Fy 11

Transaction Number	Fiscal Year	Dollar Amo	Vendor Name	Comments
1110000007	2011	10	ALAN JAY GILBERT	Sent 8/10/12
1110000010	2011	28	ALAN JAY GILBERT	Sent 8/10/12
1110000046	2011	48.55	ALAN JAY GILBERT	Sent 8/10/12
1110000067	2011	43.03	ALAN JAY GILBERT	Sent 8/10/12
1110000083	2011	87.21	ALAN JAY GILBERT	Sent 8/10/12
1110000090	2011	48.25	ALAN JAY GILBERT	Sent 8/10/12
1110000088	2011	78.03	ALAN JAY GILBERT	Sent 8/10/12
1110000104	2011	10	ALAN JAY GILBERT	Sent 8/10/12
1110000122	2011	70.4	ALAN JAY GILBERT	Sent 8/10/12
1110000137	2011	46.38	ALAN JAY GILBERT	Sent 8/10/12
1110000152	2011	99.45	ALAN JAY GILBERT	
SF11644863A	2011	45.75	ANDERSON, KIREN	Sent 7/26/12
1110000144	2011	47	BELIN, ALLETTA D'ANDELOT	Sent 8/10/12
1110000154	2011	67.44	CARLY MONTOYA	Sent 8/10/12
1110000040	2011	49.33	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000039	2011	160.69	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000061	2011	294	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000060	2011	13.5	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000089	2011	185	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000028	2011	110.25	DEEN, DONNA N.	Sent 7/26/12
1110000001	2011	49.5	ELIZABETH ANNE JOHNSON KLEIN	Sent 7/26/12
1110000020	2011	40	ELIZABETH ANNE JOHNSON KLEIN	Sent 7/26/12
1110000009	2011	264.25	ELIZABETH HENSLEY	Sent 8/10/12
1110000009	2011	30.6	ELIZABETH HENSLEY	Sent 8/10/12
1110000009	2011	77	ELIZABETH HENSLEY	Sent 8/10/12
1110000026	2011	35.5	ELIZABETH MARSTERS	
1110000026	2011	30.5	ELIZABETH MARSTERS	
1110000025	2011	287.5	GAIL A. ADAMS	Sent 7/26/12
1110000025	2011	58.25	GAIL A. ADAMS	Sent 7/26/12
1110000025	2011	38	GAIL A. ADAMS	Sent 7/26/12
1110000035	2011	53.25	GAIL A. ADAMS	Sent 7/26/12
1110000035	2011	16	GAIL A. ADAMS	Sent 7/26/12
1110000035	2011	28.57	GAIL A. ADAMS	Sent 7/26/12

ADAMSPCSA	2011	218.31	GAIL A. ADAMS	Sent 8/10/12
ADAMSPCSA	2011	34.5	GAIL A. ADAMS	Sent 8/10/12
1110000058	2011	78	GAIL A. ADAMS	Sent 7/26/12
1110000113	2011	82.2	GAIL A. ADAMS	Sent 7/26/12
1110000146	2011	80.5	GAIL A. ADAMS	Sent 7/26/12
1110000147	2011	41.25	GAIL A. ADAMS	Sent 7/26/12
1110000032	2011	158.5	JASON FINK	
1110000075	2011	153.5	JASON FINK	
1110000075	2011	14.88	JASON FINK	
1110000093	2011	404	JASON FINK	
1110000093	2011	228.5	JASON FINK	
1110000093	2011	76	JASON FINK	
1110000093	2011	209.51	JASON FINK	
1110000111A	2011	385.5	JASON FINK	
1110000111A	2011	516.93	JASON FINK	
1110000111A	2011	226.18	JASON FINK	
1110000111A	2011	130	JASON FINK	
1110000099	2011	387.95	JENNY ESTHER SARABIA	
1110000099	2011	20.02	JENNY ESTHER SARABIA	
1110000109	2011	636	JENNY ESTHER SARABIA	
1110000109	2011	86.1	JENNY ESTHER SARABIA	
1110000109	2011	131.78	JENNY ESTHER SARABIA	
1110000108	2011	567.5	JENNY ESTHER SARABIA	
1110000108	2011	68.06	JENNY ESTHER SARABIA	
1110000108	2011	124.17	JENNY ESTHER SARABIA	
1110000082	2011	42	JOSEPH ANDREW JACKSON	Sent 8/10/12
1110000011	2011	15.25	LANE, KENNETH L	Sent 8/10/12
1110000016	2011	40.25	LEWIS, COURTENAY C.	Sent 7/26/12
1110000141	2011	15	LEWIS, COURTENAY C.	7/24/12 Req'd from Barb Martin
1110000153A	2011	169.2	LISA MARIE PELSTRING	Sent 7/26/12
1110000097	2011	8	LORRAINE V. FAETH	Sent 8/10/12
1110000119	2011	16	LORRAINE V. FAETH	Sent 8/10/12
1110000018	2011	53.2	MARK LOUIS PERRIELLO	Sent 8/10/12
1110000018	2011	209	MARK LOUIS PERRIELLO	Sent 8/10/12

1110000131A	2011	38	THOMAS O. HUNTER	Sent 7/26/12
1110000131A	2011	39.6	THOMAS O. HUNTER	Sent 7/26/12
1110000133A	2011	211	THOMAS O. HUNTER	Sent 7/26/12
1110000133A	2011	57	THOMAS O. HUNTER	Sent 7/26/12
1110000133A	2011	39.6	THOMAS O. HUNTER	Sent 7/26/12
1110000132A	2011	211	THOMAS O. HUNTER	Sent 7/26/12
1110000132A	2011	15	THOMAS O. HUNTER	Sent 7/26/12
1110000132A	2011	39.6	THOMAS O. HUNTER	Sent 7/26/12
1110000066	2011	380.5	THOMAS O. PETRILLO	Sent 7/26/12
1110000066	2011	226.29	THOMAS O. PETRILLO	Sent 7/26/12
1110000066	2011	40	THOMAS O. PETRILLO	Sent 7/26/12
1110000066	2011	134.45	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	414.25	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	81.04	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	40	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	105.6	THOMAS O. PETRILLO	Sent 7/26/12
1110000110	2011	248.5	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000110	2011	115.79	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000110	2011	50	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000110	2011	40	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000130	2011	45	WALSH, COLIN D	Sent 7/26/12
1110000151	2011	52	WILLIAM GILBERT SHAFROTH	Sent 8/10/12
1110000117A	2011	700.1	WILLIAM KANE REILLY	Sent 7/26/12
1110000117A	2011	13.87	WILLIAM KANE REILLY	Sent 7/26/12
1110000117A	2011	144	WILLIAM KANE REILLY	Sent 7/26/12

1110000018	2011	6	MARK LOUIS PERRIELLO	Sent 8/10/12
1110000008	2011	599.5	MARY JANE OATMAN-WAKWAK	Sent 7/26/12
1110000008	2011	36.7	MARY JANE OATMAN-WAKWAK	Sent 7/26/12
1110000008	2011	82.2	MARY JANE OATMAN-WAKWAK	Sent 7/26/12
1110000076	2011	137.7	MATTHEW LEE-ASHLEY	Sent 8/10/12
1110000004	2011	266.5	NAWI, DAVID	Sent 8/10/12
1110000003	2011	165.5	NAWI, DAVID	Sent 8/10/12
1110000023	2011	46.55	NAWI, DAVID	Sent 8/10/12
1110000036	2011	137.7	NEAL KEMKAR	Sent 8/10/12
1110000027	2011	158.5	PADILLA, JOAN V.	
1110000053	2011	147.53	PADILLA, JOAN V.	
1110000112	2011	48.77	PADILLA, JOAN V.	Sent 8/10/12
1110000045	2011	74	RAYMOND RIVERA	Sent 8/10/12
1110000084	2011	99.76	RAYMOND RIVERA	Sent 8/10/12
1110000118A	2011	320	RAYMOND RIVERA	Sent 8/10/12
1110000013	2011	23.25	ROBERT STANTON	Sent 8/10/12
1110000081	2011	21.65	ROBERT STANTON	Sent 8/10/12
1110000087	2011	14	ROBERT STANTON	Sent 8/10/12
1110000129	2011	33	ROBERT STANTON	Sent 8/10/12
1110000135	2011	17	ROBERT STANTON	Sent 8/10/12
1110000136	2011	23.46	ROBERT STANTON	Sent 8/10/12
1110000157	2011	49	ROBERT STANTON	Sent 8/10/12
1110000019	2011	22	SHAUNA LYNNE MCCARTY	Sent 8/10/12
1110000041	2011	37.5	STEPHEN A DOHERTY	Sent 8/10/12
1110000047	2011	117.5	STEPHEN A DOHERTY	Sent 8/10/12
1110400065	2011	147.9	STEPHEN A DOHERTY	Sent 8/10/12
1110000138	2011	83.85	STEPHEN A DOHERTY	Sent 8/10/12
1110000143	2011	54.06	STEPHEN A DOHERTY	Sent 8/10/12
1110000145	2011	61.71	STEPHEN A DOHERTY	Sent 8/10/12
1110000012	2011	8.41	STEVE BLACK	Sent 8/10/12
1110000071	2011	124.75	STEVE BLACK	Sent 8/10/12
1110000072	2011	109	THOMAS O. HUNTER	Sent 7/26/12
1110000072	2011	26.53	THOMAS O. HUNTER	Sent 7/26/12
1110000131A	2011	211	THOMAS O. HUNTER	Sent 7/26/12

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: Gilbert 10/10

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): Alan Gilbert 1110000007

b. SOCIAL SECURITY NO.: [redacted]

c. MAILING ADDRESS (Including ZIP Code): [redacted]

d. OFFICE TELEPHONE NUMBER

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

DATE 2010 (a)	CODE (b)	FROM (c)	TO (d)	MILES (e)	AMOUNT CLAIMED (f)		
10/12	A	Office	Downtown, Denver Meeting w/	10	5.00		
		Western Energy Alliance about	leases and wind development				
		in Utah					

11.3.10

If additional space is required, continue on back

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) 10.00 TOTAL 10 5.00

8. This claim is approved. Long distance telephone calls... are necessary in the interest of the Government...

APPROVING OFFICIAL SIGN HERE [signature] 10.29.10

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

AUTHORIZING CERTIFYING OFFICER SIGN HERE

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.

CLAIMANT SIGN HERE [signature] 10-27-2010

11. PAYEE SIGNATURE

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
2011 1000 DDD01 68

L

[illegible] REIMBURSEMENT
[illegible]

Department of the Interior
Office of the Secretary

[illegible] on the back of this form.

5. PAID BY

1110000010

(b) (6) [redacted]

6. EXPENDITURES (if more detailed [illegible] the statement)

A - Local travel B - Telephone or telegraph [illegible]	C - Funeral Honors Detail D - Specialty Care	MILEAGE RATE	AMOUNT CLAIMED				
		0.00					
		NO. OF MILES					
	TO						
[illegible]	Boulder, CO	29.00	14.50				
Boulder, CO	Lakewood, CO	29.00	14.50				

NOV 12 2010

11.22.10

[illegible] 28.00

7. AMOUNT CLAIMED (Total of cols. (1), (2) and (3)) $ 28.00 TOTALS 58 [illegible]

[illegible] if shown, are certified as [illegible]

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 11/10/2010

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

[illegible] OFFICIAL SIGN HERE [signature] DATE 11.10.10

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE DATE

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

[illegible] 2007

STANDARD FORM 1159 (Rev. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-[illegible]

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): Gilbert, Alan   1110000046

b. SOCIAL SECURITY NO.:

c. MAILING ADDRESS (include ZIP Code): [redacted]

d. OFFICE TELEPHONE NUMBER:

5. PAID BY: TVO GRI

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 20 11 (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)
2/4	A	Lakewood, Co	Boulder, CO	0.51 / 40.00	20.40			
2/4	A	Boulder, CO	Lakewood, CO	40.00	20.40			
2/4	C	Parking on the street				2.50		
2/4	C	Parking at CU				5.25		

FEB 16 2011

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).) $ 48.55

TOTALS: 80 | 40.80 | 7.75

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 — DATE

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

Sign Original Only

APPROVING 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 — DATE

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DD001 68

DoD Overprint 4/2002

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

Signed on second page. BAM

2nd

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OFFICE: Secretary's Immediate Office

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

(Read the Privacy Act Statement on the back of this form)

4. NAME (Last, First, Middle Initial): Gilbert, Alan J.

5. SOCIAL SECURITY NUMBER: 111000067

5. PAID BY

4. CLAIMANT

(b) (6) [redacted]

(b) (6) [redacted]

303-663-5375

6. EXPENDITURES (If late 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 particulars concerning (c): A - Local travel; B - Telephone or telegraph, or C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care. (Enter all expenditures in accounting detail.) (d) FROM	(e) TO	MILEAGE RATE (f)	MILEAGE (g)	TAXIS OR OTHER (h)	ADD'L PERS. (i)	TOTAL MISCELL. (j)
3/29/11	C	Purchase of Maps from USGS with personal credit card. For a project	that he is working on for the Secretary.					43.03

APR - 2011

If additional space is required continue on the back

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (i), (g) and (h)) ▶ $ 43.03

TOTALS: 43.03

8. If 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 3/29/11

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

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 3/25/2011

10. I certify that the services or articles covered by this voucher have been received, inspected, and found in proper condition, except as noted.

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

11. CASH PAYMENT RECEIPT

12. DATE RECEIVED

$

13. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DD001 68

STANDARD FORM 1012 (REV. 10-1)
Prescribed by GSA/FPMR (41 CFR) 101-7.2

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

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)
Gribben, Alan

1110000083

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

c. OFFICE TELEPHONE NUMBER
202-43[illegible] 6550

d. OFFICE ADDRESS
(b) (6) [redacted]

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

Date	Place appropriate code in col. (c) A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)	Place appropriate code in col. (d) D - Funeral Honors Detail E - Specialty Care	Rt. of pay rate 0.51	AMOUNT CLAIMED			
	(Report expenditures in specific detail)						
	(a) FROM	(b) TO	(c)	(d)	(e)	(f)	(g)
04/01	C Home	Rocky Mountain Arsenal	45.00	24.48			
04/02	C Home	Rocky Flats	45.00	22.95			
04/03	C Office	Thornton Municipal Center	40.00	20.40			
04/04	C Home	Sand Creek Greenway Office in Stapleton	38.00	19.38			

APR 26 2011

If additional space is required, continue on the back

SUBTOTALS CARRIED FORWARD FROM THE BACK 684.21

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) $ 87.21

TOTALS 171 87.21

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary to the interest of the Government. (Write if long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency as an entity per U.S.C. [illegible].)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/14/11

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

10. I certify that this claim is true and correct. To the best of my knowledge and belief, that payment is made for any other received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 4/14/2011

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

[illegible]

STANDARD FORM [illegible]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER:

3. SCHEDULE NUMBER:

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

4. Name (last, first, middle initial): Gilbert, Alan — 1110000090

[redacted]

5. SOCIAL SECURITY NO.: [redacted]

6. PAID BY

7. OFFICE TELEPHONE NUMBER: 202-431-6568

8. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (f) 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 (Explain); D - Federal Homes Detail; E - Specialty Cars

Mileage rate: 0.51

DATE (a)	CODE (b)	(Explain expenditure in specific detail) (c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PER. ROOM (h)	TIPS AND MISCELLANEOUS (i)
04/25	C	Office	Connecting Rocky Flat to the Rocky Mountain Arsenal	20.00	10.20			
04/25	C	Parking for the meeting, was paid with cash						10.00
04/27	C	Office	City and County of Broomfield connecting Refuge	55.00	28.05			

MAY - 5 2011

If additional space is required continue on the back. SUBTOTALS CARRIED FORWARD FROM THE BACK: $48.25

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)): $ 48.25

	Miles	Mileage	Fare or toll	Add. per. room	Tips and misc.
TOTALS	75	38.25			10.00

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 5/4/11

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

Sign Original Only

APPROVING 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 5/3/2011

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

DOI Overprint 4/2002

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

Department of the Interior
Secretary's Immediate Office

Read the Privacy Act Statement on the back of this form

5. PAID BY

1. CLAIMANT

Gilbert, Alan 1110000088 (b) (6) [redacted]

(b) (6) [redacted]

202-431-6508

6. EXPENDITURES

DATE		FROM	TO		AMOUNT CLAIMED			
	C	Westminster City Hall	Office	44.00	22.44			
	C	Rocky Flats Wildlife Refuge	Office	55.00	28.05			
	C	Office	Arvada City Hall	19.00	9.69			
	C	South Platte Trail	Office	35.00	17.85			

APR 28 2011

SUBTOTALS CARRIED FORWARD FROM THE BACK $78.03

7. AMOUNT CLAIMED (Total of over (5) (a) and (b)) $ 78.03 TOTALS 78.03

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the Interior Office. Gratuity and (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 do so (Sec. 3 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 4/25/11

This claim is certified correct and stable for payment.

