additional charge was incurred resulting from United Airlines changing my return flight to US Airways.

Thereafter, I contacted the Palomar Hotel (where I checked out of earlier) and found a room was available for 12/19/09. I confirmed the reservation, and hailed another overpriced taxi ($35) back to the hotel to await my departure on 12/20/09.

Respectfully submitted

Patrick D. Wynn

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 DESIGNEE: 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) 208-5123

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME:
Patrick D Lyons
(b) (6)

SSN NO. OR TAXPAYER'S NO.:
(b) (6)

TELEPHONE NUMBER:
(702) 283-2588

FINANCIAL INSTITUTION INFORMATION

NAME:
U.S. Bank

ADDRESS:

COORDINATOR NAME:

TELEPHONE NUMBER:
( )

DEPOSITOR ACCOUNT NUMBER:
(b) (6)

DEPOSITOR ACCOUNT TITLE:

TYPE:
(b) (6)

LOCKBOX NUMBER:

TYPE OF ACCOUNT: [X] CHECKING [ ] SAVINGS [ ] LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Cannot 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

Federal Financial System FFS Supplier Request Form

Client: O/S

Date: 1/15/10

Requestor: Barb Smith

Approver: _____

☑ Add new supplier ☐ Change existing supplier

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (Pub. Law 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 payment 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:	Patrick D Wynn
DUNS Number:	
Taxpayer ID:	
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).

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
015	BS	1

Batch Totals

Input Date	Number of Documents
1/15/10	7

52.71+
1,400.27+
140.25+
20.00+
17.00+
1,540.23

System Checked By: BS **Date** _____

Batch Approval

Approved By: _____

Date Approved: _____

1-22-10

FY 10

Transaction Number	Fiscal Year	Dollar Amount	Vendor Name	Comments
1010000081	2010	$ 1,147.50	ALAN J GILBERT	Sent 8/20/12
1010000081	2010	$ 188.08	ALAN J GILBERT	Sent 8/20/12
1010000081	2010	$ 77.50	ALAN J GILBERT	Sent 8/20/12
1010000038	2010	$ 313.50	ALAN J GILBERT	Sent 8/20/12
1010000038	2010	$ 58.02	ALAN J GILBERT	Sent 8/20/12
1010000038	2010	$ 19.00	ALAN J GILBERT	Sent 8/20/12
1010000113	2010	$ 51.35	ALAN JAY GILBERT	Sent 8/20/12
1010000138	2010	$ 332.50	ALVIN H WARREN	Sent 7/27/12
1010000138	2010	$ 73.77	ALVIN H WARREN	Sent 7/27/12
1010000138	2010	$ 14.00	ALVIN H WARREN	Sent 7/27/12
BJBROOKS1	2010	$ 106.50	BENJAMIN J. BROOKS	Sent 7/27/12
BJBROOKS1	2010	$ 53.00	BENJAMIN J. BROOKS	Sent 7/27/12
BJBROOKS1	2010	$ 50.00	BENJAMIN J. BROOKS	Sent 7/27/12
1010000034	2010	$ 146.82	BRADLEY, MARGARET	Sent 8/10/12
1010000147	2010	$ 203.00	BRADLEY, MARGARET	Sent 8/10/12
1010000106	2010	$ 14.00	BRIAN SCRENAR	Sent 7/27/12
1010000137	2010	$ 106.50	BRIAN SCRENAR	Sent 7/27/12
1010000137	2010	$ 15.00	BRIAN SCRENAR	Sent 7/27/12
1010000119	2010	$ 68.50	CARLY MONTOYA	Sent 8/20/12
1010000119	2010	$ 106.50	CARLY MONTOYA	Sent 8/20/12
CMONTOYAPCA	2010	$ -	CARLY MONTOYA	Sent 8/10/12
1010000146	2010	$ 22.00	CHRISTOPHER MICHAEL MORLANDT	Sent 8/10/12
1010000004	2010	$ 45.00	DANIEL DAVIS, LAURA	Sent 8/20/12
1010000172	2010	$ 1,892.50	ELIZABETH MARSTERS	Sent 7/27/12
1010000172	2010	$ 196.43	ELIZABETH MARSTERS	Sent 7/27/12
1010000172	2010	$ 38.00	ELIZABETH MARSTERS	Sent 7/27/12
1010000098	2010	$ 30.50	HAYES, DAVID	Sent 8/20/12
1010000171	2010	$ 701.50	HEATHER ZICHAL	Sent 7/27/12
1010000171	2010	$ 72.44	HEATHER ZICHAL	Sent 7/27/12
910000265	2010	$ 54.33	HELEN B PADILLA	Sent 8/20/12
1060000114	2010	$ 14.00	JACQUELYNN K HANLEY	Sent 7/27/12
HANLEYNOLA	2010	$ 82.00	JACQUELYNN K HANLEY	Sent 7/27/12
HANLEYNOLA	2010	$ 25.00	JACQUELYNN K HANLEY	Sent 7/27/12

HANLEYNOLA	2010	$	409.76	JACQUELYNN K HANLEY	Sent 7/27/12
1010000107	2010	$	26.54	JAMES FRANCIS CATLIN	Sent 7/27/12
1010000144	2010	$	49.00	JANEA SCOTT	Sent 8/10/12
1010000028	2010	$	60.25	KATHERINE DUFFY PUSTAY	Sent 8/20/12
1010000028	2010	$	2.75	KATHERINE DUFFY PUSTAY	Sent 8/20/12
1010000103	2010	$	50.00	KATHERINE DUFFY PUSTAY	Sent 8/20/12
1010000105	2010	$	65.00	KEITH MOORE	Sent 7/27/12
1010000105	2010	$	576.25	KEITH MOORE	Sent 7/27/12
1010000105	2010	$	74.50	KEITH MOORE	Sent 7/27/12
1010000105	2010	$	65.54	KEITH MOORE	Sent 7/27/12
1010000080	2010	$	19.75	LANE, KENNETH L	Sent 8/20/12
1010000002	2010	$	12.50	LANE, KENNETH L	Sent 8/20/12
1010000002	2010	$	3.50	LANE, KENNETH L	Sent 8/20/12
1010000053	2010	$	12.00	LANE, KENNETH L	Sent 8/20/12
1010000120	2010	$	18.00	LANE, KENNETH L	Sent 8/10/12
1091000127	2010	$	18.00	LANE, KENNETH L	Sent 8/10/12
1010000066	2010	$	48.00	LENOR A SCHEFFLER BLAESER	Sent 7/27/12
1010000139	2010	$	1,006.50	LEWIS, COURTENAY C.	Sent 8/20/12
1010000139	2010	$	18.20	LEWIS, COURTENAY C.	Sent 8/20/12
1010000030	2010	$	34.65	LINDSEY DUBIN	Sent 7/27/12
1010000030	2010	$	142.50	LINDSEY DUBIN	Sent 7/27/12
10100000163	2010	$	115.00	LINDSEY DUBIN	Sent 7/27/12
10100000163	2010	$	45.00	LINDSEY DUBIN	Sent 7/27/12
1010000064	2010	$	25.00	LOIS EPSTEIN	Sent 7/27/12
1010000064	2010	$	27.00	LOIS EPSTEIN	Sent 7/27/12
1010000064	2010	$	106.50	LOIS EPSTEIN	Sent 7/27/12
1010000018	2010	$	63.00	LORRAINE V. FAETH	Sent 8/20/12
109100169	2010	$	28.75	LORRAINE V. FAETH	Sent 8/10/12
1010000007	2010	$	636.00	MARCIA MCNUTT	Sent 7/27/12
1010000007	2010	$	96.42	MARCIA MCNUTT	Sent 7/27/12
1010000007	2010	$	164.09	MARCIA MCNUTT	Sent 7/27/12
910000273	2010	$	353.25	MARCIA MCNUTT	Sent 8/20/12
910000273	2010	$	33.21	MARCIA MCNUTT	Sent 8/20/12
910000273	2010	$	74.00	MARCIA MCNUTT	Sent 8/20/12

910000282	2010	$	353.25	MASTEN, SUSAN	Sent 7/27/12
910000282	2010	$	33.21	MASTEN, SUSAN	Sent 7/27/12
1010000022	2010	$	45.21	MAXINE VELASQUEZ	Sent 7/27/12
1010000022	2010	$	92.00	MAXINE VELASQUEZ	Sent 7/27/12
1010000022	2010	$	335.50	MAXINE VELASQUEZ	Sent 7/27/12
1010000009	2010	$	339.50	MCGHEE, ROBERT	Sent 7/27/12
1010000170	2010	$	177.50	MICHAEL FRENCH	Sent 7/27/12
910000268	2010	$	202.86	NAWI, DAVID	Sent 8/20/12
910000268	2010	$	78.00	NAWI, DAVID	Sent 8/20/12
910000268	2010	$	187.63	NAWI, DAVID	Sent 8/20/12
1010000005	2010	$	139.50	NAWI, DAVID	Sent 8/20/12
1010000005	2010	$	25.10	NAWI, DAVID	Sent 8/20/12
1010000005	2010	$	77.00	NAWI, DAVID	Sent 8/20/12
1010000011	2010	$	241.50	NAWI, DAVID	Sent 8/20/12
1010000010	2010	$	160.40	NAWI, DAVID	Sent 8/20/12
1010000024	2010	$	5.00	NAWI, DAVID	Sent 8/20/12
1010000024	2010	$	70.05	NAWI, DAVID	Sent 8/20/12
1010000024	2010	$	77.00	NAWI, DAVID	Sent 8/20/12
1010000078	2010	$	641.00	NAWI, DAVID	Sent 8/20/12
1010000078	2010	$	52.26	NAWI, DAVID	Sent 8/20/12
1010000078	2010	$	78.73	NAWI, DAVID	Sent 8/20/12
1010000078	2010	$	7.00	NAWI, DAVID	Sent 8/20/12
1010000077	2010	$	66.50	NAWI, DAVID	Sent 8/20/12
1010000111	2010	$	15.00	NAWI, DAVID	Sent 8/20/12
1010000165	2010	$	19.50	PETERSON, SARAH	Sent 8/10/12
1010000152	2010	$	48.00	RAY JOSEPH	Sent 7/27/12
1010000152	2010	$	24.00	RAY JOSEPH	Sent 7/27/12
1010000152	2010	$	21.00	RAY JOSEPH	Sent 7/27/12
1010000153	2010	$	48.00	RAY JOSEPH	Sent 7/27/12
1010000153	2010	$	24.00	RAY JOSEPH	Sent 7/27/12
1010000153	2010	$	21.00	RAY JOSEPH	Sent 7/27/12
1010000154	2010	$	57.00	RAY JOSEPH	Sent 7/27/12
1010000154	2010	$	34.00	RAY JOSEPH	Sent 7/27/12
1010000154	2010	$	20.00	RAY JOSEPH	Sent 7/27/12

1010000050	2010	$	89.25	RAYMOND RIVERA	Sent 8/20/12
1010000097	2010	$	137.30	RAYMOND RIVERA	Sent 8/20/12
1010000067	2010	$	93.00	ROBERT STANTON	Sent 8/20/12
1010000090	2010	$	55.00	ROBERT STANTON	Sent 8/20/12
1010000130	2010	$	151.00	ROBERT STANTON	Sent 8/10/12
1040000129	2010	$	27.50	ROBERT STANTON	Sent 8/10/12
1010000156	2010	$	63.00	ROBERT STANTON	Sent 8/10/12
1010000122	2010	$	848.15	SARA TUMEN	Sent 7/27/12
1010000121	2010	$	371.00	SARA TUMEN	Sent 7/27/12
1010000121	2010	$	376.34	SARA TUMEN	Sent 7/27/12
1010000121	2010	$	27.30	SARA TUMEN	Sent 7/27/12
1010000122	2010	$	63.48	SARA TUMEN	Sent 7/27/12
1010000122	2010	$	458.92	SARA TUMEN	Sent 7/27/12
1010000065	2010	$	591.50	STEFFANI A COCHRAN	Sent 8/20/12
1010000065	2010	$	81.04	STEFFANI A COCHRAN	Sent 8/20/12
1010000065	2010	$	92.00	STEFFANI A COCHRAN	Sent 8/20/12
1010000082	2010	$	1,595.08	STEPHEN A DOHERTY	Sent 8/20/12
1010000082	2010	$	217.55	STEPHEN A DOHERTY	Sent 8/20/12
1010000082	2010	$	99.64	STEPHEN A DOHERTY	Sent 8/20/12
1010000032	2010	$	591.50	STEPHEN A DOHERTY	Sent 8/20/12
1010000032	2010	$	78.04	STEPHEN A DOHERTY	Sent 8/20/12
1010000032	2010	$	55.00	STEPHEN A DOHERTY	Sent 8/20/12
1010000116	2010	$	338.75	STEPHEN A DOHERTY	Sent 8/20/12
1010000116	2010	$	11.83	STEPHEN A DOHERTY	Sent 8/20/12
1010000116	2010	$	445.50	STEPHEN A DOHERTY	Sent 8/20/12
1010000003	2010	$	64.00	STEVE BLACK	Sent 8/20/12
1010000068	2010	$	60.75	STEVE BLACK	Sent 8/20/12
1010000141	2010	$	55.75	STEVE BLACK	Sent 8/10/12
1010000033	2010	$	591.50	STEVEN STALLINGS	Sent 7/27/12
1010000033	2010	$	145.04	STEVEN STALLINGS	Sent 7/27/12
1010000033	2010	$	70.00	STEVEN STALLINGS	Sent 7/27/12
1010000029	2010	$	137.70	STONE, RENEE	Sent 7/27/12
1010000158	2010	$	7.00	STONE, RENEE	Sent 7/27/12
1010000031	2010	$	313.50	TRACEY FISCHER	Sent 7/27/12

1010000031	2010	$	45.17	TRACEY FISCHER	Sent 7/27/12
1010000031	2010	$	30.00	TRACEY FISCHER	Sent 7/27/12
1010000042	2010	$	53.71	UDOAKU CAMILLA IHENETU	Sent 7/27/12
1010000057	2010	$	53.25	WENDY WHITE EAGLE	Sent 7/27/12
1010000057	2010	$	30.00	WENDY WHITE EAGLE	Sent 7/27/12
1010000047	2010	$	205.96	WYNN, PATRICK	Sent 7/27/12
1010000047	2010	$	1,079.50	WYNN, PATRICK	Sent 7/27/12
1010000047	2010	$	121.81	WYNN, PATRICK	Sent 7/27/12

MB

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

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

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

3. VOUCHER NO.: 001

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Gilbert, Alan 1010000081

b. SOCIAL SECURITY NUMBER: (b) (6) [redacted]

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

d. OFFICE TELEPHONE NO.: 303-969-5375

e. PRESENT DUTY STATION: Denver, CO

f. RESIDENCE (city and State):

6. PERIOD OF TRAVEL: a. FROM 02/21/2010 b. TO 02/25/2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 001 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:

12. GOVERNMENT TRANSPORTATION REQUEST OR TRANSPORTATION TICKETS IF PURCHASED WITH CASH (List by number below and attached passenger coupon if cash is used under 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)
Airfare-Roundtrip	655.15	UA		02/21/2010	Denver, CO	Washington, DC/Dulles
Ticket Agent Fee	56.50		1 change return flight	02/24/2010	Washington, DC	Denver, CO

MAR 22 2010

211D 114750
211I 18808
211T 7650

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: 3/17/2010 AMOUNT CLAIMED $ 1,413.08

NOTE: Falsification of an item in an expense account works a forfeiture of claim (27 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 OFFICAL SIGN HERE: [signature] DATE: 3-19-10

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 OFFICAL SIGN HERE: DATE

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

d. NET TO TRAVELER $ 1,413.08

18. ACCOUNT CLASIFICATION
2010 1000 DDD01 68

NSN 7540-00-634-4180

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

3/22/10

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's 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 and tips, and daily total meal cost.
Show expenses, such as: laundry, cleaning and pressing 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

TRAVEL AUTHORIZATION NO. 001

TRAVELER'S LAST NAME
Gilbert

DATE	TIME (Hour and a/p/m)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAK-FAST	LUNCH	DINNER	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)
02/21		Luggage Fee					25.00		25.00				25.00
02/21		Shuttle to Hotel from Dulles					34.00		34.00				34.00
02/21		Subsistance				53.25			53.25			53.25	
02/22		Taxicab from Hotel to DOI					7.50		7.50				7.50
02/22		Subsistance				71.00			71.00			71.00	
02/22		Taxicab from DOI to Hotel					7.50		7.50				7.50*
02/23		Taxicab-no receipt					16.00		16.00				16.00
02/23		Subsistance				71.00	71.00		71.00			71.00	
02/24		Taxicab from DOI to Hotel					7.50		7.50				7.50
02/24		Subsistance				71.00	71.00		71.00			71.00	
02/25		Taxicab from DOI to DCA					21.00		21.00				21.00*
02/25		Subsistance				53.25	53.25		53.25			53.25	
									SUBTOTALS ▶			319.50	102.50
									TOTALS ▶			319.50	102.50

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

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

TOTAL AMOUNT CLAIMED ▶ 422.00

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. Chpt. 57 as implemented by the Federal Travel Regulation (FPMR 101-7), E.O. 11609 of July 29, 1971, P.L. 100-72 of March 27, 1952, 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 employee reimbursement or eligibility for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such disbursements to the Government. The information will be used by officers and employees who have need for 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 subject 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 (SSAN) 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 taxpayer and/or employee identification number. Disclosure of your SSAN and other requested information is MANDATORY on vouchers claiming travel and/or relocation allowance expenses reimbursements or both, or may be taxable income. Disclosure of your SSAN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSAN) requested 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 member's 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): Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h): Show expenses, such as: laundry, cleaning and pressing 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

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 — 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)
02/25		Parking Fee at DIA					43.00		43.00			43.00	43-
02/25		Lodging						828.08					828.08
02/25		Lodging tax						120.00					120.00 08
								120.					
								2110 114250					
								211 I 18808					
								211 II 9350	7650				
									SUBTOTALS ►			43.00	948.08
									TOTALS ►			43.00	948.08

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 ► 991.08

In compliance with the Privacy Act of 1974 the following information is provided: [illegible] ... The information may be disclosed to appropriate Federal, State, local or foreign agencies [illegible] ... 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 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.
2. February 18, 2010 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Alan Gilbert
5. OFFICIAL STATION Denver, CO
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, CO
9. TO: Washington, D.C.

10. PURPOSE AND REMARKS:

To attend meetings with Secretary and several other staff members.

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 02/21/10 Ending on or about 02/26/10

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. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	633.40
21. Per Diem		284.00
22. Other Lodging		888.00
23. TOTAL	$	2855.00

24. CHARGED TO:
2010 1000 DDD01 68

25. (FISCAL OR PROVISIONAL SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. (TITLE)
28. Renee Stone (AUTHORIZING OFFICIAL SIGNATURE)
29. Deputy Chief of Staff (TITLE)

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

GILBERT, ALAN

Room Number: 720
Daily Rate: 207.00
Room Type: QQDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	GUEST NAME	RATE PLAN	CATEGORY	ACCOUNT
02/21/10	02/25/10	(b) (6) [redacted]	SAT	INEG	114202&3062

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
02/21/10	720	ROOM CHARGE	#720 GILBERT, ALAN	$207.00
02/21/10	720	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
02/22/10	720	ROOM CHARGE	#720 GILBERT, ALAN	$207.00
02/22/10	720	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
02/23/10	720	ROOM CHARGE	#720 GILBERT, ALAN	$207.00
02/23/10	720	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
02/24/10	720	ROOM CHARGE	#720 GILBERT, ALAN	$207.00
02/24/10	720	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02

TOTAL DUE: $948.08

Pg 1 of 1

2/26/2010

Receipts and Documents for Alan Gillet

Trip to Washington DC from Feb 21, 2010 to Feb 25, 2010

① Parking at DIA $43

② Various taxis to and from DOI and hotel
$7.50
$10.00
7.50
$16 - (no receipt)

③ Taxi from DOI to National Airport - Steve Doherty and me
$21

④ Supershuttle - from Dallas to Hotel on 2/21
$34 ($29 plus $5 tip)

⑤ Baggage fee - United Airlines
$25

⑥ Hotel Palomar
$948.08

Separate Reimbursement
① Parking for Oil Shale speech on 2/15/2010
$11

February 19, 2010

Carlson Wagonlit Travel SatoTravel

For: ALAN GILBERT

To: NOMSDOI
ETKT 19FEB.

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

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

Sunday February 21, 2010

United Airlines — Flight Number: 932
Class of Service: Coach Class Y
Depart: DENVER, CO — 3:53 Pm February 21, 2010
Arrive: WASHINGTON/DULLES — 9:08 Pm February 21, 2010
Total Flight Time: — 3 Hours 15 Minutes Non-Stop
Equipment: Boeing 767
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: LL2FYQ
Reserved Seat: GILBERT/ALAN 32E
STAR ALLIANCE

Sunday February 21, 2010

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: 207.00 USD Per Night
Check In: Feb 21, 2010
Check Out: Feb 25, 2010
Confirmation Number: 1094704735
Cancellation Policy: Cancel 24 hours prior
Directions: AIRPORTS

Thursday February 25, 2010

Frontier Airlines — Flight Number: 725
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:00 Pm February 25, 2010
Arrive: DENVER, CO — 8:07 Pm February 25, 2010
Total Flight Time: — 4 Hours 7 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: JLBMTG
Reserved Seat: GILBERT/ALAN 16D
Frequent Flyer Number: — F926011251422 GILBERT/ALAN
DEP-TERMINAL B

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
GILBERT ALAN	5681/4227723550181	194.42	25.28			219.70
GILBERT ALAN	5681/8900521172597	28.25				28.25
GILBERT ALAN	5680/0187723550180	421.40	31.60US	3.70ZP	2.50AY	463.70
					Total Amount:	711.65

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//18FEB

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS JIYHYU

SALES PERSON: 77 ITINERARY DATE: 18 FEB 10
JIYHYU PAGE: 01

TO: NGMSDOT
ETKT 19FEB.

FOR: GILBERT/ALAN REF: GDOIOS

YOUR ESTIMATED AIRFARE ON 18FEB AT 1440 IS 683.40

21 FEB 10 SUNDAY

AIR	UNITED AIRLINES	FLT:932	ECONOMY	FOOD FOR PURCHASE
	LV DENVER		353P	EQ: BOEING 767 300
				03HR 15MIN
	AR WASHINGTON DULLES		908P	NON-STOP
				REF: LOQFFQ
	GILBERT/ALAN	SEAT-32E		
HOTEL	WASHINGTON REAGAN		OUT-25FEB	
	KIMPTON HOTELS		4 NIGHTS	
	HOTEL PALOMAR DC-A		1 ROOM	QUEEN QUEEN DELUXE ROOM WI
	2121 P STREET NW		INCLUDES FREE WI-FI AND WINE R	
	WASHINGTON DC 20037		RATE-207.00USD PER NIGHT	
	FONE 202-448-1800		CANCEL 24 HOURS PRIOR TO ARRIVAL	
	FAX 202-448-1801			
	GUARANTEED LATE ARRIVAL			
	CONFIRMATION 1094704235			

25 FEB 10 THURSDAY

AIR	FRONTIER AIRLINES	FLT:725	ECONOMY	FOOD FOR PURCHASE
	LV WASHINGTON REAGAN		600P	EQP: AIRBUS A320
	DEPART: TERMINAL A			04HR 07MIN
	AR DENVER		807P	NON STOP
				REF: JIBXTG
	GILBERT/ALAN	SEAT-16D	P9-20011251422	

FOR: GILBERT/ALAN REF: GDOIOS

YOUR CARLSON WAGONLIT CONFIRMATION CODE IS JIYHYU

SALES PERSON: 77 ITINERARY DATE: 18 FEB 10
JIYHYU PAGE: 01

TO: NGMSDDI
ETKT 19FEB.

FOR: GILBERT/ALAN REF: GDOIOS

YOUR ESTIMATED AIRFARE ON 18FEB AT 1440 IS 683.10

21 FEB 10 - SUNDAY

AIR UNITED AIRLINES FLT:932 ECONOMY FOOD FOR PURCHASE
LV DENVER 353P EQ: BOEING 767 300
02HR 15MIN
AR WASHINGTON DULLES 908P NON-STOP
REF: LDQHFQ

GILBERT/ALAN SEAT-32E

HOTEL WASHINGTON REAGAN OUT-25FEB
KIMPTON HOTELS 4 NIGHTS
HOTEL PALOMAR DC-A 1 ROOM QUEEN QUEEN DELUXE ROOM WI
2121 P STREET NW INCLUDES FREE WI-FI AND WINE R
WASHINGTON DC 20037 RATE-207.00USD PER NIGHT
PONE 202-448-1800 CANCEL 24 HOURS PRIOR TO ARRIVAL
FAX 202-448-1801
GUARANTEED LATE ARRIVAL
CONFIRMATION 0094704235

25 FEB 10 - THURSDAY

AIR FRONTIER AIRLINES FLT:725 ECONOMY FOOD FOR PURCHASE
LV WASHINGTON REAGAN 600P EQ: AIRBUS A319
DEPART: TERMINAL A 04HR 07MIN
AR DENVER 807P NON-STOP
REF: JIEKTG

GILBERT/ALAN SEAT-16D FB-800112B1422

This flight was changed to the 1:40 pm Frontier flight

PAX: GILBERT/ALAN REF: GDOIOS

SuperShuttle

Call (800) BLUE-VAN at least one day in advance for return reservations

PASSENGER RECEIPT

2/21/2010 10:30:44PM

CONF#:
ADULT: 1
CHILD: 0

gilbert, alan
PALOMAR HOTEL
WASHINGTON 20037

FARE:	$ 29.00
SERVICE CHARGE:	$ 0.00
DISCOUNT:	$ 0.00
TIP:	$ 0.00
COMP/GIFT CERT:	$ 0.00
TOTAL DUE:	$ 29.00
PAYMENT TYPE:	CC
TOTAL PAID:	$ 29.00
CHANGE DUE:	$ 0.00

THIS IS A RECEIPT
NOT VALID FOR TRANSPORTATION
IAD

Plus $5 tip

INSERT

Do not expose to excessive heat or direct sunlight

STAPLE HERE

UNITED

21FEB10 GENT1 [illegible]

CUSTOMER: GILBERT/ALAN

TKT NBR: 016 7723550160

ITEMS: 25.00 BAG1 FEE

BAGGAGE PAYMENT
CUSTOMER RECEIPT 016 4514601877

CPN: 1 ORIGIN: DEN DESTINATION: IAD

(b)
(6)
[redacted]

TOTAL USD25.00

CPN ACCOUNTING [illegible]
1 016 4514601877 3

DC TRIP / CAPPED
GEORGETOWN CAB
CAB # 9
02/22/10 TR 5008
START END MILES
06:07 06:17 1.2
FARE FOR EA RATE
RATE 1: $ 6.00
EXTRA: $ 1.50
TOTAL: $ 7.50
THANKS
DC TAXICAB COMM
TEL 202 645-6018

DC TRIP / CAPPED
INDEPENDENT
CAB # 1134
02/24/10 TR 6210
START END MILES
05:34 05:40 3.6
FARE FOR EA RATE
RATE 1: $ 6.00
EXTRA: $ 1.50
TOTAL: $ 7.50
THANKS
DC TAXICAB COMM
TEL 202 645-6018

DENVER
INTERNATIONAL AIRPORT
Card Account # : XXXXXXXXXXXX7143
Card Expiration Date : XX/XX
Card Type : VISA
Authorization Code : 000072
Bank Sequence Number : 00000072

Entrance: 13:53 02/21/10 Lane # 07
Exit : 16:34 02/25/10 Lane # 61
Length of stay: 4 d. 02 h. 41 mn.
License Plate : CD 530MNG
Cashier: 3008 Shift: 0197 SEQ# 4471
6

Transaction Amount: $ 43.00

TAXICAB RECEIPT
$10
Time:
Date:
Origin of trip: Hotel
Destination: DCI
Fare:
Sign:

$21 mc + Steve

TAXICAB RECEIPT

Time: Thursday
Date: Noon
Origin of trip: Interior
Destination: National Airport
Fare: Sign:

Same receipt for parking

DENVER
INTERNATIONAL AIRPORT
PARKING RECEIPT
*** Thank you ***
Entrance: 13:53 02/21/10 Lane # 07
Exit : 16:34 02/25/10 Lane # 61
Length of stay: 4 d. 02 h. 41 mn.
License plate : CD 530MNG
Cashier: 3008 Shift: 0197 SEQ# 4471
6
Amount paid $ 43.00 Card

To: **Sheila Wilson**
Branch of Accounting Operations, FNMS
National Business Center

From: Margaret Bradley
Office of the Secretary

Date: February 18, 2010

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
Alan Gilbert	February 21-26, 2010	2010-1000-DDD01-68

Account Name: Division of Financial Management Services

TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

US Department of the Interior
Office of the Secretary

101000038

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

3. VOUCHER NO.

4. SCHEDULE NO.

a. Name (Last, first, middle initial)
Gilbert, Alan

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

6. PERIOD OF TRAVEL
a. FROM 12-06-2009
b. TO 12-07-2009

TRAVELER

c. MAILING ADDRESS (Incl. Box ZIP Code)
(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Gilbert1
b. DATE(S) 12-01-2009

e. PRESENT DUTY STATION
Denver, CO

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

JAN 11 2010

11. PAID BY

JAN 11 2010

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 (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
See attached ticket	439.20	FR	Economy	12-04-2009	Denver, CO	Washington, DC and return
TMC	28.25					

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

2110313.50
211I 5802
211T 1900

DOC 8 NYC

JAN 8 2010

NO 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 SIGNATURE ▶ [signature] DATE Dec 21, 2009 AMOUNT CLAIMED ▶ $ 390.52

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 no more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.e. 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 SIGNATURE ▶ [signature] DATE 1.4.2010

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 ▶ $ 390.52

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 SIGNATURE ▶ DATE

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

1/12/10

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. (f) If the voucher includes per diem allowances for members of employee's immediate family show member's names, ages.

Complete only for actual

Col. (i) 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.
Total subsistence expense incurred for actual expense travel.
Per diem amount, limited to maximum rate, or if travel on actual rate, 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, rental, relocation other than subsistence, etc.

Schedule No. 2 OF 2 PAGES (If this is a continuation sheet)

TRAVEL AUTHORIZATION NO.

Gilbert1

TRAVELER'S LAST NAME

Gilbert

Date	Time		Total (g)	Miscellaneous Subsistence (h)	Lodging (i)	Total Subsistence Expense (j)	Mileage Rate: No. of Miles (k)	Mileage (l)	Subsistence (m)	Other (n)
2009 (a)	Hour and minute (b)									
12/06	4:30 pm	D								
	6:?? pm			53.25	207.00	260.25			260.25	
										19.00 T
										30.02 T
12/06	8:00 pm									
	8:01 pm			53.25		53.25			53.25	
										26.00 T

53.25
53.25
106.50 207
= 313.50

Calculator tape:
53•25 +
••0••
53•25 +
53•25 +
207•00 +
313•50 ∗
••0••
••0••
30•02 +
26•00 +
••0••
313•50 +
56•02 +
19•00 +
••0••
26•00 +
30•02 +
••0••
313•50 +
56•02 +
19•00 +
390•52 ∗
390•52

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

	Mileage	Subsistence	Other
SUBTOTALS ▶		$313.50	$77.02
TOTALS ▶		$313.50	$77.02

If additional space is needed...

Information ... 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 ▶ $390.52

TAXICAB RECEIPT

Time: 11 45 PM

Date: 12/

Origin of trip: Reagan Airport

Destination: Palomar Hotel

Fare: $19.00 Sign: [illegible]

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

TRAVEL AUTHORIZATION

1. No. Gilbert1
2. 12/01/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME: Alan J. Gilbert 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 will interview 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 12/08/09 Ending on or about 12/07/09

MODE OF TRAVEL

13. [X] Common carrier 14. Extra fare at a mileage rate of 15. Government-owned conveyance cents, subject to:
16. [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)
Luggage, taxi fare, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	470.00
21. Per Diem		350.00
22. Other		100.00
23. TOTAL	$	920.00

24. CHARGED TO:
2010 1000 DD001 68

25. (APPROVING OFFICER'S SIGNATURE)

26. (AUTHORIZER'S SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Carlson Wagonlit Travel SatoTravel

December 4, 2009

For: ALAN J GILBERT

To: NGMSDOI
ETKT 04DEC**IN//ITATIONAL**.