Sign Original Only

APPROVING OFFICIAL SIGN HERE: DATE:

9. I hereby certify that this claim is true and correct in the best of my knowledge and belief and that supporting or receipt has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: [signature] DATE: April 26, 2011

10. CASH PAYMENT RECEIVED

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

17. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 7000 DDD0168

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

Department of the Interior
Secretary's Immediate Office

Gilbert, Alan Jay 1110000104

(b) (6) [redacted]

(b) (6) [redacted]

303-162-5276

EXPENDITURES

A - Local travel
B - Telephone/Telegraph
C - Other sequence

3 - Excess Mileage Dollar
4 - Specialty Gain

AMOUNT CLAIMED

		Packing for Moving at the Stage	Office				10.00
		Capital in Denver					

1102 3 NAP

JUN - 3 2011

AMOUNT CLAIMED

TOTALS 10.00

Sign Original Only

Sign Original Only

5 31 2011

Sign Original Only

2011 1000 0000168

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

Department of the Interior
Secretary's Immediate Office

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

6. PAID BY

4. CLAIMANT

Gilbert, Alan 1110000122 [redacted]

Gilbert, Alan Jay

[redacted]

303-969-5375

5. EXPENDITURES

Date	Code	Description		Mileage	Amount Claimed			
	A	America's Great Outdoors Meeting	Office	23.00	10.20			
	C	Parking for meeting	Receipt Attached			[illegible]		
	A	AGO Meeting w/ Howard Kensal	Office	20.01	10.20			
	C	AGO Office Supplies	Used personal credit card to make purchase			44.[illegible]		

JUN 29 2011
JUL 14 2011

7. AMOUNT CLAIMED ▶ $ 75.36

TOTALS	40	70.40	54.06	

70.40

8. This claim is approved. [illegible]

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 6/27/11

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

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

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 6/17/2011

11. PAYMENT MADE

2011 1000 DDD01 D8

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Gilbert, Alan

[redacted]

b. SOCIAL SECURITY NO.: [redacted]

d. OFFICE TELEPHONE NUMBER: 303-969-5375

3. PAID BY: 1110000137

4. EXPENDITURES

DATE	CODE	(a) FROM	(b) TO	MILEAGE (NO. OF MILES)	AMOUNT CLAIMED MILEAGE	FARE	TIPS AND PARCEL
06/21	A	Boulder	Office (AGO Meeting)	58.00	29.58		
06/27	A	Meeting w/ Governor's Office	Gary Brawner @ DNR Office	30.00	14.25		
07/15	A	Office	Downtown Denver Office	20.00	10.20		

CODE: A - Local travel; B - Telephone or telegraph; C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care

AUG - 9 2011

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) $ 48.88

TOTALS: 98 | 48.88

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: 7/19/11

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

Sign Original Only

APPROVING 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 SIGNATURE: [signature] DATE: 7/18/2011

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1000 DDD0168

DoD Overprint 4/2009

STANDARD FORM 1164 (REV. 10-77) Prescribed by GSA FPMR (41 CFR) 101-7

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): BELIN, ALLETTA 1110000144

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-1671

5. PAID BY

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

DATE 2011 (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 (g)	FARE OR RATE (h)	ASSIST PERSONS (i)	TIPS AND MISCELLANEOUS (j)
6/21	A	Department of the Interior	Hyatt - Crystal City, VA				15 00		
	A	Hyatt - Crystal City, VA	Department of the Interior				50		
	A	Capitol Hill	Department of the Interior				70		

AUG 10 2011

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

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

TOTALS 47 00

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE 8/5/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE 8/9/11

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 8/5/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS

2. VOUCHER NUMBER: MONTOYA07202011

3. SCHEDULE NUMBER

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Montoya, Cady

b. SOCIAL SECURITY NO.: 111000 0154

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

d. DAYTIME TELEPHONE NUMBER: 202-208-7551

5. PAID BY

6. EXPENDITURES (If fare claimed in col. (g), show a check for one person, stating in col. (h) the number of additional persons who accompanied the claimant.)

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

(Exactly one expenditure in one line only)

19 15 / 20	Code (c)	(d) FROM	(e) TO	Mileage Rate / No. of Miles (f)	Amount Claimed: Mileage (g)	Fare or Total (h)	Add'l Persons (i)	Less Unused Tickets (j)
7 20 11	A	DOI	Holiday Inn Arlington, VA			[illegible]		
7 20 11	A	Holiday Inn Arlington, VA	DOI			10.62		
7/21		DOI	Holiday Inn Arlington, VA			10.62		
7/21		Holiday Inn Arlington, VA	DOI			15.78		

OCT -8 2011

If additional space is required, include on the back. SUBTOTALS CARRIED FORWARD FOR THE MONTH

7. AMOUNT CLAIMED (Total of cols. (f), (g), (h) and (i)) ▶ $ 37.44 TOTALS 37.44

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 specifically authorized in writing by the head of the department or agency to do so, pursuant to 31 U.S.C. 3906.)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE [illegible]

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

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

Sign Original Only

CLAIMANT SIGN HERE ▶ Cady St. Montoya DATE 9/26/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $ 37.44

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Advance Staff for SECY'S Even
2011-1000-CDU01 68

DOI Overprint 4-2002

STANDARD FORM 1164 (Rev. 11-75)
Prescribed by GSA, FPMR (41 CFR) 101-7

1110000009

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. EHOTTAWACAN022211 V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: HENSLEY, ELIZABETH F.

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

6. PERIOD OF TRAVEL
a. FROM: 02/22/11
b. TO: 02/24/11

c. MAILING ADDRESS *(Include ZIP Code)*:
DOI, ASIA
1849 C ST, NW
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-7163

7. TRAVEL AUTHORIZATION
a. NUMBER(S): ORDW8M
b. DATE(S): 02/17/11

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)
OWQIHG-CP 2,739.92	UA			DCA-Washington,	YOW-Ottawa, Ontari
0219111456OW 28.50	XD		02/19/11	DCA-Washington,	YOW-Ottawa, Ontari
QIHG					

ACCOUNTING CLASSIFICATION:
11 5000.DDD01 .68-2011^^DM^5000^^DDD01^^68^ - 218.40 NR- 3,36
3.72

COMMENTS:
Attend Inuit Circumpolar Conference summit on development in the Arctic 2/23. Fu
ll day of meeting with staff from Indian and Northern Affairs Canada on the 2010
COMMENTS continued on next page

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

TRAVELER SIGN HERE ▶ DATE **AMOUNT CLAIMED** ▶ 218.40

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

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

APPROVING OFFICIAL SIGN HERE ▶ 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** ▶ $ 218.40

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

TRAVEL VOUCHER
(b) (6) [redacted]
HENSLEY, ELIZABETH F.

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
0RDW8M 02/17/11

COMMENTS: (cont'd)
MOU workplan. City and Provencial hotel room taxes. Cash Payments for Ottawa taxis that do not take credit cards.

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. ORDW8M

TRAVELER'S LAST NAME HENSLEY

DATE 20 11 (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)
02/22		D-:RES: ,											
02/22		Airfare (Non Reimbursable)											
02/22		A-:OTTAWA,CAN				73.50		231.65	73.50			73.50	
02/22		TMC FEE (GOVCC-I)											
02/22		Taxi											
02/23		Subsistence	71.40			71.40		231.65	71.40			71.40	
02/24		D-:OTTAWA,CAN											
02/24		A:RES: ,											
02/24		Subsistence				73.50			73.50			73.50	
02/24		Taxi											
02/24		TAV Fee -I											
02/24		Parking											
02/24		Taxi											
									SUBTOTALS ▶		0.00	218.40	0.00
									TOTALS ▶		0.00	218.40	0.00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ 218.40

07/16/12 ACCOUNTING DETAIL | Auth No: EHOTTAWACAN022211 V01
GovTrip Travel System | HENSLEY, ELIZA (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-I-211C				2,739.92
LODGING-211D				463.30
M&IE-211D				218.40
PARKING-211I				36.00
TAV EXP -I-211B				15.00
TAXI-211T				81.00
TMC FEE -I-211B				28.50
11 5000.DDD01.	.6	0.00	0.00	3,582.12

2011^^DM^5000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		3,582.12
NON-REIMBURSABLE EXPENSES		3,363.72
TOTAL AMOUNT CLAIMED		218.40
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		218.40
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD		0.00
PAY TO TRAVELER		218.40

Auth No: EHOTTAWACAN022211 V01
HENSLEY, ELIZA (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	03/09/11	12:11 EST	Victor Hodge
SIGNED	04/11/11	15:26 EDT	ELIZABETH F HENSLEY
RETURNED	04/14/11	07:18 EDT	MARY ANN MILAM
ADJUSTED	05/02/11	09:26 EDT	Victor Hodge
ADJUSTED	05/02/11	13:40 EDT	ELIZABETH F HENSLEY
SIGNED	05/02/11	13:42 EDT	ELIZABETH F HENSLEY
REVIEWED	05/05/11	14:09 EDT	MARY ANN MILAM
AUTHORIZED	05/05/11	14:17 EDT	PAUL H TSOSIE
ADJUSTED	05/06/11	10:27 EDT	ELIZABETH J SANCHEZ
TV AUDITOR REVIEWED	05/06/11	10:31 EDT	ELIZABETH J SANCHEZ
APPROVED	05/09/11	15:14 EDT	Barbara A Smith
PAY LINK	05/09/11	15:21 EDT	Paul Payment
AUDIT PASS	05/09/11	15:21 EDT	Paul Payment
PAYMENT SUBMITTED	05/09/11	15:28 EDT	Paul Payment
PAYMENT SUBMITTED	05/09/11	15:33 EDT	Paul Payment
PAID	05/11/11	09:15 EDT	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

SIGNED

DATE

ADAMSPCSA

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. Adams PCS

2. 02/04/11 (DATE)

3. Office of the Secretary (Bureau or Office)

4. NAME Gail A. Adams (b) (6) [redacted]

5. OFFICIAL STATION Washington, DC

6. TITLE Director, Intergovernmental Affairs

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: Harvey, LA
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 Harvey, LA, to Washington, DC, the latter place to become your official station upon arrival. This is being done in the best interest of the Government. An employment agreement has been signed on: 01/31/11
Relocation allowances are as itemized on the attached Computation Form for Employee (Form: CFEE-PCS).

11. PER DIEM ALLOWANCE:
En route travel - one way air fare, taxi to and from the airport. No per diem allowed 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: **February 4, 2011** Ending on or about: **February 4, 2013**

MODE OF TRAVEL

13. ☐ Common carrier 14. ☐ Extra Fare 15. ☐ Government-owned conveyance

16. ☐ Privately owned: at a mileage rate of: cents subject to:

(a) ☒ Administratively determined to be to the advantage of the Government
(b) ☒ A showing of advantage to the Government
(c) ☒ Not to exceed cost by common carrier, including consideration of Per Diem allowance

MISCELLANEOUS

17. ☐ Transportation immediate family

19. ☒ Shipment household goods and personal effects Not to exceed 18,000 LBS / Storage NTE 90/days

18. ☒ Other (Specify)
- ☐ House Hunting
- ☒ Enroute Airfare, 0 days of M&IE 0 nights of lodging
- ☐ Miscellaneous
- ☐ Temporary Quarters
- ☒ Shipment of POV By GBL
- ☐ Real Estate Expenses
- ☐ Non GBL / Self-shipment
- ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$	549.00
21.	Per Diem	$	0.00
22.	Other	$	21,559.00
23.	TOTAL	$	22,108.00

24. CHARGED TO: 1000DDD01 68

25. 2/4/11 (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. White House Liaison (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Laura Davis - Deputy Chief of Staff (TITLE)

Amendment #1

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 AdamsPCS
2. 02/08/11 (DATE)
3. Office of the Secretary (Bureau or Office)

4. NAME Gail A. Adams
5. OFFICIAL STATION Washington, DC
6. TITLE Director, Intergovernmental Affairs
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: Harvey, LA
9. TO: Washington, DC

10. PURPOSE AND REMARKS: Travel Code R Relocation

This Amendment #1 is to authorize Enroute POV mileage and per diem, instead of one way air fare to new duty station. Relocation allowances are as itemized on the attached Computation Form for Employee (Form: CFEE-PCS)

11. PER DIEM ALLOWANCE:

Enroute; reimbursement of mileage for 1 POV @ .19/cents per mile. Enroute per diem NTE 6 nights of lodging @ $77.00/day, and 6.5 days of M&IE @ $46.00/day. Rates are decreased to 75% the first and last day of travel. Mileage reimbursement is by the most direct route from the old duty station to the new duty station. En route per diem is based on total distance and computed travel time to new duty station at a minimum average driving distance of 350 miles per calendar day.

12. PERIOD OF TRAVEL: Beginning on or about: **February 4, 2011** Ending on or about **February 4, 2013**

MODE OF TRAVEL

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

MISCELLANEOUS

17. ☐ Transportation immediate family
18. ☒ Other (Specify)
    - ☐ House Hunting
    - ☒ Enroute Airfare, 6.5 days of M&IE 6 nights of lodging
    - ☐ Miscellaneous
    - ☐ Temporary Quarters
19. ☐ Shipment household goods and personal effects
    - ☐ Shipment of POV
    - ☐ Real Estate Expenses
    - ☐ Non GBL / Self-shipment
    - ☐ WTA & RITA

ESTIMATED COST

20.	Transportation	$	298.05
21.	Per Diem	$	462.00
22.	Other	$	0.00
23.	TOTAL	$	760.05

24. CHARGED TO: 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. White House Liaison (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. (TITLE)

To:	Gail A. Adams	**Date:**	03/03/11
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	AdamsPCS 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			
2. En route lodging			
2A. En route lodging / Centrally Billed			
3 En route transportation	$218.31		
4. HHG - Transport and 1st 30 days storage / Shipment of POV			
TOTAL - lines 1-4	$218.31	TOTAL -lines 2,3 & 4	$218.31

PAID
MAR 03 2011

5. En route mileage>.19 cents per mile		
6. En route meals	$34.50	$34.50
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)	$34.50	
14. Withholding tax allowance (WTA-33.3333333%)	New Appointee	New Appointee
15. TOTAL (B) & (C)	$34.50	$252.81

16. LESS: TAXES WITHHELD (40%)	$13.80
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$239.01

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$34.50
20. Total tax withheld this voucher: Line 16	$13.80

PCS travel

A

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE: U.S. Department of the Interior	2. TYPE OF TRAVEL: ☐ TEMPORARY DUTY ☒ PERMANENT CHANGE OF STATION	3. VOUCHER NO.: GAdamsRelo; 4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NUMBER	6. PERIOD OF TRAVEL	
Adams, Gail A.		a. FROM 02/10/2011	b. TO 02/10/2011
c. [redacted]	d. OFFICE TELEPHONE NO. 202-513-0342	7. TRAVEL AUTHORIZATION	
		a. NUMBER(S) Adams PCS	b. DATE(S) 2/8/11
e.	f. RESIDENCE (city and State) (b) (6) [redacted]	10. CHECK NO.	

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied				
c. Amount due Government (Attached: ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE		
d. Balance outstanding				

12. GOVERNMENT TRANSPORTATION REQUEST, OR TRANSPORTATION TICKETS, IF PURCHASED 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)	TO (f)
		2-10-11			NBC RCVD 2-28-11

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 ▶ Gail A. Adams DATE 2/22/11 AMOUNT CLAIMED ▶ $ 252.81 ~~252.83~~

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 2-23-11

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)		
WTA	+	$ N-A
Taxes	−	13.80

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: [illegible] 3-3-11 $ 239.01

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFIYING OFFICAL SIGN HERE ▶ PAID MAR 03 2011 DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0

d. NET TO TRAVELER ▶ $ 239.01

18. ACCOUNT CLASIFICATION
2011 1000 DDD01 68

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 ___ of ___

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 2011 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCEL-LANEOUS SUBSIS-TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.19 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/10		per diem computation Harvey, LA - WDC							34.50			34.50	
2/10		mileage								1,149.	218.31		218.22
										SUBTOTALS ►	218.31	34.50	218.22
										TOTALS ►	218.31	34.50	218.22

Did not claim not sure what it is.

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 ► 252.72

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 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 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 per- formance 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.

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

Gail A. Adams

Voucher Identification: PCS Voucher Number:		AdamsPCS A	
Amount Claimed	**WTA +**	**Suspended**	**Disallowed**
$252.81	New Appointee	$0.00	$0.00
Allowed	**Tax Withheld**	**Applied to Adv.**	**Amount of Check**
$252.81	$13.80	$0.00	$239.01

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: 03/03/11 GB

MEMORANDUM

TO: Payroll Operations Division

FROM: Office of the Secretary Unit, National Business Center

SUBJECT: Other Taxable Income Summary Sheet

Change of Station: XX Indefinite Travel _____ Other _____
(Please check appropriate income being reported)

Employee Name:	Gail A. Adams	**SSN:**	000-00-0000

Department:	IN	Bureau:	01	**Subbureau:**	99	Block	

Taxable Income to Be Reported in Tax Year: 2011

	Amount	O.C. (If Other Than 12XX)	Cost Account
H.C.33A (Not Subject To Tax Withholding)	$218.31		
H.C.33B (Taxable Income)	$34.50		
H.C.66A (Payment Outside Pay/Pers System)	$239.01		
ETW (Estimated Taxes Withheld by BAO)	$13.80		

	March 3, 2011	(303) 969-7426
Authorized by	Date	Phone Number

Office of the Secretary Internal Information:	
WTA	New Appointee

X	A)	New Appointee
	B)	Government Employee Training Act
	C)	Non-Temp Storage
	D)	Employees Returning From Overseas Assignment For Separation
	E)	Intergovernmental Personnel Act

To:	Gail A. Adams	**Date:**	03/30/11
Agency:	Office of the Secretary	**New Duty Station:**	Washington, DC
From:	National Business Center / OS	**Voucher Number:**	AdamsPCS 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	$4,437.51		
TOTAL - lines 1-4	$4,437.51	TOTAL - lines 2-4	$4,437.51

PAID
MAR 31 2011

En route mileage>Nineteen 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	$4,437.51

16. LESS: TAXES WITHHELD (40%)	$0.00
17. LESS: TRAVEL ADVANCE	$0.00
18. PAYMENT TO (OR ON BEHALF OF) EMPLOYEE	$4,437.51

PAYROLL INFORMATION

19. Taxable reimbursement reportable as wages: Line 15, Column B	$0.00
20. Total tax withheld this voucher: Line 16	$0.00

PUBLIC VOUCHER FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 1[illegible].1 for Instructions on Completing this Form.

D.O. VOU. NO. A-DOIS RC

BUR. VOU. NO. H

SCHED. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS

DEPARTMENT OF INTERIOR
NATIONAL BUSINESS CENTER
7301 W. MANSFIELD ROOM D2730
DENVER, CO 80235

DS

THE UNITED STATES, DR. TO: *(Payee's name and address)*

ARMSTRONG RELOCATION-RMW
3927 WINCHESTER RD
MEMPHIS TN 38118
(866)815-8300

FED ID 62-0581853

1289248 70

CARRIER'S BILL NUMBER N0935026

CARRIER'S SCAC NUMBER ARMT

SERVICES FURNISHED *(Check one)* ☒ FREIGHT ☐ PASSENGER

PAID BY TPO

2011 MAR 21 AM 7:22 DIVISION OF FINANCE

Do NOT bill GBL and GTR charges on the same form

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER			AMOUNT
ariff: GSA-01			
hipper: GAIL ADAMS			
ank:			
rigin: HARVEY, LA			
estin: TEMPLE HILLS, MD			
BL#: N0935026			
ection: 3 (GSA)			
eight: 5240			
iles: 1079			
RANS Chg 5240 Lbs			6,208.00
ONT,PACK & UNPACK			1,389.85
.T.C. ORIG		1.02	53.45
.T.C. DEST		1.40	73.36
UX VAN ORIG	5		1,083.00
ABOR ORIG.	2	49.75	99.50
Sub Tot B/4 Disc =		8907.16	
56% B.L.D.			-4,988.01
UEL CHG 1079 miles			179.11
RD PARTY CRATE			214.25
RD PARTY UNCRATE			125.00

PAID
MAR. 31 2011
CO

Audited 3/14/11 Audit Date
Ted Showalter TP
Name Initials

For payment of services rendered as evidenced by attached subvouchers.

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 22 of the Interstate Commerce Act, as amended, or other equivalent contract, arrangement, or exemption from regulation.

DATE 03/14/11

PAYEE* ARMSTRONG RELOCATION-RMW

PER Anderson

AUDITOR

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

DIFFERENCES	AMOUNT

AMOUNT VERIFIED CORRECT FOR 4437.51

VERIFIED BY *(Signature or initials)* ▶ 3-30-11 OK

TOTAL CLAIMED ▶ $4,437.51

PAID BY CHECK NO. ▶ 4437.51

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171)

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS/PMB/DAS

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): Jackson, J. Andrew Joseph A 111000082

b. SOCIAL SECURITY NO.: [redacted]

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street NW, MS: 5123, Washington, DC 20240

d. OFFICE TELEPHONE NUMBER: 202-208-7966

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)	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 MISCEL-LANEOUS (i)
3/26/10	C	Parking Arlington VA-OHA biyearly Meeting						8.00
7/1/10	C	Parking Arlington VA-OHA Celebration						8.00
11/4/10	C	Parking Arlington VA-OHA Diet Meeting						9.00
2011 3/23/11	C	Parking Arlington VA-OHA Open Gov. Meeting						8.00
3/24/11	C	Parking Arlington VA-OHA Open Gov. Meeting						9.00

APR 28 2011

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)) $ 42.00 — TOTALS 42.00

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] for Amy Holley — DATE 4/19/11

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 4/15/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: — DATE

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD0168

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
Lane 11 0.10

3. SCHEDULE NUMBER

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

4. CLAIMANT

a. NAME (Last, first, middle initial)

b. SOCIAL SECURITY NO.
11000 0011

c. MAILING ADDRESS (Including 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.)

A - ... B - ... C - Other expenses (Itemized)
D - Funeral escorts Detail
E - Specialty Care
(Explain expenditures in specific detail.)

DATE (a)	TYPE	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
11/8	A	Taxi: 1717 20th St. NW	Grand Hyatt Washington			7.25		
11/8	A	Taxi: Grand Hyatt Washington	DOI			8.00		

11.22.10

SUBTOTALS CARRIED FORWARD FROM THE BACK
15.25

AMOUNT CLAIMED (Total of columns (f), (g) and (i)) $ 15.25

TOTALS 15.25

9. I certify that this claim is correct and the expenditures (other than those shown) are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approval must have been authorized in writing, by an official of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE [signature] DATE 11.10.10

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: Kari Lane] DATE 11/10/10

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

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
2011 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Department of the Interior/PMB/DAS-PIA

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): Faoth, Lori 1110000097

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

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, 5129 Washington DC

d. OFFICE TELEPHONE NUMBER: 202-208-4852

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. (a): A - Local travel; B - Telephone or telegraph, or; C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
5/5/11	A	DOI, 1849 C Street NW	Canadian Embassy, 501 PA Ave			8.00		

MAY 19 2011

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK: 8.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 8.00

TOTALS: 8.00

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 ▶ Amy Holley DATE 5/18/11

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 ▶ Lori Faoth DATE 5/17/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 DM 1000 DDD01 68

2011 DM 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: AS-PMB/DAS-PCA

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): Faeth, Lori 1110000119

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

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, Room 5129, Washington DC 20240

d. OFFICE TELEPHONE NUMBER: 202-208-4852

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 Cars

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE DATE (e)	AMOUNT CLAIMED: MILEAGE (f)	PARK OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
5/20/11		1849 C Street, Wash DC	1001 Pennsylvania Ave, Wash DC			8.00		
5/20/11		1001 Pennsylvania Ave Wash DC	1849 C Street Wash DC			8.00		

JUN 22 2011

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).) $16.00

TOTALS 16.00

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: Amy Holley DATE: 6/20/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE:

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

Sign Original Only

CLAIMANT SIGN HERE: [signature] DATE: 6/20/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 DM 1000 DDD01 68

1110000018

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. MPSHEPHERDSTO111810_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
PERRIELLO, MARK LOUIS.

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

c. MAILING ADDRESS *(Include ZIP Code)*
DOI, OS SECRETARY
1849 C STREET, NW
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 202-208-3437

e. PRESENT DUTY STATION

f. RESIDENCE *(City and State)*
,

6. PERIOD OF TRAVEL
a. FROM 11/18/10 b. TO 11/20/10

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0R6AFN
b. DATE(S) 11/15/10

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:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 143.00 NR- 25
4.92

COMMENTS:
Attend DOI Secretary's Retreat in Shepherdstown, WV

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 ▶ 143.00

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** ▶ $ 143.00

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. 0R6AFN

TRAVELER'S LAST NAME PERRIELLO

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: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/18		D-:DUTYSTATION											
11/18		A-:SHEPHERDSTOWN,W				18 25		102 00	18.25			18 25	
11/18		POV-No Gvt Vhc Avl/Airport								90.00	45 00		
11/19		Subsistence				5 00		116 00	5.00			5 00	
11/19		Authorized Business Call											
11/20		POV-No Gvt Vhc Avl/Airport								89.00	44 50		
11/20		D-:SHEPHERDSTOWN,W											
11/20		A:RES: ,											
11/20		Subsistence				30 25			30.25			30 25	
11/20		TAV Fee -I											
										SUBTOTALS ▶	89 50	53 50	0 00
										TOTALS ▶	89 50	53 50	0 00

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

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

TOTAL AMOUNT CLAIMED ▶ 143.00

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.

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: MPSHEPHERDSTO111810 V01
PERRIELLO, MAR (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
LODGING-211D				218.00
M&IE-211D				53.50
MILEAGE-211P				89.50
PHONE CALLS-211I				21.92
TAV EXP -I-211B				15.00
11 1000.DDD01.	.6	0.00	0.00	397.92

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		397.92
NON-REIMBURSABLE EXPENSES		254.92
TOTAL AMOUNT CLAIMED		143.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		143.00
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		143.00

Auth No: MPSHEPHERDSTO111810 V01
PERRIELLO, MAR (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	11/29/10	10:58 EST	DONNA M DEEN
T-ENTERED	12/01/10	08:58 EST	DONNA M DEEN
AUTHORIZED	12/01/10	08:59 EST	DONNA M DEEN
RETURNED	12/01/10	14:08 EST	ELIZABETH J SANCHEZ
ADJUSTED	12/01/10	14:25 EST	DONNA M DEEN
T-ENTERED	12/01/10	14:26 EST	DONNA M DEEN
AUTHORIZED	12/01/10	14:26 EST	DONNA M DEEN
TV AUDITOR REVIEWED	12/01/10	14:52 EST	ELIZABETH J SANCHEZ
ADJUSTED	12/01/10	16:48 EST	BARBARA A MARTIN
APPROVED	12/01/10	16:59 EST	BARBARA A MARTIN
PAY LINK	12/02/10	07:33 EST	Paul Payment
AUDIT PASS	12/02/10	07:34 EST	Paul Payment
PAYMENT SUBMITTED	12/02/10	07:39 EST	Paul Payment
PAYMENT SUBMITTED	12/02/10	07:46 EST	Paul Payment
PAID	12/04/10	09:07 EST	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: DOI/TOS

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): Lee-Ashley, Mathew 1110006076

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-6415

5. PAID BY

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

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

DATE (a)	CODE (b)	(Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCEL-LANEOUS (i)
4/11/11	C	Professional Liability Ins.						137 70

APR 14 2011

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).)* $ 137.70

TOTALS: 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 — DATE 4/13/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE — DATE

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

Sign Original Only

CLAIMANT SIGN HERE — DATE 4/12/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011-1000-DDD01-68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: DNavi10001-2

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): Navi, David

b. SOCIAL SECURITY NO.: 110000004

c. MAILING ADDRESS (Include ZIP Code): Sacramento, CA

d. OFFICE TELEPHONE NUMBER

6. EXPENDITURES (Items claimed not to exceed maximum rates set by law or regulation. Attach receipts where required. Include the number of additional persons in the official party when authorized by the claimant.)