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

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

Sunday December 6, 2009

Frontier Airlines — Flight Number: 720
Class of Service:Coach Class Y
Depart: DENVER, CO — 4:30 Pm December 6, 2009
Arrive: WASHINGTON/NATL,DC — 9:47 Pm December 6, 2009
Total Flight Time: — 3 Hours 17 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: GDAEVE
Reserved Seat: GILBERT/ALAN J 15C
Frequent Flyer Number: (b) (6) GILBERT/ALAN J
ARR-TERMINAL C

Sunday December 6, 2009

WASHINGTON/NATL,DC
HIMCO HOTEL PALOMAR DC-A KIMPTON HTL
1121 F STREET NW
WASHINGTON DC 20037
Phone Number: 202-448-1800
Fax Number: 202-448-1801
Number of Rooms: 1
Rate: 207.00 USD Per Night
Check In: Dec 06, 2009
Check Out: Dec 07, 2009
Confirmation Number: 1092138799
Cancellation Policy: Cancel 24 hours prior
Directions: AIRPORTS

Monday December 7, 2009

Frontier Airlines — Flight Number: 721
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 6:00 Pm December 7, 2009
Arrive: DENVER, CO — 8:01 Pm December 7, 2009
Total Flight Time: — 4 Hours 1 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: GDAEVE
Reserved Seat: GILBERT/ALAN J 9D
Frequent Flyer Number: (b) (6) GILBERT/ALAN J
DEP-TERMINAL C

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
GILBERT ALAN J	5505/4227708271246	388.84	29.16US	7.20ZP	5.00AY	439.20
GILBERT ALAN J	5505/8805059192406	28.25				28.25

(b) (6)

Total Amount: 467.45

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 877-866-2564

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/01DEC

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR

GILBERT, ALAN J

Room Number: 432
Daily Rate: 207.00
Room Type: QNDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CLERK	FOLIO #
12/06/09	12/07/09	(b) (6) SAT	NEG 11420272074

DATE	ROOM	DESCRIPTION	REFERENCE	CHARGES
12/06/09	432	ROOM CHARGE	#432 GILBERT, ALAN J	$207.00
12/06/09	432	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02

TOTAL DUE: $237.02

KIMPTON hotels & restaurants

BOOKIMPTON • KIMPTONHOTELS.COM

DENVER
INTERNATIONAL AIRPORT
Card Account # [redacted]
Card Expiration Date : XX/XX
Card Type : VISA
Authorization Code : 00013
Bank Sequence Number : 00000113

Entrance: 15:40 12/06/08 Lane # 03
Exit : 20:33 12/07/08 Lane # 35
Length of stay: 1 d. 04 h. 53 mn.
License Plate : CO 530MN6
Cashier: 0144 Shift: 0127 SEQ# 6662

Transaction Amount: $ 28.00

DENVER
INTERNATIONAL AIRPORT
PARKING RECEIPT
*** Thank you ***
Entrance: 15:40 12/06/08 Lane # 03
Exit : 20:33 12/07/08 Lane # 35
Length of stay: 1 d. 04 h. 53 mn.
License plate : CO 530MN6
Cashier: 0144 Shift: 0127 SEQ# 6662
Amount paid $ 28.00 Card

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

7. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Department of the Interior
Immediate Office of the Secretary

2. VOUCHER NUMBER
005

3. SCHEDULE NUMBER
D. Jackson

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

5. PAID BY

1. CLAIMANT

a. NAME (Last, First, Middle Initial)
Gilbert, Alan 10:000 0113

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

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

d. OFFICE TELEPHONE NUMBER
202-431-6568

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)	(Explain expenditures in specific detail.) (c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE RATE	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PER SONS (h)	TIPS AND MISCELLANEOUS (i)
4/15/10	C	Blackberry Battery Replacement							41.10
3/23/10	C	Parking Fee							9.00
3/03/10	C	Parking Fee							2.25

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

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 51.35

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 51.35

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. 68b).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE

DATE 5.4.10

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

2010 1000 DDD01 68

DoD Overprint 4/2002

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

Batteries Plus #[illegible]
2700 [illegible] Street
Boulder, CO [illegible]
Phone: [illegible]

Ticket: [illegible] Cert: [illegible]
Date: [illegible] Sign: [illegible]

Item Description	Qty	Price and type	Total
[illegible]	1	[illegible]	[illegible]

Item Subtotal	[illegible]
Tax	[illegible]
Total	[illegible]

Tender:

Visa or MasterCard [illegible]
[illegible]
Sale amt recvd 41.10

Cell Phone Blackberry

Number of items purchased: 1

Sold To:
Alex Gilbert
LITTLETON, CO [illegible]

WE VALUE YOUR FEEDBACK!
GO TO SURVEY.BATTERIES[illegible].COM
Laptop returns - 5 days, unused.
Cash refunds over $20 will be
by check and take up to 2 weeks.

3-2-2010
Parking in Cherry Creek
Meeting with Paul Tourangeau
of CDPHE

08:51 AM 11:11 AM
03/02/10 $ 2.25 59238

3/23/2010
Parking for CBA speech $9.00

DISPLAY FACE UP
ON DASH
EXITING VOIDS RECEIPT
PURCHASE TICKET FROM
MACHINE ONLY
LOT: 210 METER: 2

Ticket Expires:
08:00 PM Tue
2010 Mar 23

Ticket: 0000002149
Time: 11:37 AM Tue
Date: 2010 Mar 23
Price: $9.00
Charge: $9.00
Card: [redacted] (b) (6)
Auth #: 358421

DISPLAY FACE
UP ON DASH

303 969 7281 P 7/7
2022085627 >>
FAX
2010-05-05 15:53

Jackson, D'Andrea E

From: Gilbert, Alan
Sent: Thursday, April 15, 2010 5:02 PM
To: Jackson, D'Andrea E
Subject: Reimbursement
Attachments: Alan.Gilbert.receipts.battery.parking.4.15.2010.PDF

Hi, D'Andrea.

Thanks for the call this morning.

I have attached three receipts for reimbursement, please. The first one is for a new cell phone battery (not cheap!). The second two are miscellaneous parking over the past month or so. (Please check. I am pretty sure I have not sent these to you before.) I have written identifying information on both.

Also, for this morning's drive to Rocky Mountain National Park and back (to meet with the Superintendent, Vaughn Baker), please see that I am reimbursed for 144 miles. I drove my own car.

I will send you the original receipts next time I send you a package of stuff.

Thanks.

Alan

****

ALAN J. GILBERT
SENIOR ADVISOR TO THE SECRETARY
SOUTHWEST AND ROCKY MOUNTAIN REGIONS
U.S. DEPARTMENT OF THE INTERIOR
12136 W. BAYAUD AVE., SUITE 100
LAKEWOOD, COLORADO 80228
PHONE: 303-969-5375
FAX: 303-969-5503
EMAIL: alan_gilbert@ios.doi.gov

11:29:18 Fri May 07, 2010

DOCID: TV O 1010000113
STATUS: HELD BATID: TV O 127BA1 SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1010000113 VOUCHER PARTIAL/FINAL: F
LOG DATE: 05 07 2010 DOC ACTION: TOTAL VERIFIED: 51.35
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 03 03 2010 END DATE: 04 05 2010 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: 139444029 DAYS: OWED EMPLOYEE: 51.35 I/D:
NAME : ALAN JAY GILBERT 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: (b) (6)
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 FROM THE DESK OF

To: **Brad Allegrezza**

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-7718
FAX: 303-969-6631

From ~~TO~~: Barbara Martin
FAX: 202-208-5627

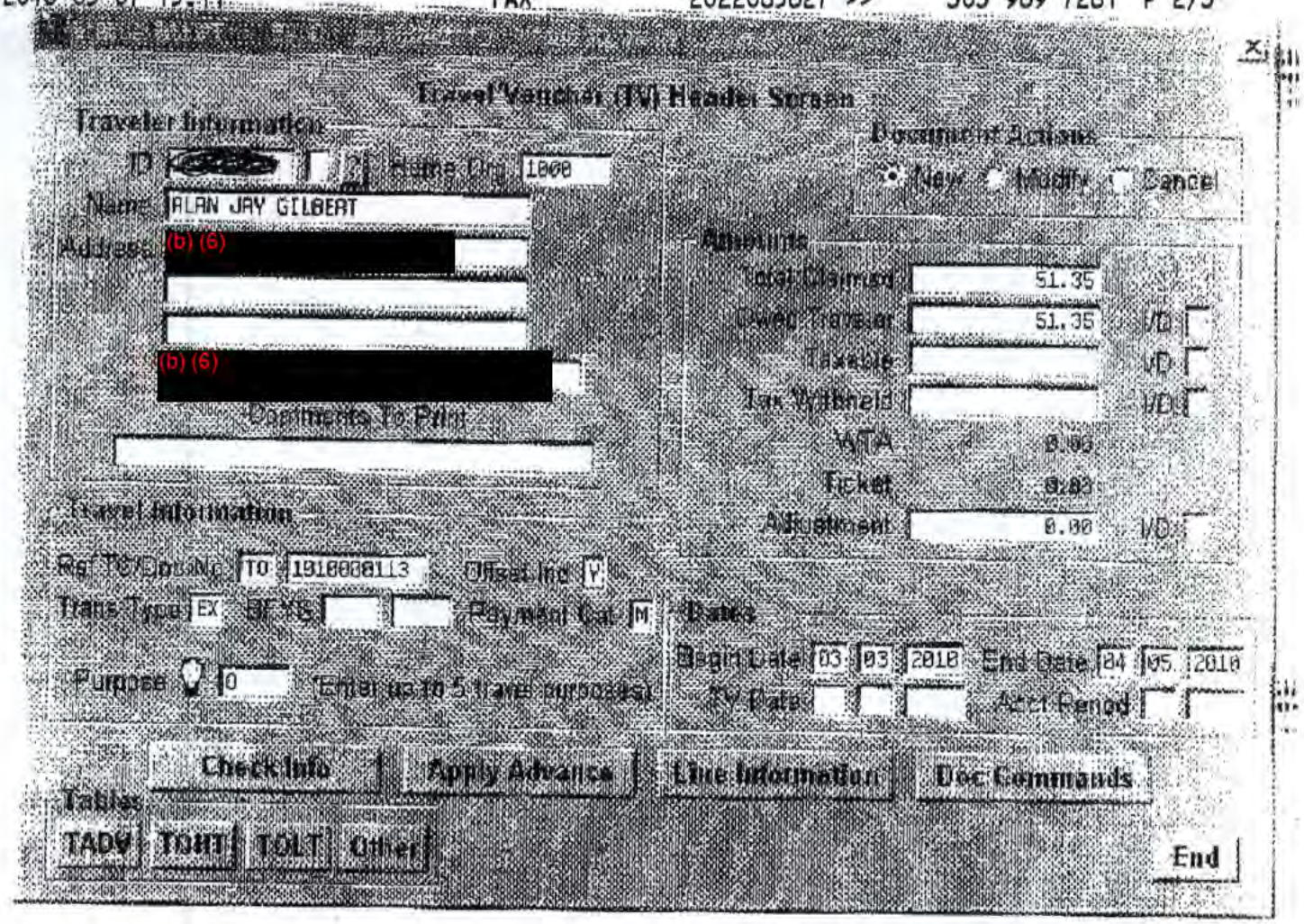
Date: 5-7-2016

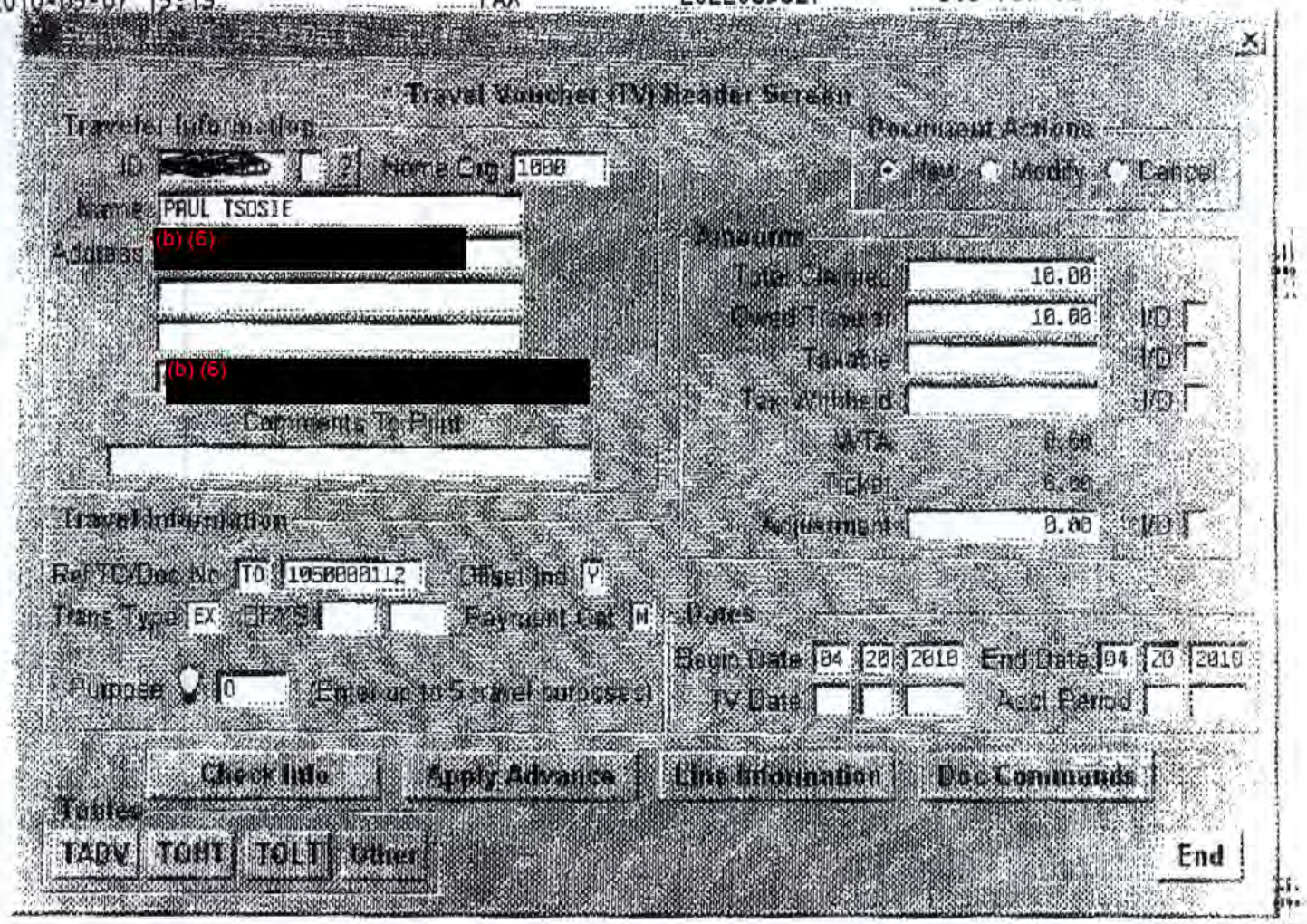
Total Pages 2

MESSAGE:

Accepted/Paid Copies
Political Appointee Travel Vouchers

Thanks B.


Travel Voucher (TV) Header Screen
Traveler Information
ID
Name ALAN JAY GILBERT
Address (b) (6)
(b) (6)
Comments To Print
Travel Information
Trans Type EX
Purpose 0
Enter up to 5 travel purposes!
Document Actions
New Modify Cancel
Amounts
Total Claimed 51.35
Taxable
Tax Withheld
VITA 0.00
Ticket 0.00
Adjustment 0.00
Dates
Begin Date 03 03 2010
End Date 04 05 2010
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV
TDHT
TOLT
Other
End


Travel Voucher (TV) Header Screen
Traveler Information
ID
Name PAUL TSOSIE
Address (b) (6)
(b) (6)
Comments To Print
Travel Information
Ref TO/Doc Nbr TO 1050000112
Trans Type EX
Purpose 0
(Enter up to 5 travel purposes)
Payment Actions
New
Modify
Cancel
Amounts
Total Claimed 10.00
Owed Traveler 10.00
Taxable
Tax Withheld
M&IE 0.00
Ticket 6.00
Adjustment 0.00
Dates
Begin Date 04 20 2010
End Date 04 20 2010
TV Date
Acct Period
Check Info
Apply Advance
Line Information
Doc Commands
Tables
TADV
TGHT
TOLT
Other
End

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.

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial)
10100001 19
Montoya, Carly

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL
a. FROM 04-16-2010
b. TO 04-20-2010

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) CMontoya1
b. DATE(S) 04-15-2010

e. PERMANENT DUTY STATION
Sacramento, 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

10. CHECK NO.

11. PAID BY
Int O

12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION AGENTS IF PURCHASED WITH CASH (Use for travel below that cash passenger coupons if cash is used. Show cash 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	631.10	UA	Economy	04-15-2010	Sacramento, CA	Washington, DC
TMC Fee	28.25					

Invitational travel. Traveler interviewed for a position at DOI. Air fare purchased with corporate card. Traveler arrived in DC three days prior to interview at no additional cost to the government. Per diem for travel dates only. No lodging expenses incurred; traveler stayed with relative.

7 MP 101.50
7 IT 68.50

MAY 20 2010

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. The appropriate per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 5/13/10

AMOUNT CLAIMED ▶ $ 175.00

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. 5 U.S.C. 5536)

APPROVING OFFICIAL SIGN HERE [signature] DATE 5/20/10

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 ▶ $ 175.00

18. ACCOUNTING CLASSIFICATION
2010 1001 DDD01 88

NSN 7540-00-634-4180

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

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2010-05-20 13:35 FAX 2022085627 >> 3039697281 P 3/8

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 this 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. Cmontoya1

TRAVELER'S LAST NAME Montoya

DATE 2010 (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)
[illegible]	6:55 a.m.	Depart Sacramento											
	[illegible]	Arrive Washington, DC					53.25		53.25			53.25	
		Tax Duties/Lodging											66.50
[illegible]		Personal Time											
04/18		Personal Time											
04/19		Interview at DOI											
04/20	8:30 a.m.	Depart Washington, DC											
	[illegible]	Arrive Sacramento, CA					53.25		53.25			53.25	
		Airport Parking											12.00
		SUBTOTALS										$106.50	$66.50
		TOTALS										$106.50	$66.50

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 $175.00

[illegible] the Privacy Act of 1974, the following information is provided: [illegible] information on this form is authorized by 5 U.S.C. Chap. 57 as [illegible] Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July [illegible] of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 [illegible] 6109. The primary purpose of the requested information is to [illegible] reimbursement to eligible individuals for allowable travel [illegible] expenses incurred under appropriate administrative authorization [illegible] 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 [illegible] to appropriate Federal, State, local, or foreign agencies, when relevant 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.

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

DATE 4/16/10 AMOUNT $ 56.50

RECEIVED FROM

FROM Dulles

DESTINATION 25th street, N.W

CAB # DRIVER I.D. #

DRIVERS NAME

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. CMontoya1
2. 04-15-2010 (DATE)

3. U.S. Department of the Interior (BUREAU OR OFF CE)

4. NAME Carly Montoya

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 will interview for a position at the Department of the Interior.

Travel commences three days prior to official business, at no additional cost to the government. Per diem for travel dates only.

No lodging -- traveler will stay with family/friends.

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** 04-16-2010 **Ending on or about** 04-20-2010

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)*
Taxi, airport parking

ESTIMATED COST

20. Transportation	$	859.35
21. Per Diem		106.50
22. Other		100.00
23. TOTAL	$	865.85

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational Travel (TITLE)

28. Renee Stone (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

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

April 15, 2010

Sato Travel

For: CARLY MONTOYA

Re: NGMSDOI
ETKT 14APR

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

THIS INVOICE IS PROOF OF YOUR ELECTRONIC TICKET TRANSACTION.
IF A REFUND IS NEEDED PLEASE CALL CARLSON WAGONLIT TRAVEL.
TICKET PURCHASED WITH CA...3788*
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
*NAME/INVOICE AND TICKET NUMBERS APPEAR
*IN THE PRICING BOX
****

Friday April 16, 2010

United Airlines — Flight Number: 290
Class of Service:Coach Class Y
Depart: SACRAMENTO, CA — 6:55 Am April 16, 2010
Arrive: WASHINGTON/DULLES — 3:00 Pm April 16, 2010
Total Flight Time: — 5 Hours 5 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: RJNTVI
Reserved Seat: MONTOYA/CARLY 25D
DEP-TERMINAL B
STAR ALLIANCE

Tuesday April 20, 2010

United Airlines — Flight Number: 607
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC — 8:30 Am April 20, 2010
Arrive: CHICAGO/OHARE — 9:35 Am April 20, 2010
Total Flight Time: — 2 Hours 5 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed — Confirmation Number: RJNTVI
Reserved Seat: MONTOYA/CARLY 21F
DEP-TERMINAL C ARR-TERMINAL 1
STAR ALLIANCE

Tuesday April 20, 2010

United Airlines — Flight Number: 381
Class of Service:Coach Class Y
Depart: CHICAGO/OHARE — 10:22 Am April 20, 2010
Arrive: SACRAMENTO, CA — 1:02 Pm April 20, 2010
Total Flight Time: — 4 Hours 40 Minutes Non-Stop

Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: RJNTVI
Reserved Seat: MONTOYA/CARLY 20E
DEP-TERMINAL 1 ARR-TERMINAL B
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
MONTOYA CARLY	5847/0167875626083	557.21	41.78US	11.10ZP	7.50AY	631.10
MONTOYA CARLY	5847/8900522627120	28.25				28.25
					Total Amount:	659.35

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//14APR
LODGING DECLINED//14APR

TO:

FAX FROM THE DESK OF

Brad Allegrezza
NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-7718
FAX: 303-969-6631

Barbara Martin
202-208-5627

Date: 5-21-2010

Total Pages 1

MESSAGE: DONE
HAVE A NICE WEEKEND, BRAD

Accepted / Paid Copy
Political Appointee Travel Vouchers

Thanks

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:	Brad Allegrezza	**Fax:**	303-969-7281
From:	Barbara Martin	**Date:**	5/20/2010
Re:	Enclosed is a voucher for Carly Montoya	**Pages:**	
CC:			

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

Notes:

Thanks ☺

FFS

Doreen D Henderson to: Brad J Allegrezza 05/21/2010 12:39 PM

Vendor Montoya has been updated.

Dee

FAX FROM THE DESK OF

Brad Allegrezza

NATIONAL BUSINESS CENTER/DENVER
7301 West Mansfield Ave
Denver, CO 80235
PHONE: 303-969-7718
FAX: 303-969-6631

TO: Barbara Martin
FAX: 202-208-5627

Date: 5-21-2016

Total Pages 1

MESSAGE: DONE
HAVE A NICE WEEKEND, BRAD

Political Appointee Travel Vouchers

13:34:39 Fri May 21, 2010

DOCID: **TV O 1010000119**
STATUS: **HELD** BATID: **TV O 141BA1** SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: **TO 1010000119** VOUCHER PARTIAL/FINAL: **F**
LOG DATE: **05 21 2010** DOC ACTION: TOTAL VERIFIED: **175.00**
BUDGET FYS: ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: **EX** PAYMENT CAT: **M** TAXABLE: I/D:
BEGIN DATE: **04 18 2010** END DATE: **04 20 2010** 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: **521559949** DAYS: OWED EMPLOYEE: **175.00** I/D:
NAME : **CARLY MONTOYA** 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: (b) (6) (b) (6)
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
--- ---------- -------	----------	--- ----------	----------

A--*HD24-NO MORE DOCUMENTS IN BATCH

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form

5. PAID BY: 101000 0004

CLAIMANT

a. NAME (Last, first, middle initial): Davis, Laura 2188621

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

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

d. OFFICE TELEPHONE NUMBER: 202/208-6291

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.)

DATE (a)	CODE (b)	Show appropriate code in col. (b): A-Local travel, B-Telephone or telegraph, or C-Other Expenses (Explain expenditures in specific detail) (c) FROM	(d) TO	MILEAGE RATE (e) / NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADD. PER. SO. (i)	TIPS AND MISCELLANEOUS (j)
10/9/09	C	Bookkeeper Phone Boutery				45.00		
			211 I 45.00					
			NOV - 3 2009					
			11/4/09					
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i), ...) $ 45.00			TOTALS			45.00		

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary to 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. 6106).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 10-23-09

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: [signature] DATE: 10/21/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2008 1000 0000 1 68

STANDARD FORM 1034 (Rev. 11-77) Prescribed by CSA, FPRM (CFR 41) 201-7

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

4. CLAIMANT

a. NAME (Last, first, middle initial): DAVID I. HAYES 1010000098

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-6291

5. PAID BY

APR 07 2010

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)	(Explain expenditures in specific detail.) FROM (c)	TO (d)	MILEAGE RATE (e)	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADD'L PERSONS (i)	TIPS AND MISCELLANEOUS (j)
07/22	A	Capitol Hill	Department of Justice		1		8.00		1.50
11/11 2010	A	Parking at Watergate for	National Journal Interview				12.00		
03/24	A	Capitol Hill	Department of the Interior		1		9.00		

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

APR - 7 2010

4/9/10

(c) BACK. SUBTOTALS CARRIED FORWARD FROM THE BACK

(f), (g) and (j) $ 30.50

TOTALS 29.00 1.50

7. 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: Rennie Starr DATE 4-6-10

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 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: DAVID I. HAYES DATE 4/5/10

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) 101-7

Safe from Hill
to DOI

[redacted]

KEEP THIS TICKET

This ticket MUST be presented to cashier on leaving parking area. Charges are for use of Parking space only. The Company assumes no responsibility for loss through fire, theft, collision or otherwise to the car or contents.

CARS PARKED OWNER RISK

LOCK YOUR CAR

$12.00 Parking @ Watergate for interview with National Journal on 11/11.

Reimbursable?

TAXICAB RECEIPT

Time: 8

Date: 3/24

Origin of trip: Cap. Hill

Destination: Interim Dept

Fare: 9.00 Sign:

Taxi back to Hill last Tuesday

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: 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): PUSTAY, KATHERINE 462812048

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

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240 1010000103

d. OFFICE TELEPHONE NUMBER: 202-208-3744

APR 15 2010

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 2009 (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)
12/10	A	Department of Justice	Department of the Interior			9.00	1	
12/10	A	Department of Justice	Department of the Interior			9.00	1	
12/15	A	Department of the Interior	F Street & 14th			7.00		
2010	A		~~APR 1 9~~ 2010					
1/29	A	15th & Madison	Department of the Interior			7.00		
3/17	A	Department of the Interior	Park Hyatt (TBAC Meeting)			9.00	1	
3/17	A	24th & M Street	Department of the Interior			9.00	1	
			211 I 50.00	4/16/10				
			~~APR 1 6 2010~~					
				4/22/10				
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			d (i.) ▶ $ 50.00	TOTALS		50.00		

...ks, if shown, are certified ...ote: If long distance calls ... authorized in writing, by the head of the department or agency to an certify (31 U.S.C. 680(b).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/12/10

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ [signature] DATE 4.13.10

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 4-12-10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

Taxi Cab Receipts

DATE: 12/10/09 TIME: 1:20

TRIP ORIGIN: 1100 L St (D05)

DESTINATION: 1849 C St (D01

FARE: $7 SIGNATURE

TAXICAB RECEIPT

Time: 10:25

Date: 12-10-09

Origin of trip: Jackson / MIB

Destination: D05 - 1100 L St.

Fare: $9 Sign:

Taxi Cab Receipt

DATE: 12/15/09 TIME: 12:55pm

TRIP ORIGIN: D01 (not 3/17th)

DESTINATION: Kimpton Stockton

FARE: $7 SIGNATURE

TAXICAB RECEIPT

Time: 1/29/10

Date: 3:09 pm

Origin of trip: 15th 3 Madison

Destination: D01

Fare: $7 Sign:

TAXICAB RECEIPT

Time: 1:45 pm

Date: 3/17/10

Origin of trip: D01

Destination: Park Hyatt 24th & M

Fare: $9 Sign:

(Tim Murphy attended & rode along.)

Taxi Cab Receipts

DATE: 3:00 TIME: 3/17/10

TRIP ORIGIN: 24th & M

DESTINATION: D01

FARE: $9 SIGNATURE

(w/ intern Tim Murphy)

2009-10-27 14:40 3039696631 P.28/29

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

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

CLAIMANT

4. a. NAME (Last, first, middle initial): Lanie Kenneth L.

b. SOCIAL SECURITY NO.: [redacted]

c. MAILING ADDRESS: [redacted]

d. OFFICE TELEPHONE NUMBER: 202/208-7351

5. PAID BY

1010000002

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)

RECEIVED OCT 27 2009

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
10/21	(a)	From DOI, 1849 C Street, NW Washington, DC 20240	Mtg with Ambassador at Canadian Embassy Auditorium 501 Penn Ave, NW Washington, DC 20001			6.25		1.25
10/21	(a)	And return				6.25		1.25
		TOTALS				12.50		2.50

0.00
6.25+
6.25+
12.50 *
12.50+
3.50+
16.00 *

OCT 27 2009

TOTALS CARRIED FORWARD FROM THE ...

If additional space is ...

7. AMOUNT CLAIMED

8. This claim is approved. ... 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] 10.23.09 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 10/28/09

CLAIMANT SIGN HERE ▶ [signature] DATE 10/21/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION: 2000 DM 1000DD01 68

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

STANDARD FORM 1164 (Rev. ...) Prescribed by GSA, FPRM (...)

YELLOW CAB C
CALL: (202)544-1212/(202) FAX (

	21-10-[illegible]
	08:55
	136
	71982
PLATE #	H80397
JOB ID	0
METER	1
START	08:46
END	08:54
FARE	6.25
TOTAL (USD):	6.25
TIP	1.75
TOTAL (USD):	8.00

VOUCHER # _____

VOUCHER AMT. _____

RECEIPT FOR PAYMENT

CUSTOMER'S COPY

COMPLAINTS CALL 202-645 6018
THAN [illegible]

TAXICAB RECEIPT

Time: 9:50 am
Date: Oct. 26, 2009

Origin of trip: Canadian Embassy (meeting site)

Destination: DOI

Fare: $8 Sign: Kevin Hicks

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

1010000053

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

5. PAID BY

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

a. NAME (Last, Middle Initial): Lane, Ken L.

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

c. MAIL ADDRESS (Include ZIP Code): 1849 Street, NW - Room 7229 Washington, D.C.

JAN 21 2010

d. OFFICE TELEPHONE NUMBER: 202-208-7351

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	CODE	Show as applicable code in col. (e): A - Local travel; B - Telephone or telegraph, or; C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care. (Explain expenditures in specific detail.)		MILEAGE RATE	AMOUNT CLAIMED			
		(c) FROM	(d) TO	NO. OF MILES (f)	MILEAGE (g)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
1/4/10	a	Nat'l Museum of African Art	Residence			1200		
		10th & Independence Ave, NW	1717 17th St, NW					
			Washington, DC					
		Entitled the Secretary at an official event be attended at the museum.						
			JAN 2 1 2010					

211I 1/22/10 RD

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).) $ 12.00

TOTALS 1200

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. 660c).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Stone, Dep. Chief of Staff — DATE 1-20-10

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: Ken Lane — DATE 1/15/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

13. ACCOUNTING CLASSIFICATION

2010-1000DD01-68

TAXICAB RECEIPT

Time: 7:00

Date: 11/4/10

Origin of trip: Indep. & 10th. NW

Destination: 17th. & E St, NW

Fare: 12.00 Sign: _____

2010-07-01 11:54 FAX 2022085627 >> 3039697281 P.002

TRAVEL VOUCHER

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

3. VOUCHER NO. 10100000139

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

4. SCHEDULE NO.

10100000139

Lewis, Courtney

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

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 06-04-2010
b. TO 06-20-2010

7. TRAVEL AUTHORIZATION
a. NUMBER(S) LEWIS06042010
b. DATE(S) 06-03-2010

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

Lewis, Courtney

e. PRESENT DUTY STATION
Washington, DC

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

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED
$

c. PAYEE'S SIGNATURE

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 coupon is used enter "used" or "unused")

I hereby assign to the United States any right I may have to a refund in connection with reimbursable transportation charges described below, purchased [illegible] payment procedures (FPMR 101-7)

POINTS OF TRAVEL

	AGENT'S VALUATION OF TICKET	RE-SUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	FROM	TO
	(a)	(b)	(c)	(d)	(e)	(f)
Ticket purchased at/by:	80140	US	Economy	06-03-2010	Washington, DC	New Orleans and return
TMC:	28.25					
Ticket purchased at/by:	56670	US	Economy	06-17-2010	New Orleans, LA	Washington, DC
TMC:	28.25					

Traveler provided staff support to activities in the Gulf of Mex. co. Items charged to government charge card appear in parentheses in voucher. Unused portion of return ticket ($319.70) was refunded to the government.

211D $1006.50
211T $ 18.20

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 for any part thereof, and that the average cost of lodging incurred during the period covered by this voucher did not exceed the maximum average cost allowable for the locality, except as otherwise noted.

TRAVELER'S SIGNATURE

DATE 6/25/2010

AMOUNT CLAIMED $ 1,024.70

NOTE: Conviction of an intentionally false or fraudulent statement renders 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 1001).

The 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'S SIGNATURE

DATE 6.25.10

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 $ 1,024.70

14. IF BY DIRECTION VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. DOCUMENT NO.
b. DOC. SYMBOL
c. MONTH & YEAR

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE

DATE

18. ACCOUNTING CLASSIFICATION

2010 000 D03001 G1

07.02.10

NSN 7540-00-634-4180

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

1012-18
This form was electronically produced by Elite Federal Forms, Inc.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Complete this information if this is a continuation sheet. PAGE 2 OF 5 PAGES

TRAVEL AUTHORIZATION NO.

LEWIS06042010

TRAVELER'S LAST NAME

LEWIS

Enter name of traveler, relationship to employee if employee's family, spouse, children, parents, nurses, etc., and relationship to employee if commercial agents or others. Combine amounts of like items where practicable.

Cols. (d) thru (g): Show amount incurred for each meal, including tax, tips, and daily total / meal total.

(h): Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellmen, porters, etc. (do not include tips to meals).

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

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

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

(l): 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.

DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE:	AMOUNT CLAIMED		
	MEALS			MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)	(k)	(m)	(n)
Taxi fare										18.20 ✓
TAXI										
Taxi fare ($ 6.25)										
Baggage fee ($25.00)										
Dream Weaving LLC										
Four Saw Orleans, LA					53.25	53.25			53.25	53.25 ✓
Lodging & Tax ($145.70)										
Parking ($32.44)										
Covington, LA					56.00	56.00			56.00	✓
Lodging & Tax ($107.25)										
Covington, LA					56.00	56.00			56.00	✓
Lodging & Tax ($107.25)										
Covington, LA					56.00	56.00			56.00	✓
						SUBTOTALS ▶			$221.25	$18.20
						TOTALS ▶			221.25	18.20

99/STE

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

Enter grand total of columns (l), (m) and (n), below and on item 12 on the front of this form.

TOTAL AMOUNT CLAIMED ▶

Privacy Act of 1974, the following information is provided: ... use of the information on this form is authorized by 5 U.S.C. Chap. 57 ... Federal Travel Regulation (FPMR 101-7), E.O. 11609 of July ... E.O. 9397 of November 22, 1943, and 26 ... The primary purpose of the requested information is to ... reimbursement to eligible individuals for allowable travel ... appropriate administrative authorization ... Government, ... investigations or prosecutions, or other pursuit 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 required ... 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.

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

Complete this information if this is a continuation sheet. PAGE 3 OF 5 PAGES

TRAVEL AUTHORIZATION NO.

LEWIS06042010

TRAVELER'S LAST NAME

Lewis

Col. (a) thru (g) — Show amount incurred toward meal, including tax, tips and daily total meal cost.

(h) — Show expenses, such as: laundry, cleaning and pressing of clothes; tips to cabbies, 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, either in 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), toll or pay distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

DATE	DESCRIPTION (Commence with day last shown on preceding voucher, or first day of travel if first voucher. Show departure from and return to official station.)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (g)	LUNCH (g)	DINNER (g)	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)
	Covington, LA					56.00		56.00				56.00
	Lodging & Tax ($107.28)											
	Covington, LA					56.00		56.00				56.00
	Lodging & Tax ($107.28)											
	Covington, LA					56.00		56.00				56.00
	Lodging & Tax ($107.28)											
	Covington, LA					56.00		56.00				56.00
	Lodging & Tax ($107.28)											
	Covington, LA					56.00		56.00				56.00
	Lodging & Tax ($107.28)											
	Covington, LA					56.00		56.00				56.00
								SUBTOTALS ▶				$336.00
								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 12 on the front of this form.

TOTAL AMOUNT CLAIMED ▶

Travel regulations or procedures, or with pursuant to a requirement by this agency in connection with the hiring or transfer 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 or 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 (including SSN) required to support travel 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)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (c) If the voucher includes per diem allowance for members of employee's immediate family, show members' names, ages, and relationship to employee, except this information is shown in the travel authorization.

Com-plete 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 at subsistence, etc.

Complete this information if this is a continuation sheet: PAGE 4 OF 5 PAGES

TRAVEL AUTHORIZATION NO. LEWIS06042010

TRAVELER'S LAST NAME Lewis

DATE (a)	DESCRIPTION (Legal residence, duty station, place of lodging, mode of transportation, or other explanation of expense) (b)	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)
2010	Lodging & Tax ($107.28)											
	Gasoline for rental car ($30.00)											
	[illegible], LA					56.00		56.00			56.00	
	Lodging & Tax ($107.28)											
06/05	Covington, LA					56.00		56.00			56.00	
	Lodging & Tax ($107.28)											
06/06	New Orleans, LA					71.00		71.00			71.00	
	Lodging & Tax ($153.29)											
	Parking ($33.60)											
	New Orleans, LA					71.00		71.00			71.00	
	Lodging & Tax ($153.29)											
	Parking ($33.60)											
	SUBTOTALS										$254.00	
	TOTALS											

133/71

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

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

TOTAL AMOUNT CLAIMED

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012, 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 the payment or reimbursement to eligible individuals for allowable travel and/or other 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 such 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.

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

STANDARD FORM 1012 BACK (10-77)

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

The amount included in column (h) is the total of the elements of the expenses incurred (lodging, meals, miscellaneous, mileage, etc.). Complete itemization is shown on the travel authorization.)

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

Complete this information if this is a continuation sheet. PAGE 5 OF 5 PAGES

TRAVEL AUTHORIZATION NO.

LEWIS0004-2010

TRAVELER'S LAST NAME

Lewis

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: $

DESCRIPTION (a)	MEALS: BREAKFAST (b)	MEALS: LUNCH (c)	MEALS: DINNER (d)	MEALS: TOTAL (e)	MISCELLANEOUS SUBSISTENCE (f)	LODGING (g)	TOTAL SUBSISTENCE EXPENSE (h)	NO. OF MILES (i)
[illegible]						71.00	71.00	
Lodging & Tax ($159.26)								
Parking ($53.68)								
New Orleans, LA						71.00	71.00	
Lodging & Tax ($159.26)								
Parking ($53.68)								
Rental car ($568.48)								
Gasoline for rental car ($25.00)								
Baggage fee ($25.00)								
Depart New Orleans, LA								
Arrive Washington, DC						53.25	53.25	
							SUBTOTALS ▶	
							TOTALS ▶	

AMOUNT CLAIMED

MILEAGE (j)	SUBSISTENCE (k)	OTHER (l)
	71.00	
	71.00	
	53.25	
	$195.25	
	$1,000.50	$18.20

Enter grand totals of columns (i), (k), and (l), below and in Item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $1,024.70

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

Complete this information if this is a continuation sheet. PAGE 5 OF 5 PAGES

TRAVEL AUTHORIZATION NO.

LEWIS0004-2010

TRAVELER'S LAST NAME

Lewis

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: $

DESCRIPTION (a)	MEALS: BREAKFAST (b)	MEALS: LUNCH (c)	MEALS: DINNER (d)	MEALS: TOTAL (e)	MISCELLANEOUS SUBSISTENCE (f)	LODGING (g)	TOTAL SUBSISTENCE EXPENSE (h)	NO. OF MILES (i)
[illegible]						71.00	71.00	
Lodging & Tax ($159.26)								
Parking ($53.68)								
New Orleans, LA						71.00	71.00	
Lodging & Tax ($159.26)								
Parking ($53.68)								
Rental car ($568.48)								
Gasoline for rental car ($25.00)								
Baggage fee ($25.00)								
Depart New Orleans, LA								
Arrive Washington, DC						53.25	53.25	
							SUBTOTALS ▶	
							TOTALS ▶	

AMOUNT CLAIMED

MILEAGE (j)	SUBSISTENCE (k)	OTHER (l)
	71.00	
	71.00	
	53.25	
	$195.25	
	$1,000.50	$18.20

Enter grand totals of columns (i), (k), and (l), below and in Item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $1,024.70

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

Complete this information if this is a continuation sheet. PAGE 5 OF 5 PAGES

TRAVEL AUTHORIZATION NO.

LEWIS0004-2010

TRAVELER'S LAST NAME

Lewis

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: $

DESCRIPTION (a)	MEALS: BREAKFAST (b)	MEALS: LUNCH (c)	MEALS: DINNER (d)	MEALS: TOTAL (e)	MISCELLANEOUS SUBSISTENCE (f)	LODGING (g)	TOTAL SUBSISTENCE EXPENSE (h)	NO. OF MILES (i)
[illegible]						71.00	71.00	
Lodging & Tax ($159.26)								
Parking ($53.68)								
New Orleans, LA						71.00	71.00	
Lodging & Tax ($159.26)								
Parking ($53.68)								
Rental car ($568.48)								
Gasoline for rental car ($25.00)								
Baggage fee ($25.00)								
Depart New Orleans, LA								
Arrive Washington, DC						53.25	53.25	
							SUBTOTALS ▶	
							TOTALS ▶	

AMOUNT CLAIMED

MILEAGE (j)	SUBSISTENCE (k)	OTHER (l)
	71.00	
	71.00	
	53.25	
	$195.25	
	$1,000.50	$18.20

Enter grand totals of columns (i), (k), and (l), below and in Item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $1,024.70

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

Privacy Act of 1974, the following information is provided: [illegible] information requested by this claim is authorized by 5 U.S.C. Chap. 57 as implemented by Federal Travel Regulation (FTR) 41 CFR 301-1.3, E.O. 11609 of July [illegible] of March 20, 1962, E.O. 9397 of November 22, 1943, and 26 [illegible]. The primary purpose of the requested information is to [illegible] payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses, obtained under appropriate administrative authorization and to maintain records of such reimbursements to the Government. The information will be used by officers and employees who have a need for it in the performance of their official duties. The information may be [illegible] appropriate Federal, State, local, or foreign agencies, when relevant [illegible] criminal or civil law enforcement purposes; when pertinent to a request by the agency [illegible] decision concerning the hiring or retaining 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 allowances, expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information, including that of other listed persons; however, failure to provide the information (other than SSN) requested on appeal of a 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. 30-0010
OPTIONAL FORM NO. 1
APPROVED BY GSRC, SEC. U.S.
NOVEMBER 6, 1946

TRAVEL AUTHORIZATION

1. No. LEWIS06042010
2. 6/03/10 (DATE)

3. OS (FILING OR OFFICE)

4. NAME: Courtenay Lewis
5. OFFICIAL STATION: Washington, DC
6. TITLE: Special Asst. to the SECY
7. ACCOUNTING OFFICE: OS

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: New Orleans/Covington, LA

Official Business

10. PURPOSE AND REMARKS:

Advance Staff for the SECY. Staff support for field operation in Robert, LA.

11. PER DIEM ALLOWANCE

12. PERIOD OF TRAVEL: Beginning on or about 6/4/10 Ending on or about 6/19/10

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) 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)
    Taxis, rental car, gasoline, data services, copies/faxes, tolls, excess baggage, and laundry services after 4 days of continuous travel.
19. Shipment household goods and personal effects

20. ESTIMATED COST

10. Transportation	$	630.00
11. Per Diem		2450.00
12. Other		1250.00
TOTAL	$	4330.00

21. CHARGED TO:
2010-1000-DDD01-G

(FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)
27. Special Asst. to the SECY (TITLE)
28. [signature] (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

June 3, 2010

SatoTravel

Refund of $318.70
unused portion of return flight

COURTENAY CLAYTON LEWIS

NGMSDOI
COURTENAY LEWIS
1849 C ST NW
ROOM 8222
WASHINGTON DC 20240

Sales Person: 77
Locator: CODCOD
Customer Number: (b) (6) [redacted]

[illegible] PURCHASED WITH CY [illegible] 1120
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
NAME INVOICE AND TICKET NUMBERS APPEAR
IN THE PRICING BOX
****

Friday June 4, 2010

US Airways
Class of Service: Coach Class T
Depart: WASHINGTON/NATL, DC
Arrive: NEW ORLEANS, LA
Total Flight Time:
Equipment: E75
Meal Service: None
Status: Confirmed
Reserved Seat: LEWIS/COURTENAY CLAYTON
Frequent Flyer Number:
DEP-TERMINAL C
*ICA-MSY OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Flight Number: 3225

8:25 Am June 4, 2010
10:00 Am June 4, 2010
2 Hours 35 Minutes Non-Stop

Confirmation Number: BCWH82
21D
(b) (6) [redacted] LEWIS/COURTENAY CLAYTON

Friday June 4, 2010

BUDGET
Pick Up: June 4, 2010 10:00 Am

Return: June 19, 2010 12:03 Pm
Weekly Rate: 125.00 USD
Unlimited Free Miles
Approximate Total: 591.23 15Days 3Hours 305.00Mandatory Charge
Confirmation Number: 11279493US1 ← was extended to June 20

Full Size
Location: NEW ORLEANS, LA
NEW ORLEANS, LA

Extra Days: 18.00 Extra Hours: 6.00

Friday June 4, 2010

NEW ORLEANS, LA
INTERCONTINENTAL HOTELS INTERCONTINENTAL NEW ORLEANS
444 ST CHARLES AVE
NEW ORLEANS LA 70130
Phone Number: 1-504-525-5566
Fax Number: 1-504-585-4350

Number of Rooms: 1
Rate: 1[illegible].00 USD Per Night
Check In: Jun 04, 2010
Check Out: Jun 06, 2010
Confirmation Number: 54[illegible]
Cancellation Policy: Cancel by 6PM
Directions: DIRECTIONS TO THE PROPERTY FROM EAST - TAKE I-10 WEST TO EXIT 235B-CANAL STREET. GO 1 BLOCK AND TURN RIGHT ONTO CANAL STREET. GO 10 BLOCKS TO ST. CHARLES AVE. TURN RIGHT AND GO 3 BLOCKS AND THE HOTEL IS ON THE LEFT.

Sunday June 6, 2010

NEW ORLEANS, LA
RESIDENCE INNS RESIDENCE INN MARRIOTT COVINGTON
[illegible] PARK PLACE BLVD
[illegible] LA 7[illegible]
Phone Number: 985-[illegible]-7222
Fax Number: 985-249-7[illegible]
Number of Rooms: 1
Rate: 1[illegible].00 USD Per Night
Check In: Jun 06, 2010 ← Changed
Check Out: Jun 19, 2010
Confirmation Number: 87491184
Cancellation Policy: Cancel by 4PM
Directions: - FROM LEWIS ARMSTRONG INTL AIRPORT I-10 EAST TO NPTH CAUSEWAY FOLLOW TO 190 NORTH. TRAVEL UNDER I-12 ON 190 NORTH TO THIRD TRAFFIC LIGHT AND MAKE A

Saturday June 19, 2010

United Airlines
Class of Service: Coach Class Y
Depart: NEW ORLEANS, LA
Arrive: WASHINGTON/DULLES
Total Flight Time:
Equipment: CR7
Meal Service: None
Status: Confirmed
Frequent Flyer Number:
MSY-IAD OPERATED BY /UNITED EXPRESS/GOJET AIRLINES
MSY-IAD CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Flight Number: 7376
12:30 Pm June 19, 2010
4:05 Pm June 19, 2010
2 Hours 35 Minutes Non-Stop
Confirmation Number: W0Z3ZM
(b) (6) [redacted] LEWIS/COURTENAY CLAYTON

[illegible]	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
LEWIS COURTENAY CLAYTON	6160/[illegible]7788924[illegible]	539.53	40.47US	7.40ZP	14.00XT	601.40
LEWIS COURTENAY CLAYTON	6160/8900524480529	28.25				28.25
					Total Amount	629.65

SATO TRAVEL, AFTER HOURS EMERGENCY 866-219-8444
YOU OBSERVE A VACATION AND WE HAVE THE PERFECT ONE WAITING FOR YOU. INCLUDING MILITARY RATES. VISIT WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-888-2554

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. INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR
INTELLIGENCE AGENCIES OR OTHERS UNDER ITS PUBLISHED
SYSTEM OF RECORDS NOTICE. FOR MORE ON TSA PRIVACY
POLICIES GO TO WWW.TSA.GOV TO VIEW THE SYSTEM OF RECORDS NOTICE AND
THE PRIVACY IMPACT ASSESSMENT. PLEASE SEE TSA'S
WEBSITE AT WWW.TSA.GOV

LODGING DECLINED/OPTION
NON-CONTRACTION-GOVERNMENT FARES ARE NOT GUARANTEED
UNTIL PURCHASED AND ARE SUBJECT TO CANCELLATION BY
THE AIRLINE WITHOUT NOTIFICATION.
EARLY TICKETING IS RECOMMENDED.

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL.
CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

GOVERNMENT ISSUED ID IS REQUIRED

MOST AIRLINES NOW CHARGE A FEE FOR CHECKED BAGGAGE
PLEASE VISIT YOUR AIRLINE CARRIERS WEBSITE FOR
MORE DETAILS ON CHECKED BAGGAGE FEES

TO VIEW ITINERARIES ONLINE PLEASE GO TO
** WWW.VIRTUALLYTHERE.COM **
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

FOR INFORMATION ON TSA SECURE FLIGHT PROGRAM
VISIT WWW.TSA.GOV

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 866-466-6136 OPT 2 MON-FRI 8AM-8PM EST
FOR TRAVEL ASSISTANCE WHILE IN TRAVEL STATUS ONLY
CALL SATOTRAVEL AT 866-503-7324
SATO FAX TO SEND TRAVEL ORDERS IS 800-300-8731
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

WASHINGTON DC 03JUL10 AUTH 001US78320421
MSY 0 IAD 18JUN
A0958 28 YCAIAD
0011/ KC16 IAD
REFUNDED TICKETS
2 037 [illegible]

[illegible] ENDORSE/RESTRICT/PENALTY
[illegible] EXP07[illegible]8003558 8CWAS US MSY23[illegible]
[illegible] 51YCAIAD USD 539.53END ZDDC
[illegible] 5MSYA 3

AUTH 001US78320421

REFUND

$318.70
Ref Amt.

TO: NGASDOI
COURTENAY LEWIS
[illegible] C ST NW
ROOM 6322
[illegible] 20240
NGASDOI
[illegible] CLAYTON REF: GDCIDOOS

TICKET PURCHASED WITH CA [illegible] 8120*
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER
NAME/INVOICE AND TICKET NUMBERS APPEAR
IN THE PRICING BOX
****

[illegible] - SUNDAY
US AIRWAYS FLT:3182 COACH CLASS
OPERATED BY US AIRWAYS EXPRESS REPUBLIC AIRLINES
[illegible] 1050A EQ: E75
02HR 34MIN
[illegible] 224P NON STOP
RET: BCWA82
[illegible] TERMINAL
[illegible] COURTENAY UA 05235082668
[illegible] 2005240199[illegible] LEWIS COURTENAY CLAY
BILLED TO MASTERCARD 28.25*

[illegible] LEWIS COURTENAY CLAY
BILLED TO MASTERCARD 566.70*

SUB TOTAL 594.95
NET CC BILLING 594.95*

TOTAL AMOUNT DUE 0.00

[illegible] AFTER HOURS EMERGENCY 866-219-6444
[illegible] VACATION AND WE HAVE THE PERFECT ONE
[illegible] MILITARY RATES. VISIT
[illegible] COM OR CALL TOLL-FREE 877-698-2554

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
TO DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
[illegible] INFORMATION FROM YOU FOR PURPOSES OF WATCH
[illegible] UNDER THE AUTHORITY OF 49 U.S.C. SEC. ON
[illegible] AND THE INTELLIGENCE REFORM AND TERRORISM
[illegible] INFORMATION YOU PROVIDE WITH LAW ENFORCEMENT OR

CONTINUED ON PAGE 2

[illegible] NCMSDOI
[illegible] LEWIS
[illegible]
[illegible]
WASHINGTON DC 20240
NCMSDOI
[illegible]/COURTENAY CLAYTON RSF: GDOIDOOS

[illegible] UNDER ITS PUBLISHED
[illegible] MORE ON TSA PRIVACY
[illegible] THE SYSTEM OR RECORDS NOTICE AND
[illegible] PLEASE SEE TSA/S
[illegible] TSA.GOV

[illegible] DOWNLINED/02JUN
[illegible] NON-GOVERNMENT FARES ARE NOT GUARANTEED
[illegible] ARE SUBJECT TO CANCELLATION BY
[illegible] NOTIFICATION.
[illegible] IS RECOMMENDED

[illegible] FEES ARE NONREFUNDABLE

[illegible] TICKETS MUST BE RETURNED TO SATOTRAVEL
[illegible] TO REFUND ELECTRONIC TICKETS

[illegible] IS REQUIRED

[illegible] CHARGE [illegible] FOR CHECKED BAGGAGE
[illegible] YOUR AIRLINE CARRIERS WEBSITE FOR
[illegible] ON CHECKED BAGGAGE FEES

[illegible] ITINERARIES ONLINE PLEASE GO TO
[illegible] *** WWW.VIRTUALLYTHERE.COM ***
[illegible] YOUR SABRE RESERVATION CODE AND NAME IN
[illegible] THE APPROPRIATE BOXES AND ENTER.

[illegible] ON TSA SECURE FLIGHT PROGRAM
[illegible] TSA.GOV

[illegible] BOOKING WITH SATO TRAVEL
[illegible] PHONE NUMBERS FOR YOUR ACCOUNT
[illegible] EMERGENCY TRAVEL RESERVATIONS PLEASE CALL

CONTINUED ON PAGE 3

[illegible] NCMSDOI
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] CONTENTS CHAPTER REF: SDC1DCOS

[illegible] FRI SATO OFFICE DURING NORMAL BUSINESS HOURS
[illegible] NUMBER 866-486-6135 OPT 2 MON-FRI 8AM-8PM EST
[illegible] TRAVEL ASSISTANCE WHILE IN TRAVEL STATUS ONLY
[illegible] AT 866 508 7324
[illegible] TO SEND TRAVEL ORDERS IS 800-300-5731
[illegible] TO CHANGE AND AIRLINE FUEL SURCHARGES
[illegible]
[illegible] WE HAVE THE PERFECT ONE
[illegible] MILITARY RATES. VISIT
[illegible] FREE 877 698 [illegible]

[illegible]

INTERCONTINENTAL.
NEW ORLEANS

06-05-10

Mrs Courtney Lewis 4012 Lynden Washington, DC 20006 US	Folio No. : A/R Number : Group Code : Company : Sato Travel Membership No. : Invoice No. :	Room No. : 1022 Arrival : 06-04-10 Departure : 06-05-10 Conf. No. : 64509379 Booking # : Page No. : 1 of 1	

Date	Description	Charges	Credits
06-04-10	Package Rate	99.00	
06-04-10	Room State Tax	8.48	
06-04-10	State/City Occupancy Fee	2.00	
06-04-10	Room City Tax	3.76	
06-04-10	Parking 3rd Party	29.00	32.48
06-04-10	Parking Tax	3.48	
06-05-10	Mastercard (b) (6) [redacted]		145.70
	Total	**145.70**	**145.70**
	Balance	**0.00**	

99/56

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.

444 St. Charles Avenue, New Orleans, LA 70130-3171 USA Tel: (504) 525.5566 Fax: (504) 523.7310
http://new-orleans.intercontinental.com neworleans@ihg.com

Residence Inn by Marriott
Covington North Shore RI

101 Park Place Blvd : Covington La 70433
P 985.246.7212

Room: 432
Room Type: STKT
Number of Guests: 1
Rate: $96.00 Clerk:

Time: 11:13AM Depart: 16Jun10 Time: Folio Number: 61254

Date	Description	Charges	Credits
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	107.28
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
	Room Charge	96.00	
	Occupancy Sales Tax	8.40	
	County Tax	2.88	
05Jun10	Master Card		1180.08
16Jun10	Card #(b) (6)		
	Amount: 1180.08 Auth: 011517 Signature on File		
	This card was electronically swiped on 05Jun10		
	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 800-468-4000.

Residence Inn by Marriott
Covington North Shore RI

101 Park Place Blvd : Covington La 70433
P 985.246.7222

Room: 432
Room Type: STKT
Number of Guests: 1
Rate: $96.00 Clerk:

Arrive: 05Jun10	Time: 11:32AM	Depart: 16Jun10	Time:	Folio Number: 61254
Date	Description		Charges	Credits

Do it your final hotel bill by an all? Just ask the Front Desk! See "Internet Privacy Statement" on Marriott.com.

Marriott
NEW ORLEANS

GUEST FOLIO

555 Canal Street, New Orleans, LA 70130 • 504.581.1000 • Marriott.com/MSYLA

3660 LEWIS/COURTENAY/CLA 13[illegible].00 06/20/10 12:00 7907
ACCT#
06/16/10 20:06

27

Payment MR#:

06/16	ROOM	3610, 1	133.00	133.29
06/16	ROOM TAX	3610, 1	9.31	
06/16	OCC FEE	3610, 1	3.00	
06/16	ST/LCLTX	3610, 1	7.98	
06/16	PARKING	PARKING	30.00	33.60
06/16	PARK TAX	PARKING	3.60	
06/17	ROOM	3610, 1	133.00	133/11
06/17	ROOM TAX	3610, 1	9.31	
06/17	OCC FEE	3610, 1	3.00	
06/17	ST/LCLTX	3610, 1	7.98	
06/17	PARKING	PARKING	30.00	33.60
06/17	PARK TAX	PARKING	3.60	
06/18	ROOM	3610, 1	133.00	
06/18	ROOM TAX	3610, 1	9.31	
06/18	OCC FEE	3610, 1	3.00	
06/18	ST/LCLTX	3610, 1	7.98	
06/18	PARKING	PARKING	30.00	33.60
06/18	PARK TAX	PARKING	3.60	
06/19	ROOM	3610, 1	133.00	
06/19	ROOM TAX	3610, 1	9.31	
06/19	OCC FEE	3610, 1	3.00	
06/19	ST/LCLTX	3610, 1	7.98	
06/19	PARKING	PARKING	30.00	33.60
06/19	PARK TAX	PARKING	3.60	
06/20	MC CARD		$747.56	

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL EXTENSION 4706 OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS THE VIDEO CHECK-OUT SYSTEM TO DEPART.

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

I hereby authorize you to accept my credit card for payment of the charges on this folio. I agree that my liability for the charges on this folio is not waived and agree to be held personally liable for payment of the charges on this folio in the event that the credit card company refuses payment for any reason. I agree that my liability for unpaid charges is determined by the agreement between me and the credit card company. I agree to pay all charges incurred by me or my guests at this hotel, including food and beverage charges, telephone charges, and incidental charges. I agree that if I am not the guest who incurred the charges on this folio, I am personally liable for the charges on this folio if the credit card company refuses payment for any reason. I agree that if I am not the guest who incurred the charges on this folio, I am personally liable for the charges on this folio if the credit card company refuses payment for any reason.

Signature: _____

(gas)

QUICK & EASY DELIVER
701 AIRLINE DR
GRETNA, LA 70056
504-469-0903

TERMINAL ID:1 002

MASTERCARD
(b) (6)
SALE
BATCH: 000662 INV: 000028
DATE: Jun 28, 10 TIME: 08:00

AUTH:012314

TOTAL $31.81

THANK YOU FOR
YOUR BUSINESS!

6/20/10:
← gas station
for rental car

Residence → DOI
(paid w/ personal card)

[illegible] CAB [illegible]
[illegible] (202) TAXICAB

DATE	04-06-2000
TIME	05:46
CAR	955
DRIVER	15100
PLATE #	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
NAME	COURTENAY LUPIS
FROM	
[illegible]	[illegible]
TO	[illegible]
START	05:33
END	05:45
FARE	14.20
EXTRAS	4.00
TOTAL (USD)	18.20

(b) (6) [redacted]

[illegible]

SUPPE

TIP

TOTAL

SIGNATURE

CUSTOMER'S COPY

COMPLAINTS CALL [illegible]
[illegible]

DOI → airport
(paid w/ DOI credit card)

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

DATE	04-06-2010
TIME	06:58
CAB	208
DRIVER	73283
PUBLIC #	094593
JOB NO	9513871
METER	10
NAME	COURTENAY LLWIS
FROM	1849 C ST NW WASH
TO	HAZ
START	06:47
END	06:57
FARE	11.25
EXTRAS	4.00
TOTAL (USD):	15.25

(b) (6) [redacted]

#53353 [illegible]
SIGNATURE

TIP _____

TOTAL _____

SIGNATURE

CUSTOMER'S COPY

COMPLAINTS CALL 202-645 6818
[illegible] FOR USING YELLOW CAB

RENTAL NUMBER	CAR NUMBER	CAR GROUP
208378785	50635174	E

LEWIS, COURTENAY CLAYTON
BCD = 1788300
CV - (b) (6) [redacted]

OUT MSY 04JUN10/1027 MI = 7967
IN MSY 20JUN10/0617 MI = 8671

684 MI@ .00	=	
HR@ 6.63	=	
2 DY@ 19.86	=	39.72
2 WK@ 138.99	=	277.98
DISCOUNT 10.0	=	31.77
$ .52/DY ERF	=	8.32
**11.11% FEE	=	42.69
$ 6.20 /DY CFC	=	99.20
$ 5.00 /DY GARS	=	80.00
$ 10.00 EXTN FEE	=	10.00
TAXABLE SUBTOT	=	528.14
TAX 10.760%	=	56.86
*.8% EXCISE TAX	=	13.48
FUEL SERVICE	=	
TOTAL CHARGES	=	598.48

** CONCESSION RECOVERY FEE
LOUISIANA EXCISE TAX

* Please check your car for personal effects.

DC → New orleans

E-TICKET RECEIPT

ARRIVAL

FROM TO

US AIRWAYS
BAG CLAIM CHECK
LEWIS/COURTE
4JUN10 07:04 UF DCA
US 3225 MSY
PNR: BCWH82
BAGS CHKD: 000001 OF 01
US335434

THANK YOU FOR FLYING
US AIRWAYS

DOCUMENT NUMBER 0372890972820

NO CASH VALUE
NOT VALID FOR TRAVEL

Baggage

U·S AIRWAYS

LEWIS/COURTENAYCLA
CONF: BCWH82/US ZONE 4
FFD: 0323800283804
WASHINGTON
NEW ORLEANS

FLIGHT	DEPARTS	DATE
3225	825A	04JUN

DATE	BOARD TIME	SEAT
35	756A	21D

US AIRWAYS
BAG CLAIM CHECK

US AIRWAYS

LEWIS/COURTENAYCLA
CONF: BCO-82/US ZONE 4
FADE: 03/380[illegible]
NEW ORLEANS
WASHINGTON - DCA

FLIGHT	DEPARTS	DATE
3182	1050A	20JUN

GATE	BOARD TIME	SEA
A6	1020A	15F

US AIRWAYS

US AIRWAYS

[illegible] 20JUN10 [illegible] E-TICKET RECEIPT
LEWIS/COURTENAYCLA ARRIVAL FROM TO
1000A EXCESS BAG FBC US 9857 Y 20JUN 113CA FBC FEE EBC FEE

(b) (6) [redacted] /FC BAGGAGE FEE (1B) 01 0025 (2B) 00
[illegible] 0000 (02) 00 0000(9B) 00 0000 USDTTL 025.00

FARE USD 25.00 DOCUMENT NUMBER 0372392802167
TAX US 00
TAX

NO CASH VALUE THANK
US

baggage

Summary of Courtenay Lewis Trip to Louisiana

June 4- June 20

Explanation of receipts:

June 4:

5:53am: Taxi from residence to DOI (note- I paid for this with a personal credit card. However, I include it here because I had to go to DOI to collect the laptop that DOI provided and have it configured for use in Louisiana.)

6:45am: Taxi from DOI to DCA

8:25-10am: Flight from DCA → New Orleans (US Airways # 3225)

10:30am: Picked up car from BUDGET (at AVIS desk- person was working both company desks) in New Orleans Louis Armstrong Airport (Note return was originally going to be 2:00pm on June 19, but on June 18 Courtenay called BUDGET and extended it to June 20)

PM: RON at New Orleans Intercontinental Hotel (222 St Charles Ave)- charged for parking

June 5- June 15: RON at Residence Inn Marriott, 101 Park Place Blvd, Covington LA (note- was originally going to check out June 19, but when UAC operations moved to New Orleans, changed hotel to New Orleans)

June 13 or 14: Filled rental car tank at gas station (approx $30- can't locate receipt)

June 16- June 19: RON at Marriott New Orleans (555 Canal St New Orleans LA)- charged for parking

June 20:

8:20am: Filled rental car before returning it to BUDGET

8:30am: Returned car to BUDGET

10:40am-2:24pm: Flight from New Orleans → DCA (US Airways #3182) (Note- SATO rescheduled this from the originally-scheduled June 19 United Airlines 12:30pm flight)

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

SIO/DOT02

1010000018

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

CLAIMANT

a. NAME (Last, first, middle initial)
Faeth, Lorraine V.

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

c. MAILING ADDRESS (Number, street, city, state, and ZIP code)
1849 C Street, NW
Washington, DC 20240

RECEIVED NOV 20 2009

d. OFFICE TELEPHONE NUMBER
202-208-1923

e. PAID BY

6. EXPENDITURES (If fare claimed in col. (g), provide change for one dollar, and in col. (h) the number of additional persons which accompanied the claimant.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	(e) MILES	(f) MILEAGE	AMOUNT CLAIMED (g) FARE OR TOLL	(h) NO. PERSONS	(i) TIPS AND OTHER MISCELLANEOUS
2009		Show expenditures under (b): A - Taxi, bus fare; B - Telephone or telegraph; or C - Other expenses (itemized); D - Lunch (Hours claimed); E - Special Circumstances (itemized)						
09/18	A	Taxi: DOI	Native American Museum			10 00		
	A	Taxi: Native American Museum	DOI			10 00		
10/01	A	Taxi: DOI	Dulles Skies			10 00		
	A	Taxi: Hall of States	DOI			10 00		
11/19	A	Taxi: DOI	Custom Border Protection Office			11 00	2	
	A	Taxi: CBP Office	DOI			12 00	3	
		Justification Attached						

11/25/09

Additional space is provided on the reverse side of this form. SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g), and (i).) ▶ 63.00 TOTALS 63.00 63 00

8. This claim is approved. Long distance telephone calls, if shown above, are authorized as necessary in the interest of the Government. (Name of employee(s) not required, the approving official must have direct authority as to use of funds by head of the department or agency (31 U.S.C. 686).)

Sign Official Only

APPROVING OFFICIAL SIGN HERE

DATE 11-19-09

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

Sign Original Only

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 has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE

DATE 11/19/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

FY 2010 -- 1000 DDD01 6F ✓

Justification: Employee attended meetings with staff from other government and non-government agencies in the Washington, DC, area.

Mid-Atlantic Dairy Association,
an affiliate of National Dairy Council™
welcomes the
American Academy of Family Physicians
to Washington, D.C.
for the 2006 Scientific Assembly

Passenger Taxi Receipt

Date: 9/18 Time:
To: Native Am. Museum
From: DOI
Amount: $10
Operator's Name:
I.D. # (meeting w/ Lucy Murratt)
Vehicle Tag #

HAVE YOU HAD YOUR B-A-DAY TODAY? B-A-Day

TAXICAB RECEIPT

Time:
Date: 9/18
Origin of trip: Native Am Museum
Destination: DOI
Fare: $10 Sign:
(meeting w/ Lucy Murratt)

TAXICAB RECEIPT

Time:
Date: 10/1
Origin of trip: DOI
Destination: Hall of States
Fare: $10 Sign:

TAXICAB RECEIPT

Time:
Date: 10/1
Origin of trip: Hall of States
Destination: DOI
Fare: $10 Sign:

Driver #
Cab #
Fare from: CBP
To: DOI
Date: 11/19/09 (4 people)
Tip: $12 Total:
x

TAXICAB RECEIPT

Time:
Date: 11/19/09
Origin of trip: DOI
Destination: CBP (3 people)
Fare: $11 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: ☐ 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 09-28-2009; b. TO 10-02-2009
c. MAILING ADDRESS (Include ZIP Code): (b) (6)
d. OFFICE TELEPHONE NO.
7. TRAVEL AUTHORIZATION: a. NUMBER(S) MCNut2; b. DATE(S) 09-22-2009

9100002?3

McNutt

8. PRESENT DUTY STATION: Monterey, CA
9. RESIDENCE (City and State): (b) (6)
10. CHECK NO.
11. PAID BY

a. 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 on a number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby, as agent to the United States, waive right of any particular connection with reimbursable transportation charges described below, purchase 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
(c)	(d)	(e)	(f)	(g)	(h)
See attached eticket	1,212.40	A Economy	09-25-2009	Monterey, CA	Washington, DC and return
TMC fee	28.25				

Invitational travel. Air fare purchased with corporate card. Traveler participated in interviews and meetings to prepare for hearing.

2110-1228.25
2117 134.00
2114 15625

NOV - 3 2009

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment of the claim 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 10/26/2009 AMOUNT CLAIMED ▶ $ 1,518.50

NOTE: Falsification of an item in an expense account is a felony (18 U.S.C. 1001) 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; ref. 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 ▶ Rebecca Watkins DATE 10/29/09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. O.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 on reverse): $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials): $
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 1,518.50
d. NET TO TRAVELER ▶ $ 1,518.50

18. ACCOUNTING CLASSIFICATION
2009 1000 0000 (68: Airfare) Lodging, per diem, misc for 9/28 - 9/30 112.00
2010 1000 0000 (68: Lodging, per diem, misc for 10/1 - 10/2 1406.50

1012-116
NSN 7540-01-8-5-4140
STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

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

2009-11-03 16:20 FAX 3022185627 3035203631 P.17/34

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

Col. (b) If the voucher includes per diem allowances for members of employee's immediate family giving name, relationship, and ages, complete only for annual 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 auto hire, dictation and transcription of notes, tips to bellboys, porters, etc. (Do not include in meals).

(i) Compute per diem in subsistence expense travel.

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

(m) Show per diem amount, limited to maximum rate, or Travel Orders actual expense, show the lesser of the amount for col. (j) or maximum rate.