DATE (a)	CODE (b)	Show expenses in order of date. A - Local travel; B - Telephone or telegraph; C - Other expenses (Itemize); D - Funeral - Private Detail; E - Specialty Care. (Explain expenditures in specific detail.) c. FROM	d. TO	MILEAGE RATE (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR OTHER (g)	AUTO PER DIEM (h)	TOTAL AMOUNT VOUCHER (i)
10/13	A	Travel from Sacramento (home with Delta Hayes & Ultimate Bay Delta	San Francisco (Conservation Plan)	75.00	60.75			
10/13	C	Parking in San Francisco						35.00
10/14	C	Tolls				11.00		
10/15	C	Taxi				3.00		
10/14	A	Travel from Sacramento (home with Secretarial Ultimate Bay Delta	Bay and Ultimate Conservation Plan	150.00	88.00			
10/15	A	Travel from Sacramento (home with slave Delta counties & other ant	Fairfield and Ultimate Bay Delta Conservation Plan	98.00	57.50			

If additional space is required continue on the back

AUTOMATICALLY CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of col. (f), (g), (h), (i)) ▶ $ 337.00 — 10 ALS 621 — 221.00 — 18.00 — 98.00

8. This claim is approved. Long distance telephone calls shown are those deemed 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 do so.)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 10-2-10

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

10. I hereby certify this claim is true and correct. To the best of my knowledge and belief, it has not been paid and the services rendered as stated.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 10/26/10

11. CASH PAYMENT RECEIPT

a. PAYEE Signature

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1030 DDC01 88

DOD Overprint 4/2002

STANDARD FORM 1164 (Rev. 1-77) Prescribed by GSA, FPMR (CFR) 41 101.17

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: Navi 01.2010

3. SCHEDULE NUMBER

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

4. CLAIMANT

(a) NAME (last, first, middle initial): Navi, David

(b) SOCIAL SECURITY NO.: 1110000003

(c) MAILING ADDRESS (include ZIP Code): Sacramento, CA

(d) OFFICE TELEPHONE NUMBER

5. PAID BY

6. EXPENDITURES (Have claimed in (a) (g) expenses charged for one person, show in col. (f) the number of relatives/persons who accompanied the claimant.)

DATE (a)	Code (b)	Show appropriate code in col. (b): A - Lodging; B - Telephone or telegraph; C - Other expenses (Itemize); D - Meals & Incidentals (Actual); E - Subsistence Rate. Explain expenditures (e.g. attach details)	(c) FROM	(d) TO	MILES RATE (e)	AMOUNT CLAIMED (g)		
2010	C	Parking (Bay Delta Conservation Plan Principals Mtg - Sacramento)						20.00
10/01	C	Parking (Bay Delta Conservation Plan Principals Mtg - Sacramento)						20.00
10/2	C	Parking (CDA meeting - San Francisco)						35.00
10/5	A	Taxi to EPA meeting - San Francisco					5.00	
10/3	E	Mileage (Sacramento to San Francisco)			178.00	86.50		

Changed

gsk 115.10

165.50

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM PREV. PAGE: 122.25

25

7. AMOUNT CLAIMED (Total of Col. (g) above) ▶ $ 165.50	TOTALS	86.50	8.00	28.00

8. This claim is approved. Computations, determinations, and authorizations necessary in the interest of the Government. (Note: If any deviation, state the reason; the approving official must have authority to waive the rules of the department or agency involved.)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Penelope X Etna

DATE: 10-27-10

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

DATE:

10. Certify that this claim is correct and that the services rendered have been performed as stated. Authorize the payment of credits or refunds, if applicable.

Sign Original Only

86.00

CLAIMANT SIGN HERE ▶ David Navi

SIGNATURE OF RECEIPTOR

DATE RECEIVED

PAYEE ACCEPTS

DATE RECEIVED

PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1000 DDD0 [illegible]

Data Overprint 4/2002

STANDARD FORM 1012 (Rev. 10/97) Prescribed by GSA, FPMR (41 CFR) 301-1.7

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: Nawi 12/4/10

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form

4. CLAIMANT

a. NAME (Last, First, Middle Initial): Nawi, David 1110000022

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include Zip Code): Sacramento, California

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); 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)	ADD'L PERSONS (i)	TIPS AND MISCELLANEOUS (j)
12.04	A	FedEx Kinkos	(re: Bay Delta Conservation Plan					46.55
			document)					
			DEC -7 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 (j))* ▶ $ 46.55 — TOTALS: 46.55

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 12/6/10

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 for me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 12/6/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD 01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
U.S. Department of the Interior
Immediate 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)
Karakar, Nealesh A. 1110000036

b. SOCIAL SECURITY NO.
[redacted]

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

d. OFFICE TELEPHONE NUMBER
202-208-5379

5. PAID BY
TV D 020 GR1

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 - Cost of travel
B - Cost of telegraph, or
C - Other expenses (itemized)
D - Funeral Honors Detail
E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
1/21/11 - 1/21/2012		Professional Liability Insurance						$137.70

JAN 14 2011

JAN 20 2011 BYR 1.20.11

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).) $137.70

TOTALS $137.70

8. This form is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: When vouchers 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 1/12/11

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 1/4/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE DATE

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2001 1006 DDD01 68

DoD Overprint 4/2002

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OS
2. VOUCHER NUMBER: PADILLA052720 1
3. SCHEDULE NUMBER
4. Read the Privacy Act Statement on the back of this form.
5. PAID BY

CLAIMANT

6. NAME (Last, first, middle initial): Padilla, Joan 1110000112
7. SOCIAL SECURITY NO.
8. MAILING ADDRESS (Include ZIP Code): 1849 C St. NW, MS 7328, Washington, DC 20240
9. OFFICE TELEPHONE NUMBER: 202-208-7551

10. EXPENDITURES (If fare claimed in col. (g), exceeds ordinary fare for the 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 PER SONS (i)	TIPS AND MISCELLANEOUS (j)
2011									
05-27-	C	Foreign adapter plugs							35.96
	C	Universal grounded adapter							10.99
		Tax							2.82

Use appropriate code (a) (b)
C O D 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)

JUN 11 15 2011

If additional space is required continue on the back

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (j)) ▶ $ 49.77

TOTALS 49.77

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 6/10/11

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

Sign Original Only

APPROVING 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 DATE 6/10/11

11. ACH PAYMENT RECEIPT

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $ 49.77

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011-1000-DDD01-68 Justification: supplies needed for foreign travel for DOI staff

DOC Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-72)
Prescribed by GSA, FPMR (CFR 41) 101-7

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: RR-2011-A

3. SCHEDULE NUMBER

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Rivera, Raymond 1110000045

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

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, N.W. MS 6313 Washington, D.C. 20240 525678746

d. OFFICE TELEPHONE NUMBER: (202) 208-1923

5. PAID BY: 8

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

(If claim expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE	NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
2/07	A	DOI, MIB	NCCC Advisory Board Meeting, 1201 New York Avenue, N.W.				11.00		
12/07	A	NCCC	DOI, MIB				11.00		
01/08	A	DOI, MIB	OHCI, Welcome Reception at Union Station				14.00		
01/10	A	DOI, MIB	CNCS				14.00		
01/28	A	CNCS	DOI, MIB				10.00		
1/26	A	DOI, MIB	Capitol Hill				45.00		

FEB 10 2011

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)) ▶ $ 74.00

TOTALS

8. 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 for the.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE 2/3/11

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 ▶ DATE 2-4-11

10. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

ACCOUNTING CLASSIFICATION

2011 1000 DDDOI 68

DoD Overprint 4/2002

STANDARD FORM 1012 (Rev. 11-70)
Prescribed by GSA, FPMR (CFR 41) 101-7

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: RR2011-D-Local1

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): Rivers, Ray 111000 0084

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); D - Funeral Honors Detail; E - Specialty Care

(Explain expenditures in specific detail.)

DATE 2011 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE .51 / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	PARK OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
3/2	A	CEQ	Commerce					6.00
3/2	A	Commerce	CEQ					6.00
3/10	A	CEQ	Rosslyn	6	3.06			
3/14	A	CEQ	Mason Neck	30	15.30			
3/23	A	DOI	Commerce					9.00
3/23	A	DOI	Alexandria	15	7.65			
4/6	A	16th & P	Marriot APR 27 2011					12.00
4/6	A	CEQ	Capitol					10.75
4/12	A	CEQ	Hall of States					11.00
4/12	A	Hall of States	CEQ					11.00
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					8.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 99.76			TOTALS		26.01			73.75

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 ▶ Matt Rai

DATE 4/25/11

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

Sign Original Only

VOUCHER CERTIFYING OFFICER SIGN HERE ▶

DATE

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

Sign Original Only

CLAIMANT SIGN HERE ▶

DATE 4/20/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature):

b. DATE RECEIVED:

c. AMOUNT: $

12. PAYMENT MADE BY CHECK NO.:

ACCOUNTING CLASSIFICATION

2011 1000DDD01 68

DoD Overprint 4/2002

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

1110000918A

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. RRSHEPHERDSTO111910_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: RIVERA, RAY

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

6. PERIOD OF TRAVEL
a. FROM: 11/19/10
b. TO: 11/20/10

c. MAILING ADDRESS *(Include ZIP Code)*:
DOI, OS ASSISTANT
1849 C STREET NW, MS6214
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-1923

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0R76BU
b. DATE(S): 11/24/10

e. PRESENT DUTY STATION: Duty Station

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

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: 11 1000.DDD01 3.00	.68-2011^^DM^1000^^DDD01^^68^ -			35.25 NR-	14

COMMENTS:
Attend Secretary's retreat in Shepherdstown, WV

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 ▶ 35.25

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; 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 ▶ Renee Stone Dep., Chief of Staff 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** ▶ $ 35.25

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
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. 0R76BU

TRAVELER'S LAST NAME RIVERA

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)
11/19		D-:RES: Washington											
11/19		A-:SHEPHERDSTOWN,W				5 00		128 00	5.00			5 00	
11/20		D-:SHEPHERDSTOWN,W											
11/20		A:RES: Washington,											
11/20		Subsistence				30 25			30.25			30 25	
11/20		TAV Fee -I											
										SUBTOTALS ▶	0 00	35 25	0 00
										TOTALS ▶	0 00	35 25	0 00

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

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

TOTAL AMOUNT CLAIMED ▶ 35.25

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 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.

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: RRSHEPHERDSTO111910 V01
RIVERA, RAY (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
LODGING-211D				128.00
M&IE-211D				35.25
TAV EXP -I-211B				15.00
11 1000.DDD01.	.6	0.00	0.00	178.25

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		178.25
NON-REIMBURSABLE EXPENSES		143.00
TOTAL AMOUNT CLAIMED		35.25
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		35.25
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		35.25

Auth No: RRSHEPHERDSTO111910 V01
RIVERA, RAY (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	11/30/10	08:36 EST	D'Andrea Jackson
T-ENTERED	12/07/10	10:14 EST	D'Andrea Jackson
AUTHORIZED	12/07/10	10:14 EST	D'Andrea Jackson
TV AUDITOR REVIEWED	12/07/10	14:22 EST	ELIZABETH J SANCHEZ
ADJUSTED	12/07/10	14:36 EST	BARBARA A MARTIN
APPROVED	12/07/10	14:40 EST	BARBARA A MARTIN
PAY LINK	12/07/10	22:42 EST	Paul Payment
AUDIT PASS	12/07/10	22:42 EST	Paul Payment
PAYMENT SUBMITTED	12/07/10	22:45 EST	Paul Payment
PAYMENT SUBMITTED	12/07/10	22:52 EST	Paul Payment
PAID	12/09/10	08:58 EST	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: Department of the Interior, Office of the Secretary

2. VOUCHER NUMBER: LOCAL OCT 04 K

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 11100000 13

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, MS 5120, Washington, DC 20240

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

MILEAGE RATE .55 ¢

DATE 2010 (a)	CODE (b)	(c) FROM	(d) TO	NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADDITIONAL PERSONS (h)	TIPS AND MISCELLANEOUS (i)
10/04	A	MIB	3205 K Street			5.00		1.00
10/04	A	3205 K Street	MIB			5.25		1.00
10/01	A	MIB	1658 K Street			4.50		1.00
10/01	A	1658 K Street	MIB			4.50		1.00
			NOV 30 2010					
			NOV 30 2010					
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS			19.25		4.00

If additional space is required continue on the back.

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ 23.25

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. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE 11/17/10

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 11/15/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

11 1000 DOD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: 005-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. 1110000081

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 20 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE .51 ¢ NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
3/16	A	DOI	Natl Young Leaders Conference	15	7.65			
3/16	A	DOI	Natl Park Hospitality Assc.			14.00		
		APR 26 2011						

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).)* ▶ $ 21.65

TOTALS: 7.65 | 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 ▶ May Lee Ashley — DATE 3/29/11

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 3/29/11

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $ 21.65

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: Local - March 23 2011

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): Stanton, Robert G. 1110060087

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 2011 (a)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
3/23	A	DOI	HQ Ntl Council of Negro Women			7.00		
3/23	A	HQ Ntl Council of Negro Wome	DOT			7.00		

APR 28 2011

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 ▶ Mary Lee Ashley [signature] DATE 4/25/11

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 4/7/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 14.00

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER: Local Jul 01 2011

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): Stanton, Robert G. 1110000129

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 2011 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE .051 ¢ / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PER SONS (h)	TIPS AND MISCELLANEOUS (i)
6/08	A	DOI	Ross Elementary School			8.00		
6/20	A	DOI	ELI 2000 I. Street, NW Ken 7/1			8.00		
6/20	A	ELI Ken 7/1	Folklife Ctr, Library of Congress			10.00		
6/20	A	Folklife, Library of Congress	DOI			7.00		
			JUL 15 2011					
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS			33.00		

If additional space is required continue on the back

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $ 33.00

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 ▶ Mari Lee Ashley — DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ [signature] — DATE 7/11/11

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 7/8/2011

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 33.00

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/IOS

2. VOUCHER NUMBER: July 21 EPA

3. SCHED. 1 E NUMBER:

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

4. CLAIMANT

a. NAME (Last, first, middle initial): STANTON, ROBERT G 1110000135

b. SOCIAL SECURITY NO.: [redacted]

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

d. OFFICE TELEPHONE NUMBER: 202-208-3219

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 who 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.)

Mileage rate: 0.51

DATE 20 11 (a)	CODE (b)	(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/21	A	DOI	Environmental Protection Agency			8.00		
7/21	A	EPA	DOI			8.00		

AUG -9 2011

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).) $ 17.00 — TOTALS: 17.00

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: 7/22/11

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

Sign Original Only

APPROVING 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: 7/21/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT: $ 17.00

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 DM 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/IOS

2. VOUCHER NUMBER: July 10_Bethune

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 1110000136

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 20 11 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 0.51 NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/10	A	Residence	Lincoln Park -Mary McLeod Bethune Birthday Observance	23.00	11 73			
7/10	A	Lincoln Park	Residence	23.00	11 73			
			AUG -9 2011					
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS	46	23.46			

If additional space is required continue on the back.

7. AMOUNT CLAIMED (*Total of cols. (f), (g) and (i).*) ▶ $ 23.46

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 7/20/11

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

Sign Original Only

APPROVING 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 7/19/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $ 23.46

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 DM 1000 DDD01 68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT OR CIVIL DIVISION OR OFFICE: SIO/Department of the Interior

2. VOUCHER NUMBER: August 001

3. SCHEDULE NUMBER:

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

4. PAID BY:

4. CLAIMANT

a. NAME (Last, first, middle initial): STANTON, ROBERT C 110050157

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

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

d. OFFICE TELEPHONE NUMBER: 703-208-3219

6. EXPENDITURES (Items claimed in error, (g) above is charge for official person, show in (h) the number of additional persons traveling with the claimant.)

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

(If travel expenditure, give specific detail.)

DATE (a)	CODE (b)	FROM (c)	TO (d)	MILEAGE RATE (e)	MILEAGE (f)	AMOUNT CLAIMED (g)	ADDITIONAL PERSONS (h)	TRANSPORTATION MODE (i)
08/16	A	DOI	1652 K Street NW			8.00		
08/25	A	1652 K Street NW	401 F Street NW			8.00		
08/25	A	DOI	National Convention Center			8.00		
08/25	A	National Convention Center	DOI			8.00		
08/26	A	DOI	Convention Center			8.00		
08/26		Convention Center	DOI			8.00		

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

7. AMOUNT CLAIMED (Total of items (f), (g) and (h)) $ 48.00 TOTALS 48.00

8. This claim is approved. Long distance telephone calls, telegrams and certified or registered mail are necessary in the interest of the Government. (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 (5 U.S.C. 5724a).)