Show expenses, such as taxi, trouble calls, air fare (if purchased with cash), long distance telephone calls for Government business, and explain deviation from subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

McNutt2

TRAVELER'S LAST NAME

McNutt

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITEMIZED SUBSISTENCE EXPENSES					MILEAGE RATE: $	AMOUNT CLAIMED		
DATE	DINNER (d)	TOTAL (e)	MISCELLANEOUS SUBSISTENCE (f)	LODGING (g)	TOTAL SUBSISTENCE EXPENSE (i)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/21			48.00	285.00	285.00			285.00	
								33.79	3379
								55.00	5500
09/23			34.00	233.00	297.00			297.00	
								33.79	3379
								6.00	600
								6.25	625
09/24			64.00	233.00	297.00			297.00	
								33.24	3324
								2.00	200
								8.00	800
								5.00	500
					SUBTOTALS ▶			$375.00	$183.04
					TOTALS ▶			$375.00	$183.04

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

TOTAL AMOUNT CLAIMED ▶

investigation or prosecution, 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 investigations of the performance of official duty under the Executive and civil 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, which requires that payer and/or employee identification numbers be furnished on MANDATORY on vouchers claiming travel and/or transportation allowances and shall furnish information as may be required by the Department. Disclosure of your SSN and other requested information is voluntary on all other matters; however, failure to furnish the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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211D = 578.00 09

211I - 101.37

66.42 10

211I 680.25

211D

211I 156.25

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 official transfer travel.

Col (f) and (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.
(k) Show either the 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, ticket, 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.: McNutt2

TRAVELER'S LAST NAME: McNutt

DATE 2001 (a)	TIME (Hour and am or pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/01		Washington, DC					71.00	229.00	300.00			300.00	
		Lodging tax					71	229					33.21 33.21
		Taxi Lodging/DOI											7.00 7.00
		Taxi DOI/Lodging											7.00 7.00
		Taxi Lodging/IAD											60.00 60.00
10/02													
	6:12 am	Depart Washington, DC											
	12:30 pm	Arrive Monterey, CA					53.25 53.25		53.25			53.25	
							300.25	928.00					

	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
SUBTOTALS ▶		$353.25	$107.21
TOTALS ▶		$1,228.25	$290.25

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 ▶ $1,518.50

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-1028
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1949

TRAVEL AUTHORIZATION

1. No. McNutt2
2. 09/22/09 (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: Salinas, CA
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will participate in meetings at DOI and on Capitol Hill in preparation for her confirmation.

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 09/28/09 Ending on or about 10/02/09

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)
Luggage fee, taxi fare, airport parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1230.00
21. Per Diem		1200.00
22. Other		200.00
23. TOTAL	$	2,630.00

24. CHARGED TO:
2009 1000 DDD01 68

25. _____ (FIRST CERTIFYING OFFICER)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Park Hyatt Washington
24th & M Streets, NW
Washington, DC 20037
Telephone +1 202 789 1234
Fax: +1 202 419 6795
www.parkhyattwashington.com

COPY OF INVOICE

Payee: Marcia Wernum
United States

Room	0413
Arrival	09-28-09
Departure	10-02-09
Page	1 of 1
Folio/Invoice	56729

Membership UA (b) (6)
Bonus Code
Confirmation No. 30834214011
Group Name

Cashier No. 217

Date	Description		Charges	Credits
09-28-09	Guest Room		233.00	
09-28-09	Occupancy Tax		33.79	
09-29-09	Guest Room		233.00	
09-29-09	Occupancy Tax		33.79	
09-30-09	- In-Room Dining Lunch	Room# 0413 , CHECK# 0293849	31.15	
09-30-09	Guest Room		233.00	
09-30-09	Occupancy Tax		33.79	
10-01-09	Guest Room		229.00	
10-01-09	Occupancy Tax		33.21	
10-02-09	Visa	(b) (6)		1,093.73

Your United Airlines Mileage Plus frequent traveler account will be credited for this stay

Total	1,093.73	1,093.73
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 Park Hyatt Washington
I hope you enjoyed your stay with us.
Please do not hesitate to share your experience with me.
I look forward to welcoming you back to our hotel.

Warmest Regards,
Walter Brincell
General Manager
walter.brincell@hyatt.com

For questions concerning your bill, please call 888-863 3020, or email pk.customerservice@hyatt.com

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date: 9/28/2009

Time:

$: 55

From: Dulles

To: Hotel

Driver

Cab to Interior

TAXICAB RECEIPT

Tuesday

Time: 9/29

Date:

Origin of trip: Hotel

Destination: Interior

Fare: $ 6.00 Sign:

DC TRIP ... DIAL CAB ... CAB # ... 09/28/09 ...

TAXICAB RECEIPT

Time:

Date: 9/30

Origin of trip: Hotel

Destination: Interior

Fare: $ 7.00 Sign:

Taxi Cab Re

DC TAXICAB COMM
TEL 202 ...

DATE: 9/30 TIM

TRIP ORIGIN: Interior

DESTINATION: Hotel

FARE: $ 8.00 SIGNATURE

TAXICAB RECEIPT

Time:

Date: 10/1

Origin of trip: Hotel

Destination: Interior

Fare: 7.00 Sign:

TAXICAB RECEIPT

Time:

Date: 10/1

Origin of trip: Interior

Destination: Hotel

Fare: 7.00 Sign:

TAXICAB RECEIPT

Time:

Date: 10/2

Origin of trip: Hotel

Destination: IAD

Fare: $ 60 Sign:

9/28 - 10/2

$ 156.25

Carlson Wagonlit Travel SatoTravel.

September 25, 2009

For: MARCIA MCNUTT GDOIDS

To: NGMSDOI
ETKT 24SEP**INVITATIONAL**

Sales Person: 77
Locator: FISDEXG
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 September 28, 2009

United Airlines — Flight Number: 1732
Class of Service:Coach Class Y
Depart: MONTEREY, CA — 6:00 AM September 28, 2009
Arrive: DENVER, CO — 9:25 AM September 28, 2009
Total Flight Time: — 2 Hours 25 Minutes Non-Stop
Equipment: CR7
Meal Service: None
Status: Confirmed — Confirmation Number: RSHF14
*MRY-DEN OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
MRY-DEN CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Monday September 28, 2009

United Airlines — Flight Number: 102
Class of Service:Coach Class Y
Depart: DENVER, CO — 10:30 AM September 28, 2009
Arrive: WASHINGTON/DULLES — 3:53 PM September 28, 2009
Total Flight Time: — 3 Hours 23 Minutes Non-Stop
Equipment: 777
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: RSHF14
Reserved Seat: MCNUTT/MARCIA 41B
STAR ALLIANCE

Monday September 28, 2009

WASHINGTON/NATL,DC
HYATT HOTELS PARK HYATT WASHINGTON
24TH AND M STREET NW
WASHINGTON DC 20037
Phone Number: 1-202-789-1234
Fax Number: 1-202-419-6795
Number of Rooms: 1
Rate: 233.00 USD Per Night
Check In: Sep 28, 2009
Check Out: Oct 02, 2009
Confirmation Number: HY0036334214
Cancellation Policy: Cancel 24 hours prior

Friday October 2, 2009

United Airlines
Class of Service:Coach Class V
Depart: WASHINGTON/DULLES
Arrive: SAN FRANCISCO/SFO
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: MCNUTT/MARCIA 24D
ARR-TERMINAL 3
STAR ALLIANCE

Flight Number: 874
8:12 Am October 2, 2009
11:04 Am October 2, 2009
5 Hours 52 Minutes Non-Stop
Confirmation Number: RSEF14

Friday October 2, 2009

United Airlines
Class of Service:Coach Class E
Depart: SAN FRANCISCO/SFO
Arrive: MONTEREY, CA
Total Flight Time:
Equipment: Embraer Turboprop
Meal Service: None
Status: Confirmed
Reserved Seat: MCNUTT/MARCIA 7C
DEP-TERMINAL 3
*SFO-MRY OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
SFO-MRY CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE

Flight Number: 6637
11:48 Am October 2, 2009
12:30 Pm October 2, 2009
42 Minutes Non-Stop
Confirmation Number: RSEF14

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
MCNUTT MARCIA	5246/0167696245981	108337	81.63US	14.402F	10.00AY	1,212.40
MCNUTT MARCIA	5246/8900507309337	28.25				28.25
					Total Amount:	1,240.65

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 877-698-2564

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

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

910000268

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. a. Name (Last, first, middle initial): Nawi, David

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

6. PERIOD OF TRAVEL: a. FROM [redacted]26-2009 b. TO 10-02-2009

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Nawi0926 b. DATE(S) 09-23-2009

e. PRESENT DUTY STATION: Sacramento, CA

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 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 eticket	660.80	UA	Economy	09-25-2009	Sacramento, CA	Washington, DC and return
**MC fee	28.25					

Official travel greaterthan 12 hours. Employee does not yet have a govt charge card. Air fare purchased with corporate card. No per diem claimed on 9/27 or 9/28; employee was on personal time.

211I 20286
211D 12200
~~211I 13458~~
211T ~~7800~~
7800

RECEIVED OCT 20 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 ▶ David Nawi

DATE 10/12/09

AMOUNT CLAIMED ▶ $ 1,523.58

NOTE: Falsification of an item in an expense ... then $10,000 or imprisonment for not ... 4) and may result in a fine of not more ...

14. This voucher is approved. Long distance ... interest of the Government. (NOTE: If long ... official must have been authorized in writing ... (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Renee

2009 1000 DDD01 68 = 1009.65
2010 49121

15. LAST PRECEDING VOUCHER PAID UNDER
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): Personal Parking $ 22.72

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's Initials: $ 10/20/9

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 1500.86

d. NET TO TRAVELER ▶ $ ~~1,523.58~~

18. ACCOUNTING CLASSIFICATION
2009 - 1000 - DDD01-68: $660.80 (Air fare); $28.25 (Tax); $1,032.37 (Lodging, per diem, mtle 9/26-9/30)
2010 - 1000 - DDD01-68: $491.21 (Lodging, per diem, mtle ~~...~~ 10/1 - 10/2)

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.

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 of 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 3 PAGES

TRAVEL AUTHORIZATION NO.

Nawi0926

TRAVELER'S LAST NAME

Nawi

2009 (a)	TIME (hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/26	7:06 am	Depart Sacramento, CA	22•72 + ••0••						
	3:02 pm	Arrive Washington, DC	••0••		48.00			48.00	
09/27		Personal Time	1,220•00 + 134•58 +						
09/28		Washington, DC	78•00 +	233.00	233.00			233.00	
		Lodging tax	1,523•58 + 1,523•58 -						33.79
		Taxi Union Station/Lodging	1,523•58 - ••0••						8.75
09/29		Washington, DC		233.00	297.00			297.00	
		Lodging tax	68•00 + 78•00 +						33.79
		Taxi Lodging/DOI	••0••						8.00
		Taxi Senate Hart Ofc Bld	••0••						9.00
		Taxi DOI/Lodging							8.00
09/30		Washington, DC	••0••	233.00	297.00			297.00	
					SUBTOTALS ▶			$875.00	$101.33
			134•58 +		TOTALS ▶				

If additional space is required, con... ...t blank.

In compliance with the Privacy Act of 1974, the follow... Solicitation of the information on this form is authori... implemented by the Federal Travel Regulation (FPM... 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 ... U.S.C. 6011(b) and 6109. The primary purpose of th... determine payment or reimbursement to eligible in... and/or relocation expenses incurred under appropria... and to record and maintain costs of such reimbur... The information will be used by officers and emplo... information in the performance of their official du... disclosed to appropriate Federal, State, local, or fo...

...en pursuant to a requirement by this agency ...g of an employee, the issuance of a security ...the performance of official duty while in ...Security Account Number (SSN) is solicited ...Revenue Code (26 U.S.C. 6011(b) and 6109) ...43, for use as a tax payer and/or employee ...MANDATORY on vouchers claiming travel ...e reimbursement which is, or may be, taxable ...e other requested information is voluntary in ...e to provide the information (other than SSN) ...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 ▶

...ite 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) 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 purposes, registration other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 3 OF 3 PAGES

TRAVEL AUTHORIZATION NO.

Nawi0926

TRAVELER'S LAST NAME

Nawi

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)
		Lodging tax											33.79
09:30		Taxi Lodging/DOI											5.25
		Taxi Longworth HOB/DOI											8.75
		Taxi DOI/Lodging											8.25
10/01		Washington, DC					64.00	233.00	297.00			297.00	
		Lodging tax											33.21
		Taxi DOI/Lodging											7.00
10/02		Taxi Lodging/DCA											15.00
	7:46 am	Depart Washington, DC											
	12:27 pm	Arrive Sacramento, CA					48.00		48.00			48.00	
		Airport Parking											51.00
										SUBTOTALS ▶		$345.00	$202.25
										TOTALS ▶		$1,220.00	$303.88

288.00 932.00 PAC 08.28

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 ▶ $1,523.88

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 obtain in a 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.

13458

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

TRAVEL AUTHORIZATION

1. No. Navi0926
2. 09/23/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME David Nawi 5. OFFICIAL STATION Sacramento, CA

6. TITLE Senior Advisor to the Secretary for CA & NV 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:

Attend meetings at the Department of the Interior headquarters.
Traveler will arrive in Washington, DC two days early at no additional cost to the government. Per diem authorized for travel dates and dates of official business.
Traveler does not yet have a government charge card

11. PER DIEM ALLOWANCE:

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

10/01/09

12. PERIOD OF TRAVEL: Beginning on or about 09/26/09 Ending on or about 10/30/09

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)*
    Luggage, faxes, phone calls, taxi fare, parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	860.00
21. Per Diem		690.00
22. Other		300.00
23. TOTAL	$	1,850.00

24. CHARGED TO:
2009 1000 DDI01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Senior Advisor to the Secretary for CA & NV (TITLE)

28. _____ (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

September 25, 2009

Carlson Wagonlit Travel SatoTravel

For: DAVID NAWI GDOIOS

To: NGMSDOI
ETKT 24SEP**INVITATIONAL**.

Sales Person: 77
Locator: LWUYW5
Customer Number: (b) (6)

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

Saturday September 26, 2009

United Airlines
Class of Service:Coach Class X
Depart: SACRAMENTO, CA
Arrive: WASHINGTON/DULLES
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: NAWI/DAVID 12E
DEP-TERMINAL B
STAR ALLIANCE

Flight Number: 290

7:06 Am September 26, 2009
3:02 Pm September 26, 2009
4 Hours 56 Minutes Non-Stop

Confirmation Number: WORGKI

Monday September 28, 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: 233.00 USD Per Night
Check In: Sep 28, 2009
Check Out: Oct 02, 2009
Confirmation Number: 15833SX089629
Cancellation Policy: Cancel 1 day prior

Friday October 2, 2009

United Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: CHICAGO/OHARE
Total Flight Time:
Equipment: 319
Meal Service: None
Status: Confirmed
Reserved Seat: NAWI/DAVID 19C
DEP-TERMINAL C
STAR ALLIANCE

Flight Number: 605

7:46 Am October 2, 2009
8:49 Am October 2, 2009
2 Hours 3 Minutes Non-Stop

Confirmation Number: WORGKI

ARR-TERMINAL 1

Friday October 2, 2009

United Airlines Flight Number: 381
Class of Service:Coach Class Y
Depart: CHICAGO/OEARE 9:54 Am October 2, 2009
Arrive: SACRAMENTO, CA 12:27 Pm October 2, 2009
Total Flight Time: 4 Hours 33 Minutes Non-Stop
Equipment: 752
Meal Service: Available For Purchase
Status: Confirmed Confirmation Number: WORGKI
Reserved Seat: NAWI/DAVID 25E
DEP-TERMINAL 1 ARR-TERMINAL 3
STAR ALLIANCE

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
NAWI DAVID	5255/0167696245990	585.11	43.89US	10.80ZP	7.50AY	660.80
NAWI DAVID	5255/8900307309344	28.25				28.25
					Total Amount:	689.05

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//239EP

The MELROSE Hotel
WASHINGTON, D. C.

David Nawi

Room No. : 519
Arrival : 09-28-09
Departure : 10-02-09
Page No. : 1 of 1

10-02-09

Date	Text		Charges	Credits
09-28-09	Room Charge		233.00	
09-28-09	Room Tax		33.79	
09-29-09	B.S Breakfast Food	Room# 519 : CHECK# 1585 [218]	20.36	
09-29-09	Room Charge		233.00	
09-29-09	Room Tax		33.79	
09-30-09	Landmark Breakfast Food	Room# 519 : CHECK# 1562 [116]	15.70	
09-30-09	Room Charge		233.00	
09-30-09	Room Tax		33.79	
10-01-09	Room Charge		229.00	
10-01-09	Room Tax		33.21	
		Total	1,098.64	0.00
		Balance	1,098.64	

233/04
229/71

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 3.75 credit will be applied to your folio.

Thank you for choosing The Melrose Hotel, Washington D.C.!

2430 Pennsylvania Avenue, NW Washington, D.C. 20037-6984
202-955-6400 1-800 MELROSE Facsimile 202-955-5763
www.melrosehotel.com

To Hotel

TAXICAB RECEIPT

Time: 9/28/09
Date:

Origin of trip: Union Sta
Destination: Melrose
Fare: 8 75 Sign: KBA

TAXICAB RECEIPT

Time: 8:10 a.m.
Date: 9/29/9

Origin of trip: Melrose Hotel
Destination: DOI
Fare: $8.00 Sign:

Hart off → DOI

TAXICAB RECEIPT

Time: 9/29/9
Date:

Origin of trip: Hart off Bld
Destination: DO
Fare: $9.00 Sign:

TAXICAB RECEIPT

Time:
Date: 9/29
Origin of trip: DOI
Destination: Hotel
Fare: $8.00 Sign:

Hotel DOI

DC YELLOW CAB
CAB #413
FACE #57078
TAG #H-95955
09/30/09 07:36
09/30/09 07:41
TRIP # 5883
DIST 1.21 mi
Rate 2 $ 5.25
TOTAL $ 5.25 ✓
COMPLAINTS CALL
202 645 6018

Longworth → DO

DC TRIP / CAPPED
RITZ CAB CO
CAB # 11
09/30/09 TR 3554
START END MILES
17:12 17:27 2.6
FARE FOR EA RATE
RATE 1: $ 8.75
EXTRA: $ 0.00
TOTAL: $ 8.75
THANKS
DC TAXICAB COMM
TEL 202 645-6018

DOI → Hotel

LINCOLN CAB
TAXI # 99
09/29/09 07:32P
09/29/09 07:39P
TRIP # 19
DIST 1.19 mi
Rate 1 $ 5.25
EXTRAS $ 3.00
TOTAL $ 8.25
COMPLAINTS CALL
202 645 6018
HAVE A NICE DAY!

SACRAMENTO INT'L
AIRPORT

Card Account : (b) (6) [redacted]
Card Type : VISA
Authorization Code : 002813

Cashier : 72 Seq # 10002
License Plate : NOPLATE
Ent : 05:12 09/26/09 Lane 3
Exit: 13:16 10/02/09 Lane 75
Duration: 6D(s) 8H(s) 4M(s)
Rate Code: 33

FEE	$	91.00
AMOUNT TEND	$	91.00
CASH	$	0.00
CREDIT CARD	$	91.00
CHECK	$	0.00
CHANGE CALC	$	0.00
PAID AT CT	$	91.00

Taxes Included
*** Thank You ***

Sign : _____

TAXICAB RECEIPT

Time: 5:45 a.m.
Date: 10/2/9

Origin of trip: Hotel

Destination: Airport

Fare: $15.00 Sign: _____

10/1

TAXI RECEIPT

Time: 7:00 am ~~0~~ pm Date: 10/1

Origin of Trip: _____

Destination: TO Hotel

Fare: $7.00 Sign: [signature]

dcgoodsamaritan.com e-lost and Found
If lost on earth, can be found in cyberspace

2009-11-03 16:10 FAX 2022085627 [illegible] 3038496631 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

101000 0005

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. a. Name (Last, first, middle initial)
Navi, David

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

6. PERIOD OF TRAVEL
a. FROM 10-08-2009
b. TO 10-09-2009

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) NaviCFEE
b. DATE(S) 10-02-2009

e. PRESENT DUTY STATION
Sacramento, CA

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
TDTO

Traveler's Initials

13. 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	ISSUING CARRIER	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL FROM	TO
(a)	(b)	(c)	(d)	(e)	(f)

Traveler does not yet have a government charge card. Traveler attended the California Foundation on the Environment and Economy's water conference in Sonoma, CA. CFEE provided meals in Sonoma. DI-2000 attached.

Actual lodging expense, not to exceed 300$ per diem approved. Hotel was principle to the event.

Signed: [signature]
Deputy Chief of Staff

2110 139.50
211T 25.10
214 77.00

15. 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 ▶ David Navi DATE 10/16/9 AMOUNT CLAIMED ▶ $ 241.60

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 any distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to be certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 10-29-09

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 ▶ $ 241.60

16. 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
2010 1000 DDD01 63

11/4/09

1012-116 NSN 7540-00-834-4180 STANDARD FORM 1012 (REV. 10-77)
This form was electronically produced by Elite Forms, Inc. Prescribed by GSA, FPMR (41 CFR) 101-7

1000 FY 10

2009-11-03 16:11 FAX 13022985627 3879 0963 P.05

INSTRUCTIONS TO TRAVELER (Italicized 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 months stated of children (unless information is shown on the travel authorization.)

Claimable only for actual expense travel

Col. (b): Show amount incurred for each meal, including tax, tips, and daily total meal cost.
(b) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than on meals).
(c) Complete for per diem and actual expense travel.
(d) Show total subsistence expense incurred for actual expense travel.
(e) Show per diem amount, not to exceed maximum rate, or if travel on actual expense, show the lesser of the amount in col. (d) or maximum rate.
(f) Show expenses, such as registration fees, airfare (if purchased without GBR) taxis, parking, telephone calls for Government business, storage, reproduction, other miscellaneous, etc.

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

TRAVEL AUTHORIZATION NO.

NAME

TRAVELER'S LAST NAME

New

DATE 2009	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES (b) MEALS TOTAL	DIFF	(b) MISCELLANEOUS SUBSISTENCE	(c) LODGING	TOTAL SUBSISTENCE EXPENSES (d)	MILEAGE RATE 56.0 ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	SUBSISTENCE (g)	OTHER (h)
			0.00		5.00	118.00	123.00	70	(39.20) 38.50	123.00	
			0.00								12.15
			5.00 +								12.95
			16.00 +								
			118.00 +					71	(39.76) 38.50		
			130.00 *		16.00	16.50	16.50			16.50	
			0.00								
			12.15 +								
			12.95 +								
			25.10 *								
			0.00								
			70.00 +								
			70.00 *								
			0.55 =								
			38.50 +								
			0.00								
			38.50 +								
			38.50 +								
			77.00 *								
			77.00 +								
			25.10 +								
			130.00 +								
			0.50 +								
			241.60 *								
			0.00								

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

SUBTOTALS ▶	$77.00	$139.50	$25.10
TOTALS ▶	$77.00	$139.50	$25.10

privacy: Sec. 57 of 1978 and 1948, and 28 amended to provide travel authorization disbursement. required for the matter may be when relevant

Investigations or prosecutions of violations of law are required by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or 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(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer identification number; disclosure is MANDATORY for employees claiming travel and transportation allowances; a percentage of which 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 your claim may result in delay or loss of reimbursement.

Enter grand total of columns (f), (g), and (h). Deduct any advance. If an amount is due the traveler, enter it on the line below.

TOTAL AMOUNT CLAIMED ▶ $241.60

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-10X
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 1, 1948

TRAVEL AUTHORIZATION

1. No. NavACFEE
2. 10/02/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME David Navi
5. OFFICIAL STATION Sacramento, CA
6. TITLE Sr. Advisor to the Secretary for CA & NV
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: Sonoma, CA and return

10. PURPOSE AND REMARKS:

Traveler will attend the 2009 California Foundation on the Environment and the Economy Water Roundtable Conference as an observer.

11. PER DIEM ALLOWANCE:

Per diem according to the Federal Travel Regulation issued by GSA and published in the Federal Register. Actual lodging expense, not to exceed 300% per diem, authorized. Hotel is principle to the event.

12. PERIOD OF TRAVEL: Beginning on or about 10/08/09 Ending on or about 10/08/09

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) (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)
Hotel parking, phone calls, faxes, internet
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	75.00
21. Per Diem		600.00
22. Other		00.00
23. TOTAL	$	675.00

24. CHARGED TO:
2010 1000 DDD01 6B

25. _____ (APPROVING OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Sr. Advisor to the Secretary for CA & NV (TITLE)
28. _____ (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

THE LODGE
AT SONOMA
RENAISSANCE RESORT & SPA

1325 Broadway at the corner of 3rd and Napa Roads Sonoma, CA 95476
ph 707 935 6600 lodgeatsonoma.com/Hotels

BOOK MANN/DAVID — 118.00 Rate — 10/09/09 Date — 11:43 Time — 6537 ACCT#
NBDC CFEE OCT 2009 BTC — 10/06/09 Time — 10:50
Type
T 130 JUNIPERO SERRA [redacted] MA#:
Room Class SAN FRANCISCO CA 94127 Payment

10/08	INTERNET	DATASVC	12.95	
10/08	ROOM	BOOK, 1	118.00	B
10/08	OCC TAX	BOOK, 1	11.80	F
10/08	CA FEE	BOOK, 1	.35	
10/09	CCARD-VS		[redacted]	
	SETTLED TO:	VISA		.00

SUMMARY OF TAXES

DESCRIPTION	TAXED AMOUNT	TAX
B SERVICE CHARGE	.00	.00
G BANQUET PACKAGE SALE	.00	.00

NET CHARGES	TAX	CREDITS	FOLIO
143.10	.00	143.10	.00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

This document is your only bill. If you have agreed to pay by direct billing, it includes all charges and credits to your account. If you have agreed to pay by credit card, it includes all charges and credits to your account except those listed below. You will be charged for these items when they are posted to your account. The amount shown on this bill may be less than the amount you will be charged if charges are posted to your account after you check out. If you have agreed to pay by credit card, you authorize us to charge your credit card for any charges not listed on this bill. If you are paying by direct billing, the credit card you have given us will be used only to guarantee payment of your bill. If you have agreed to pay by credit card, you acknowledge that your rate is based upon your use of the card for payment of your bill, and that if you fail to use the card for payment of your bill, the rate charged for your stay may be increased to the hotel's standard rate in effect at the time of your departure, including all taxes and fees.

Signature X _____

For more information about this stay, go to renaissancehotels.com or call 800.228.9290.

REPORT OF PAYMENTS ACCEPTED FROM NON-FEDERAL SOURCES UNDER 31 U.S.C. § 1353
U.S. DEPARTMENT OF THE INTERIOR

☑ For Period Beginning October 1, 2008 and Ending March 31, 2010.
☐ For Period Beginning April 1, 200___ and Ending September 30, 200___

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 CFR Part 304-1.

1. Bureau/Office: Office of the Secretary/SIC

2. For Report of this Event
Page 1 of 1

3. Event *(Identify meeting or other function for which payment was accepted under 31 U.S.C. § 1353. Forms documenting payments of $250 or more per employee and/or accompanying spouse must be sent to the Department's Ethics Office.)*

4. Sponsor of the Event: CA Foundation on Enviro & Econ

5. Location of Event: Sonoma, CA

6. Dates of Event
From: 10/08 2009 To: 10/09 2009

7. Nature of Event

8. Employee
Name: David Nawi
Official Title: Sr Advisor for CA & NV
Office: Sacramento, CA
Travel Dates
From: 10/08/09 To: 10/09/09

9. Accompanying Spouse *(If Applicable)*
Name: N/A
Employee:
Government Position:
Travel Dates:
From: ___ To: ___

10. Non-Federal Sources of Payment *(Identify all non-Federal sources from which payment was accepted under 31 U.S.C. § 1353 for this employee and/or accompanying spouse in connection with this event.)*
A. CA Foundation on the Environment & Economy C. ___
B. ___ D. ___

11. Nature of Payments *(Itemize on back of form.)*

12. Nature of Payments *(Indicate total amount of payments 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 $ 175.00

13. Certification. The statements in this report are true, complete, and correct to the best of my knowledge and belief.

David Nawi — Employee's Signature — 10/13/09 — Date

14. I have determined that this travel situation complies with the ethics conditions for acceptance of travel payments under 41 CFR 304-1.4.

Melinda G. Kopitz — Ethics Review (By Ethics Official) — 10/26/09 — Date

15. Approved.

Renee Stone — Supervisor's (or Authorizing Official's) Signature — DCOS — Title — 10-29-09 — Date

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 (check) or K (in kind)	(c) E (employee) or S (spouse)	(d) A,B,C, or D	(e) Amount of Payment
Brunch & Dinner on 10/08	K	E	A	$110.00
Breakfast & Lunch on 10/09	K	E	A	$ 65.00

DI-2000
Revised November 2000

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)

101000011

Nawi, David

b. SOCIAL SECURITY NO.

(b) (6) [redacted]

c. MAILING ADDRESS (Include ZIP Code)

(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

RECEIVED NOV 16 2009

e. PRESENT DUTY STATION

Sacramento, CA

f. RESIDENCE (City and State)

(b) (6) [redacted]

6. PERIOD OF TRAVEL

a. FROM 10-18-2009 b. TO 10-19-2009

7. TRAVEL AUTHORIZATION

a. NUMBER(S) Nawi101809 b. DATE(S) 10-16-2009

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)	TO (f)
See attached eticket	309.20	SW	Economy	10-16-2009	Sacramento, CA	Burbank, CA and return
TMC fee	28.25					

No Cargel

Traveler attended the Big 10 Mayor's Meeting in Los Angeles. Traveler does not yet hold a government charge card. Air fare purchased with corporate card.

NOV 12 2009

211D 241.50
211T 56.00
211I 3390
21up 1540

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 ▶ David Nawi DATE 11/4/09 AMOUNT CLAIMED ▶ $ 346.80

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 ▶ Renee Stone DATE 11-5-09

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) $ 346.80

d. NET TO TRAVELER ▶ $ 346.80

18. ACCOUNTING CLASSIFICATION

2010 1000 DDD01 58

11/17/9

1012-116 NSN 7540-00-634-4187 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*)

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

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

Other than for actual expense travel:

Col. (c) Show amount claimed for meals, including tips, and date. 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 itemized actual expense travel.

(g) Show total miscellaneous expenses incurred for actual expenditure only.

(m) Show per diem amount, mileage, maximum rate, or if lower, actual expense. Show the lesser of the amount claimed or maximum rate.

(o) Show expenses, such as taxi, limousine fares, air fare (if purchased with cash), toll or long distance telephone calls for Government business, car rental, relocation other than temporary, etc.

TRAVEL AUTHORIZATION NO.

NewM101809

TRAVELER'S LAST NAME

Neal

DATE	DESCRIPTION (Begin/end location, etc.)	ITEMIZED SUBSISTENCE EXPENSES: MEALS (c) LUNCH	MEALS (c) DINNER	MEALS (c) TOTAL	MISCELLANEOUS SUBSISTENCE (d)	LODGING (f)	TOTAL SUBSISTENCE EXPENSE (g)	MILEAGE RATE: 55.0 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (m)	SUBSISTENCE (m)	OTHER (o)
2008											
								14	7.70		
					53.25	135.00	188.25			188.25	56.00
											58.00 T
											18.90
					53.25		53.25			53.25	
											15.00
								14	7.70		
	1012-A BACK, having no front blank.						SUBTOTALS ▶		$15.40	$241.50	$89.90
							TOTALS ▶		$15.40	$241.50	$89.90

Enter grand total of columns (l), (m) and (o), below and in item 19 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $346.80

lowing gallons of prosecutions, of which juries and by his employer in connection with the hiring 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 allowances subject to withholding, 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 claim payment.

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. 10-150
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. Nawi101809
2. 10/16/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME David Nawi
5. OFFICIAL STATION Sacramento, CA
6. TITLE Sr. Advisor for CA & NV
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: Los Angeles, CA and return

10. PURPOSE AND REMARKS:

To attend the Big 10 Mayor's Meeting.

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 10/18/09 Ending on or about 10/19/09

MODE OF TRAVEL

13. X Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance cards, subject to:
16. 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)*
    Luggage fee, airport parking, taxi fare, phone calls, faxes
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	360.00
21. Per Diem		291.60
22. Other		100.00
23. TOTAL	$	751.60

24. CHARGED TO:
2010 1000 DDD01 88

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)
27. Sr. Advisor for California & Nevada (TITLE)
28. _____ (APPROVING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

Hilton

[illegible] GRAND AVE
[illegible]
TELEPHONE (213) [illegible] • FAX (213) [illegible]
RESERVATIONS
www.hilton.com or 1 800 HILTONS

NAME & ADDRESS

NAWI, DAVID

ROOM	407/Q2	
ARRIVAL DATE	10/18/2009	8:51:00PM
DEPARTURE DATE	10/19/2009	10:22:00AM
ADULT/CHILD	1/0	
ROOM RATE	$135.00	
RATE PLAN	L-BJ	
Hiltonors #		
AL		

LA

CONFIRMATION NUMBER 3382021556

10/20/2009 PAGE 1

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
10/18/2009	[illegible] LOUNGE	LINTR	15[illegible]382	$37.68		
10/18/2009	GUEST ROOM	EPI	15[illegible]387	$135.00		
10/18/2009	ROOM TAXES	EPI	15[illegible]387	$13.90		
10/19/2009	(b) (6) [redacted]	CME	15[illegible]800		$191.58	
	BALANCE					$0.00

135/71

F O L I O

ACCOUNT NO

V6 (b) (6) [redacted]

CARD MEMBER NAME

NAWI, DAVID

ESTABLISHMENT NO & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR.

DEBIT/ATV CARDS USED AT CHECK IN WILL RESULT IN A HOLD OF FUNDS FOR THE FULL ANTICIPATED DOLLAR AMOUNT TO BE

DATE OF CHARGE: 10/18/09 8:51:00PM

FOLIO: 283003 A

AUTHORIZATION: 013356

INITIAL

PURCHASES & SERVICES

TAXES

TUS & MISC

TOTAL AMOUNT

MERCHANDISE/FOR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RETURNED FOR CASH REFUND
PAYMENT DUE UPON RECEIPT

For 10/19 Trip

Sacramento Int'l
Airport

Card Account : (b) (6) [redacted]
Card Type : Visa
Authorization Code : 019310

Cashier : 78 Seq # 34261
License Plate : XX NOPLATE
Ent : 17:42 10/18/09 Lane 37
Exit: 15:44 10/19/09 Lane 56

FEE	$	15.00
AMOUNT TEND	$	15.00
CASH	$	0.00
CREDIT CARD	$	15.00
CHECK	$	0.00
CHANGE CALC	$	0.00

PAID AT CT $ 15.00
Taxes Included

*** Start Calculation Details ***

1 Day(s) @$15.00 = $15.00

*** End Calculation Details ***

*** Thank You ***

Sign :

TAXI RECEIPT

Time: 7:30 am 8 pm Date: 10/19/9

Origin of Trip: Burbank A/Port

Destination Hotel - Downtown LA

Fare: D56.00 Sign:

dcgoodsamaritan.com e-lost and Found
Flost on earth, can be found in cyberspace

+ 24 miles - A/T 10/from
Sacto Airport

October 16, 2009

Carlson Wagonlit Travel

SatoTravel

Southwest
800-435-9792

For: DAVID NAWI

To: NGMSDOI
ETKT 14 OCT.