Sign Original Only

DATE

APPROVING OFFICIAL SIGN HERE

9. 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.

Sign Original Only

CLAIMANT SIGN HERE

DATE

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

Sign Original Only

DATE

APPROVING OFFICIAL SIGN HERE

CASH PAYMENT RECEIPT

11. PAYEE (Signature)

12. DATE RECEIVED

13. AMOUNT $

14. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 DM 1000 DDD01 88

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: DOI/Office of the Secretary, Policy, Management and Budget

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): McCarty, Shauna L. 1110000019

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-5370

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 ¢ / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
10/28/10	A	Taxi (DOI)	11th & F Street			11.00	3	
10/28/10	A	Taxi (Sierra Club)	DOI			11.00	3	
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS			22.00		

DEC 2 2010

12.2.10

Additional space is required continue on the back.

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. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Amy Holley — DATE 11/23/10

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 ▶ — DATE 11/23/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

10 1000.DDD01.68

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU OR OFFICE: 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

1. NAME (Last, first, middle initial): Doherty, Steve 11 1000 0041

2. SOCIAL SECURITY NO.

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

4. OFFICIAL TELEPHONE NUMBER: 406-329-3456

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

DATE 2011	CODE	Show expenditures in each col. (d): A - Local travel; B - Telephone or telegraph, or C - Other expenses (itemized); D - Funeral Honors Detail; E - Space in Cars. Explain expenditures in specific detail. (d) FROM	(e) TO	MILEAGE RATE $ / NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	LODGING OR TOLL (h)	ADD'L PERSONS (i)	TIP AND MISCELLANEOUS (j)
								37.50
		Office supplies						
			JAN 24 2011					

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

TOTALS | | | | | | | | 37.50

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (j)) $ 37.50

8. To be claimed for 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 approved in writing, by name of the department or agency to be certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: [signature] DATE 1-21-11

9. This claim is 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: Steve Doherty DATE 1/21/11

11. CASH PAYMENT OR REDEMPTION

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 08

DOI 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: 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): Doherty, Steve 1110000047

b. SOCIAL SECURITY NO.

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); D - Funeral Honors Detail; E - Specialty Care

MILEAGE RATE .50 ¢

DATE 2010 (a)	CODE (b)	(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
2/8	A	Missoula, MT	Helena, MT (meeting with					
		litigation plaintiffs - Greater	Yellowstone Coalition &					
		Earthjustice re: wolfs)	and return	235				117.50

FEB 16 2011

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 117.50

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 117.50

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 2/14/11

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 ▶ Steve Doherty DATE 2/8/11

11. CASH PAYMENT RECEIVED

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

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

5. PAID BY

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

CLAIMANT

a. NAME (Last, first, middle initial)
Doherty, Steve 1110000065

b. SOCIAL SECURITY NO.

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.)

DATE	CODE	Show appropriate code in col. (h): A - Local travel; B - Telephone or telegraph, or; C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care		MILEAGE RATE .51 ¢	AMOUNT CLAIMED: MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS
2011		(Explain expenditures in specific detail.)						
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
3/14	A	Missoula, MT	Polson, MT	145	73.95			
3/16	A	Missoula, MT	Polson, MT	145	73.95			

MAR 30 2011

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS 147.90

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $147.90

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 3/29/11

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 [illegible] has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE [signature] DATE 3/25/11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 28

STANDARD FORM 1164 (Rev. 11-97)
Prescribed by GSA, FPMR (CFR 41 101-1)

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: SDoherty

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): Doherty, Steve 1110060138

b. SOCIAL SECURITY NO.

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

d. OFFICE TELEPHONE NUMBER

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

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

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	TIME OR TOD (g)	ADD'L PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/5	C	Office Supplies						83.85
			AUG - 9 2011					

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

TOTALS 83.85

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 83.85

8. The 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 7/15/11

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

Sign Original Only

APPROVING 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 7/12/11

CASH PAYMENT RECEIPT

11. a. PAYEE (Signature) b. DATE CASHED c. AMOUNT $

11. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

11 1000 DDD01 68

DoD Overprint 4/7002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by GSA FPMR (CFR 41) 101-1

4. CLAIMANT

a. NAME (Last, first, middle initial)

Doherty, Steve

b. BOOK NUMBER

c. PRINT BY

b. MAILING ADDRESS (Include Zip Code)

(b) (6) [redacted] 110000143

d. OFFICE TELEPHONE NUMBER

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

DATE 79 11 (a)	CODE (b)	(Enter appropriate code in col. (b): A - Local travel; B - Telephone or telegraph, or; C - Other expenses (itemized); D - Parent Honors Detail; E - Specialty Care. (Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE 0.51 NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
7/18	A	Missoula, MT	Ovando, MT	106.00	54.06			

AUG 10 2011

54.06

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)) ▶ $ 54.06

TOTALS 106 $54.06

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 ▶ [signature] DATE 8/2/11

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

Sign Original Only

APPROVING 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 for me.

Sign Original Only

CLAIMANT SIGN HERE ▶ [signature] DATE 7/26/11

11. CASH PAYMENT RECEIVED

a. PAYEE (Signature) b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77) Prescribed by DOD, 10 U.S.C. 1012 (DOD 4) 1012

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER: Doherty 56.11

3. SCHEDULE NUMBER

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Doherty, Steve

b. SOCIAL SECURITY NO.: 1110000145

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

d. OFFICE TELEPHONE NUMBER: on file

5. PAID BY

6. EXPENDITURES (Where claimed in col. (d) exceeds charge for one person, show in col. (h) the number of additional persons with respect to which incurred by the claimant.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE (e) 0.51	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	PAID TO TOTAL (h)	ADD'L PER-SONS (i)	TIME AND MEALS (j)
8/8	C	Missoula, MT	Pablo, MT		121.00	61.71			

Your expenses paid in col. (b): A - Local travel; B - Telephone or telegraph, or; C - Other expenses (Itemize); D - Funeral Honors Detail; E - Specialty Care

(Explain expenditures in space provided below)

AUG 10 2011

If additional space is required continue on the back.

SUBTOTAL (Carried forward to alternative back)

7. AMOUNT CLAIMED (Total of cols. (g), (h) and (j)) ▶ $ 61.71 TOTALS 121 61.71

8. This claim is approved. Long distance telephone calls, if shown, were found to be 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 do so under P.L. 98-361.)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 8/9/11

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

Sign Original Only

APPROVING 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 for it.

Sign Original Only

CLAIMANT SIGN HERE ▶ Steve Doherty DATE 8/9/11

11. DATES (Inclusive)

12. PAYEE'S NAME

13. PAYEE'S ADDRESS

14. AMOUNT $

15. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDR01 68

SCD Overprint 4/2002

STANDARD FORM 1012 (Rev. 12-78) Standard by GSA, FPMR (41 CFR) 101-7

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER: Black112210

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): Black, Steve — 1110000012

b. SOCIAL SECURITY NO.

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); 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)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PER SONS (h)	TIPS AND MISCEL-LANEOUS (i)
10/26	C	FedEx						8.41
			NOV 30 2010					
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS					8.41

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 8.41

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 11-23-10

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 11-22-10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DD00168

DoD Overprint 4/2002

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

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: Immediate Office of the Secretary, DOI

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): Black, Steven W. 1110000071

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

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

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.)

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 2011 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	TAXI OR TOLL (g)	AND PERSONS (h)	HIRE AND MISCELLANEOUS (i)
07/20	A	Rahill House Office Building	1849 C Street			14.00		
7/20	A	Rayburn House Office Building	1849 C Street			6.00		
12/3	A	15th & M Streets	7th & F Streets			7.00		
12/3	A	7th & F Streets	1849 C Street			8.00		
02/3	A	1177 15th Street	1849 C Street			6.75		
02/4	A	Washington Plaza	1849 C Street			10.00		
02/9	A	1849 C Street	1615 M Street			10.00		
02/10	A	1849 C Street	1000 Independence Ave. SW			10.00		
02/17	A	Russell Senate Office Building	901 E Street NW			6.25		
02/24	A	1849 C Street	Reagan National Airport			15.00		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK			33.75		
			TOTALS			124.75		

APR - 7 2011

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 124.75

8. If a 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 4/5/11

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

Sign Original Only

APPROVING 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 4-4-11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DD001 6E

DoD Overprint 4/2002

STANDARD FORM 1134 (Rev. 11-77) Prescribed by GSA, FPMR (CFR 41) 101.7

1110000151

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. WSHARRISBURGP060111_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
SHAFROTH, WILLIAM GILBERT.

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

c. MAILING ADDRESS *(Include ZIP Code)*
DOI, ASFW
1849 C ST NW
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO. 2022085347

e. PRESENT DUTY STATION

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

6. PERIOD OF TRAVEL
a. FROM 06/01/11 b. TO 06/02/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0RNN5A b. DATE(S) 05/25/11

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)
0526110926JU 4.00	XD		05/30/11		
DEDD					
ACCOUNTING CLASSIFICATION:					
11 4000.DDD01 .68-2011^^DM^4000^^DDD01^^68^ -				131.07	NR- 16
7.74					

COMMENTS:
POV is authorized as mode of transportation.

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** ▶ 131.07

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

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):* $ 0.00

d. **NET TO TRAVELER** ▶ $ 131.07

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. 0RNN5A

TRAVELER'S LAST NAME SHAFROTH

DATE 20 11 (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: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/01		D-:DUTYSTATION											
06/01		A-:HARRISBURG,PA				38 25		134 00	38.25			38 25	
06/01		TMC FEE (GOVCC-I)											
06/01		POV-No Gvt Vhc Avl/Airport								54.00	27 54		
06/01		Lodging Tax											
06/02		D-:HARRISBURG,PA											
06/02		POV-No Gvt Vhc Avl/Airport								53.00	27 03		
06/02		A:RES: Washington,											
06/02		Subsistence				38 25			38.25			38 25	
06/02		TAV Fee -I											
										SUBTOTALS ▶	54 57	76 50	0 00
										TOTALS ▶	54 57	76 50	0 00

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

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

TOTAL AMOUNT CLAIMED ▶ 131.07

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.

08/08/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: WSHARRISBURGP060111 V01
SHAFROTH, WILL (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
LODGING-211D				148.74
M&IE-211D				76.50
MILEAGE-211P				54.57
TAV EXP -I-211B				15.00
TMC FEE -I-211B				4.00
11 4000.DDD01.	.6	0.00	0.00	298.81

2011^^DM^4000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		298.81
NON-REIMBURSABLE EXPENSES		167.74
TOTAL AMOUNT CLAIMED		131.07
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		131.07
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		131.07

Auth No: WSHARRISBURGP060111 V01
SHAFROTH, WILL (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	06/03/11	10:51AM E	RICHARD W WHEELER
T-ENTERED	06/03/11	10:55AM E	RICHARD W WHEELER
ADJUSTED	06/08/11	10:05AM E	RICHARD W WHEELER
AUTHORIZED	06/08/11	10:06AM E	RICHARD W WHEELER
TV AUDITOR REVIEWED	06/09/11	12:34PM E	ELIZABETH J SANCHEZ
APPROVED	06/09/11	1:48PM E	BARBARA A MARTIN
PAY LINK	06/09/11	1:49PM E	Paul Payment
AUDIT PASS	06/09/11	1:49PM E	Paul Payment
PAYMENT SUBMITTED	06/09/11	1:54PM E	Paul Payment
PAYMENT SUBMITTED	06/09/11	1:58PM E	Paul Payment
PAID	06/11/11	4:13PM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

SIGNED

DATE

FY2011

Transaction Number	Fiscal Year	Dollar Amount	Userid	Vendor Name
1110000007	2011	10	NBCBAM0	ALAN JAY GILBERT
1110000010	2011	28	NBCBAM0	ALAN JAY GILBERT
1110000046	2011	48.55	NBCBAM0	ALAN JAY GILBERT
1110000067	2011	43.03	NBCBAM0	ALAN JAY GILBERT
1110000083	2011	87.21	NBCBAM0	ALAN JAY GILBERT
1110000090	2011	48.25	NBCBAM0	ALAN JAY GILBERT
1110000088	2011	78.03	NBCBAM0	ALAN JAY GILBERT
1110000104	2011	10	NBCBAM0	ALAN JAY GILBERT
1110000122	2011	70.4	NBCBAM0	ALAN JAY GILBERT
1110000137	2011	46.38	NBCBAM0	ALAN JAY GILBERT
1110000152	2011	99.45	NBCBAM0	ALAN JAY GILBERT
SF11644863A	2011	45.75	NBCJMG0	ANDERSON, KIREN
1110000144	2011	47	NBCBAM0	BELIN, ALLETTA D'ANDELOT
1110000154	2011	67.44	NBCBAM0	CARLY MONTOYA
1110000040	2011	49.33	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
1110000039	2011	160.69	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
1110000061	2011	294	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
1110000060	2011	13.5	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
1110000089	2011	185	NBCBAM0	CHRISTOPHER MICHAEL MORLANDT
1110000028	2011	110.25	NBCBAM0	DEEN, DONNA N.
1110000001	2011	49.5	NBCBAM0	ELIZABETH ANNE JOHNSON KLEIN
1110000020	2011	40	NBCBAM0	ELIZABETH ANNE JOHNSON KLEIN
1110000009	2011	264.25	NBCBAM0	ELIZABETH HENSLEY
1110000009	2011	30.6	NBCBAM0	ELIZABETH HENSLEY
1110000009	2011	77	NBCBAM0	ELIZABETH HENSLEY
1110000026	2011	35.5	NBCBAM0	ELIZABETH MARSTERS
1110000026	2011	30.5	NBCBAM0	ELIZABETH MARSTERS
1110000025	2011	287.5	NBCBAM0	GAIL A. ADAMS
1110000025	2011	58.25	NBCBAM0	GAIL A. ADAMS
1110000025	2011	38	NBCBAM0	GAIL A. ADAMS
1110000035	2011	53.25	NBCBAM0	GAIL A. ADAMS
1110000035	2011	16	NBCBAM0	GAIL A. ADAMS
1110000035	2011	28.57	NBCBAM0	GAIL A. ADAMS