Sales Person: 77
Locator: [redacted]
Customer Number: (b) (6) [redacted]

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

Friday October 16, 2009

Other Service
Oct 16, 2009 - Oct 16, 2009
INFORMATION/SOUTHWEST CONFIRMATION NENHJ6

Sunday October 18, 2009

Southwest Airlines
Class of Service: Coach Class Y
Depart: SACRAMENTO, CA
Arrive: BURBANK, CA
Total Flight Time:
Equipment: 73G
Meal Service: None
Status: Confirmed
DEP-TERMINAL A

Flight Number: 1860
7:00 Pm October 18, 2009
8:10 Pm October 18, 2009
1 Hour 10 Minutes Non-Stop
Confirmation Number NENHJ6

Sunday October 18, 2009

LOS ANGELES, CA
HILTON/CONRAD HOTELS HILTON LOS ANGELES CHECKERS
535 S GRAND AVE
LOS ANGELES CA 90071
Phone Number: 1-213-624-0000
Fax Number: 1-213-626-9900
Number of Rooms: 1
Rate: 135.00 USD per night
Check In: Oct 18, 2009
Check Out: Oct 19, 2009
Confirmation Number: 3362025686
Cancellation Policy: Cancel by 4PM
Directions: - LOS ANGELES INTERNATIONAL.....16.0MI / 25.7KM

Monday October 19, 2009

Southwest Airlines
Class of Service: Coach Class Y
Depart: BURBANK, CA
Arrive: SACRAMENTO, CA
Total Flight Time:

Flight Number: 3383
3:05 Pm October 19, 2009
4:10 Pm October 19, 2009
1 Hour 15 Minutes Non-Stop

2818

Equipment: 73G
Meal Service: None
Status: Confirmed Confirmation Number: [illegible]
ARR-TERMINAL A

Monday October 19, 2009

Other Service
Oct 19, 2009 - Oct 19, 2009
Departure City: SACRAMENTO, CA
SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY--A

Name	Invoice/Ticket	Base	Tax1	Tax2	Tax3	Total
NAWI DAVID	5353/8900507946482	28.25				28.25
DAVID NAWI	5353/5262160271934	287.00	20.10US	7.20XP	5.00AY	309.20

(b) (6)

Total Amount: 337.45

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 877-963-2594

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/16OCT

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

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): Nawi, Davie 1010000010

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

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

d. OFFICE TELEPHONE NUMBER

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)

RECEIVED NOV 16 2009

(Explain expenditures in specific detail)

DATE 2009 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 55.0 ¢ NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
10/08	A	Parking for Meeting w/Dept of Water Resources				7.50		
10/15	A	Parking for Meeting w/D. Castlebonry				8.75		
10/16	A	POV to UC Davis for meeting (round trip from Sacramento)		28	15.40			
10/16	A	Parking at UC Davis for meeting re: 2 Gates Project				6.00		
10/28	A	Roundtrip to Oakland, CA for meeting w/NPS regional staff	NOV 13 2009	175	96.25			
10/26	A	Bridge Toll				4.00		
10/26	A	Parking Fee				2.50		
10/27	A	Parking for meeting with State of California				20.00		

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)) ▶ 5 160.40

TOTALS 203 111.65 48.75

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 an certify 31 U.S.C. 680a).

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 11.5.09

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 11/4/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDDA 68

211I = 4875

211p 111.65

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

US Bank Tower
621 C
apital Mall
Sacram
ento, CA 95814

Pay Station Number:	1
Entered:	10/15/2009 13:36
Exited:	10/15/2009 15:06
Ticket Number:	18815
Transaction Number:	25858
Rate:	5
Parking Fee:	$8.75
Total Tax:	$0.00
Total Fee:	$8.75
Fee Paid:	$8.75
Visa	
(b) (6) [redacted]	
Approval Number:	APPROVAL: 015838

Ampco System Parking
(818) 446-2002

Meet w/ D. Castleberry

CENTRAL PARKING SYSTEM
LOT 24
(916)445-1759
Rcpt# 31102
10/27/09 14:17 L# 1 A# 2 Txn# 34682
10/27/09 08:52 In 10/27/09 15:17 Out
CASH PAID $ 20.00-
THANK YOU

Meet w/ State of California

CENTRAL PARKING SYSTEM
LOT 24
(916)445-1759
Rcpt# 29948
10/06/09 16:53 L# 1 A# 2 Txn# 33407
10/06/09 14:52 In 10/06/09 16:53 Out
CASH PAID $ 7.50-
THANK YOU

ON DASH
WELCOME TO UC DAVIS
LOT 47
THIS SIDE UP ON DASH
THIS IS YOUR RECEIPT
Trans: 202695
Time: 12:43P OCT 16
Price: $ 5.00
Card: (b) (6) [redacted]
Exp.:
Expires:
6:59AM SAT
OCT 17 09
IF LOT IS FULL, GO TO
NEXT VISITOR (VP) LOT.
NOT LIABLE FOR THEFT OR
DAMAGE TO VEHICLE.

Meet w/ 2 Gates Property

7.50 +
8.75 +
6.00 +
4.00 +
2.50 +
20.00 +

48.75 +
111.65 +
160.40 *

More Travel
David Nawi
to:
margaret_bradley
10/28/2009 10:16 PM
Show Details

History: This message has been replied to.

Hi Margaret - I believe one of the parking receipts I faxed you was for parking at UC Davis on October 16. I drove 28 miles round trip for that meeting.

Also, for my meeting with NPS in Oakland on Monday, round trip was 170 miles; $4.00 bridge toll; $2.50 parking. No receipts.

Thanks, and let me know if you need more

David

More Travel
David Nawi
to:
margaret_bradley
10/25/2009 10:16 PM
Show Details

History: This message has been replied to.

Hi Margaret - I believe one of the parking receipts I faxed you was for parking at UC Davis on October 16. I drove 28 miles round trip for that meet ng.

Also, for my meeting with NPS in Oakland on Monday, round trip was 171 miles; $4.00 bridge toll; $2.50 parking. No receipts.

Thanks, and let me know if you need more

David

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)
10 TE 00000224
Nawi, David

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

c. PERIOD OF TRAVEL
FROM: 11-20-2009
TO: 11-20-2009

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

e. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S): NaviSF1109
b. DATE(S): 11-13-2009

f. PRESENT DUTY STATION
Sacramento, CA

g. 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 due traveler

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 possible. Indicate unused tickets by check (✓) in reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with the reimbursement 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)

Employee attended the Clift Conference in San Francisco. Conference registration fee of $66 included meals at the event. Trip was greater than 12 hours.

DEC -7 2009

2110 · 500
2111 70.05
2114 77.00

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 ▶ David Nawi DATE 12/7/09 AMOUNT CLAIMED ▶ $ 152.05

NOTE: Falsification or fraud in an expense account voids 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. Only such mileage, home calls, ferry and toll charges as are necessary in the interest of the Government. (NOTE: Tolling of alternate expense tolls are included, certification of official must be by person authorized in writing by the head of the department or agency to do so (31 U.S.C. 3324).)

APPROVING OFFICIAL SIGN HERE ▶ DATE 12-7-09

17. FOR PAYING 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. PAID BY MISC
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 (Approximate amount) $

d. NET TO TRAVELER ▶ $ 152.05

18. ACCOUNTING CLASSIFICATION
2010 1000 DD001 68

12/8/9

0112-116

NSN 7540-01-480-8182 Previous edition not usable
Optional Form Provided by Best National Forms, Inc.

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

2010

2009-12-07 FAX 2022085627 3039696631 P 3

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

TRAVEL AUTHORIZATION NO. NawiSF1109

TRAVELER'S LAST NAME Nawi

TIME 2009 (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 55.0 ¢ NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/20 6:00am	Depart residence via POV								70	38.50		
8:30 am	Arrive San Francisco											
	BART fee											4.05
	Conference registration											68.00 66.00
4:30 pm	Depart San Francisco via POV											
6:30 pm	Arrive residence					5.00		5.00	70	38.50	5.00	
										77.00	5.00	
									SUBTOTALS	$77.00	$5.00	$71.05
									TOTALS	$77.00	$5.00	$71.05 71.05

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 line 13 on the front of this form. 77.00 5.00 71.05

TOTAL AMOUNT CLAIMED $152.05

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 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 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)

77.00 + 14.00 × 0.55 = 7.00 + 0.00
66.00 + 4.05 + 5.00 + 77.00 + 0.00
5.00 + 71.05 + 77.00 + 0.00
7.00 + 5.00 + 71.05 + 153.05 ※

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. 1151-10
FORM APPROVED BY COMPTROLLER U.S.
NOVEMBER 8, 1919

TRAVEL AUTHORIZATION

1. No. NawiSF1109
2. 11/13/09
(DATE)

3. Office of the Secretary
(BUREAU OR OFFICE)

4. NAME David Nawi
5. OFFICIAL STATION Sacramento, CA
6. TITLE Sr. Advisor for CA & NV
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: San Francisco, CA and return

10. PURPOSE AND REMARKS:

Traveler will attend the Clift Conference.

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 11/20/09 Ending on or about 11/20/09

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) ☒ A limit strictly determined to be the advantage of the Government
(b) ☒ A shorting 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)
Conference registration fee
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	110.00
21. Per Diem		83.25
22. Other		66.00
23. TOTAL	$	229.25

24. CHARGED TO:
2010 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Sr. Advisor for CA & NV
(TITLE)

28. Renee Stone
(AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff
(TITLE)

Bradley, Margaret

From: Nawi, David
Sent: Tuesday, November 10, 2009 11:27 AM
To: Bradley, Margaret
Subject: Fw: Clift Conference

Hi Margaret - Below is an invitation to an environmental conference in San Francisco next week. I have been to these before and believe my attendance is a good idea (my calendar says I am clear). Would you please do what is needed to get me authorization to attend. And of course call or email with any questions.

Thanks.

David
-----Forwarded by David Nawi/SOL/OS/DOI on 11/10/2009 08:24AM -----

To: "'david@dnmediation.com'" <david@dnmediation.com>, "'david_nawi@ios.doi.gov'" <david_nawi@ios.doi.gov>
From: "Strohbehn, Edward" <edward.strohbehn@bingham.com>
Date: 11/09/2009 06:56PM
Subject: Clift Conference

Hello David --

This provides key information about the Clift Conference to which you have been invited.

The Clift Conference will take place on November 20, 2009, in San Francisco, CA. Persons invited to the Conference are about 30 people who have high-level policy responsibilities for developing, implementing, and responding to environmental issues in their legal context. Participants include senior policy attorneys from federal, California, and local agencies, attorneys from national public interest legal organizations, executive directors of law school environmental policy centers, and senior attorneys from the private sector. The basic purpose of the Conference is to provide education on key environmental issues from a broad range of perspectives through thoughtful discussion among all participants.

The conference begins at 8:30 am, with discussion beginning at 9:00 am, and ends at 4:00 pm. Breakfast pastries, tea, and coffee will be served prior to the start of the substantive discussion. Lunch will be served in the Conference room. Tea, coffee, and soft drinks will be available during the conference.

Government officials who are invited to the conference are asked to provide a contribution to cover the cost of the food that is served at the conference. This cost is $66.00.

Please call me if you need additional information.

We look forward to seeing you at the Clift Conference.

Print Less --> Go Green
Best regards,
Edward

Edward L. Strohbehn Jr.
BINGHAM

Edward L. Strohbehn Jr. | Bingham McCutchen LLP
T: +1.415.393.2039 | F: +1.415.393.2286 | C: +1.415.722.2039
Three Embarcadero Center, San Francisco, CA 94111
Email: edward.strohbehn@bingham.com
Assistant: Carey Groom
Email: carey.groom@bingham.com

66.00

Barb -- 12/3/09
David just got his charge card so soon I'll be using Govtrip for him, FYI.
Margaret

F 415.393.2679
www.bingham.com

Confidentiality Notice: The information in this e-mail (including attachments, if any) is considered confidential and is intended only for the recipient(s) listed above. Any review, use, disclosure, distribution or copying of this e-mail is prohibited except by or on behalf of the intended recipient. If you have received this email in error, please notify me immediately by reply email, delete this email, and do not disclose its contents to anyone.

Bingham McCutchen LLP Circular 230 Notice: To ensure compliance with IRS requirements, we inform you that any U.S. federal tax advice contained in this communication is not intended or written to be used, and cannot be used by any taxpayer, for the purpose of avoiding any federal tax penalties. Any legal advice expressed in this message is being delivered to you solely for your use in connection with the matters addressed herein and may not be relied upon by any other person or entity or used for any other purpose without our prior written consent.

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. DNSANDIEGOCA021610_V01

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) NAWI, DAVID

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

6. PERIOD OF TRAVEL
a. FROM 02/17/10 b. TO 02/19/10

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

d. OFFICE TELEPHONE NO. 2022083290

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0Q7MJ4 b. DATE(S) 01/26/10

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)
See Attached Ticket 2	480.40				
See Attached Ticket 1	326.00				

ACCOUNTING CLASSIFICATION:
10 1000.DDD01 .68-2010^^DM^1000^^DDD01^^68^ - 277.50 NR- 1,21 3.96

COMMENTS:
Attend the ABA Water Law Conference. Unused portion of air fare to be reimbursed.

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 ▶ 277.50

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 ▶ $ 277.50

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. 0Q7MJ4

TRAVELER'S LAST NAME NAWI

DATE 20 10 (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: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
02/16		TMC Fee											
02/17		Airfare (Non Reimbursable)											
02/17		Airfare (Non Reimbursable)											
02/17		D-:Sacramento, CA											
02/17		A-:SAN DIEGO,CA				53 25		147 00	53.25			53 25	
02/17		POV-No Gvt Vhc Avl/Airport								14.00	7 00		
02/17		Lodging Tax											14 00
02/17		Taxi											
02/18		D-:SAN DIEGO,CA											
02/18		A-:SAN FRANCISCO (				71 00		166 00	71.00			71 00	
02/18		Lodging Tax											
02/18		TMC Fee											
02/19		Data Services											
02/19		D-:SAN FRANCISCO (											
02/19		POV-No Gvt Vhc Avl/Airport								14.00	7 00		
02/19		A:RES: ,											
02/19		Subsistence				53 25			53.25			53 25	
02/19		TAV Fee -I											
02/19		Parking											30 00
02/19		Taxi											42 00
		SUBTOTALS ▶									14 00	177 50	86 00
		TOTALS ▶									14 00	177 50	86 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 ▶ 277.50

STANDARD FORM 1012 BACK (10-77)

08/09/12 ACCOUNTING DETAIL | Auth No: DNSANDIEGOCA021610 V01
GovTrip Travel System | NAWI, DAVID [redacted]

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-I-211C				806.40
LODGING-211D				327.57
M&IE-211D				177.50
MILEAGE-211P				14.00
OTHER-211I				9.99
PARKING-211I				30.00
TAV EXP -I-211B				13.50
TAXI-211T				56.00
TMC FEE -I-211B				56.50
10 1000.DDD01.	.6	0.00	0.00	1,491.46

2010^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,491.46
NON-REIMBURSABLE EXPENSES		1,213.96
TOTAL AMOUNT CLAIMED		277.50
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
	0.00	0.00
NET TO TRAVELER (GOVT)		277.50
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		277.50

Auth No: DNSANDIEGOCA021610 V01
NAWI, DAVID (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	04/20/10	11:13AM E	MARGARET L BRADLEY
T-ENTERED	04/26/10	3:44PM E	MARGARET L BRADLEY
AUTHORIZED	04/27/10	2:33PM E	MARGARET L BRADLEY
TV AUDITOR REVIEWED	04/30/10	3:24PM E	ELIZABETH J SANCHEZ
APPROVED	04/30/10	4:03PM E	BARBARA ANN MARTIN
PAY LINK	04/30/10	5:31PM E	Paul Payment
AUDIT PASS	04/30/10	5:31PM E	Paul Payment
PAYMENT SUBMITTED	04/30/10	5:35PM E	Paul Payment
PAYMENT SUBMITTED	04/30/10	5:39PM E	Paul Payment
PAID	05/04/10	9:35AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

_____ SIGNED

_____ DATE

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. DNSANFRANCISC031810_V01

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) NAWI, DAVID

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

6. PERIOD OF TRAVEL
a. FROM 03/19/10 b. TO 03/19/10

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

d. OFFICE TELEPHONE NO. 2022083290

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0QD5V5 b. DATE(S) 03/17/10

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:
10 1000.DDD01 .68-2010^^DM^1000^^DDD01^^68^ - 58.00 NR- 7
0.00

COMMENTS:
Accompany Deputy Secretary David Hayes to official meetings in San Francisco.

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 ▶ 58.00

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 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 ▶ $ 58.00

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
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. 0QD5V5

TRAVELER'S LAST NAME NAWI

DATE 20 10 (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)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
03/18		TMC Fee											
03/19		D-:RES: ,											
03/19		A-:SAN FRANCISCO (								50.00	25 00		
03/19		POV-No Gvt Vhc Avl/Airport											
03/19		POV-No Gvt Vhc Avl/Airport								50.00	25 00		
03/19		D-:SAN FRANCISCO (											
03/19		A:RES: ,											
03/19		TAV Fee -I											
03/19		Parking											8 00
03/19		Tolls											
									SUBTOTALS ▶		50 00	0 00	8 00
									TOTALS ▶		50 00	0 00	8 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 ▶ 58.00

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 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.

Auth No: DNSANFRANCISC031810 V01
NAWI, DAVID [redacted]

ACCOUNTING CLASS CODE			TRIP 1
MILEAGE-211P			50.00
PARKING-211I			39.00
TAV EXP -I-211B			13.50
TMC FEE -I-211B			17.50
TOLLS-211I			8.00
10 1000.DDD01. .6	0.00	0.00	128.00

2010^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		128.00
NON-REIMBURSABLE EXPENSES		70.00
TOTAL AMOUNT CLAIMED		58.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		58.00
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		58.00

Auth No: DNSANFRANCISC031810 V01
NAWI, DAVID (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	05/11/10	4:41PM E	MARGARET L BRADLEY
T-ENTERED	05/18/10	12:18PM E	MARGARET L BRADLEY
AUTHORIZED	05/18/10	12:19PM E	MARGARET L BRADLEY
TV AUDITOR REVIEWED	05/19/10	12:57PM E	ELIZABETH J SANCHEZ
APPROVED	05/19/10	1:33PM E	BARBARA ANN MARTIN
PAY LINK	05/19/10	1:57PM E	Paul Payment
AUDIT PASS	05/19/10	1:57PM E	Paul Payment
PAYMENT SUBMITTED	05/19/10	2:02PM E	Paul Payment
PAYMENT SUBMITTED	05/19/10	2:07PM E	Paul Payment
PAID	05/21/10	9:07AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

_____ SIGNED

_____ DATE

2010-04-7 12:26 FAX 2022085637 >> 303 969 7384 P 7/8

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

2. SCHEDULE NUMBER

3. CHECK NUMBER

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

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): 10100011 Nawi, David

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

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

d. OFFICE TELEPHONE NUMBER

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 2010 (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)
03/09	A	Parking for CA legislative hearing				15.00		

APR 28 2010

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 15.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) $ 15.00

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: 4/28/10

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: 4/28/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

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

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

City of Sacramento

Parking Services
Customer Service
Phone: (916) 808 5110
Fax: (916) 808 6115

Account 4144/0643/643 03/09/10 13:58:20

010130 Transient Ticket 15.00 $
Entered: 03/09/10 09:11
Paid: 03/09/10 13:57
Length of stay: [illegible] 4 Hr 46 Min

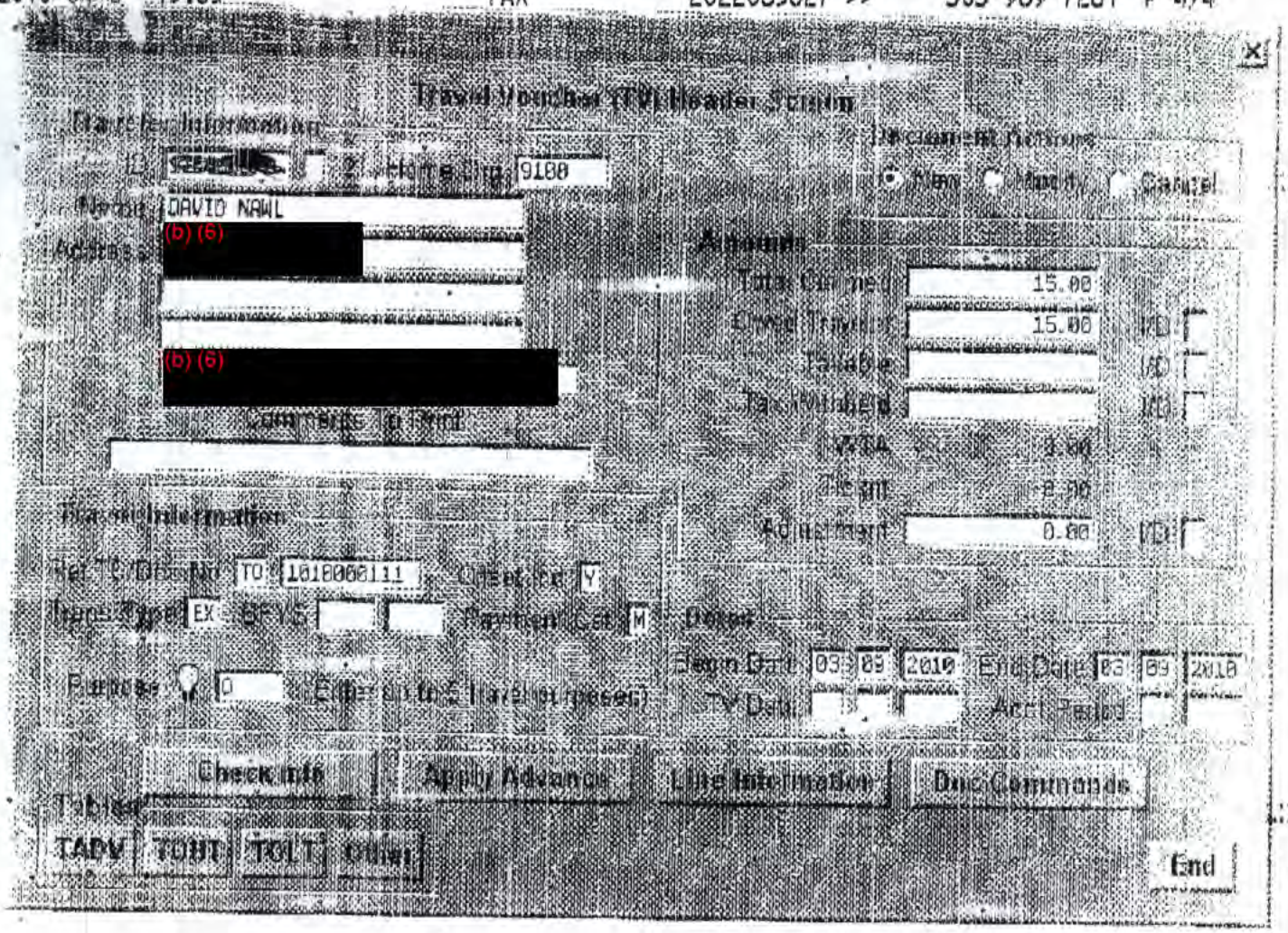
Total Amount		15.00 $
Credit Visa		15.00 $
Tax	0.00 %	0.00 $

Visa

HANI/DAVID
Amount = $ 15.00
Card Number: (b) (6) [redacted]

Authorization Code: 071882

Thank you
Open 24 hours



Travel Voucher (TV) Header Screen

Traveler Information

ID [redacted] Home Org 9180

Name DAVID NAWL

Address (b) (6) [redacted]

(b) (6) [redacted]

Comments To Print

Document Actions

New Modify Cancel

Amounts

Total Claimed	15.00	
Owed Traveler	15.00	I/D
Taxable		I/D
Tax Withheld		I/D
WTA	0.00	
Tlight	-0.00	
Adjustment	0.00	I/D

Travel Information

Ref TC/Doc No TO 1010000111 Offset Ind Y

Trans Type EX BFYS Payment Cat M

Purpose 0 (Enter on to 5 travel purposes)

Dates

Begin Date 03 09 2010 End Date 03 09 2010

TV Date Acct Period

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TADV | TOUT | TOLT | Other

End

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
Department of the Interior
Immediate Office of the Secretary
Office of Public Engagement

2. VOUCHER NUMBER
003DI2010

3. SCHEDULE NUMBER
Prepared by D'Andrea Jackson

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

CLAIMANT

a. NAME (Last, first, middle initial)
Rivera, Raymond

b. SOCIAL SECURITY NO.
101000097
(b) (6)

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

d. OFFICE TELEPHONE NUMBER
202-208-1923

5. PAID BY

APR 08 2010

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

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE (e)	NO. OF MILES (f)	AMOUNT CLAIMED MILEAGE (g)	FARE OR TOLL (h)	ADD'L PERSONS (i)	TIPS AND MISCELLANEOUS (j)
03/25		Professional Liability Insurance	Master Policy 1620709						137.30

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.)

APR - 7 2010

APR - 7 2010

4/4/10

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).) ▶ $ 137.30

TOTALS 137.30

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. 1348).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

DATE 4-6-10

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 03/26/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1000 DDDD1 68

DoD Overprint, 4/2002

STANDARD FORM 1164 (Rev. 10-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

2010-04-08 13:25 FAX 2022085627 >> 3039696631 P 5/14

To: Rivera, Ray
Subject: FEDS Association Order Confirmation

FEDS
FEDERAL EMPLOYEE DEFENSE SERVICES

Welcome to FEDS

This Professional Liability insurance policy provides you with invaluable legal, job and financial protections. For a copy of the complete policy terms and conditions print or read the FEDS Master Policy.

For your convenience, you can print your Certificate of Insurance at any time by going to order details. You can also sign in to your account using the login id and password you established to change profile information and order history.

In addition to these documents, you will automatically be enrolled into FEDMANAGER.com and FEDAGENT.com, weekly E-Report newsletters for federal managers, law enforcement officers and employees.

If you have any questions, please feel free to call a representative of FEDS at **(866)955-3337 (FEDS)** or Contact Us to submit questions via email.

INSURED MEMBER CERTIFICATE OF INSURANCE

FEDS
FEDERAL EMPLOYEE DEFENSE SERVICES

(866) 955-3337 (FEDS)
www.fedsprotection.com

Thank you for your membership in the Federal Employee Defense Services Association ("FEDS").

Please keep your Certificate of Insurance with your permanent records.

For questions regarding coverage provided by the master insurance policy, please contact Federal Employee Defense Services at 1-866-955-FEDS (3337). A copy of the master insurance policy is available upon request or may be viewed online.

To report claims, please contact Specialty Claims Management, Inc. at 1-800-995-0408

Company Affording Coverage: American Safety Indemnity Company
100 Galleria Parkway SE, Suite 700
Atlanta, GA 30339

Policyholder Name, Billing and Surplus Lines Address

Raymond Rivera
(b) (6) [redacted]
DOI-OTHER
1849 C Street, NW
Washington, DC 20240

Managing General Agent Name and Address

Anthony F. Vergnetti
Federal Employee Defense Services, Inc.
7945 MacArthur Blvd., Suite 201
Cabin John, MD 20818

Master Policy #: 169PF09 **Certificate #:** 169PF-1021944

Policy Period: From: 3/25/2010 To: 3/25/2011
at 12:01 A.M. Standard Time at your mailing address shown above.

Annual Policy Premium: $270.00

Minimum Earned Premium:	$270.00
Surplus Lines Tax:	$5.40
Stamping Fee:	$0.00

LIMITS OF INSURANCE:	Each Incident	$	1,000,000
	Per Incident Aggregate For Any One Incident Involving More Than One (1) Individual Insured Member	$	10,000,000
	Master Policy Aggregate	$	10,000,000
ADMINISTRATIVE AND CRIMINAL LEGAL DEFENSE EXPENSE SUBLIMIT:	Each Incident Involving Criminal Proceedings or Investigations	$	100,000
	Each Incident Involving Disciplinary or Judicial Sanctions Proceedings or Administrative Investigation	$	200,000

All coverage is subject to the terms and conditions of the master insurance policy including all terms, conditions, exclusions and endorsements issued to FEDS by American Safety Indemnity Company. This Certificate of Insurance is to provide evidence of insurance and does not amend, expand or alter any terms and / or conditions of the master insurance policy.

FEDS Insurance Card	
Insured Name:	**Raymond Rivera**
Insured Certificate #:	**169PF-1021944**
Coverage Effective Date:	**3/25/2010 - 3/25/2011**
For questions regarding your insurance coverage, please contact FEDS at 1-866-955-FEDS (3337).	
To report claims, please contact Specialty Claims Management, Inc. at 1-800-995-0408	

PR AS 0369 0609

SURPLUS LINES NOTICE

It is agreed that the Surplus Lines Agent with respect to this policy is as follows:

Surplus Lines Agent

Anthony F. Vergnetti
Federal Employee Defense Services, Inc.
P.O. Box 65282 (Washington, DC 20035)
7945 MacArthur Boulevard, Suite 201
Cabin John, MD 20818

Surplus Lines License #s
District of Columbia: 2862252
Georgia: 2664089
Maryland: RSL100002124
Virginia: 752690

GEORGIA

This contract is registered and delivered as a surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5.

MARYLAND

This insurance is issued by a nonadmitted insurer not under the jurisdiction of the Maryland Insurance Commissioner.

VIRGINIA

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THIS COMMONWEALTH, BUT NOT LICENSED OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (SECTION 38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

NU AS 0185 0216

FEDS
FEDERAL EMPLOYEE DEFENSE SERVICES

(866) 955-3337 (FEDS)
www.fedsprotection.com

Reimbursement Certification

Professional Liability Insurance

Policyholder Information:

Raymond Rivera
(b) (6)
[redacted]

Certificate Number: 169PF-1021944

Liability Insurance

Master Policy	Description	Coverage Dates	Paid in Full
169PF09	Professional Liability Insurance	3/25/2010 - 3/25/2011	$275.40

Prepared by:

Billing Services

Federal Employee Defense Services, Inc.

Prepared On: 3/25/2010

P 9/14 3039696631 2022085627 >> FAX 2010-04-08 13:27

Jackson, D'Andrea E

From: Rivera, Ray
Sent: Thursday, March 25, 2010 11:04 AM
To: Jackson, D'Andrea E
Subject: Fw: FEDS Association Order Confirmation

Are you able to process this? yes! I got it!

From: Bradley, Margaret
To: Rivera, Ray
Sent: Thu Mar 25 10:03:07 2010
Subject: RE: FEDS Association Order Confirmation

You are reimbursed via a local voucher, same way we reimburse for taxi fares around DC. Please provide your receipt to either me or Dawn. I'm not sure Dawn has the software to produce a local voucher. (I made the tech guys keep a program on my computer that gives me direct access to the local voucher – ha!) But one of us can definitely prepare the voucher to get you reimbursed.

Margaret Bradley
Staff Assistant
US Department of the Interior
Washington, DC
202-208-3290

From: Rivera, Ray
Sent: Thursday, March 25, 2010 11:01 AM
To: Bradley, Margaret
Subject: FW: FEDS Association Order Confirmation

Do you know where/how I process my reimbursement for purchasing this insurance?

RAY RIVERA
Director | Office of Public Engagement
Office of the Secretary | Department of the Interior
202-208-1923

From: The FEDS Association [mailto:customerservice@fedsprotection.com]
Sent: Thursday, March 25, 2010 10:56 AM

2010-01-19 15:32 FAX 2022085677 >> 3035856631 P 2/4

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/SIO/OEA
2. VOUCHER NUMBER: 1010000050
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): Rive, Ray L.
b. SOCIAL SECURITY NO.: (b) (6) [redacted]
c. MAILING ADDRESS (Include ZIP Code): 849 C Street, NW, Washington, DC 20240
d. OFFICIAL 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 (a)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE (e) NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
2009/10		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.)						
12/08	A	DOI	Capitol Hill			1 00	2	
12/08	A	Capitol Hill	DOI			10 00	2	
12/09	A	DOI	1100 G Street, NW			10 00	2	
12/09	A	1100 G Street, NW	DOI			5 75	2	1 25
12/11	A	DOI	1201 New York Ave, NW			8 00		
12/11	A	1201 New York Ave, NW	DOI			7 25		
12/15	A	DOI	1333 H Street JAN 19 2010			8 00	2	
12/15	A	1333 H Street	DOI			8 00	2	
1/12	A	DOI	1201 New York Ave, NW			10 00		
1/12	A	1201 New York Ave, NW	DOI			10 00		
If additional space is required continue on the back		SUBTOTALS CARRIED FORWARD FROM THE BACK						
			TOTALS			88 00		1 25

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 89.25

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. 680).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 1.15.10

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 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 ▶ [signature] DATE 1/12/10

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. 11-79)
Prescribed by GSA, FPMR (CFR 41) 101-7

TAXICAB RECEIPT

Time: _____

Date: 1/12/10

Origin of trip: DOI

Destination: 1201 NY Ave

Fare: $ 2.00 Sign: _____

Independent Cab
#145

To: 1201 NY Ave

Date: 1/12/10

From: DOI

Fare $ 2

TAXICAB RECEIPT

Date: 12/11/09

Time: _____

Company: _____

Origin of Trip: DOI

Destination: 1201 NY Ave

Fare: 8.00 Sign _____

Hope you had a pleasant ride.
Thank you for your business.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: Local - Annapolis_January 21, 2010

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): Stanton, Robert G. 1010000067

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-3219

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 2010 (a)	CODE (b)	(c) FROM	(d) TO	MI. PAGE RATE .050 (e) / NO. OF MILES (f)	AMOUNT CLAIMED: MI. PAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
1/11	a	DOI	Department of Education			8.00		
1/11	a	Department of Education	DOI			8.00		
1/21	a	Fairfax Station, Virginia	MRPA Conference	63	31.50			
	c							9.00
	a	MRPA Conference	Fairfax Station, Virginia	63	31.50			
1/27	a	DOI	White House			5.00		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK		63.00	21.00		9.00
			TOTALS					

FEB 12 2010

7. **AMOUNT CLAIMED** (Total of cols. (f), (g) and (i).) $93.00

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: 2-4-10

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: [signature] — 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: 1/29/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 93.00

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

211P 63.00
211I ~~9.00~~
~~211D~~ 21.00
211F 30

DoD Overprint 4/2002

STANDARD FORM 1184 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

Kim —

My taxi receipts for today's business trip to Education Dept for meeting regarding Historically Black Colleges and Universities.

Thanks!

TAXICAB RECEIPT

Time: 9:15 Am
Date: 01/11/10
Origin of trip: Dept of Transp
Destination: Dept of Education
Fare: $8.00 Sign:

TAXICAB RECEIPT

Time: 11 Am
Date: 01/11/10
Origin of trip: Dept of Education
Destination: Dept of Transp
Fare: $8.00 Sign:

1/27

Kevin

1/21 — Trip from Maryland Parks Conference
126 miles — round trip from
Home to Conference and return

Parking — $9.00 (Receipt attached)

Gotts Court Parking Garage
(410)263-9749

Fee Computer Number:	
Cashier:	13 #10
Transaction Number:	9841
Entered:	01/26/2010 08:2
Exited:	01/26/2010 13:2
Lot:	Lot
Area:	Gotts Main
Rate:	Gotts Garage Var
Parking Fee:	$ 5.0
Total Fee:	$ 9.00
Cash:	$ 9.00
Total Paid:	$ 9.00

Have a great day!

R. Stout

1/27 Taxi Fare for White House –
Meeting of Domestic Council Re:
Healthy Kids Initiative

Taxi fare $5.00

Receipt attached.

Taxi Cab Receipts

DATE: 1/27 TIME: _____

TRIP ORIGIN: Interior Dept

DESTINATION: Jackson Place [illegible] H Conf Ctr

FARE: $5.00 SIGNATURE [signature]

MB

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: Local

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): Stanton, Robert G. 1010000090

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-3219

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 2010 (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)
2/25	a	DOI	Homeland Security Department			6.50		
	a	Homeland Security Department	DOI			6.50		
	a	DOI	Latino Conservation & Civic Ldn			7.00		
	a	Latino Conservation & Civic Ldn	DOI			7.00		
2/26	a	DOI	WH Signing Ceremony EO			6.00		
	a	WH Signing Ceremony: EO	DOI			6.00		
3/9	a	DOI	Rayburn House Office Bldg			8.00		
	a	Rayburn House Office Bldg	DOI			8.00		

MAR 26 2010

2117 55-00

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK: 4/1/10 BS

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 55.00

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: Ronee Stone DATE: 3-17-10

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: 3/15/10

11. CLAIM PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 55.00

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

DoD Overprint 4/2002

STANDARD FORM 1184 (Rev. 11-77) Prescribed by GSA, FPMR (CFR 41) 101-7

Black History month Speaker

Taxi Cab Receipts

DATE: Feb 23, 2010 TIME: 8:45 Am

TRIP ORIGIN: Interior Dept

DESTINATION: Homeland Security Dept

FARE: $ 6.50 SIGNATURE: [signature]

Black History month Speaker

TAXICAB RECEIPT

Time: 11:30 A.m

Date: Feb 23, 2010

Origin of trip: Homeland Security Dept

Destination: Interior Dept

Fare: $6.50 Sign: [signature]

6.50+
6.50+
7.00+
7.00+
6.50+
6.50+
8.00+
8.00+
5.00 *

Meeting w/ Latino Conservation and Civic Leaders

TAXICAB RECEIPT

Time: Feb. 23 2011

Date: 2:12:30

Origin of trip: Interior Dept.

Destination: Dept of Agriculture

Fare: $ 7.00 Sign: [signature]

Meeting w/ Latino Conservation and Civic Leaders

TAXICAB RECEIPT

Time: 9:00 a.m.

Date: Feb 23, 2011

Origin of trip: Dept of Agriculture

Destination: Interior Dept.

Fare: $7.00 Sign: [signature]

TAXICAB RECEIPT

Time: 5:30 P.M.
Date: Feb. 25, 2010

Origin of trip: Dept of the Interior

Destination: White House

Fare: $6.00 Sign: Robert Stark

Ceremony - Signing of Executive Order

TAXICAB RECEIPT

Time: 6:55 P.M.
Date: Feb 26, 2010

Origin of trip: White House

Destination: Dept of the Interior

Fare: $6.00 Sign: [illegible]

Ceremony - Signing of Executive Order

Meeting with Congressman Clay

TAXICAB RECEIPT

Time: 3:45 PM

Date: 3/9/10

Origin of trip: Interior Dept

Destination: Rayburn House Office Bldg

Fare: $ 8.00 Sign: [signature]

Meeting w/ Congressman Clay

Taxi Cab Receipts

DATE: 3/9/10 TIME: 5:36

TRIP ORIGIN: Rayburn House Office Bldg

DESTINATION: Interior Dept

FARE: $ 8.00 SIGNATURE: [signature]

2010-02-12 16:56 FAX 2022085627 >> 505 969 7281 P 4/15

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)*: 1010000065 Cochran, Steffani

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

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

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION: Santa Fe, NM

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

6. PERIOD OF TRAVEL: a. FROM 12-06-2009 b. TO 12-08-2009

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Cochran2 b. DATE(S) 12-04-2009

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	603.30	UA	Economy	12-04-2009	Albuquerque, NM	Washington, DC and return
See attached eticket	237.60	UA	Economy	12-08-2009	Washington, DC	Albuquerque, NM
TMC fee	56.50					

Invitational travel. Traveler participated in meetings with senior DOI staff prior to her appointment with the NIGC. Air fare purchased with corporate card. Unused portion of original air fare to be refunded.

FEB - 4 2010

FEB 12 2010

2110 591.50
211I 80.04
211T 92.00

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 ▶ Steffani A Cochran DATE 01/25/10 AMOUNT CLAIMED ▶ $ 764.54

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 ▶ Renna Stone DATE 2-4-10

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

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 ▶ $ ~~764.54~~ 764.54

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

1012-116 NSN 7540-00-034-4160 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

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

2/18/10 BJ

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 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.

Cochran2

TRAVELER'S LAST NAME

Cochran

TIME 2009 (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)
12/06 8:25 am	Depart Albuquerque, NM											
3:06 pm	Arrive Washington, DC					53.25	207.00	260.25			260.25	
	Lodging tax											30.02 I
	Shuttle IAD/Lodging											29.00 T
12/07	Washington, DC					71.00	207.00	278.00			278.00	
	Lodging tax											30.02 I
	Taxi Lodging/DOI											7.00 T
	Taxi Lodging/NIGC											6.50 T
12/08	Taxi NIGC/IAD											49.60 T
5:34 pm	Depart Washington, DC											
7:53 pm	Arrive Albuquerque, NM					53.25		53.25			53.25	
	Airport Parking											21.00
								SUBTOTALS ▶			$591.81	$173.04
								TOTALS ▶			$591.50	$173.04

If additional space is required, continue on another SF 1012-A BLACK, leaving no 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 ▶ $764.54

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. 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 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. Cochran2
2. 12/04/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Steffani Cochran 5. OFFICIAL STATION Santa Fe, 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: Santa Fe, NM
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

Invitational travel. Traveler will participate in a series of meetings with senior DOI staff prior to her appointment.

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 12/06/09 Ending on or about 12/08/09

MODE OF TRAVEL

13. [X] Common carrier 14. Extra fare 15. Government-owned conveyance
16. [X] Privately owned at a mileage rate of 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. [X] Other *(specify)*
Airport parking, luggage fee, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	730.00
21. Per Diem		600.00
22. Other		150.00
23. TOTAL	$	1480.00

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (TRAVELER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZING OFFICIAL'S SIGNATURE)

29. for Deputy Chief of Staff (TITLE)

December 4, 2009

Carlson Wagonlit Travel SatoTravel.

For: STEFFANI COCHRAN

To: NGM8DOI
"INVITATIONAL".

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

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

Sunday December 6, 2009

United Airlines
Class of Service:Coach Class V
Depart: ALBUQUERQUE, NM
Arrive: WASHINGTON/DULLES
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: COCHRAN/STEFFANI 18A
STAR ALLIANCE

Flight Number: 782

9:25 Am December 6, 2009
3:05 Pm December 6, 2009
3 Hours 40 Minutes Non-Stop

Confirmation Number: 05NKRG

Sunday December 6, 2009

WASHINGTON/NATL,DC
KIMCO HOTEL PALOMAR DC-A TRIMPTON HTL
2121 P STREET NW
WASHINGTON DC 20037
Phone Number: 202-448-1800
Fax Number: 202-448-1801
Number of Rooms: 1
Rate: 207.00 USD Per Night
Check In: Dec 06, 2009
Check Out: Dec 08, 2009
Confirmation Number: 1092572508
Cancellation Policy: Cancel 24 hours prior
Directions: AIRPORTS

Tuesday December 8, 2009

American Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.NORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: COCHRAN/STEFFANI 30F
DEP-TERMINAL B

Flight Number: 1801

6:20 Pm December 8, 2009
8:55 Pm December 8, 2009
3 Hours 35 Minutes Non-Stop

Confirmation Number: PYUOLD

5:34 pm Dulles
7:48 pm

ONEWORLD

Tuesday December 8, 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: COCHRAN/STEFFANI 25D
ONEWORLD

Flight Number: 657

10:25 Pm December 8, 2009
11:10 Pm December 8, 2009
1 Hour 45 Minutes Non-Stop

Confirmation Number: PEUNLD

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
COCHRAN STEFFANI	5507/0167708271247	533.02	39.98US	10.80XF	7.50AY	603.30
COCHRAN STEFFANI	5507/6900505182408	28.25				28.25

(b) (6)

Total Amount: 631.55

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//03DEC

December 8, 2009

Sato Travel

For: STEFFANI COCHRAN

To: NGMSDOI
INVITATIONAL.

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

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

Tuesday December 8, 2009

United Airlines — Flight Number: 783
Class of Service:Coach Class V
Depart: WASHINGTON/DULLES — 5:34 Pm December 8, 2009
Arrive: ALBUQUERQUE, NM — 7:58 Pm December 8, 2009
Total Flight Time: — 4 Hours 24 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: QBNKRG
STAR ALLIANCE
SEAT ASSIGNED AT AIRPORT OR WEB CHECK-IN

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
COCHRAN STEFFANI	5518/0167723550008	211.16	16.84US	3.60ZP	2.50AY	237.30
COCHRAN STEFFANI	5518/8900509192418	28.25				28.25
COCHRAN STEFFANI	5507/0167708271247	533.02	70.28			603.30
COCHRAN STEFFANI	5507/8900509192408	28.25				28.25
(b) (6)					Total Amount:	897.40

MARGARET==BRADLEY@IOS.DOI.GOV‡

SATO TRAVEL AFTER HOURS EMERGENCY 866-218-8444.
YOU DESERVE A VACATION AND WE HAVE THE PERFECT ONE
WAITING FOR YOU, INCLUDING MILITARY RATES. VISIT
WWW.SATOVACATIONS.COM OR CALL TOLL-FREE 877-866-2554

THE TRANSPORTATION SECURITY ADMINISTRATION OF THE
US DEPARTMENT OF HOMELAND SECURITY REQUIRES US TO
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PREVENTION ACT OF 2004. PROVIDING THIS INFORMATION IS
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SUBJECT TO ADDITIONAL SCREENING OR DENIED TRANSPORT
OR AUTHORIZATION TO ENTER A STERILE AREA. TSA MAY
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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//03DEC

.....REFUND INFORMATION.....

....TICKET NUMBER-0167708271247..COUPONS-3/4..PROCESSED ON..08DEC/

.....BASE FARE AMOUNT-533.02..TAX-70.28..TTL REFUND-603.30

.....REFUNDED BACK TO-213788

.....INVOICE NUMBER-0005507

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR
WASHINGTON DC

COCHRAN, STEFFANI

Room Number: 903
Daily Rate: 207.00
Room Type: QQDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
12/06/09	12/08/09	(b) (6)	SIAT	INEC	11420272388

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
12/06/09	903	ROOM CHARGE	#903 COCHRAN, STEFFANI	$207.00
12/06/09	903	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.00
12/07/09	903	ROOM SERVICE	903/5012/07:54/ROOM SERVICE	$15.12
12/07/09	903	ROOM CHARGE	#903 COCHRAN, STEFFANI	$207.00
12/07/09	903	CITY OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02

TOTAL DUE: $489.16

KIMPTON hotels & restaurants

800.KIMPTON · KIMPTONHOTELS.COM

2010-03-22 15:01 FAX 202.208.5021 P.02 3039696001 P.02

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

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

3. VOUCHER NO.
001

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME (last, first, middle initial)
10100000852
Steve Doherty

b. SOCIAL SECURITY NUMBER
(b) (6)

6. PERIOD OF TRAVEL
a. FROM 02/18/2010
b. TO 02/25/2010

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

d. OFFICE TELEPHONE NO.
202-431-7251

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 001
b. DATE(S)

e. PRESENT DUTY STATION
Missoula, MT

f. RESIDENCE (City and State)

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 $

11. PAID BY

c. PAYEE'S SIGNATURE

12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS ISSUED OR PURCHASED WITH CASH (List by number below and attached payment coupons. If none is issued, show statement on reverse side.)

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

Traveler's Initials

AGENCY VALIDATION OF TICKET (a)	ISSUING CARRIER (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)

See Attachment.

RECEIVED
MAR 22 2010

211D 159508
211T 21755
211T 99464

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 limited and the average cost of lodging claimed during the period covered by this voucher.

TRAVELER SIGN HERE: Stephen A Doherty
DATE 03/04/2010
AMOUNT CLAIMED $ 1,948.17

NOTE: Falsification of an item is an expensive account worker, forfeiture of claim (27 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 OFFICAL SIGN HERE: Rennie Stone
DATE 3-17-10

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES IF ANY (Explain on reverse)
$

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 OFFICAL SIGN HERE
DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)
$

d. NET TO TRAVELER
$ 1,948.17
1912.27

18. ACCOUNT CLASSIFICATION
2010 1000 DDD01 68

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

3/22/10

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

SCHEDULE

Col. (c) If the voucher includes allowances for ... of employee's ... family, show ... names, ages ... lionship to em- ... nd marital ... children ... information is ... n the travel ... ation.)

Complete only for actual expense travel

Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
(g) Show expenses, such as: laundry, cleaning and pressing clothes, tips to bellboys, porters, etc. (other than for meals).
(h) Complete for per diem and actual expense travel.
(i) Show total subsistence expense incurred for actual expense travel.
(j) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of this amount from col. (i) or maximum rate.
(m) 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.
(n)

Complete this information if this is a continuation sheet

PAGE 2 of 3

TRAVEL AUTHORIZATION NO. 001

TRAVELER'S LAST NAME
Doherty

IPTION (al city, per diem n, or other ations ense)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (n)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (i)	MILEAGE RATE NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
											217.55
											24.29
											20.35
tland											
nd					45.75		45.75			45.75	
nd					66.00		66.00			66.00	
nd					66.00		66.00			66.00	
nd					66.00		66.00			66.00	
nd					66.00		66.00			66.00	
										308.02	
					71.00	237.02	308.02			308.02	
					71.00	237.02	308.02			925.79	262.19
							SUBTOTALS ▶			925.79	262.19
							TOTALS ▶				

12/6/6

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 ▶ 1,257.47

...tion is prevented. Solicitation of the information on this ... the Federal Travel Regulation (FTR) (41 C.F.R. ... 5581 (November 22, 1982) and 5 U.S.C. 5011(b)) ... to be determine payment or status thereof is eligible ... and under applicable statutes, executive orders and ... Government. The information may be furnished to ... persons or agencies, as ... routine uses ... published ... Privacy Act ... which ... to ask, or fail to ...

... investigations or operations of which payment is a requirement by this agency in connection with the hiring or ... of an employee, the issuance of a security clearance, or 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 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number. Disclosure of your SSN and other requested information is MANDATORY on vouchers claiming travel and/or relocation allowances payable at government expense, or may be made by the employing agency 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)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's 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): Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h): Show expenses, such as: laundry, cleaning and pressing 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

TRAVEL AUTHORIZATION NO. 001

TRAVELER'S LAST NAME: Doherty

DATE (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)
02/23		Per Diem DC					71.00	237.02	308.02			308.02	
02/24		Per Diem-DC					71.00	237.02	308.02			308.02	
02/25		Per Diem-Travel				D	53.25					53.25	
02/25		Tax cab rides in D.C.				T	~~[illegible]~~		~~55.00~~				55.00
							647.00	94.08					
									=1595.08				
									217.55				
									99.64				
										SUBTOTALS ▶		669.29	55.00
										TOTALS ▶		669.29	55.00

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 ▶ 1,912.27

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 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 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)

Steve Doherty

Voucher 001

Travel Dates: 02/15/10 through 02/25/10

Missoula, MT to Portland, OR to Washington, DC to Missoula, MT (Duty Station)

The traveler has not received his JP Morgan GOVCC yet. It is being processed and he should have next week.

The traveler used his personal credit card for all the expenses incurred except for his flights which were booked on the corporate credit card.

Lodging not to exceed 300% as authorized in the federal travel regulations.

Traveler stay with family members in Portland, OR and did not incur any lodging expenses.

Meals at the Palomar Hotel in Washington, D.C. were deducted from his hotel bill. Meals are covered by per diem.

Airfare: Ticket issued February 12, 2010

Alaska Airlines 1,319.80 Coach

Delta Airlines 329.40 Coach

Ticket Agent Fee 28.25

Depart Missoula, MT February 15, 2010 Arrive Portland, OR

Depart Portland, OR February 21, 2010 Arrive Washington, D.C.

Depart Washington, D.C. February 25, 2010 Arrive Missoula, MT

All of the traveler's receipts are attached to the voucher.

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

TRAVEL AUTHORIZATION

1. No. DohertyOR/DC/MT
2. February 12, 2010 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Stephen Doherty
5. OFFICIAL STATION Missoula, MT
6. TITLE Sr. Advisor to the Secretary for NW Region
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: Missoula, MT
9. TO: Portland, OR; Washington, DC; return to Missoula

10. PURPOSE AND REMARKS:

Participate in official meetings and briefings in Portland, accompany the Secretary to the Klamath River Agreement event, and attend official meetings at DOI Headquarters in Washington, DC.

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 2/14/10 Ending on or about 2/25/10

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)*
    Rental car, luggage fee, parking, taxi, phone calls
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1,865.20
21. Per Diem		1,000.00
22. Other		400.00
23. TOTAL	$	3,265.00

24. CHARGED TO:
2010 1000 DDD01 68

25. _____ (AUTHORIZING OFFICER'S SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Sr. Advisor to the Secretary for the NW Region (TITLE)

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

29. Deputy Chief of Staff (TITLE)

To: **Sheila Wilson**
Branch of Accounting Operations, FNMS
National Business Center

From: Margaret Bradley
Office of the Secretary

Date: February 12, 2010

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
Stephen Doherty	February 14-25, 2010	2010-1000-DDD01-58

Account Name: Division of Financial Management Services

2/26/2010

D'Andrea —

Here are the receipts for my travel.

1. Oregon Car Rental 217.55

2. Oregon Car Gas 24.29

3. Oregon Parking Downtown Portland

$ 4.80		$ 20.35
.65		
4.00		
2.00		
2.50		
3.20		
3.20		
20.35		

4. DC Hotel $ 987.41

5. DC Cabs

$ 23.00
10.00
12.00
10.00
$ 55.00

No hotel in Oregon, but travel days & per diem —

I traveled: Feb 15, 2010 Missoula to Portland

Sunday Feb 21, 2010 Portland to DC Sunday

No per diem Saturday Feb. 20, 2010

Thursday Feb. 25, 2010 DC to Missoula

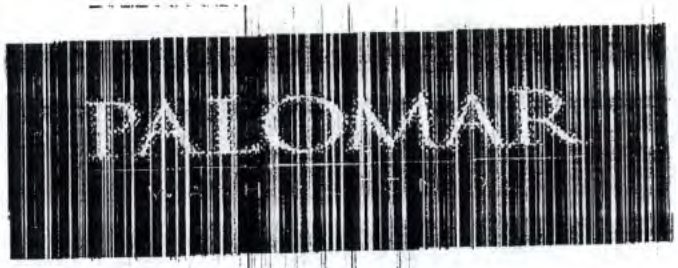
(also worked that day

Thanks, have a good weekend

Steve

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

PALOMAR



DOHERTY, STEPHEN

Room Number: 926
Daily Rate: 207.00
Room Type: QQDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
02/21/10	02/25/10	(b) (6) [redacted]	SAT	INEG	11420282146

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
02/21/10	926	ROOM CHARGE	#926 DOHERTY, STEPHEN	$207.00
02/21/10	926	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
02/22/10	926	URBANA RESTAURANT	926/3002/07:10/URBANA RESTAURANT	$20.00
02/22/10	926	ROOM CHARGE	#926 DOHERTY, STEPHEN	$207.00
02/22/10	926	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
02/23/10	926	URBANA RESTAURANT	926/3001/03:33/URBANA RESTAURANT	$19.33
02/23/10	926	ROOM CHARGE	#926 DOHERTY, STEPHEN	$207.00
02/23/10	926	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
02/24/10	926	ROOM CHARGE	#926 DOHERTY, STEPHEN	$207.00
02/24/10	926	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02

DC Hotel

TOTAL DUE: $987.41

Alamo

RA # 711284327

STEPHEN DOHERTY
GREAT FALLS, MT 59404

RES # 855982982
CONTRACT ID
EXT REF #

OS #
FT #

RENTAL LOCATION
PORTLAND ARPT (888)826 6869
10947 NE HOLMAN ST.
PORTLAND, OR 97220

RENTAL DATE
15-FEB-2010
RENTAL TIME
10:11 AM

RETURN LOCATION
PORTLAND ARPT (888)826 6869
10947 NE HOLMAN ST.
PORTLAND, OR 97220

RETURN DATE
21-FEB-2010
RETURN TIME
10:30 AM

RATE RULES AND QUALIFICATIONS INITIAL X_____
STANDARD WEEKLY 6 DAY
Min. rental 144 hours
Max. rental 167 hours

VEHICLE INFORMATION

RESERVED	Intermediate 2/4 Door Car Auto A/C
DRIVEN	Intermediate 2/4 Door Car Auto A/C
CHARGED	Compact 2/4 Door Car Auto A/C
MAKE	
MODEL	
COLOR	
ODOMETER	0
PLATE	
REG AREA	
VEHICLE #	
BAY	
STALL	

CHARGES	UNIT	PRICE/UNIT	CURRENT CHARGE
RENTER'S RESPONSIBILITY			
* TIME & DISTANCE	WEEK	168.86 X 1	168.86
* EXTRA -TIME & DISTANCE	Hour	28.14 X	0.00
* EXTRA -TIME & DISTANCE	Day	84.43 X	0.00
* UNLIMITED MILES/KM-TIME & DISTANCE	M/KM	0.00 X	0.00
REFUELING SERVICE CHARGE	Gallon	4.09 X	0.00
CONCESSION RECOVERY FEE 10 PCT @ 10.00%			16.89
* VEHICLE LICENSE RECOV FEE .44/DAY	Day		2.64
MULTNOMAH CAR RENTAL TAX 17.00%			28.16
ESTIMATED CHARGES			217.55

INITIAL X_____

(ALL CHARGES ARE ESTIMATE ONLY - SUBJECT TO CHANGE IF VEHICLE NOT RETURNED TO THE LOCATION ON DATE AND TIME SPECIFIED, OR IF FUEL TANK IS NOT FULL AT RETURN AND FUEL SERVICE OPTION WAS NOT PURCHASED)

PAYMENTS
AMERICAN EXPRESS 1001 Auth #

I DECLINE OPTIONAL ALAMO PROTECTION PLUS (APP) AS OF 15-FEB-2010 10:11 AM. X _____

I DECLINE OPTIONAL COLLISION DAMAGE WAIVER. X _____

I DECLINE OPTIONAL EXTENDED PROTECTION (EP). X _____

I DECLINE OPTIONAL CAREFREE PERSONAL PROTECTION COVERAGE (PERSPRO). X _____

I DECLINE ALAMO 'S OPTIONAL ROADSIDE SERVICE PLUS X _____

NO ADDITIONAL DRIVERS ARE AUTHORIZED TO DRIVE THE VEHICLE WITH THE EXCEPTION OF THE DRIVERS LISTED BELOW.

YOU AGREE TO ALL PROVISIONS CONTAINED WITHIN THIS AGREEMENT, INCLUDING THOSE CONTAINED WITHIN ALAMO'S RENTAL AGREEMENT JACKET AND ALL APPLICABLE OPTIONAL PRODUCT BROCHURES, AND YOU ACKNOWLEDGE RECEIPT OF EACH OF THEM. YOU UNDERSTAND AND AGREE THAT, TO THE EXTENT PERMITTED BY LAW, IF YOU DO NOT COMPLY WITH CERTAIN KEY PORTIONS OF THIS AGREEMENT (AND, WHERE APPLICABLE, THE TERMS OF ANY ASSOCIATED CORPORATE, GOVERNMENT, OR TOUR ACCOUNT AGREEMENT), ALL COLLISION DAMAGE WAIVER, LIABILITY INSURANCE AND UNINSURED/UNDERINSURED MOTORIST BENEFITS, AND CERTAIN OTHER OPTIONAL PRODUCTS, IF ANY, DESCRIBED IN THIS AGREEMENT ARE VOID AND, THUS, WILL NOT BE PROVIDED.

RENTER : _____

Owner: EAN Holdings, LLC
Thank you for renting with Alamo Rent A Car!

KEEP THIS PORTION

REMOVE VALUABLES FROM YOUR VEHICLE

CRDT 3.20

02-16 02:49 PM

42026572

PROOF OF PAYMENT

KEEP THIS PORTION

REMOVE VALUABLES FROM YOUR VEHICLE

CRDT 3.20

02-16 02:42 PM

42026575

PROOF OF PAYMENT

KEEP THIS PORTION

EXPIRES

FEB 16 10

07:00 PM

$ 0.85C

34166

F109659

REMOVE VALUABLES FROM VEHICLE

PROOF OF PAYMENT

KEEP THIS PORTION

EXPIRES

FEB 17 10

12:53 PM

$ 2.00C

21520

L100710

REMOVE VALUABLES FROM VEHICLE

PROOF OF PAYMENT

KEEP THIS PORTION

REMOVE VALUABLES FROM YOUR VEHICLE

CRDT 4.00

02-17 05:19 PM

42053592

PROOF OF PAYMENT

VALID ONLY IF PROPERLY DISPLAYED IN CURBSIDE WINDOW WITH SIDE 1 OUT

City of Portland

01:51 PM FEB 19

▲ Expiration Time ▲▲ Valid Date ▲

02/19/10 at 10:51 AM

PAID $ 4.80C

02155 ID: F210410

REMOVE VALUABLES FROM VEHICLE

RECEIPT - SEE DIRECTIONS ON REVERSE

KEEP THIS PORTION

EXPIRES

FEB 19 10

03:16 PM

$ 2.50C

03177

L090858

REMOVE VALUABLES FROM VEHICLE

PROOF OF PAYMENT

Oregon

Parking

Rental Car Oregon

A L A M O

RA 798284327 Inv 7001aeu5950
Rental 15-FEB-2010 10:19 AM
PORTLAND ARPT
Return 21-FEB-2010 10:19 AM
PORTLAND ARPT

STEPHEN DOHERTY
Vehicle # 97233044
Model COBALT 4DR
Class Driven TCAR Class Charged CCAR
License# 534021 State/Province OR
M/Kms Driven 232
M/Kms Out 20485
M/Kms In 20717

Charges	No Unit	Price	Amount
T & M	1 Week	168.86	168.86*
UNLIM M/KM	0 M/Kms		0.00*
CONCESSION RECOVERY FEE			16.89
VEH LIC RECOVERY			2.64*
CAR RENTAL TAX @17.000 %			29.16

Total Charges USD 217.55

Paid By AMEX 1001 217.55

Amount Due USD 0.00

* Taxable Items
Subject to Audit
Customer Service Number 1(800) 445-5664

WELCOME TO
JACKSONS FOOD STORES
SALES RECEIPT
57 443 146105
SHELL
209 A STREET
LAKE OSWEGO
OR 97034

DATE02/21/10 8:49AM
INVOICE# 088863
AUTH# 04584C
VISA
[redacted]
PUMP PRODUCT $/G
02 UNLD $2.699

GALLONS FUEL TOTAL
9.001 $ 24.29

THANK YOU
STORE NO 309

Carlson Wagonlit Travel SabTravel.

February 12, 2010

For: STEPHEN DOHERTY

To: NGMBDOI
ETKT 12FEB

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

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

Sunday February 14, 2010

Alaska Airlines — Flight Number: 2347
Class of Service: Coach Class Y
Depart: MISSOULA, MT — 7:10 Am February 14, 2010
Arrive: SEATTLE/TACOMA, WA — 7:40 Am February 14, 2010
Total Flight Time: — 1 Hour 40 Minutes Non-Stop
Equipment: DH4
Meal Service: None
Status: Confirmed — Confirmation Number: JEGNL3
Reserved Seat: DOHERTY/STEPHEN 2E
Frequent Flyer Number: (b) (6) DOHERTY/STEPHEN
*MSO-SEA OPERATED BY HORIZON AIR

Sunday February 14, 2010

Alaska Airlines — Flight Number: 2473
Class of Service: Coach Class Y
Depart: SEATTLE/TACOMA, WA — 9:00 Am February 14, 2010
Arrive: PORTLAND, OR — 9:50 Am February 14, 2010
Total Flight Time: — 50 Minutes Non-Stop
Equipment: DH4
Meal Service: None
Status: Confirmed — Confirmation Number: JEGNL3
Reserved Seat: DOHERTY/STEPHEN 2D
Frequent Flyer Number: (b) (6) DOHERTY/STEPHEN
*SEA-PDX OPERATED BY HORIZON AIR

Sunday February 14, 2010

ALAMO — Compact
Pick Up: February 14, 2010 2:31 Pm — Location: PORTLAND, OR
PORTLAND, OR
Return: February 21, 2010 11:55 Am
Weekly Rate: 168.88 USD — Extra Days: 84.43 Extra Hours: 28.14
Unlimited Free Miles
Approximate Total: 218.06 7Days 0Hours 49.20Mandatory Charge
Confirmation Number: 65559298ACOUNT

Sunday February 21, 2010

Delta Airlines
Class of Service:Coach Class K
Depart: PORTLAND, OR
Arrive: ATLANTA, GA
Total Flight Time:
Equipment: 73H
Meal Service: Available For Purchase
Status: Confirmed
Frequent Flyer Number:
ARR-SOUTH TERMINAL

Flight Number: 1891

11:55 Am February 21, 2010
7:31 Pm February 21, 2010
4 Hours 36 Minutes Non-Stop

Confirmation Number: P9LD7B
(b) (6) DOHERTY/STEPHEN

Sunday February 21, 2010

Delta Airlines
Class of Service:Coach Class K
Depart: ATLANTA, GA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: M90
Meal Service: None
Status: Confirmed
Reserved Seat: DOHERTY/STEPHEN 31A
Frequent Flyer Number:
DEP-SOUTH TERMINAL ARR-TERMINAL B

Flight Number: 1978

6:20 Pm February 21, 2010
10:05 Pm February 21, 2010
1 Hour 45 Minutes Non-Stop

Confirmation Number: P9LD7B
(b) (6) DOHERTY/STEPHEN

Sunday February 21, 2010

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: 207.00 USD Per Night
Check In: Feb 21, 2010
Check Out: Feb 25, 2010
Confirmation Number: 10852756J5
Cancellation Policy: Cancel 24 hours prior
Directions: AIRPORTS

Thursday February 25, 2010

Delta Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: MINNEAPOLIS,MN
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: DOHERTY/STEPHEN 18B
Frequent Flyer Number:
DEP-TERMINAL B ARR-LIND[redacted]

Flight Number: 2263

2:30 Pm February 25, 2010
4:19 Pm February 25, 2010
2 Hours 49 Minutes Non-Stop

Confirmation Number: P9LD7B
(b) (6) DOHERTY/STEPHEN

Thursday February 25, 2010

Delta Airlines
Class of Service:Coach Class Y
Depart: MINNEAPOLIS,MN
Arrive: MISSOULA, MT
Total Flight Time:
Equipment: E75
Meal Service: Available For Purchase
Status: Confirmed

Flight Number: 8727

5:10 Pm February 25, 2010
7:08 Pm February 25, 2010
2 Hours 58 Minutes Non-Stop

Confirmation Number: P9LD7B

Reserved Seat: DOHERTY/STEPHEN 18C
Frequent Flyer Number: (b) (6)
DSP-LINDBERGH TERMINAL
*MSP-MSO OPERATED BY COMPASS DBA DELTA CONNECTION

Name	Original Ticket	Base	Tax	Tax2	Tax3	Total
DOHERTY STEPHEN	5656/0057725550137	1195.28	123.52			1,319.80
DOHERTY STEPHEN	5656/3900521172579	28.25				28.25
DOHERTY STEPHEN	5656/0271725560136	285.52	21.48US	7.40XP	5.00AY	329.40
					Total Amount:	1,677.45

SATO TRAVEL AFTER HOURS EMERGENCY 866-219-8446 .
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

09-12-18 14:46 FAX 2022085627 >> 3038686631 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

1010000032

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

3. VOUCHER NO.

4. SCHEDULE NO

5. PERIOD OF TRAVEL
a. FROM 12-06-2009
b. TO 12-08-2009

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

7. TRAVEL AUTHORIZATION
a. NUMBER(S) Doherty1
b. DATE(S) 12-01-2009

TRAVELER (PAYEE)

a. Name (Last, first, middle initial)
Doherty, Stephen A.

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

c. PRESENT DUTY STATION
Missoula, MT

d. OFFICE TELEPHONE NO.

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

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	1,342.40	NW	Economy	12-04-2009	Missoula, MT	Washington, DC and return
TMC	28.25					

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

DEC 18 2009

211D 591.50
211I 7804
211T 55.00

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 ▶ Stephen A Doherty DATE 12/15/09

AMOUNT CLAIMED ▶ $ 724.54

724.54

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 12-16-09

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 ▶ $ 724.54

12/28/09

18. ACCOUNTING CLASSIFICATION
2010 1000 DDD01 68

1012-116

NSN 7540-00-634-4180

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

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

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.

(k) 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.