ADAMSPCSA	2011	218.31	FSDCMO0	GAIL A. ADAMS
ADAMSPCSA	2011	34.5	FSDCMO0	GAIL A. ADAMS
1110000058	2011	78	NBCBAM0	GAIL A. ADAMS
1110000113	2011	82.2	NBCBAM0	GAIL A. ADAMS
1110000146	2011	80.5	NBCBAM0	GAIL A. ADAMS
1110000147	2011	41.25	NBCBAM0	GAIL A. ADAMS
1110000032	2011	158.5	NBCBAM0	JASON FINK
1110000075	2011	153.5	NBCBAM0	JASON FINK
1110000075	2011	14.88	NBCBAM0	JASON FINK
1110000093	2011	404	NBCBAM0	JASON FINK
1110000093	2011	228.5	NBCBAM0	JASON FINK
1110000093	2011	76	NBCBAM0	JASON FINK
1110000093	2011	209.51	NBCBAM0	JASON FINK
1110000111A	2011	385.5	NBCBAM0	JASON FINK
1110000111A	2011	516.93	NBCBAM0	JASON FINK
1110000111A	2011	226.18	NBCBAM0	JASON FINK
1110000111A	2011	130	NBCBAM0	JASON FINK
1110000099	2011	387.95	NBCBAM0	JENNY ESTHER SARABIA
1110000099	2011	20.02	NBCBAM0	JENNY ESTHER SARABIA
1110000109	2011	636	NBCBAM0	JENNY ESTHER SARABIA
1110000109	2011	86.1	NBCBAM0	JENNY ESTHER SARABIA
1110000109	2011	131.78	NBCBAM0	JENNY ESTHER SARABIA
1110000108	2011	567.5	NBCBAM0	JENNY ESTHER SARABIA
1110000108	2011	68.06	NBCBAM0	JENNY ESTHER SARABIA
1110000108	2011	124.17	NBCBAM0	JENNY ESTHER SARABIA
1110000082	2011	42	NBCBAM0	JOSEPH ANDREW JACKSON
1110000011	2011	15.25	NBCBAM0	LANE, KENNETH L
1110000016	2011	40.25	NBCBAM0	LEWIS, COURTENAY C.
1110000141	2011	15	NBCBAM0	LEWIS, COURTENAY C.
1110000153A	2011	169.2	NBCBAM0	LISA MARIE PELSTRING
1110000097	2011	8	NBCBAM0	LORRAINE V. FAETH
1110000119	2011	16	NBCBAM0	LORRAINE V. FAETH
1110000018	2011	53.2	NBCBAM0	MARK LOUIS PERRIELLO
1110000018	2011	209	NBCBAM0	MARK LOUIS PERRIELLO

REQ'D FROM PCS GROUP

7-24-12 REQ'D FROM BARB MARTIN

1110000018	2011	6	NBCBAM0	MARK LOUIS PERRIELLO
1110000008	2011	599.5	NBCBAM0	MARY JANE OATMAN-WAKWAK
1110000008	2011	36.7	NBCBAM0	MARY JANE OATMAN-WAKWAK
1110000008	2011	82.2	NBCBAM0	MARY JANE OATMAN-WAKWAK
1110000076	2011	137.7	NBCBAM0	MATTHEW LEE-ASHLEY
1110000004	2011	266.5	NBCBAM0	NAWI, DAVID
1110000003	2011	165.5	NBCBAM0	NAWI, DAVID
1110000023	2011	46.55	NBCBAM0	NAWI, DAVID
1110000036	2011	137.7	NBCBAM0	NEAL KEMKAR
1110000027	2011	158.5	NBCBAM0	PADILLA, JOAN V.
1110000053	2011	147.53	NBCBAM0	PADILLA, JOAN V.
1110000112	2011	48.77	NBCBAM0	PADILLA, JOAN V.
1110000045	2011	74	NBCBAM0	RAYMOND RIVERA
1110000084	2011	99.76	NBCBAM0	RAYMOND RIVERA
1110000118A	2011	320	NBCBAM0	RAYMOND RIVERA
1110000013	2011	23.25	NBCBAM0	ROBERT STANTON
1110000081	2011	21.65	NBCBAM0	ROBERT STANTON
1110000087	2011	14	NBCBAM0	ROBERT STANTON
1110000129	2011	33	NBCBAM0	ROBERT STANTON
1110000135	2011	17	NBCBAM0	ROBERT STANTON
1110000136	2011	23.46	NBCBAM0	ROBERT STANTON
1110000157	2011	49	NBCBAM0	ROBERT STANTON
1110000019	2011	22	NBCBAM0	SHAUNA LYNNE MCCARTY
1110000041	2011	37.5	NBCBAM0	STEPHEN A DOHERTY
1110000047	2011	117.5	NBCBAM0	STEPHEN A DOHERTY
1110400065	2011	147.9	NBCBAM0	STEPHEN A DOHERTY
1110000138	2011	83.85	NBCBAM0	STEPHEN A DOHERTY
1110000143	2011	54.06	NBCBAM0	STEPHEN A DOHERTY
1110000145	2011	61.71	NBCBAM0	STEPHEN A DOHERTY
1110000012	2011	8.41	NBCBAM0	STEVE BLACK
1110000071	2011	124.75	NBCBAM0	STEVE BLACK
1110000072	2011	109	NBCBAM0	THOMAS O. HUNTER
1110000072	2011	26.53	NBCBAM0	THOMAS O. HUNTER
1110000131A	2011	211	NBCBAM0	THOMAS O. HUNTER

1110000131A	2011	38	NBCBAM0	THOMAS O. HUNTER
1110000131A	2011	39.6	NBCBAM0	THOMAS O. HUNTER
1110000133A	2011	211	NBCBAM0	THOMAS O. HUNTER
1110000133A	2011	57	NBCBAM0	THOMAS O. HUNTER
1110000133A	2011	39.6	NBCBAM0	THOMAS O. HUNTER
1110000132A	2011	211	NBCBAM0	THOMAS O. HUNTER
1110000132A	2011	15	NBCBAM0	THOMAS O. HUNTER
1110000132A	2011	39.6	NBCBAM0	THOMAS O. HUNTER
1110000066	2011	380.5	NBCBAM0	THOMAS O. PETRILLO
1110000066	2011	226.29	NBCBAM0	THOMAS O. PETRILLO
1110000066	2011	40	NBCBAM0	THOMAS O. PETRILLO
1110000066	2011	134.45	NBCBAM0	THOMAS O. PETRILLO
1110000092	2011	414.25	NBCBAM0	THOMAS O. PETRILLO
1110000092	2011	81.04	NBCBAM0	THOMAS O. PETRILLO
1110000092	2011	40	NBCBAM0	THOMAS O. PETRILLO
1110000092	2011	105.6	NBCBAM0	THOMAS O. PETRILLO
1110000110	2011	248.5	NBCBAM0	THOMAS O. PETRILLO
1110000110	2011	115.79	NBCBAM0	THOMAS O. PETRILLO
1110000110	2011	50	NBCBAM0	THOMAS O. PETRILLO
1110000110	2011	40	NBCBAM0	THOMAS O. PETRILLO
1110000130	2011	45	NBCBAM0	WALSH, COLIN D
1110000151	2011	52	NBCBAM0	WILLIAM GILBERT SHAFROTH
1110000117A	2011	700.1	NBCBAM0	WILLIAM KANE REILLY
1110000117A	2011	13.87	NBCBAM0	WILLIAM KANE REILLY
1110000117A	2011	144	NBCBAM0	WILLIAM KANE REILLY

7·24·12 REQ'D FROM BARB MARTIN

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER: KA-001

3. SCHEDULE NUMBER: 0

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

4. CLAIMANT

a. NAME *(Last, first, middle initial)*: Anderson, Kiren E

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-3219

5. PAID BY: A

SF1164486 3

10 DEC 22 AM 8:50

NATIONAL BUSINESS CENTER

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

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

MILEAGE RATE: .055 ¢

(Explain expenditures in specific detail.)

DATE 2010 (a)	CODE (b)	(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
9/6	A	Department of the Interior	OIG, 12030 Sunrise Valley Dr.,			45.75		
			SUBTOTALS CARRIED FORWARD FROM THE BACK					
			TOTALS			45.75		

If additional space is required continue on the back.

7. **AMOUNT CLAIMED** *(Total of cols. (f), (g) and (i).)* ▶ $45.75

PAID DEC 20 2010

12.02.10

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ Robert G. Stanton

DATE 10/26/10

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 ▶ Kiren E. Anderson

DATE 10.25.10

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $ 45.75

12. PAYMENT MADE BY CHECK NO.

SCANNED DEC 22 2010

ACCOUNTING CLASSIFICATION

2010 1000 DDD01 68

Kiren_Anderson@ios.doi.gov

BY:

DoD Overprint 4/2002

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

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

DATE	09 06-2010
TIME	20 20
CAR	542
DRIVER	73749
PLATE #	AA4257
JOB ID	3534476
METER	5
NAME	ANDERSON
FROM	1843 C ST NW, WASH
TO	WESTIN VA. . . . .
START	19:48
END	19:43
FARE	36.75
EXTRAS	3.00
TOTAL (USD)	39.75

(b) (6) [redacted]
SWIPE

TIP 6.00

TOTAL 45.75

SIGNATURE

DRIVER'S COPY

COMPLAINT CALL 202-645 6618

9/6/10 ... Had to work late past transportation Schedule - took taxi to my car location - For preparation for Udall - OIG Building, Reston, VA.

OFFICE OF THE SECRETARY
Route Slip

CONTROL NO: _____ DATE: 10/25/10 ORIGINATOR: Kiren Anderson

FOR SIGNATURE BY: Robert Stanton

SUBJECT: Local Voucher

PLEASE CALL: _____ ON _____ FOR PICK UP

Please indicate routing order by number (#):

#	CODE	TITLE/OFFICE/ROOM NUMBER	INITIALS & DATE
	OS	CHIEF OF STAFF	
	OS	DEPUTY CHIEF OF STAFF	
2	OS	SENIOR ADVISOR TO THE SECRETARY	
1,3	OS	KIREN ANDERSON, ROOM 5120	
	IACB	DIRECTOR, INDIAN ARTS AND CRAFTS BOARD, ROOM 2528	
	IM	ACTING DIRECTOR, KIRK DIETZ, ROOM 1358	
	PMB	ASSISTANT SECRETARY, POLICY, MANAGEMENT & BUDGET - ROOM 5110	
	YP&S	DEPUTY ASSISTANT SECRETARY, YOUTH, PARTNERSHIPS & SERVICE	
	OS	~~MARGARET BRADLEY~~, ROOM 6154 Donna Dean	
4		~~Barbara Martin~~ Danuar Travel Division	11/30/10

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

a. NAME (Last, first, middle initial): Morlandt, Chris, M 11 1000 0040

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

c. WARD ADDRESS (include Z.P. Code): 1849 C st. NW, Washington DC, 20240

d. OFFICE TELEPHONE NUMBER: 202-208-5615

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 20 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 0.50 / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
2/13	A	DOI	A&A Rental Alexandria	19.80	9.90			
12/14	A	DOI	Bolling AFB	14.08	7.04			
12/30	A	DOI	Safeway Georgetown	5.00	2.50			
1/5/11	A	DOI	Safeway Georgetown	5.00	2.50			
1/6	A	DOI	Safeway Georgetown	5.00	2.50			
1/7	A	DOI	Safeway Georgetown	5.00	2.50			
1/8	A	DOI	Target Alexandria	10.78	5.39			
[illegible]	A	DOI	Safeway Georgetown	5.00	2.50			
1/10	A	DOI	Watergate	2.00	1.00	1.00		
1/11	A	DOI	Safeway Georgetown	5.00	2.50			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK	20	10.00			
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 49.33			TOTALS	97	48.33	1.00		

JAN 24 2011

8. The 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. 650a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 1-19-11

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

Sign Original Only

APPROVING 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 1-18-11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 000 DD001 68

DOD Overprint 4/2002

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

EXPENDITURES - Continued

DATE 20 (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 0.50 NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
1/12	A	DOI	Safeway Georgetown	5.00	2.50			
1/13	A	DOI	Safeway Georgetown	5.00	2.50			
1/14	A	DOI	Safeway Georgetown	5.00	2.50			
	A	DOI	Safeway Georgetown	5.00	2.50			
		Total each column and enter on the front, subtotal line.		20	10.00			

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by the 5 U.S.C. Chapter 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 reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance or a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SNN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

CLAIMANT

a. NAME (Last, first, middle initial): Morlandt, Chris, M. 1110000039

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-6111

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 20__ (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE 0.50 / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	OPS AND MISCELLANEOUS (i)
11/4	A	DOI	Safeway Georgetown	5.00	2.50			
11/8	A	DOI	Safeway Georgetown	5.00	2.50			
[illegible]	A	DOI	Shoppers Arlington	10.50	5.25			
[illegible]	A	DOI	Basilknoods Catering Alexandria	24.48	12.24			
11/8	A	DOI JAN 24 2011	A&A Rentals Alexandria	19.80	9.90			
11/8	A	DOI	Bolling AFB	14.08	7.04			
11/9	A	DOI	Restaurant Depot Alexandria	22.72	11.36			
11/9	A	DOI	Safeway Georgetown	5.00	2.50			
[illegible]	A	DOI	Safeway Georgetown	5.00	2.50			
[illegible]	A	DOI	Safeway Georgetown	5.00	2.50			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK	203	101.30	1.00		
			TOTALS	319	159.99	1.00		

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 160.99

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 1-19-11

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

Sign Original Only

APPROVING 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 1-18-11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

6. EXPENDITURES - Continued

DATE (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 detail) (c) FROM	(d) TO	MILEAGE RATE 0.50 NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
11/14	A	DOI	CVS Arlington	5.00	2.50			
11/15	A	DOI	Safeway Georgetown	5.00	2.50			
11/19	A	DOI	Safeway Georgetown	5.00	2.50			
11/22	A	DOI	Safeway Georgetown	5.00	2.50			
11/23	A	DOI	Safeway Georgetown	5.00	2.50			
11/24	A	DOI	Safeway Georgetown	5.00	2.50			
11/29	A	DOI	Safeway Georgetown	5.00	2.50			
11/30	A	DOI	Safeway Georgetown	5.00	2.50			
12/1	A	DOI	Safeway Georgetown	5.00	2.50			
12/2	A	DOI	Safeway Georgetown	5.00	2.50			
12/3	A	DOI	Garden District	4.44	2.22			
12/4	A	DOI	Restaurant Depot Alexandria	22.72	11.36			
12/5	A	DOI	Bolling AFB	14.08	7.04			
12/6	A	DOI	Watergate	2.00	1.00	1.00		
12/6	A	DOI	Safeway Georgetown	5.00	2.50			
12/7	A	DOI	Safeway Georgetown	5.00	2.50			
12/8	A	DOI	Safeway Georgetown	5.00	2.50			
12/9	A	DOI	Safeway Georgetown	5.00	2.50			
12/12	A	DOI	Bolling AFB	14.08	7.04			
12/13	A	DOI	Shoppers Arlington	10.50	5.25			
12/13	A	DOI	Target Alexandria	10.78	5.39			
12/13	A	DOI	Safeway Waldorf	54.00	27.00			
			Total each column and enter on the front, out total line.	203	101.30	1.00		

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by the 5 U.S.C. Chapter 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 purposes of the requested information is to determine payment or reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or retention of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

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, Chris, M. 110000061

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

c. MAILING ADDRESS (include ZIP Code): 1849 C st. NW, Washington, DC 20240 [redacted]

d. OFFICE TELEPHONE NUMBER: 202-208-5615

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 (itemizer); D - Funeral Honors Detail; E - Specialty Care

(Explain expenditures in specific detail.)