(l) Show expenses, such as: tax/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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

Doherty1

TRAVELER'S LAST NAME

Doherty

207/71

2009 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival of a 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)
12/06	2:47 pm	Depart Missoula, MT											
	10:20 pm	Arrive Washington, DC					53.25	207.00	260.25			260.25	
		Lodging tax											30.02 I
		Taxi DCA/Lodging											25.00 T
12/07		Washington, DC					71.00	207.00	278.00			278.00	
		Lodging tax											30.02 I
		Taxi Lodging/DCI											9.50 T
12/08		Taxi Lodging/DCA											20.50 T
	8:25 am	Depart Washington, DC											
	1:28 pm	Arrive Missoula, MT					53.25		53.25			53.25	
		Airport parking											18.00 I
									SUBTOTALS ▶			$591.50	$133.04
									TOTALS ▶			$591.50	$133.04

414.00

= 59150

17750

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 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 to item 12 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ $724.54

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

STANDARD FORM 1012 BACK (10-77)

78.04
55.00

Hotel Palomar
2121 P Street NW
Washington DC, 20037
(T) 202.448.1800
(F) 202.448.1801
www.hotelpalomar-dc.com

DOHERTY, STEPHEN A

Room Number: 737
Daily Rate: 207.00
Room Type: KGDX
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
12/06/09	12/08/09	(b) (6)	SAT	INEG	11420272086

DATE	ROOM NO	DESCRIPTION	REFERENCE	AMOUNT
12/06/09	737	ROOM CHARGE	#737 DOHERTY, STEPHEN A	$207.00
12/06/09	737	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02
12/07/09	737	URBANA RESTAURANT	737/4016/09:48/URBANA RESTAURANT	$27.38
12/07/09	737	LONG DISTANCE	737/01:06:2/3039697275	$9.75
12/07/09	737	ROOM CHARGE	#737 DOHERTY, STEPHEN A	$207.00
12/07/09	737	CITY-OCCUPANCY TAX	CITY-OCCUPANCY TAX	$30.02

Not OK

TOTAL DUE: $511.17

KIMPTON hotels & restaurants

800.KIMPTON • KIMPTONHOTELS.COM

TAXICAB RECEIPT

Time: _____
Date: 12/6/09

Origin of trip: DCA

Destination: Hotel

Fare: $21+4 $25 Sign: _____

TAXICAB RECEIPT

Time: _____
Date: 12/08/09

Origin of trip: Hotel

Destination: DCA

Fare: $16.50 + $4 tip = $20.50 Sign: _____

Hotel to Interior Dept.

TAXI FARE RECEIPT

DIAMOND CAB
1100 O ST., N.W.
WASHINGTON, DC 20005

202-387-6200
24 HOUR RADIO DISPATCH

CAB NO _____ I.D. NO. _____ TAXI NO. _____

SIGNED _____ DATE 12/7/09 TIME _____

TRIP ORIGIN Capitol Hill

DESTINATION Hotel

FARE $11.50 TIP $4.00 TOTAL $15.00

FOR ADVANCED RESERVATIONS TO NATIONAL, BWI AND DULLES AIRPORTS PLEASE CALL: 202-387-2291

FOR CHARGE ACCOUNT INFORMATION, PLEASE CALL: 202-387-4011

FOR A DIRECT DISPATCH, PLEASE CALL: 202-387-2347

DC TRIP / CAPPED
WELCOME CAB 13
HACK ID # 63393
12/07/09 TR 4509
START END MILES
13:26 13:36 3.7
FARE FOR EA RATE
RATE 1: $ 6.50
EXTRA: $ 0.00
TOTAL: $ 6.50
TAG # 81477
DC TAXICAB COMM
TEL 202 645-6018

6.50
3.00
$9.50

airport parking

Republic Parking System
Missoula International Airport
Missoula, MT 59808
TRANS. NO: 68130

GARAGE 1 LANE 2 CASHIER # 8729
TICKET 03-010323 12/06/09 1:51 PM
ARRIVE 12/06/09 1:43 PM
STAY 2 Days 00 hrs 08 mins

PARKING FEE $ 18.00

TOTAL DUE $ 18.00
AMOUNT PAID (VISA) $ 18.00

(b) (6) [redacted]
APPR. CODE: 05[illegible]

CUSTOMER COPY

CUT HERE

ANTON AIRFOOD
MAUI TACO
MINNEAPOLIS ST PAUL INT'L

11001 FISSERA

4757 DEC06'09 6:05PM

1 BURR NAPILI	7.69
SUBTOTAL	7.69
TAX	0.56
AMOUNT	8.25
Cash	20.00
CHANGE	11.75

THANK YOU
HMS HOST
MAUI TACO
MINNEAPOLIS \ ST. PAUL INT'L
QUESTIONS AND COMMENTS
612.365.4605
dutch.howard@hmshost.com

Lunch 12/7/09

Le Pain
Quotidien
2001 P Street
Washington, DC 20036
(202) 459-5176

Date: Dec07'09 12:17PM
Card Type: Visa
Acct #: (b) (6) [redacted]
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 015790
Check: 4544
Table: 6371
Server 11002 Jamel H

Subtotal: 20.46
Tip 4
Total 24.46
Signature [signature]

Customer's Copy

Please call our Caterer
at 212.359.9026
for your private party needs

Travel 12/6/09
Dinner

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

TRAVEL AUTHORIZATION

1. No. Doherty1
2. 12/01/09 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Stephen A. Doherty 5. OFFICIAL STATION Missoula, MT

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: Missoula, MT
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 12/06/09 Ending on or about 12/08/09

MODE OF TRAVEL

13. ☒ Common carrier
14. Extra fare at a mileage rate of
15. Government-owned conveyance costs, 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)
    Luggage, airport parking, taxi fare
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1375.00
21. Per Diem		725.00
22. Other		150.00
23. TOTAL	$	2250.00

24. CHARGED TO:
2010 1000 DDID01 68

25. _____ (SOA OFFICIAL SIGNATURE)

26. _____ (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. _____ (AUTHORIZED OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

December 4, 2009

Carlson Wagonlit Travel Satolhavel.

For STEPHEN A DOHERTY

To NGMSDOI
"INVITATIONAL".

Sales Person: 77
Locator: (3) PVZL
Customer Number: (b) (6)

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

Sunday December 6, 2009

Northwest Airlines
Class of Service:Coach Class X
Depart: MISSOULA, MT
Arrive: MINNEAPOLIS,MN
Total Flight Time:
Equipment: E75
Meal Service: None
Status: Confirmed
Reserved Seat: DOHERTY/STEPHEN A 9C
ARR-LINDBERGH TERMINAL
*MSO-DSP OPERATED BY COMPASS AIRLINES

Flight Number: 3772

2:47 Pm December 5, 2009
6:25 Pm December 5, 2009
2 Hours 38 Minutes Non-Stop

Confirmation Number: NFSPCF

Sunday December 6, 2009

Northwest Airlines
Class of Service:Coach Class T
Depart: MINNEAPOLIS,MN
Arrive: WASHINGTON/NATL.DC
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: DOHERTY/STEPHEN A 15A
DEP-LINDBERGH TERMINAL ARR-TERMINAL A

Flight Number: 2310

6:55 Pm December 6, 2009
10:30 Pm December 6, 2009
2 Hours 35 Minutes Non-Stop

Confirmation Number: NFSPCF

Sunday December 6, 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: 207.00 USD Per Night
Check In: Dec 06, 2009
Check Out: Dec 08, 2009
Confirmation Number: 1097694000
Cancellation Policy: Cancel 24 hours prior

Directions: AIRPORTS

Tuesday December 8, 2009

Northwest Airlines
Class of Service:Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: MINNEAPOLIS,MN
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: DOHERTY/STEPHEN A 7A
DEP-TERMINAL A

Flight Number: 2289
8:15 Am December 8, 2009
10:21 Am December 8, 2009
2 Hours 56 Minutes Non-Stop
Confirmation Number: NFSPCF
ARR-LINDBERGH TERMINAL

Tuesday December 8, 2009

Northwest Airlines
Class of Service:Coach Class Y
Depart: MINNEAPOLIS,MN
Arrive: MISSOULA, MT
Total Flight Time:
Equipment: E75
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: DOHERTY/STEPHEN A 9C
DEP-LINDBERGH TERMINAL
*MSP-MSO OPERATED BY COMPASS AIRLINES

Flight Number: 5705
11:30 Am December 8, 2009
1:28 PM December 8, 2009
2 Hours 58 Minutes Non-Stop
Confirmation Number: NFSPCF

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
DOHERTY STEPHEN A	5504/01277[illegible]27124[illegible]	1209.30	80.70US	14.40XP	10.00AY	1,362.40
DOHERTY STEPHEN A	5504/89005[illegible]9240[illegible]	28.25				28.25
(b) (6) [redacted]					Total Amount:	1,370.65

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

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

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

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. PERIOD OF TRAVEL: a. FROM 03-02-2010 b. TO 03-05-2010

6. TRAVELER (PAYEE)

a. Name (Last, first, middle initial): Doherty, Steve

b. SOCIAL SECURITY NO.: [redacted] 000-00-6846

c. MAILING ADDRESS (Include ZIP Code): [redacted] 1010000116

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION: Missoula, MT

f. RESIDENCE (City and State)

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 002 b. DATE(S) 03-02-2010, 03-05-2010

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 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)	TO (f)
				Missoula, MT and return to	Bozeman, MT, Billings, MT Missoula, MT

JUN 24 2010

JUN 21 2010

Traveler did not have a government credit card at the time of travel. Gas charges are not reimburseable when POV is used for TDY.

211D 33875
211I 1183
211P 44550

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 5/7/10 AMOUNT CLAIMED $ 796.08

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. 1680a).)

APPROVING OFFICIAL SIGN HERE: [signature] DATE 5-12-10

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

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 $ 796.08

18. ACCOUNTING CLASSIFICATION: 1000 DDD0168

6/22/10

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 Pure Federal Forms, Inc.

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Immediate Office of the Secretary, 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): Doherty, Steve

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 03-02-2010 b. TO 03-05-2010

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 002 b. DATE(S) 03-02-2010 03-05-2010

a. PRESENT DUTY STATION: Missoula, MT

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 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)
		POV		Missoula, MT	Bozeman, MT/ Billings, MT Helena, MT
				and return to	Missoula, MT

JUN 21 2010

Traveler did not have a government credit card at the time of travel. Gas charges are not reimbursable when traveling POV for TDY trips.

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 ▶ $ 796.08

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, 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 6-15-10

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 ▶ $ 796.08

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

2010 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 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 more than one continuation sheet is used: PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO. 002

TRAVELER'S LAST NAME Doherty

DATE 2010 (a)	TIME (Hour and a.m./p.m.) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations if necessary) (c)	BREAK-FAST (d)	LUNCH (e)	DINNER (f)	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)
03/02		Depart Missoula, MT Arrive Bozeman, MT					38.25		38.25	223	111.50	38.25	
03/03		Depart Bozeman, MT Arrive Pray, MT					51.00	169.00	220.00	288	144.00	220.00	
03/03		Lodging Tax											11.83
03/04		Depart Pray, MT Arrive Mammoth Hot Springs					46.00		46.00			46.00	
03/05		Depart Mammoth Hot Springs Arrive Billing, MT											
03/05		Depart Billings, MT Arrive Helena, MT								254	127.00		
03/06		Depart Helena, MT Arrive Missoula, MT					34.50		34.50	126	63.00	34.50	
										SUBTOTALS	$445.50	$338.75	$11.83
										TOTALS	$445.50	$338.75	$11.83

38.25; w/receipts; 223; 51; 46.75; 169.00; candy; 288; 46; 254; 34.50; 126; 169.75; 109; 445.50; 338.75; 2110 445.50; D 338.75; I 11.83

If additional space ... ... 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.

... compliance with the ... allegations 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 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(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 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.

TOTAL AMOUNT CLAIMED ▶ $796.08

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STANDARD FORM 1012 BACK (10-77)

May 21, 2010

To: Renee Stone

From: D'Andrea Jackson

527 PAC

Subject: Travel Voucher for Steve Doherty

Steve Doherty incurred lodging expenses on March 3, 2010, in Pray, MT while traveling throughout the State of Montana. His residence over night was Chico Hot Springs Resort where the room rate of $180.83 is over the allowed government rate of $169.00. If you can approve this memo for actual lodging approval for the amount of $180.83 in order for Steve to be fully reimbursed. Thank you.

D'Andrea Jackson

APPROVED: Renee Stone, Deputy Chief of Staff Renee Stone

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1512
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. 002
2. March 3, 2010 (DATE)

3. Office of the Secretary, Dept. of the Interior (BUREAU OR OFFICE)

4. NAME Steve Doherty 5. OFFICIAL STATION Missoula, MT

6. TITLE Senior Advisor to the Secretary, Northwest Regi 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: Missoula, MT
9. TO: Bozeman, MT, Billings, MT

10. PURPOSE AND REMARKS:

Purpose is to meet w/ NGO's in Bozeman and some DOI agencies in Billings. See attached email where Steve explains that it easiest to use his POV as there is no air service between those two cities. Steve also indicates that he will not incur lodging expenses as he will stay with family.

11. PER DIEM ALLOWANCE:

12. PERIOD OF TRAVEL: Beginning on or about 03/03/10 Ending on or about 03/06/10

MODE OF TRAVEL

13. Common carrier 14. Extra fare 15. Government-owned conveyance
16. X Privately owned at a mileage rate of .58 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	mileage	$	100.00
21. Per Diem			121.00
22. Other:	Gasoline		120.00
23.	TOTAL	$	341.00

24. CHARGED TO:
10 1000 DDD01 68

25. (BUREAU OFFICIAL'S SIGNATURE)

26. Steve Doherty (REQUESTER'S SIGNATURE)

27. Senior Advisor to the Secretary, Northwest Region (TITLE)

28. Rebecca Watkins (APPROVING OFFICIAL'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

Steve Doherty

Travel Memo for week of March 2 through 5, 2010

- March 2, official travel by POV from Missoula, Montana to Bozeman, Montana for meetings with NGO's in Bozeman. Overnight in Bozeman with friends March 2.

- March ,3 meetings with NGO's in Bozeman, The Wilderness Society, Greater Yellowstone Coalition and American Prairie Foundation. Travel to Livingston, Montana for meeting with Montana Fish, Wildlife and Parks Commissioner Dan Vermillion. Continue travel and overnight in Pray, Montana.

- March 4, travel from Pray to Mammoth Hot Springs, Wyoming for meeting with National Park Service on Yellowstone Park issues. Travel from Mammoth to Billings Montana, overnight there with family.

- March 5, meeting with Montana State BLM personnel on Montana/Dakota BLM issues. Continue travel to Helena, Montana meeting with Senator Tester and staff, continue travel, returned home to Missoula, March 5, 2010.

Missoula Bozeman 223

Bozeman Yellowstone Park Billings 288

Billings Helena 254

Helena to Missoula 126

Zip Trip #46
1210 East Main
Bozeman MT 59715
(406) 587-0611

Am Express
DOHERTY/SA
DATE 03/03/10 16:51
PUMP # 04
PRODUCT: UNLD1
APPROVAL # 575713
GALLONS: 8.971
PRICE/G: $ 2.649
FUEL SALE $ 23.76

INCL 0.040/G DISC

Have A Great Day

THANK YOU FOR
SHOPPING WITH
ZIP TRIP!

Holiday Stationstore
Shop the Difference
Store # 280

Main St.
Billings , MT

CREDIT CARD SALE
Holiday
03/05/10 TIME: 07:25
Store#:0280
Terminal#:0001
[redacted]

Unleaded,S
Pump #: 08
Gallons: 11.454
Price/Gal: $2.649
Total Fuel: $30.34

Total Sale: $30.34
Tran Seq # 399338

I AGREE TO PAY THE
ABOVE TOTAL AMOUNT
ACCORDING TO THE
CARDHOLDER AGREEMENT

INV#: 072507022
APPROVAL: 580255

DOHERTY/SA
Visit us at

holidaystationstores
.com

CL# 4694048
TOWN PUMP #281
HELENA MT

03/05/10 08:12PM

ACCT# [redacted]
MEX
INV# E2L2847

AUTH# 573872

PUMP# 04

Regular 9.696

SELF

PRICE/GAL $2.699

FUEL TOTAL $26.17

TOTAL $26.17

Mikes Hard Lemonade
6pk Bottles
$6.49

126 -
HLN → MSO

FINEST OIL CO
980 E BROADWAY
MISSOULA MT
406 543 6959
Invoice #1612

3/6/10 11:16 AM
Site Tran Auth ICR ID
001001 1646 592620 2 0
Exp: CREDIT AM
[redacted]
Pump #2 [illegible]

Gallons 4.997
Price/Gal 2.679
Total $13.39

THANK YOU
PLEASE COME AGAIN!

Steve Doherty 3/2 through 3/5

Mileage + gas receipts + Hotel

Missoula to Bozeman - 223 3/3/10

Bozeman to Yellowstone Park - 288 3/4/10
to Billings

Billings to Helena 254 3/5/10

Helena to Missoula 126 3/6/10

891

Total miles 891
POV

Schedule

Left Missoula, drove to Bozeman - overnite w/ friends in Bozeman
1pm 3/2/10 223 miles

no overnite, hotel

3/3/10
Meetings all day in Bozeman
drove to Pray, Montana - overnite Chico Hot Springs 180.83
receipt attached

3/4/10
Drove Pray Mt to Mammoth Hot Springs Wyoming
Yellowstone Park - Meetings, then
drove to Billings, Mt. meetings
Overnite in Billings w/
my sister

no overnite hotel

3/5/10
Meetings in Billings, drove Billings
to Helena, Mt, Meetings in Helena
Drove that night to Missoula, back 10pm

no overnite hotel

Away from Missoula 3/2/10 through 3/5/10 - 4 DAYS

Chico Hot Springs Resort

#1 Chico Road
Pray, MT 59065
406-333-4933

Steve Doherty
(b) (6)

600	222859	03/03/2010	03/0 /2010	0.00
Master Folio		6002-Bedroom Log House		

Date		Description			Balance
03/03/2010	600	Cash - Pet Charge		20.00	-20.00
03/03/2010	600	Pet Charge - Dog	20.00		0.00
03/03/2010	600	Room Taxable	169.00		169.00
03/03/2010	600	Room Tax - 7.000%	11.83		180.83
03/04/2010	600	American Express - (b) (6)		180.83	0.00

Chico Hot Springs Resort
#1 Chico Road
Pray, MT 59065
406-333-4933

Date - 03/04/2010 07:19 AM ABH

Transaction Type:
Purchase

Reference Number:
1000222859

Type:
American Express

Account Number:
(b) (6)

Expiration:
(b) (6)

Amount:
180.83

CUSTOMER COPY

ABH
03/04/2010 07:19 AM

Thank you for staying with

2010-06-21 13:42 FAX 2022085627 >> 3039999631 P 11/27

Jackson, D'Andrea E

From: Doherty, Stephen
Sent: Monday, March 01, 2010 6:06 PM
To: Jackson, D'Andrea E
Subject: Travel in Montana this week

I would like to schedule appointments to meet with DOI agencies in Billings and NGO's in Bozeman. The simplest way to get there and back is by car. There is no air service between these cities. Can you get approval for me to drive my car from Missoula to Bozeman, then on to Billings and return Friday or Saturday. I will not need a hotel as I can stay with my sister in Billings. Thanks
Steve

2010-06-21 13:42 FAX 2022085627 >> 3039696631 P 12/27

Jackson, D'Andrea E

From: smithdoherty [smithdoherty@aol.com]
Sent: Tuesday, March 23, 2010 11:49 AM
To: Jackson, D'Andrea E
Subject: Fwd: Smith and Associates, PC
Attachments: Smith and Associates, PC

Travel Vouchers
Good Morning D'Andrea

I am sending you the travel information for my trip last week to Washington State in this email I will send the originals with the voucher you just sent me for my travel in Montana from March 2 - 5. I have a couple of questions on that voucher:
1. When will I see the money for my Oregon and Washington, DC trip, my credit card bills are coming due? How long does this usually take?
2. In looking at the voucher for the trip from March 2 - 5, I think there are some errors which would result in overpaying me. Please check these out. I was gone March 2, 3, 4 and 5, there should be 4 days of per diem payments, miscellaneous subsistence, there are 6, is that right? Next, I receive 50 Cents per mile for my POV travel, but the voucher also has reimbursement for gas purchases, does the mileage allowance reimbursement also allow for reimbursement for gasoline purchases OR is the 50 Cents per mile supposed to include that expense?

The folks at the GSA at the Federal Building in Missoula assure me that I will be able to move into my office there this week sometime but I have heard that before, really though, it looks close. I have been scrounging some furniture, so that should be taken care of. The bigger question is the technology and infrastructure -
I will need a printer and a fax machine and some way to connect my lap top to them so I can download and print up hard copy.
Will there be a separate land phone line or are we going to work through my cellphone/DOI blackberry.
Will there be a separate and dedicated DSL line that I can hook my computer into, or are we going to rely on the wifi capabilities of my lap top?

I am sending this using my old firm email because the lap top is acting up and has not let me on the inter net yet this morning.

Thanks for your help, Margaret may have the answers to some of these questions on the office set up and logistics.

Thanks !!

Steve

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1038
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 6, 1948

TRAVEL AUTHORIZATION

1. No. 002
2. March 3, 2010 (DATE)

3. Office of the Secretary, Dept. of the Interior (BUREAU OR OFFICE)

4. NAME Steve Doherty 5. OFFICIAL STATION Missoula, MT

6. TITLE Senior Advisor to the Secretary, Northwest Regio 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: Missoula, MT
9. TO: Bozeman, MT, Billings, MT

10. PURPOSE AND REMARKS:

Purpose is to meet w/ NGO's in Bozeman and some DOI agencies in Billings. See attached email where Steve explains that it easiest to use his POV as there is no air service between those two cities. Steve also indicates that he will not incur lodging expenses as he will stay with family.

11. PER DIEM ALLOWANCE:

12. PERIOD OF TRAVEL: **Beginning on or about** 03/03/10 **Ending on or about** 03/06/10

MODE OF TRAVEL

13. Common carrier 14. Extra fare 15. Government-owned conveyance
16. X Privately owned at a mileage rate of 58 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 mileage	$	180.00
21. Per Diem		121.00
22. Other Gasoline		120.00
23. TOTAL	$	341.00

24. CHARGED TO:
10 1000 DDD01 68

25. _____ (PERSON OFFICER'S SIGNATURE)

26. Steve Doherty (REQUESTER'S SIGNATURE)
27. Senior Advisor to the Secretary, Northwest Region (TITLE)
28. Ramona Stone (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

Steve Doherty

Travel Memo for week of March 2 through 5, 2010

- March 2, official travel by POV from Missoula, Montana to Bozeman, Montana for meetings with NGO's in Bozeman. Overnight in Bozeman with friends March 2.

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- March 5, meeting with Montana State BLM personnel on Montana/Dakota BLM issues. Continue travel to Helena, Montana meeting with Senator Tester and staff, continue travel, returned home to Missoula, March 5, 2010.

Missoula Bozeman 223

Bozeman Yellowstone Park Billings 288

Billings Helena 254

Helena to Missoula 126

Zip Trip #46
1210 East Main
Bozeman MT 59715
(406) 587-0611

Am Express
DOHERTY/SA
DATE 03/03/10 16:51
PUMP # 04
PRODUCT: UNLD1
APPROVAL # 575713
GALLONS: 8.971
PRICE/G: $ 2.649
FUEL SALE $ 23.76

INCL 0.040/G DISC

Have A Great Day

THANK YOU FOR
SHOPPING WITH
ZIP TRIP!

Holiday Stationstore
Shop the Difference
Store # 280

Main St.
Billings , MT

CREDIT CARD SALE
Holiday
03/05/10 TIME: 07:25
Store#:0280
Terminal#:0001
[redacted]

Unleaded,S
Pump #: 08
Gallons: 11.454
Price/Gal: $2.649
Total Fuel: $30.34

Total Sale: $30.34
Tran Seq # 399338

I AGREE TO PAY THE
ABOVE TOTAL AMOUNT
ACCORDING TO THE
CARDHOLDER AGREEMENT

INV#: 072507022
APPROVAL: 580255

DOHERTY/SA
Visit us at

holidaystationstores
.com

DLR# 4594840
TOWN PUMP #281
HELENA MT

03/05/10 08:12PM

ACCT[redacted]
AMEX [redacted]

INV# E2L2847

AUTH# 573872

PUMP# 04

Regular 9.696

SELF

PRICE/GAL $2.699

FUEL TOTAL $26.17

TOTAL $26.17

Mikes Hard Lemonade
6pk Bottles
$6.49

126 —
HLN → MSO

FINEST OIL CO
900 E BROADWAY
MISSOULA MT
406 543 6969
Invoice #1612

3/6/10 11:16 AM
Site Tran Auth ICR ID
[redacted]
Pump #2 UNLEADED

Gallons 4.597
Price/Gal 2.679
Total $13.35

THANK YOU
PLEASE COME AGAIN!

Steve Doherty 3/2 through 3/3/10

Mileage & gas receipts & Hotel

Missoula to Bozeman - 223 3/3/10

Bozeman to Yellowstone Park - 288 3/4/10
to Billings

Billings to Helena 254 3/5/10

Helena to Missoula 126 3/6/10

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1pm. 3/2/10 223 miles no overnite, hotel

3/3/10
Meetings all day in Bozeman
drove to Pray, Montana - overnite Chico Hot Springs 180.83
receipt attached

3/4/10
Drove Pray, Mt to Mammoth Hot Springs Wyoming
Yellowstone Park - Meetings, then
drove to Billings, Mt. meetings
Overnite in Billings w/ my sister
no overnite hotel,

3/5/10
Meetings in Billings, drove Billings
to Helena, Mt, Meetings in Helena
Drove that night to Missoula, back 10pm
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Away from Missoula 3/2/10 through 3/5/10 - 4 DAYS

Chico Hot Springs Resort

#1 Chico Road
Pray, MT 59065
406-333-4933

Steve Doherty
(b) (6) [redacted]

600	222859	03/03/2010	03/04/2010	0.00
Master Folio		600 2-Bedroom Log House		

Date		Description			
03/03/2010	600	Cash - Pet Charge		20.00	-20.00
03/03/2010	600	Pet Charge - Dog	20.00		0.00
03/03/2010	600	Room Taxable	169.00		169.00
03/03/2010	600	Room Tax - 7.000%	11.83		180.83
03/04/2010	600	American Express - (b) (6) [redacted]		180.83	0.00

28/10

Chico Hot Springs Resort
#1 Chico Road
Pray, MT 59065
406-333-4933

Date - 03/04/2010 17:[redacted] AM ABH

Transaction Type:
Purchase

Reference Number:
1000222859

Type:
American Express

Account Number:
(b) (6) [redacted]

Expiration:
(b) (6) [redacted]

Amount:
180.83

CUSTOMER COPY

[redacted]

ABH
03/04/2010 07:[redacted] AM

Thank you for staying with

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

2. VOUCHER NUMBER

7. SCHEDULE NUMBER

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

8. PAID BY: 1010000003

4. CLAIMANT

a. NAME (Last, first, middle initial): Steven W. Black

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 OF TOLL (g)	ADD PER SONS (h)	UPS AND MISCELLANEOUS (i)
08/07	D	Taxi from 1849 C. St., NW (Main Interior)	downtown lunch mtg. w/Justice Dept.			9.00		
08/07	D	Taxi from Downtown lunch meeting with Justice Dept.	1849 C Street NW Washington, DC			7.00		
08/07		Taxi from meeting @ Senate Dirksen Office Bldg	1849 C Street NW			11.00		
10/07	D	Taxi from Senate Russell Ofc. Bldg.	1849 C Street, NW			8.00		
10/07	D	Taxi from Rayburn HOB	1849 C Street NW			10.00		
08/18	D	Taxi from Hall of States	1849 C Street NW			9.00		
10/21	D	Taxi from Main Interior	Senate Hart Office Bldg			6.00		2.00

OCT 29 2009 NOV 3 2009

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).)* $ 64.00

TOTALS 62.00 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. 690a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Stone DATE: 10-26-09

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: Steven W. Black DATE: 10-23-09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 OD D01 68

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

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

65:CL 70-11-6002

Taxi Cab Receipts

DATE: 8-7-09 TIME: _____

TRIP ORIGIN: Downtown

DESTINATION: M/B

FARE: $ 7 SIGNATURE: [signature]

DATE 8-7-09 AMOUNT $ 7

RECEIVED FROM [signature]

FROM M/B

DESTINATION Downtown

~~CAB~~ DRIVER ID: [illegible]

~~DRIVERS NAME~~ [illegible]

TAXICAB RECEIPT

8-7-09

(b) (6) [redacted]

INDEPENDNT#2377
HACK ID#70552
[illegible] TR 4502
START END MILES
15:48 16:00 2.5
FARE FOR EA RATE
[illegible] $ 6.00
[illegible] $ 0.00
TOTAL $ 6.00
TAG#[illegible]
DC TAXICAB COMM
TEL 202 645 6018

Company:

Origin of tr

Destination:

Fare $

9.00+
7.00+
11.00+
8.00+
10.00+
9.00+
8.00+
62.00 *

62.00+
2.00+
64.00 *

DC TRIP / CAPP
NATIONAL CAB 4
HACK ID # 732
10/07/09 TR 59
START END MIL
13:49 14:02 2
FARE FOR EA RA
RATE 1: $ 8
EXTRA: $ 0
TOTAL: $ 8.00
TAG # H-9583
TAXICAB COM
202 645-6[illegible]

TAXI REC

Time: ___ O am O pm D

Origin of Trip: Hall St Stakes

Destination: M/B

$ 9 Sign: [signature]

dcgoodsamaritan.com e-lost and found

AXICAB RECEIPT

Time: 6:00 pm

Date: 10-7-09

Origin of trip: HSCB - Kenny [illegible]

Destination: Main Interior

Fare $ 10.- Sign: [signature]

2010-02-12 16:55 FAX 2022085627 >> 303 969 7284 P 2/4

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

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): Steven W. Black

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 2010 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE (e)	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADD'L PERSONS (i)	TIPS AND MISCELLANEOUS (j)
10/27	E	Taxi from Senate Dirksen Bldg	Main Interior 1849 C St., NW				13.00		
11/18	E	Taxi from Senate Hart Bldg.	Main Interior 1849 C St., NW				11.00		
01/14	E	Taxi fromDepartment of Energy.	Main Interior 1849 C St., NW				11.00		
01/28	E	Taxi from Senate Dirksen	Main Interior 1849 C St., NW				9.00		
01/28	E	Taxi from DOI 1849 C St., NW	Senate Dirksen Ofc. Bldg.				9.00		
01/28	E	Taxi from the Hill	Main Interior 1849 C St., NW				7.75		

FEB - 4 2010

FEB 12 2010

If additional space is required continue on the back

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 80.75

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) $ 80.75

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. 1348).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Stone DATE: 2-4-10

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 check has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: DATE: 2-2-10

CASH PAYMENT RECEIPT

11.

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DD DO1 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: Noon
Date: 10-27-09

Origin of trip: Dirksen DOB

Destination: MIB

Fare: #13 Sign: [signature]

DC TRIP / CAPPED
PRESIDENTIAL
CAB # 18
01/26/10 [illegible]
START END MILES
10:10 10:22 2.5
FARE FOR EA RATE
RATE 1:15 $ 1.75
EXTRA: $ 0.00
TOTAL: $ 7.75
THANKS
DC TAXICAB COMM
TEL 202 645-6018

Taxi Cab Receipts

DATE: 11-18-09 TIME:

TRIP ORIGIN: Next San. Off. FB

DESTINATION: MDOT

FARE: $ 11 SIGNATURE [signature]

TAXICAB RECEIPT

Time:
Date: 1-28-10

Origin of trip: FB Dirksen

Destination: Main Interior

Fare: #4 Sign: [signature]

TAXICAB RE

Time:
Date: 1-27

Origin of trip: DOE

Destination: DOI

Fare: #11 Sign: [signature]

TAXICAB RECEIPT

Time:
Date: 1-27-10

Main Interior

Dirksen

Sign: [signature]

0.13+
13.00+
11.00+
11.00+
9.00+
9.00+
7.75+
40.75 *

FY 10

Transaction Number	Fiscal Year	Dollar Amount	Vendor Name	Comments
1010000081	2010	$ 1,147.50	ALAN J GILBERT	
1010000081	2010	$ 188.08	ALAN J GILBERT	
1010000081	2010	$ 77.50	ALAN J GILBERT	
1010000038	2010	$ 313.50	ALAN J GILBERT	
1010000038	2010	$ 58.02	ALAN J GILBERT	
1010000038	2010	$ 19.00	ALAN J GILBERT	
1010000113	2010	$ 51.35	ALAN JAY GILBERT	
1010000138	2010	$ 332.50	ALVIN H WARREN	Sent 7/27/12
1010000138	2010	$ 73.77	ALVIN H WARREN	Sent 7/27/12
1010000138	2010	$ 14.00	ALVIN H WARREN	Sent 7/27/12
BJBROOKS1	2010	$ 106.50	BENJAMIN J. BROOKS	Sent 7/27/12
BJBROOKS1	2010	$ 53.00	BENJAMIN J. BROOKS	Sent 7/27/12
BJBROOKS1	2010	$ 50.00	BENJAMIN J. BROOKS	Sent 7/27/12
1010000034	2010	$ 146.82	BRADLEY, MARGARET	Sent 8/10/12
1010000147	2010	$ 203.00	BRADLEY, MARGARET	Sent 8/10/12
1010000106	2010	$ 14.00	BRIAN SCRENAR	Sent 7/27/12
1010000137	2010	$ 106.50	BRIAN SCRENAR	Sent 7/27/12
1010000137	2010	$ 15.00	BRIAN SCRENAR	Sent 7/27/12
1010000119	2010	$ 68.50	CARLY MONTOYA	
1010000119	2010	$ 106.50	CARLY MONTOYA	
CMONTOYAPCA	2010	$ -	CARLY MONTOYA	Sent 8/10/12
1010000146	2010	$ 22.00	CHRISTOPHER MICHAEL MORLANDT	Sent 8/10/12
1010000004	2010	$ 45.00	DANIEL DAVIS, LAURA	
1010000172	2010	$ 1,892.50	ELIZABETH MARSTERS	Sent 7/27/12
1010000172	2010	$ 196.43	ELIZABETH MARSTERS	Sent 7/27/12
1010000172	2010	$ 38.00	ELIZABETH MARSTERS	Sent 7/27/12
1010000098	2010	$ 30.50	HAYES, DAVID	
1010000171	2010	$ 701.50	HEATHER ZICHAL	Sent 7/27/12
1010000171	2010	$ 72.44	HEATHER ZICHAL	Sent 7/27/12
910000265	2010	$ 54.33	HELEN B PADILLA	
1060000114	2010	$ 14.00	JACQUELYNN K HANLEY	Sent 7/27/12
HANLEYNOLA	2010	$ 82.00	JACQUELYNN K HANLEY	Sent 7/27/12
HANLEYNOLA	2010	$ 25.00	JACQUELYNN K HANLEY	Sent 7/27/12

HANLEYNOLA	2010	$	409.76	JACQUELYNN K HANLEY	Sent 7/27/12
1010000107	2010	$	26.54	JAMES FRANCIS CATLIN	Sent 7/27/12
1010000144	2010	$	49.00	JANEA SCOTT	Sent 8/10/12
1010000028	2010	$	60.25	KATHERINE DUFFY PUSTAY	
1010000028	2010	$	2.75	KATHERINE DUFFY PUSTAY	
1010000103	2010	$	50.00	KATHERINE DUFFY PUSTAY	
1010000105	2010	$	65.00	KEITH MOORE	Sent 7/27/12
1010000105	2010	$	576.25	KEITH MOORE	Sent 7/27/12
1010000105	2010	$	74.50	KEITH MOORE	Sent 7/27/12
1010000105	2010	$	65.54	KEITH MOORE	Sent 7/27/12
1010000080	2010	$	19.75	LANE, KENNETH L	
1010000002	2010	$	12.50	LANE, KENNETH L	
1010000002	2010	$	3.50	LANE, KENNETH L	
1010000053	2010	$	12.00	LANE, KENNETH L	
1010000120	2010	$	18.00	LANE, KENNETH L	Sent 8/10/12
1091000127	2010	$	18.00	LANE, KENNETH L	Sent 8/10/12
1010000066	2010	$	48.00	LENOR A SCHEFFLER BLAESER	Sent 7/27/12
1010000139	2010	$	1,006.50	LEWIS, COURTENAY C.	
1010000139	2010	$	18.20	LEWIS, COURTENAY C.	
1010000030	2010	$	34.65	LINDSEY DUBIN	Sent 7/27/12
1010000030	2010	$	142.50	LINDSEY DUBIN	Sent 7/27/12
1010000148A	2010	$	1,089.25	LINDSEY DUBIN	
1010000148A	2010	$	93.00	LINDSEY DUBIN	
10100000163	2010	$	115.00	LINDSEY DUBIN	Sent 7/27/12
10100000163	2010	$	45.00	LINDSEY DUBIN	Sent 7/27/12
1010000064	2010	$	25.00	LOIS EPSTEIN	Sent 7/27/12
1010000064	2010	$	27.00	LOIS EPSTEIN	Sent 7/27/12
1010000064	2010	$	106.50	LOIS EPSTEIN	Sent 7/27/12
1010000018	2010	$	63.00	LORRAINE V. FAETH	
109100169	2010	$	28.75	LORRAINE V. FAETH	Sent 8/10/12
1010000007	2010	$	636.00	MARCIA MCNUTT	Sent 7/27/12
1010000007	2010	$	96.42	MARCIA MCNUTT	Sent 7/27/12
1010000007	2010	$	164.09	MARCIA MCNUTT	Sent 7/27/12
910000273	2010	$	353.25	MARCIA MCNUTT	

910000273	2010	$	33.21	MARCIA MCNUTT	
910000273	2010	$	74.00	MARCIA MCNUTT	
910000282	2010	$	353.25	MASTEN, SUSAN	Sent 7/27/12
910000282	2010	$	33.21	MASTEN, SUSAN	Sent 7/27/12
1010000022	2010	$	45.21	MAXINE VELASQUEZ	Sent 7/27/12
1010000022	2010	$	92.00	MAXINE VELASQUEZ	Sent 7/27/12
1010000022	2010	$	335.50	MAXINE VELASQUEZ	Sent 7/27/12
1010000009	2010	$	339.50	MCGHEE, ROBERT	Sent 7/27/12
1010000170	2010	$	177.50	MICHAEL FRENCH	Sent 7/27/12
910000268	2010	$	202.86	NAWI, DAVID	
910000268	2010	$	78.00	NAWI, DAVID	
910000268	2010	$	187.63	NAWI, DAVID	
1010000005	2010	$	139.50	NAWI, DAVID	
1010000005	2010	$	25.10	NAWI, DAVID	
1010000005	2010	$	77.00	NAWI, DAVID	
1010000011	2010	$	241.50	NAWI, DAVID	
1010000010	2010	$	160.40	NAWI, DAVID	
1010000024	2010	$	5.00	NAWI, DAVID	
1010000024	2010	$	70.05	NAWI, DAVID	
1010000024	2010	$	77.00	NAWI, DAVID	
1010000078	2010	$	641.00	NAWI, DAVID	
1010000078	2010	$	52.26	NAWI, DAVID	
1010000078	2010	$	78.73	NAWI, DAVID	
1010000078	2010	$	7.00	NAWI, DAVID	
1010000077	2010	$	66.50	NAWI, DAVID	
1010000111	2010	$	15.00	NAWI, DAVID	
1010000165	2010	$	19.50	PETERSON, SARAH	Sent 8/10/12
1010000152	2010	$	48.00	RAY JOSEPH	Sent 7/27/12
1010000152	2010	$	24.00	RAY JOSEPH	Sent 7/27/12
1010000152	2010	$	21.00	RAY JOSEPH	Sent 7/27/12
1010000153	2010	$	48.00	RAY JOSEPH	Sent 7/27/12
1010000153	2010	$	24.00	RAY JOSEPH	Sent 7/27/12
1010000153	2010	$	21.00	RAY JOSEPH	Sent 7/27/12
1010000154	2010	$	57.00	RAY JOSEPH	Sent 7/27/12

1010000154	2010	$	34.00	RAY JOSEPH	Sent 7/27/12
1010000154	2010	$	20.00	RAY JOSEPH	Sent 7/27/12
1010000050	2010	$	89.25	RAYMOND RIVERA	
1010000097	2010	$	137.30	RAYMOND RIVERA	
1010000067	2010	$	93.00	ROBERT STANTON	
1010000090	2010	$	55.00	ROBERT STANTON	
1010000130	2010	$	151.00	ROBERT STANTON	Sent 8/10/12
1040000129	2010	$	27.50	ROBERT STANTON	Sent 8/10/12
1010000156	2010	$	63.00	ROBERT STANTON	Sent 8/10/12
1010000122	2010	$	848.15	SARA TUMEN	Sent 7/27/12
1010000121	2010	$	371.00	SARA TUMEN	Sent 7/27/12
1010000121	2010	$	376.34	SARA TUMEN	Sent 7/27/12
1010000121	2010	$	27.30	SARA TUMEN	Sent 7/27/12
1010000122	2010	$	63.48	SARA TUMEN	Sent 7/27/12
1010000122	2010	$	458.92	SARA TUMEN	Sent 7/27/12
1010000006	2010	$	315.50	SHEILA MARAGO	
1010000006	2010	$	30.31	SHEILA MARAGO	
1010000006	2010	$	40.00	SHEILA MARAGO	
1010000065	2010	$	591.50	STEFFANI A COCHRAN	
1010000065	2010	$	81.04	STEFFANI A COCHRAN	
1010000065	2010	$	92.00	STEFFANI A COCHRAN	
1010000082	2010	$	1,595.08	STEPHEN A DOHERTY	
1010000082	2010	$	217.55	STEPHEN A DOHERTY	
1010000082	2010	$	99.64	STEPHEN A DOHERTY	
1010000032	2010	$	591.50	STEPHEN A DOHERTY	
1010000032	2010	$	78.04	STEPHEN A DOHERTY	
1010000032	2010	$	55.00	STEPHEN A DOHERTY	
1010000116	2010	$	338.75	STEPHEN A DOHERTY	
1010000116	2010	$	11.83	STEPHEN A DOHERTY	
1010000116	2010	$	445.50	STEPHEN A DOHERTY	
1010000003	2010	$	64.00	STEVE BLACK	
1010000068	2010	$	60.75	STEVE BLACK	
1010000141	2010	$	55.75	STEVE BLACK	Sent 8/10/12
1010000033	2010	$	591.50	STEVEN STALLINGS	Sent 7/27/12

1010000033	2010	$	145.04	STEVEN STALLINGS	Sent 7/27/12
1010000033	2010	$	70.00	STEVEN STALLINGS	Sent 7/27/12
1010000029	2010	$	137.70	STONE, RENEE	Sent 7/27/12
1010000158	2010	$	7.00	STONE, RENEE	Sent 7/27/12
1010000031	2010	$	313.50	TRACEY FISCHER	Sent 7/27/12
1010000031	2010	$	45.17	TRACEY FISCHER	Sent 7/27/12
1010000031	2010	$	30.00	TRACEY FISCHER	Sent 7/27/12
1010000042	2010	$	53.71	UDOAKU CAMILLA IHENETU	Sent 7/27/12
1010000057	2010	$	53.25	WENDY WHITE EAGLE	Sent 7/27/12
1010000057	2010	$	30.00	WENDY WHITE EAGLE	Sent 7/27/12
1010000047	2010	$	205.96	WYNN, PATRICK	Sent 7/27/12
1010000047	2010	$	1,079.50	WYNN, PATRICK	Sent 7/27/12
1010000047	2010	$	121.81	WYNN, PATRICK	Sent 7/27/12

10100000034

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. MBATLANTAFULT092010_V01

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) BRADLEY, MARGARET LYNN.

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

6. PERIOD OF TRAVEL
a. FROM 09/20/10 b. TO 09/23/10

c. MAILING ADDRESS (Include ZIP Code)
1849 C STREET NW
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 2022083290

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0QYHU3
b. DATE(S) 09/08/10

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)
0909100916FW XLRA	4.35 XD		09/16/10		
0067921228282	541.40 DL		09/16/10	DCA-Washington,	ATL-Atlanta, GA
ACCOUNTING CLASSIFICATION: 10 9100.WAS12 SOLETH.XX-2010^^SL^9100^^WAS12^SOLETH^XX^ - 1,105.25					215.00 NR-
COMMENTS: Attend the New Ethics Official Certificate training program.					

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 ▶ 215.00

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 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 ▶	$ 215.00

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
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. 0QYHU3

TRAVELER'S LAST NAME BRADLEY

DATE 20 10 (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)
09/20		D-:DUTYSTATION											
09/20		Airfare (Non Reimbursable)											
09/20		A-:ATLANTA (FULTON				42 00		140 00	42.00			42 00	
09/20		TMC FEE (GOVCC-I)											
09/20		Lodging Tax											19 00
09/20		Taxi											
09/20		Taxi				56 00		140 00	56.00			56 00	
09/21		Subsistence											
09/21		Lodging Tax				56 00		140 00	56.00			56 00	
09/22		Subsistence											
09/22		Lodging Tax											
09/23		D-:ATLANTA (FULTON											
09/23		A:RES: Alexandria,				42 00			42.00			42 00	
09/23		Subsistence											
09/23		TAV Fee -I											
09/23		Taxi											
										SUBTOTALS ▶	0 00	196 00	19 00
										TOTALS ▶	0 00	196 00	19 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 ▶ 215.00

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 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.

Auth No: MBATLANTAFULT092010 V01
BRADLEY, MARGA (b) (6)

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			541.40
LODGING-211D			483.00
M&IE-211D			196.00
TAV EXP -I-211B			13.50
TAXI-211T			82.00
TMC FEE -I-211B			4.35
10 9100.WAS12.SOLETH.X	0.00	0.00	1,320.25

2010^^SL^9100^^WAS12^SOLETH^XX^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,320.25
NON-REIMBURSABLE EXPENSES		1,105.25
TOTAL AMOUNT CLAIMED		215.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		215.00
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		215.00

Auth No: MBATLANTAFULT092010 V01
BRADLEY, MARGA [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	09/27/10	10:18AM E	MARGARET L BRADLEY
SIGNED	09/27/10	10:45AM E	MARGARET L BRADLEY
ADJUSTED	09/28/10	1:01PM E	MARGARET L BRADLEY
SIGNED	09/28/10	1:02PM E	MARGARET L BRADLEY
AUTHORIZED	09/28/10	1:32PM E	Edward F McDonnell
TV AUDITOR REVIEWED	10/01/10	1:37PM E	Jodi Martinez
APPROVED	10/04/10	12:26PM E	Barbara A Smith
PAY LINK	10/04/10	12:27PM E	Paul Payment
AUDIT PASS	10/04/10	12:27PM E	Paul Payment
PAYMENT SUBMITTED	10/04/10	12:35PM E	Paul Payment
PAYMENT SUBMITTED	10/04/10	12:43PM E	Paul Payment
PAID	10/06/10	9:12AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

_____ SIGNED

_____ DATE

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

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)
Bradley, Margaret

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

c. MAILING ADDRESS (Include ZIP Code)
1849 C Street, NW
Washington, DC 20240
1010000147

d. OFFICE TELEPHONE NUMBER
(202)208-3290

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)

DATE 2010 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 50.0 ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
06/14	A	DOI	Patuxent NWR and return	37	18.50			
06/18	A	DOI	Patuxent NWR North Tract and return	49	24.50			
06/21	A	DOI	Patuxent NWR and return	37	18.50			
06/28	A	DOI	Patuxent NWR and return	37	18.50			
07/06	A	DOI	Patuxent NWR and return	37	18.50			
07/12	A	DOI	Patuxent NWR and return	37	18.50			
07/16	A	DOI	Patuxent NWR North Tract and return	49	24.50			
07/19	A	DOI	Patuxent NWR and return	37	18.50			
07/23	A	DOI	Patuxent NWR North Tract and return	49	24.50			
07/26	A	DOI	Patuxent NWR and return	37	18.50			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS	406	203.00			

AUG - 2 2010

10 AUG -2 PM 1:22

NATIONAL BUSINESS CENTER

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 203.00

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 7.30.10

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 ▶ Margaret Bradley DATE 7/29/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

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

4

CMONTOYA.PCA

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. CMontoyaPCS

2. 06/14/10 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME Carly J. Montoya

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: West Sacramento, 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 West Sacramento, 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 on: 06/08/10
Relocation allowances are as itemized on the attached Computation Form for Employee (Form: CFEE-PCS).

11. PER DIEM ALLOWANCE:

Enroute - one way airfare, taxi to and from the airport, no per diem is authorized as travel will be less than 12 hours. Shipment and storage of household goods not to exceed 18,000 LBS by GBL (storage NTE 90 days). Shipment of 1 POV by GBL. New appointees are not eligible for the WTA and RITA.

12. PERIOD OF TRAVEL: Beginning on or about: **June 17, 2010** Ending on or about: **June 17, 2012**

MODE OF TRAVEL

13. [XX] 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 Airfare, 0 days of M&IE 0 nights of lodging
- [ ] Miscellaneous
- [ ] Temporary Quarters
- [X] Shipment of POV By GBL
- [ ] Real Estate Expenses
- [ ] Non GBL / Self-shipment
- [ ] WTA & RITA

ESTIMATED COST

20.	Transportation	$	573.00
21.	Per Diem	$	0.00
22.	Other	$	19,659.37
23.	TOTAL	$	20,232.37

24. CHARGED TO: 2010 1000 DDD 01 68

25. (FISCAL OFFICER'S SIGNATURE)

KATHERINE McCULLOCH
BUDGET OFFICER
OFFICE OF THE SECRETARY

26. (REQUESTER'S SIGNATURE)

27. (TITLE)

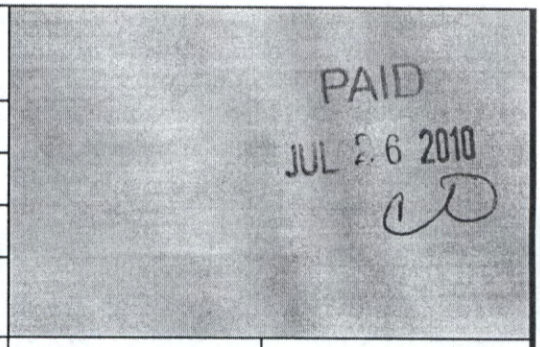
28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Deputy Chief of Staff (TITLE)

To:	Carly J. Montoya	**Date:**	07/26/10
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	CMontoyaPCS 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	$411.95		
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation	$0.00		
4. HHG - Transport and 1st 30 days storage / Shipment of POV			
TOTAL - lines 1-4	$411.95	TOTAL -lines 2,3 & 4	$0.00



5. En route mileage>.165 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 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. A

TRAVELER (PAYEE)

5. a. Name (Last, first, middle initial): Montoya, Carly J.

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 06-17-2010 b. TO 06-17-2010

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION: a. NUMBER(S) CMontoyaPCS b. DATE(S) 06-14-2010

e. PRESENT DUTY STATION: West Sacramento, CA

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

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 eticket	383.70	UA	Economy	06-16-2010	Sacramento, CA	Washington, DC
TMC fee	28.25					

411.95

6-17-10

PAID JUL 26 2010

2010 JUL 19 AM 7:21 DENVER MAIL ROOM

Enroute

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 ▶ Carly Montoya DATE 7-12-10 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 ▶ Rebecca Stone DATE 7.14.10

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

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 Certifier's initials CO 7.26.10			$ 0
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			$ 0
d. NET TO TRAVELER ▶			$ 0.00

18. ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

HEDULE 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.

CMontoyaPCS

TRAVELER'S LAST NAME

Montoya

2010	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: ¢	AMOUNT CLAIMED		
			MEALS				MISCEL-LANEOUS SUBSIS TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNE R	TOTAL							
(a)	*(Hour and am/pm) (b)*	*(Departure/arrival city, per diem computation, or other explanations of expense) (c)*	*(d)*	*(e)*	*(f)*	*(g)*	*(h)*	*(i)*	*(j)*	*(k)*	*(l)*	*(m)*	*(n)*
06/17	7:01 am	Depart Sacramento, CA											
06/17	3:00 p.m.	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

Carly J. Montoya
1849 C Street, NW
Washington, DC 20240

Voucher Identification: PCS Voucher Number: CMontoyaPCS 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: 07/26/10 GB

To:	Carly J. Montoya	**Date:**	08/20/10
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	CmontoyaPCS 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	$1,309.00		
TOTAL - lines 1-4	$1,309.00	TOTAL - lines 2-4	$1,309.00

PAID
AUG 20 2010

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	$1,309.00

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$1,309.00

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Completing this Form.

D.O. VOU. NO. Cmontoya PL

BUR. VOU. NO. H

SCHED. NO.

2010 AUG -3 AM 9:53 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

DS

THE UNITED STATES, DR., TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
(b) (6)

1289 34870

FED ID 62-0581853

CARRIER'S BILL NUMBER: N0857556

CARRIER'S SCAC NUMBER: ARMT

SERVICES FURNISHED *(Check one)*: [X] FREIGHT [ ] PASSENGER

PAID BY: TPD

Do NOT bill GBL and GTR charges on the same form

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
FINAL INVOICE	
Tariff: OTO	
Shipper: CARLY MONTOYA	
Rank:	
Origin: (b) (6)	
Destin: PUEBLO, CO	
GBL#: N0857556	
Section: 3 (GSA)	
Weight: 3610	
Miles: 1216	
TRANS Chg 3610 Lbs	
2003 SUBARU OUTBACK	1,309.00
TOTAL CLAIMED ▶	$1,309.00

For payment of services rendered as evidenced by attached subvouchers.

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as e denced by the attached subvouchers, is corre and just; that services have been rendered tickets furnished as indicated; that payme has not been received; and that the charges a not in excess of those applicable thereto und (1) tariffs lawfully on file with any Federal State transportation regulatory agency or (rates, fares and charges established pursua to section 22 of the Interstate Commerce Ac as amended, or other equivalent contract, a rangement, or exemption from regulation.

DATE 07/28/10

PAYEE* ARMSTRONG RELOCATION-RMW
PER AGENCY REQUEST ONE TIME RATE

PER QUOTE FOR MOVE MANAGEMENT SERVICE

AUDITOR

*When a voucher is signed in the name of a com pany or corporation, the name of the perso writing the company or corporate name, a 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 th case may be.

DIFFERENCES	AMOUNT
AMOUNT VERIFIED; CORRECT FOR	1309 00
VERIFIED BY (Signature or initials) ▶	8/20/10 1309 00
PAID BY CHECK NO. ▶	1309.00

7/28/10 Audit Date

PAID AUG 20 2010

ACCOUNTING CLASSIFICATION

U.S. Department of the Interior
Office of the Secretary

Notice of Action Taken

Carly J. Montoya
1849 C Street, NW
Washington, DC 20240

Voucher Identification: Shipment of Household Goods via GBL Voucher No.:		CmontoyaPCS H	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$0.00	$0.00	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$1,309.00	$0.00	$0.00	$1,309.00

EXPLANATION:

This is to notify you that the government has reimbursed Armstrong Relocation - RMW in the amount $1,309.00 for shipment of POV.

Please keep the attached Form 3-255 for your current year income tax records.

SIGNATURE:	Authorized Certifying Officer	DATE: 08/20/10 GB

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: US 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): Morlandt, Christopher

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Washington, DC 20240 — 1010000146

d. OFFICE TELEPHONE NUMBER: (202)208-7351

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 (e)	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADD'L PERSONS (i)	TIPS AND MISCELLANEOUS (j)
2010		Show appropriate code in col. (b): A-Local travel; B-Telephone or telegraph, or C-Other Expenses (Itemized). (Explain expenditures in specific detail)							
03/24	A	Taxi from DOI	Mellon Auditorium				8.00		
07/24	A	Taxi from DOI	US Supreme Court				14.00		
		AUG - 2 2010							
			YR 8.3.10						
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK						
			TOTALS				22.00		

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 22.00

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. 68a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 7.30.10

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 7-30-10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) | b. DATE RECEIVED | c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

AUG 2 PM 1:48 INTERIOR BUSINESS CENTER

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

STANDARD FORM 1164 (Rev. 1-77) Prescribed by GSA, FPRM (CFR 41) 101-7

10100000144

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. JSSACRAMENTOC110209_V01

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) SCOTT, JANEA A.

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

6. PERIOD OF TRAVEL
a. FROM 11/02/09 b. TO 11/05/09

c. MAILING ADDRESS (Include ZIP Code)
1849 C STREET NW
MS 7229-MIB
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 2022082977

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0Q0PQ9 b. DATE(S) 10/29/09

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)
See Attached Ticket 1 593.80					

ACCOUNTING CLASSIFICATION:
09 1000.DDD01 .68-2009^^DM^1000^^DDD01^^68^ - 161.68 NR- 1,07
9.96

COMMENTS:
Traveling to Sacramento for the monthly meeting of the Renewable Energy Policy Group (of which I am a member).

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 ▶ 161.68

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 ▶ $ 161.68

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. 0Q0PQ9

TRAVELER'S LAST NAME SCOTT

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: BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/02 11/02		D-:1849 C Street N Airfare (Non Reimbursable)											
11/02 11/02		A-:SACRAMENTO, CA TMC Fee				45 75		109 00	45.75			45 75	
11/02 11/02		Shuttle Taxi											
11/02 11/03		Lodging Tax Subsistence						109 00					
11/03 11/04		Lodging Tax Subsistence	60 18			60 18		109 00	60.18			60 18	
11/04 11/05		Lodging Tax D-:SACRAMENTO, CA											
11/05 11/05		A:RES: , Subsistence				45 75			45.75			45 75	
11/05 11/05		Taxi TAV Fee -I											10 00
										SUBTOTALS ▶	0 00	151 68	10 00
										TOTALS ▶	0 00	151 68	10 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 ▶ 161.68

Auth No: JSSACRAMENTOC110209 V01
SCOTT, JANEA A (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-I-211C				593.80
LODGING-211D				371.19
M&IE-211D				151.68
SHUTTLE-211I				34.22
TAV EXP -I-211B				13.50
TAXI-211T				49.00
TMC FEE -I-211B				28.25
09 1000.DDD01.	.6	0.00	0.00	1,241.64

2009^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,241.64
NON-REIMBURSABLE EXPENSES		1,079.96
TOTAL AMOUNT CLAIMED		161.68
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
	0.00	0.00
NET TO TRAVELER (GOVT)		161.68
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		161.68

Auth No: JSSACRAMENTOC110209_V01
SCOTT, JANEA A (b) (6)

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	11/24/09	4:48PM E	JANEA A SCOTT
SIGNED	11/24/09	5:04PM E	JANEA A SCOTT
ADJUSTED	01/05/10	9:46AM E	JANEA A SCOTT
SIGNED	01/05/10	9:51AM E	JANEA A SCOTT
AUTHORIZED	01/05/10	9:54AM E	STEVEN W BLACK
ADJUSTED	01/06/10	1:45PM E	Barbara A Smith
TV AUDITOR REVIEWED	01/06/10	1:56PM E	Barbara A Smith
APPROVED	01/06/10	2:57PM E	JACQUELINE A GANGER
PAY LINK	01/06/10	3:00PM E	Paul Payment
AUDIT PASS	01/06/10	3:00PM E	Paul Payment
PAYMENT SUBMITTED	01/06/10	3:03PM E	Paul Payment
PAYMENT SUBMITTED	01/06/10	3:11PM E	Paul Payment
PAID	01/08/10	8:09AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

_____ SIGNED

_____ DATE

2010-05-24 10:09 FAX 2022085627 >> 3039697281 P 2/10

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

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): Ken Lane 1010000120

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code): 1849 G Street NW, Office of the Secretary, Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: (202) 208-7437

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 (f)	AMOUNT CLAIMED: MILEAGE (i)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (j)
04/01/2010	A	DOI-HQ	US Senate Hart Bldg.		0.00	9.00		
[illegible]	A	US Senate Hart Bldg	DOI-HQ		0.00	9.00		
	A				0.00			
	A				0.00			
	A				0.00			
	A				0.00			
	A				0.00			
	A				0.00			
	A				0.00			
	A				0.00			
	A				0.00			
			SUBTOTALS CARRIED FORWARD FROM THE BACK	0.00	0.00	0.00	0	0.00
			TOTALS	0.00	0.00	18.00	0	0.00

If additional space is required continue on the back.

MAY 21 2010

5.26.10

7. AMOUNT CLAIMED (Total of cols. (i), (g) and (j).) $ 18.00

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: 4-28-10

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: Ken Lane DATE: 4/29/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: 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. a. NAME (Last, first, middle initial): Lane, Ken

a. SOCIAL SECURITY NO.: 1010000127

b. RESIDENCE ADDRESS (Number, Street, City, State, and ZIP Code): 1849 C Street NW, Office of the Secretary, Washington, DC 20240

c. OFFICE TELEPHONE NUMBER: (202) 208-7351

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)
5/25/10	A	DOI	US Capitol		0.00	9.00		
5/25/10	A	US Capitol	DOI		0.00	9.00		
	A				0.00			
	A				0.00			
	A				0.00			
	A		MAY 27 2010		0.00			
	A				0.00			
	A				0.00			
	A		6.1.10		0.00			
	A				0.00			
		SUBTOTALS CARRIED FORWARD FROM THE BACK		0.00	0.00	0.00	0	0.00
		TOTALS		0.00	0.00	18.00	0	0.00

Code: Enter appropriate code in col. (b): A-Local travel; B-Telephone or telegraph, or C-Other Expenses (Itemized). Explain expenditures in specific detail.

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 18.00

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

Kevin Lane

DATE 5.26.10

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: Ken Lane

DATE 5/25/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 ~~DEBIGE~~

DDD01 GS

Previous edition usable

STANDARD FORM 1164 (Rev. 7-76)
Prescribed by GSA, FPMR (CFR 41) 101-7

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Interior/SIO/Intergovernmental Affairs

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

4. PAID BY

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Fasta, Lorraine V.

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

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Room 6323, Washington, DC 1010000169

d. OFFICE TELEPHONE NUMBER: 202-208-6793

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 2010 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE (e)	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADDITIONAL PERSONS (i)	TIPS AND MISCELLANEOUS (j)
03/17 8:23 am	A	DOI	WFLC Meeting				5.25		1.00
03/17 2:30 pm	A	DOI	WFLC Meeting				6.50		
03/22 3:10 pm	A	DOI	Hall of States				8.00		
03/22 4:15 pm	A	Hall of States	DOI				8.00		
		JUSTIFICATION ATTACHED.	AUG 31 2010						

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 27.75 | 1.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (j).) $ 28.75

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. 680).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Stone DATE: 8.30.10

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 Fasta DATE: 8/26/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) | b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 - 1000 DD00168

DoD Overprint 4/2002

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

(L)

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Interior/SIO/External Affairs

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

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

5. PAID BY: TVO

1. CLAIMANT

a. NAME (Last, first, middle initial): Peterson, Sarah E. 1010000165

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

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, Room 6323, Washington, DC

d. OFFICE TELEPHONE NUMBER: 202-208-6793

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 2010 (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 (e) ¢	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
09/29/09 10:00 am	A	13th & N Street NW	DOI				10 00		
10/29/10 12:47 pm	A	DOI	MLK Press Event				9 50	1	
			AUG 25 2010						
		JUSTIFICATION ATTACHED.							

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).)* ▶ $ 19.50 — TOTALS: 19 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 ▶ [signature] DATE 8/31/10

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 8/19/10

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 - 1000 DDD01 68

L

DoD Overprint 4/2002

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

P.K.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: LT_002

3. SCHEDULE NUMBER

5. PAID BY

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

1. NAME (first, middle initial, last) AND ADDRESS: Beaman, Robert G. 10100000130

(b) (6)

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

4. OFFICE TELEPHONE NUMBER: 202-208-3219

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.)

Non-reimbursable expenses: A - Local travel; B - Telephone or telegraph; C - Other expenses (specify)

D - Funeral Honors Detail; E - Specialty Care

a. DATE	b.	c. FROM (location significant or specific detail)	d. TO	e. MILEAGE RATE	f. NO. OF MILES	g. AMOUNT CLAIMED: MILEAGE	h. FARE OR TOLL	i. ADDITIONAL SUBSISTENCE	j. TIPS AND MISCELLANEOUS
5/29	D	Department of the Interior	Prtg:DOI Commte rep. - DHeight						22.00
5/29	D	Department of the Interior	Prtg:DOI Commte rep. - DHeight						22.00
5/29	D	Department of the Interior	Prtg:DOI Commte rep. - DHeight						22.00
5/29	D	Department of the Interior	Prtg:DOI Commte rep. - DHeight						22.00
5/31	A	Department of the Interior	Hilton Washington: GJGJ	JUN 11 2010			7.50		
5/31	A	Hilton Washington: GJGJ	Department of the Interior				7.50		
6/2	A	Department of the Interior	Howard Univ LSEI Conference				8.50		
6/2	A	Howard Univ LSEI Conference	Department of the Interior	JUN 22 2010 6.22.10			8.50		
6/3	A	Department of the Interior	Washington Marriott: EI Conf				7.00		
6/3	A	Washington Marriott: EI Conf	Department of the Interior				7.00		
		If additional space is needed continue on the back.	SUBTOTALS CARRIED FORWARD FROM THE BACK				46.00		88.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h).) ▶ $151.00

TOTALS

8. This claim is approved. I have also checked the calculations, if shown, are correct and necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been designated in writing by the Head of the Department or agency or a duly authorized representative (31 U.S.C. 6100).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Renee Stone ✓ DATE 6-4-10

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

SECURITY CLASSIFICATION

DISTRIBUTION CODES

1000 DDD01 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 6/2/2010

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 151.00

12. PAYMENT MADE BY CHECK NO.

DOI Oversight 4/2003

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA, FPMR (DFR 41.101.7

P.K.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: LT_003

3. SCHEDULE NUMBER

5. PAID BY

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

6. NAME (Last, first, middle initial): Stanton, Robert G. 1010000129

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

4. HOME ADDRESS (Include ZIP Code): (b) (6)

8. OFFICE TELEPHONE NUMBER: 202-208-3219

9. 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 2010 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE (e) / NO. OF MILES (c)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PER-SONS (h)	TIPS AND MISCELLANEOUS (i)
5/20 8:45a	A	Department of the Interior	Natl Council of Negro Women			7.50		
5/20 10:15a	A	Natl Council of Negro Women	Department of the Interior			7.50		
5/20 3:00p	A	U.S. Senate Office Bldg	Wilderness Society HQ			6.00		
5/20 7:00p	A	Wilderness Society HQ	Department of the Interior			6.50		
			JUN 11 2010					
			6.18.10					
			SUBTOTALS CARRIED FORWARD FROM THE BACK			27.50		
		If additional space is required continue on the back.	TOTALS			27.50		

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $27.50

Special 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.)

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 or his designee, (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: Renee Stone 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 5/29/2010

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 27.50

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE 6.4.10

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

DoD Overprint, 4/2002

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: Local Travel MD_June 25_004

3. SCHEDULE NUMBER:

5. PAID BY: TVO

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Stanton, Robert G. 1010000156

b. SOCIAL SECURITY NO.: [redacted]

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

d. OFFICE TELEPHONE NUMBER: 202-208-3219

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 2010 (a)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE .050 ¢ / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCEL. (AMOUNT) (i)
6/25	B	Department of the Interior	MD Hall for the Creative Arts	63	31.50			
	B	MD Hall for the Creative Arts	Department of the Interior	63	31.50			

AUG 17 2010

MJR 8.19.10

10 AUG 17 PM 3:52 NATIONAL BUSINESS CENTER

If additional space is required continue on the back. SUBTOTALS CARRIED FORWARD FROM THE BACK — 63.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $63.00 TOTALS 63.00

9. 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 7.6.10

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 7/2/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 63.00

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

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

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): 1010000141 BLACK, STEVEN W.

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code): DIRECT DEPOSIT

d. OFFICE TELEPHONE NUMBER: (202)208-4123

5. PAID BY: 202 208 5627

RECEIVED 10 JUL 1 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.)

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)
12/01	E	Taxi from Brookings Institute	1849 C St., NW			8.00		
03/03	E	Taxi from Raybum House Office Bldg. (Mtg. w/Chairman Markey)	1849 C St., NW			9.75		
03/09	E	Bldg.(Interior Appropriations Hearing)	1849 C St., NW			9.00		
04/15	E	Taxi from Senate- Meeting w/Susie Perez Quinn re OCS	1849 C St., NW			10.00		
04/22	E	Taxi from downtown - Meeting w/Cappy McGarr	1849 C St. NW			9.00		
06/30	E	Taxi from Rayburn House Office Bldg.	1849 C St., NW			10.00		

JUL - 8 2010 DOI 9 - [illegible]

JUL - 8 2010 7.17.10

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 55.75

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 55.75

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 7-6-10

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 7-2-10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2010 1000 DD D01 68

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