DATE 2011 (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)
01/10	A	DOI	Reagan Building			15.00		
01/10	A	Reagan Building	DOI			18.00		
02/9	A	DOI	Renaissance Mayflower			10.00		
02/9	A	Renaissance Mayflower	DOI			10.00		
02/9	A	DOI	Renaissance Mayflower			10.00		
02/9	A	Renaissance Mayflower	DOI			10.00		
02/10	A	DOI	Marriott			9.00		
02/10	A	Marriott	DOI			9.00		
02/10	A	DOI	Marriott			9.00		
02/10	A	Marriott	DOI			9.00		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK			172.00		
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) $ 284.00			TOTALS			160.00		

MAR 16 2011

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: [signature] DATE: 3/14/11

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

Sign Original Only

APPROVING 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: 3-16-11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

DoD Overprint 4/2002

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

6. EXPENDITURES - Continued

DATE	CODE	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.)		MILEAGE RATE	AMOUNT CLAIMED			
20 11				NO. OF MILES	MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LANEOUS
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
02/11	A	DOI	Ford's Theatre			9.00		
02/11	A	Ford's Theatre	DOI			9.00		
02/11	A	DOI	Union Station			10.00		
02/11	A	Union Station	DOI			10.00		
02/14	A	DOI	Washington Court Hotel			9.00		
02/14	A	Washington Court Hotel	DOI			9.00		
02/14	A	DOI	Washington Court Hotel			9.00		
02/14	A	Washington Court Hotel	DOI			9.00		
02/[illegible]	A	DOI	Union Station			10.00		
03/7	A	DOI	Building Museum			10.00		
03/7	A	Building Museum	DOI			10.00		
03/8	A	Crystal City	Building Museum			15.00		
03/8	A	Building Museum	Crystal City			15.00		
03/9	A	DOI	Grand Hyatt			10.00		
03/9	A	Grand Hyatt	DOI			10.00		
03/9	A	DOI	Newseum			9.00		
03/9		Newseum	DOI			9.00		
03/10		DOI	Newseum					
		Total each column and enter on the front, subtotal line.				172.00		

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulation (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 12012 of March 27, 1982, 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 reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance or a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

TAXICAB RECEIPT

Time: 8:15 am
Date: 1-19-11

Origin of trip: Department of Interior

Destination: Reagan bldg.

Fare: 9.00 Sign: [illegible]

TAXI CAB RECEIPT

Time: 8:30 am
Date: 1-19-11

Origin of trip: DOI

Destination: Reagan bldg

Fare: 9.00 Sign: [illegible]

Taxi Cab Receipts

DATE: 1-19-11 TIME: 9:15 am

TRIP ORIGIN: Reagan bldg

DESTINATION: DOI

FARE: $ 9.00 SIGNATURE [illegible]

TAXI CAB RECEIPT

Time: 10:50 am

Date: 1-19-11

Origin of trip: Reagan bldg.

Destination: Department of Interior

Fare: 9.00 Sign: [illegible]

TAXICAB RECEIPT

Time: 1:00 pm

Date: 2-8-11

Origin of trip: DOI

Destination: Renaissance May Flower

Fare: 10.00 Sign: [illegible]

TAXICAB RECEIPT

Time: 1:45 pm

Date: 2-8-11

Origin of trip: Renaissance May Flower

Destination: DOI

Fare: 10.00 Sign: [illegible]

TAXICAB RECEIPT

www.TaxiRadar.com

Direct Connect To Your Driver

Time: 2-9-11 Date: 6:45 pm

Origin: DoI

Destination: Mayflower hotel

Fare: 10.00 Sign: [illegible]

Download free cellphone GPS apps at www.TaxiRadar.com.
Text your pickup address to (202) TAXIRADAR/(202) 829-4723

TAXICAB RECEIPT

Time: 7:45 pm

Date: 2-9-11

Origin of trip: Mayflower hotel

Destination: DOI

Fare: 10.00 Sign: [illegible]

TAXICAB RECEIPT

Time: 3:30 pm

Date: 2-10-11

Origin of trip: DoI

Destination: Marriott

Fare: 9.00 Sign: [illegible]

TAXI FARE RECEIPT

DIAMOND CAB
1100 O ST., N.W.
WASHINGTON, DC 20009

202-387-6200
24 HOUR RADIO DISPATCH

CAB NO. _____ I.D. NO. _____ TAG NO. _____

SIGNED _____ DATE 2-10-11 TIME 4:15pm

TRIP ORIGIN Marriott

DESTINATION DOI

FARE 7.00 TIP 2.00 TOTAL 9.00

FOR ADVANCED RESERVATIONS TO NATIONAL, DULLES AIRPORTS PLEASE CALL: 202-387-2221

FOR CHARGE ACCOUNT INFORMATION, PLEASE CALL: 202-387-6011

FOR A DIRECT DELIVERY, PLEASE CALL: 202-387-2242

TAXICAB RECEIPT

Time: 6:20 pm

Date: 2-10-11

Origin of trip: DOI

Destination: Marriott

Fare: 9.00 Sign: [illegible]

TAXICAB RECEIPT

Time: 8:00 pm

Date: 2-10-11

Origin of trip: Marriott

Destination: DOI

Fare: 9.00 Sign: [illegible]

TAXICAB RECEIPT

www.TaxiRadar.com

Direct Connect To Your Driver

Time: 2:00 pm Date: 2-11-11

Origin: DOT

Destination: Ford's Theatre

Fare 9.00 Sign: [illegible]

Download free cellphone GPS apps at www.TaxiRadar.com

Text your pickup address to (202) TAXIRADAR/(202) 829-4723

TAXICAB RECEIPT

Time: 2:45pm

Date: 2-11-11

Origin of trip: Ford's theatre

Destination: DOT

Fare: 9.00 Sign: [illegible]

TAXICAB RECEIPT

Time: 3:45pm

Date: 2-11-11

Origin of trip: DOT

Destination: Union Station

Fare: 10.00 Sign: [illegible]

TAXICAB RECEIPT

Time: 4:15 pm
Date: 2-11-11
Origin of trip: Union Station
Destination: DOT
Fare: 10.00 Sign: [illegible]

TAXI CAB RECEIPT

DATE 2-14-11 TIME 10:00 am
ORIGIN DOI CAB # _____
DESTINATION Washington Court hotel
FARE: $ 9.00 SIGNATURE [illegible]

TAXICAB RECEIPT

Time: 10:30 am
Date: 2-14-11
Origin of trip: Washington Court hotel
Destination: DOI
Fare: 9.00 Sign: [illegible]

DATE 2-14-11 AMOUNT $ 9.00

RECEIVED FROM

FROM DoI

DESTINATION Washington Court hotel

CAB # DRIVER I.D. #

DRIVER'S NAME

TAXI CAB RECEIPT

Time: 2:45 pm

Date: 2-14-11

Origin of trip: DoI

Destination: washington Court hotel

Fare: 9.00 Sign:

TAXI CAB RECEIPT

Time: 8:30am

Date: 2-23-11

Origin of trip: DoI

Destination: Union Station

Fare: 10.00 Sign:

TAXICAB RECEIPT

Time: 2:00pm
Date: 3-7-11

Origin of trip: DOT

Destination: Building Museum

Fare: 10.00 Sign: Charles

TAXICAB RECEIPT

Time: 2:45pm
Date: 3-7-11

Origin of trip: Building museum

Destination: DOT

Fare: 10.00 Sign: Charles

TAXI CAB RECEIPT

Time: 6:15pm
Date: 3-8-11

Origin of trip: Crystal City

Destination: Building museum

Fare: 15.00 Sign: Charles

TAXI CAB RECEIPT

Time: 8:00pm

Date: 3-8-11

Origin of trip: Building museum

Destination: Crystal city

Fare: 15.00 Sign: [signature]

DATE 3/8/11 AMOUNT $ 9.00

RECEIVED FROM

FROM DoI Grand Hyatt

DESTINATION DOI

CAB # DRIVER I.D. #

DRIVERS NAME

TAXI FARE RECEIPT

DIAMOND CAB
1100 12 ST., N.W.
WASHINGTON, DC 20005

387-6100
24 HOUR RADIO DISPATCH

CAB NO. 818 ID. NO. 5714-5

SIGNED [signature] DATE 3/8

TRIP ORIGIN DOI

DESTINATION Grand Hyatt

FARE 9 (11)

TAXI CAB RECEIPT

Time: 1:30pm

Date: 3/9/11

Origin of trip: DOI

Destination: Newseum

Fare: 10.00 Sign: [illegible]

-TAXICAB RECEIPT-

TIME 2:00pm DATE 3-9-11

REC'D FROM

FARE AMOUNT $ 10.00

TRIP FROM Newseum

TRIP TO DOI

ABSN. CAB NO.

I.D. NO. TAG NO.

SIGNATURE [illegible]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

5. PAID BY: TV O 082GR5

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

a. NAME (Last, first, middle initial): Morlandt, Chris. M. 1110500060

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-5615

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. (h): A - Local travel; B - Telephone or telegraph; C - Other expenses (itemized); D - Funeral Honors Detail; E - Specialty Care

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
02/22		Union Station	Baltimore			13.50		

Name of Passenger: MORLANDT/CHRISTOPHE

From: WASHINGTON, DC

To: BALTIMORE PENN, MD

Carrier: 2V Train: 184 Date: 23FEB11

Reason: YD Specific Car: RESERVD COACH

Form of Payment: FX13.50

Rail Fare: $13.50 Accent Charge: $.00

Fare Plans: Total: $13.50

DOE1

Order Number: 0535658090247 No. of: 01 01

Date of Issue: 22FEB11 Transaction: 110309

If additional: PASSENGER RECEIPT

MAR 16 2011

SUBTOTALS CARRIED FORWARD FROM THE BACK

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 13.50 TOTALS 13.50

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. 6504).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 3/14/11

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

Sign Original Only

APPROVING 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 3-11-11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

DoD Overprint 4/2002

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

National Business Center

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

FAX

National Business Center

To: Gloria Rucker Fax: 303-969-7281

From: Barbara Martin Date: 3/16/2011

Re: Enclosed are local vouchers for Chris Morland. If you have any questions give me a call....Thanks Pages:

CC:

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

Notes:

Thanks ☺

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

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): Morlandt, Chris. M. 1110000089

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

c. MAIL NO ADDRESS (Include ZIP Code): 1849 C st. NW, Washington DC, 20240

d. OFFICE TELEPHONE NUMBER: 202-208-5615

6. EXPENDITURES (If the claimant is not, (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

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 2011 (a)	CODE (b)	(d) FROM	(e) TO	MILEAGE RATE	NO. OF MILES (f)	AMOUNT CLAIMED: MILEAGE (g)	FARE OR TOLL (h)	ADD'L PER. EXPS. (i)	TIPS AND MISCELLANEOUS (j)
03/15	A	DOI	Grand Hyatt Hotel				9.00		
03/15	A	Grand Hyatt Hotel	DOI				9.00		
03/16	A	DOI	Grand Hyatt Hotel				9.00		
03/19	A	Grand Hyatt Hotel	DOI				9.00		
03/29	A	DOI	W Hotel				9.00		
03/29	A	W Hotel	DOI				~~9.00~~ 10.00		
03/29	A	DOI	W Hotel				~~9.00~~ 9.00		
03/29	A	W Hotel	DOI				10.00		
04/5	A	DOI	Marriott Metro Center				10.00		
04/5	A	Marriott Metro Center	DOI				10.00		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK				92.00		
			TOTALS				185.00		

MAY - 5 2011

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ $ 185.00 ✓

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 5/2/11

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

Sign Original Only

APPROVING 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 4-26-11

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

DoD Overprint 4/2002

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

6. EXPENDITURES - Continued

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

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	AUTO PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
04/6	A	DOI	Marriott Metro Center			10.00		
04/6	A	Marriott Metro Center	DOI			10.00		
04/7	A	DOI	777 6th St. NW			9.00		
04/6	A	777 6th St. NW	DOI			9.00		
04/7	A	DOI	777 6th St. NW			9.00		
04/7	A	777 6th St. NW	DOI			9.00		
04/15	A	DOI	1331 F St. NW			9.00		
04/15	A	1331 F St. NW	DOI			9.00		
04/15	A	DOI	1331 F St. NW			9.00		
04/15	A	1331 F St. NW	DOI			9.00		
			Total each column and enter on the front subtotal line.			92.00		

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the 5 U.S.C. Chapter 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 reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (h) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Taxi Cab Receipt

DATE: 3/15/11 TIME: 12:15 pm

ORIGIN DOI CAB #

DESTINATION: Grand Hyatt

FARE: $ 9.00 SIGNATURE

-TAXICAB RECEIPT-

TIME 1:15 pm DATE 3/15/11

REC'D FROM L. F. Cromer

FARE AMOUNT $ 9.00

TRIP FROM Grand Hyatt

TRIP TO DOI

ASSN. Yellow CAB NO. 227

I.D. NO. 55725 TAG NO. H-52436

SIGNATURE Leland F. Cromer

TAXICAB RECEIPT

Time: 5:30pm

Date: 3/16/2011

Origin of trip: DOI

Destination: Grand Hyatt

Fare: 9.00 Sign:

TAXICAB RECEIP

Time: 7:15pm
Date: 3/16/2011
Origin of trip: Grand Hyatt
Destination: DOI
Fare: 9.00 Sign:

TAXICAB RECEIPT

Time: 3:00pm
Date: 3/28/11
Origin of trip: DOI
Destination: W Hotel
Fare: 9.00 Sign:

TAXI CAB RECEIPT

Time: 3:30pm
Date: 3/28/11
Origin of trip: W Hotel
Destination: DOI
Fare: 10.00 Sign:

TAXICAB RECEIPT

Time: 7:40am
Date: 3/29/11
rigin of trip: DOI
estination: W Hotel
re: 8.00 Sign:

TAXICAB RECEIPT

Time: 9:30am
Date: 3/29/11
Origin of trip: W Hotel
Destination: DOI
Fare: 10.00 Sign:

Taxi Cab Receipts

DATE: Apr. 5, 2011 TIME: 11:00 AM
TRIP ORIGIN: DOI
DESTINATION: Marriott Metro Center
FARE: $ 10 SIGNATURE

TAXI CAB RECEIPT

Time: 11:40 am
Date: Apr. 5, 2011
Origin of trip: Marriott Metro Center
Destination: DOI
Fare: 10.00 Sign:

TAXICAB RECEIPT

Time: 7:30 am
Date: Apr 6 2011
Origin of trip: DOI
Destination: Marriot Metro center
Fare: 10.00 Sign:

TAXI CAB RECEIPT

Time: 9:20 am
Date: Apr 6 2011
Origin of trip: Marriott Metro Center
Destination: DOI
Fare: 10.00 Sign:

TAXICAB RECEIPT

Time: 2:30 pm
Date: 4-6-2011
Origin of trip: DOI
Destination: 777 6th st. NW
Fare: 9.00 Sign:

TAXICAB RECEIPT

Time: 3:15 pm
Date: 4-6-2011
Origin of trip: 777 6th st. NW
Destination: DOI
Fare: 9.00 Sign:

JOHN LEWIS
LIC.# 75810
DC TAG# H62296
04/07/11 11:10a
04/07/11 11:16a
TRIP # 5644
DIST 1.75 mi
Rate 1 $ 6.50
EXTRAS $ 1.00
TOTAL $ 7.50
COMPLAINTS CALL
202 645 6018
HAVE A NICE DAY!
1.50
9.00

TAXICAB RECEIPT

Time: 12:15pm
Date: 4-7-2011
Origin of trip: 777 6th st. NW
Destination: DOI
Fare: 9.00 Sign:

Taxi Cab Receipt

DATE: 3:45pm TIME: Apr. 15 2011
ORIGIN DOI CAB #
DESTINATION: US Access board 1331 F St.
FARE: $ 9.00 SIGNATURE

TAXICAB RECEIPT

Time: Apr. 15 2011
Date: 3:00pm
Origin of trip: US Access board 1331 F St.
Destination: DOI
Fare: 9.00 Sign:

TAXI CAB RECEIPT

Time: 1:45pm
Date: Apr 18 2011
Origin of trip: US Access board
Destination: DOI
Fare: 9.00 Sign:

TAXI CAB RECEIPT

Time: 12:00 pm
Date: Apr. 18 2011
Origin of trip: DOI
Destination: US Access board
Fare: 9.00 Sign:

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: Deen 12/10

3. SCHEDULE NUMBER

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

4. CLAIMANT

a. NAME (Last, first, middle initial): Deen, Donna M. 1110000028

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

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

d. OFFICE TELEPHONE NUMBER: 202-208-4025

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.)*

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

(Explain expenditures in specific detail.)

DATE (a)	CODE (b)	(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)
11/29	C	Christmas Paper to wrap Food	Drive boxes						4.20
12/13	C	Poinsettas to decorate for	Secretary's Holiday Celebration						106.05
			DEC 30 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 (j)) ▶ $ 110.25			TOTALS						110.25

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. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 12-28-10

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 ▶ Donna Deen DATE 12/28/10

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT $

d. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000 DDD01 68

DOLLAR TREE STORES, INC.

Store# 287 (703) 822-9840
6140 Rose Hill Drive
Alexandria VA 22310

DESCRIPTION	QTY	PRICE	TOTAL
CHRISTMAS WRAP	1	1.00	1.00T
CHRISTMAS WRAP	1	1.00	1.00T
CHRISTMAS WRAP	1	1.00	1.00T
CHRISTMAS WRAP	1	1.00	1.00T

Sub Total	$4.00
SALES TAX	$0.20
Total	$4.20
Cash	$4.20

Thank You for Shopping at Dollar Tree
where Everything's $1.00
Now Shop On-Line at Dollartree.com

006432 0287 02 00022 37905 11/29/10 17:49
Sales Associate: transito

Christmas paper to decorate boxes for DOL Holiday Food Drive

National Business Center

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

FAX

To:	Gloria Rucker	**Fax:**	303-969-7281
From:	Barbara Martin	**Date:**	12/30/2010

Re: Enclosed are local vouchers for Donna Pages: Deen, Chris Mansour and Lara Levison. If you have any questions give me a call....Thanks

CC:

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

Notes:

Thanks ☺

SAFEWAY

STORE MGR JOHN DEGEORGE 703-751-4827
THANK YOU FOR SHOPPING WITH US!

FLORAL

[illegible] 50 POINSETTIA 6" 27.00 T
RegPrice 35.94 CardSav 8.94
**** TAX 1.35 BAL [illegible]
CASH 40.00

CHANGE 11.65
NUMBER OF ITEMS = 6
12/13/10 08:19 1428 05 0049 5229

Welcome Club Member! 8980

Club Card Savings $ 8.94
Total Savings Value 25% $ 8.94

YOUR CASHIER TODAY WAS VALENTINA

Look for the # sign on your receipt for possible Health Care Flex Spending Account items for reimbursement

SAFEWAY

STORE MGR JOHN DEGEORGE 703-751-4827
THANK YOU FOR SHOPPING WITH US!

FLORAL

[illegible] 20.00 T
RegPrice 23.96 CardSav 3.96
**** TAX [illegible] BAL [illegible]
CASH [illegible]

CHANGE 00
NUMBER OF ITEMS = 4
12/13/10 17:31 1463 02 0346 5407

[illegible] 8980

Club Card Savings $ 3.96
Total Savings Value 17% $ 3.96

YOUR CASHIER TODAY WAS KENY

Look for the # sign on your receipt for possible Health Care Flex Spending Account items for reimbursement

SAFEWAY

STORE MGR DARREN RUHLF 703-921-3125
THANK YOU FOR SHOPPING WITH US!

FLORAL

1204.50
MO POINSETTIA 6" 54.00 T
RegPrice 71.88 CardSav 17.88
**** TAX 2.70 BAL [illegible]
CASH 60.00

CHANGE 3.30
NUMBER OF ITEMS = 12
12/13/10 07:44 1847 04 0034 2333

Welcome Club Member! 8980

Club Card Savings $ 17.88
Total Savings Value 25% $ 17.88

YOUR CASHIER TODAY WAS MANDEEP

Look for the # sign on your receipt for possible Health Care Flex Spending Account items for reimbursement

To date, you have earned 7 10cent/gal Fuel rewards. Limit 1 per transaction. Promotion Ends and Rewards Expire on 01/01/11.

Your Purchase Entitles You to ONE 10cent/gal reward. Good thru 01/01/11 At participating Fuel Stations. Limit 1 per transaction.

LET US HEAR FROM YOU!
1-877-723-3929 [illegible]

Poinsetta to decorate for Secretary's Holiday Celebration
12/13/10
Total: $106.05

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. EKSHEPHERDSTO110110_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
KLEIN, ELIZABETH ANNE JOHNSON.

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

c. MAILING ADDRESS *(Include ZIP Code)*
DOI, SIO
1849 C ST, NW, MS 7328
WASHINGTON, DC 20240

202-208-6291

e. PRESENT DUTY STATION

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

6. PERIOD OF TRAVEL
a. FROM 11/01/10 b. TO 11/03/10

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0R4IFG
b. DATE(S) 10/27/10

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied 0.00
c. Amount due Government 0.00
(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:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 95.00 NR- 27
1.00

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

TRAVELER SIGN HERE ▶ DATE

AMOUNT CLAIMED ▶ 95.00

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)* $

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** ▶ $ 95.00

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. 0R4IFG

TRAVELER'S LAST NAME KLEIN

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)	LUNCH (e)	DINNER (f)	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)
11/01		D-:RES: Alexandria											
11/01		A-:SHEPHERDSTOWN,W				5 00		128 00	5.00			5 00	
11/01		POV-No Gvt Vhc Avl/Airport								80.00	40 00		
11/02		Subsistence				5 00		128 00	5.00			5 00	
11/03		D-:SHEPHERDSTOWN,W											
11/03		POV-No Gvt Vhc Avl/Airport								80.00	40 00		
11/03		A:RES: Alexandria,											
11/03		Subsistence				5 00			5.00			5 00	
11/03		TAV Fee -I											
										SUBTOTALS ▶	80 00	15 00	0 00
										TOTALS ▶	80 00	15 00	0 00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ 95.00

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: EKSHEPHERDSTO110110 V01
KLEIN, ELIZABE (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
LODGING-211D				256.00
M&IE-211D				15.00
MILEAGE-211P				80.00
TAV EXP -I-211B				15.00
11 1000.DDD01.	.6	0.00	0.00	366.00

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		366.00
NON-REIMBURSABLE EXPENSES		271.00
TOTAL AMOUNT CLAIMED		95.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		95.00
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		95.00

Auth No: EKSHEPHERDSTO110110 V01
KLEIN, ELIZABE (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	11/05/10	11:38 EDT	DIANNE D CALHOUN
T-ENTERED	11/23/10	09:42 EST	DIANNE D CALHOUN
AUTHORIZED	11/23/10	09:59 EST	DIANNE D CALHOUN
TV AUDITOR REVIEWED	11/23/10	11:50 EST	ELIZABETH J SANCHEZ
APPROVED	11/26/10	10:35 EST	Barbara A Smith
PAY LINK	11/26/10	10:38 EST	Paul Payment
AUDIT PASS	11/26/10	10:38 EST	Paul Payment
PAYMENT SUBMITTED	11/26/10	10:42 EST	Paul Payment
PAYMENT SUBMITTED	11/26/10	10:50 EST	Paul Payment
PAID	11/30/10	08:57 EST	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
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. EKSHEPHERDSTO111810_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: KLEIN, ELIZABETH ANNE JOHNSON.

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

c. MAILING ADDRESS *(Include ZIP Code)*:
DOI, SIO
1849 C ST, NW, MS 7328
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-6291

e. PRESENT DUTY STATION

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

6. PERIOD OF TRAVEL
a. FROM: 11/19/10
b. TO: 11/20/10

7. TRAVEL AUTHORIZATION
a. NUMBER(S): ORSILT
b. DATE(S): 11/05/10

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: 11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 93.81 NR- 14 3.00					

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

TRAVELER SIGN HERE ▶ DATE

AMOUNT CLAIMED ▶ 93.81

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; 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

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):* $ 0.00

d. **NET TO TRAVELER** ▶ $ 93.81

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. 0R5ILT

TRAVELER'S LAST NAME KLEIN

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)	LUNCH (e)	DINNER (f)	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)
11/19		D-:DUTYSTATION											
11/19		A-:SHEPHERDSTOWN,W				5 00		128 00	5.00			5 00	
11/19		POV-No Gvt Vhc Avl/Airport								80.00	40 00		
11/20		D-:SHEPHERDSTOWN,W											
11/20		POV-No Gvt Vhc Avl/Airport								80.00	40 00		
11/20		A:RES: Alexandria,											
11/20		Subsistence	8 81			8 81			8.81			8 81	
11/20		TAV Fee -I											
									SUBTOTALS ▶		80 00	13 81	0 00
									TOTALS ▶		80 00	13 81	0 00

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

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

TOTAL AMOUNT CLAIMED ▶ 93.81

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.

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: EKSHEPHERDSTO111810 V01
KLEIN, ELIZABE[redacted] (b) (6)

ACCOUNTING CLASS CODE				TRIP 1
LODGING-211D				128.00
M&IE-211D				13.81
MILEAGE-211P				80.00
TAV EXP -I-211B				15.00
11 1000.DDD01.	.6	0.00	0.00	236.81

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		236.81
NON-REIMBURSABLE EXPENSES		143.00
TOTAL AMOUNT CLAIMED		93.81
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		93.81
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		93.81

Auth No: EKSHEPHERDSTO111810_V01
KLEIN, ELIZABE (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	11/22/10	15:15 EST	DIANNE D CALHOUN
T-ENTERED	11/23/10	17:08 EST	DIANNE D CALHOUN
ADJUSTED	11/23/10	17:08 EST	DIANNE D CALHOUN
AUTHORIZED	11/23/10	17:13 EST	DIANNE D CALHOUN
ADJUSTED	11/23/10	17:25 EST	DIANNE D CALHOUN
T-ENTERED	11/23/10	17:30 EST	DIANNE D CALHOUN
AUTHORIZED	12/01/10	14:16 EST	DIANNE D CALHOUN
ADJUSTED	12/02/10	10:43 EST	ELIZABETH J SANCHEZ
TV AUDITOR REVIEWED	12/02/10	10:47 EST	ELIZABETH J SANCHEZ
ADJUSTED	12/02/10	15:32 EST	DIANNE D CALHOUN
T-ENTERED	12/02/10	15:33 EST	DIANNE D CALHOUN
AUTHORIZED	12/02/10	15:39 EST	DIANNE D CALHOUN
TV AUDITOR REVIEWED	12/02/10	15:54 EST	ELIZABETH J SANCHEZ
APPROVED	12/04/10	12:07 EST	Barbara A Smith
PAY LINK	12/04/10	12:07 EST	Paul Payment
AUDIT PASS	12/04/10	12:07 EST	Paul Payment
PAYMENT SUBMITTED	12/04/10	12:12 EST	Paul Payment
PAYMENT SUBMITTED	12/04/10	12:15 EST	Paul Payment
PAID	12/07/10	09:01 EST	Paul Payment
PAID	12/08/10	08:57 EST	Paul Payment
PAID	12/09/10	09:00 EST	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
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GAASHEVILLENC081811_V03

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
ADAMS, GAIL A.

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

c. MAILING ADDRESS *(Include ZIP Code)*
DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.
202-208-1923

e. PRESENT DUTY STATION
Washington, DC

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

6. PERIOD OF TRAVEL
a. FROM 08/18/11 b. TO 08/22/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S) ORUTMA
b. DATE(S) 08/02/11

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)
US8671997764 451.60					
ACCOUNTING CLASSIFICATION:					
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ -				243.28 NR-	1,84
0.11					

COMMENTS:
Director of Intergovernmental & External Affairs to attend the 2011 Southern Governors' Association annual meeting in Asheville, NC.

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** ▶ 243.28

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 ▶ Matt Lee-Ashley COS 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** ▶ $ 243.28

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: GAASHEVILLENC081811 V03
ADAMS, GAIL A. (b)(6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-I-211C				451.60
LODGING-211D				1,058.76
M&IE-211D				229.50
OTHER-211I				38.78
PARKING-211I				100.00
TAV EXP -I-211B				15.00
TAXI-211T				161.25
TMC FEE -I-211B				28.50
11 1000.DDD01.	.6	0.00	0.00	2,083.39

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		2,083.39
NON-REIMBURSABLE EXPENSES		1,840.11
TOTAL AMOUNT CLAIMED		243.28
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		243.28
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		243.28

Auth No: GAASHEVILLENC081811 V03
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	09/06/11	08:15 EDT	D'ANDREA JACKSON
T-ENTERED	09/06/11	09:10 EDT	D'ANDREA JACKSON
ADJUSTED	09/06/11	09:11 EDT	D'ANDREA JACKSON
AUTHORIZED	09/06/11	09:18 EDT	D'ANDREA JACKSON
RETURNED	09/07/11	14:20 EDT	KELLEY C ARAGON
ADJUSTED	09/19/11	10:10 EDT	D'ANDREA JACKSON
ADJUSTED	09/19/11	11:50 EDT	D'ANDREA JACKSON
T-ENTERED	09/19/11	11:51 EDT	D'ANDREA JACKSON
AUTHORIZED	09/27/11	08:45 EDT	D'ANDREA JACKSON
TV AUDITOR REVIEWED	09/28/11	12:42 EDT	ELIZABETH J SANCHEZ
ADJUSTED	09/28/11	13:47 EDT	BARBARA A MARTIN
APPROVED	09/28/11	13:49 EDT	BARBARA A MARTIN
PAY LINK	09/28/11	13:51 EDT	Paul Payment
AUDIT PASS	09/28/11	13:51 EDT	Paul Payment
PAYMENT SUBMITTED	09/28/11	13:58 EDT	Paul Payment
PAYMENT SUBMITTED	09/28/11	14:05 EDT	Paul Payment
PAID	10/06/11	09:07 EDT	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
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GASCOTTSDALEA091111_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
ADAMS, GAIL A.

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

c. MAILING ADDRESS *(Include ZIP Code)*
DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.
202-208-1923

e. PRESENT DUTY STATION
Washington, DC

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

6. PERIOD OF TRAVEL
a. FROM 09/11/11
b. TO 09/17/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S) ORWBAY
b. DATE(S) 08/15/11

8. TRAVEL ADVANCE

a. Outstanding	
b. Amount to be applied	0.00
c. Amount due Government *(Attached [ ] Check [ ] Cash)*	0.00
D. Balance outstanding	

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

10. CHECK NO.

11. PAID BY

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

I hereby assign 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)
7863/0386719 9878 949.10					
ACCOUNTING CLASSIFICATION: 12152011_161248-122D0102DM^DLSED0000.000000^DS10100000^^^ - 1,863.29					550.60 NR-
COMMENTS: The Director For Intergovernmental & External Affairs be speaking at 12th Annual American American Indian Tourism Conference in Scottsdale, AZ. Then Ms. Adams attends The Western Regional Partnership Steering Committee Meeting in Salt Lake City, UT.					

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** ▶ 550.60

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; 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 ▶ Matt Lee-Ashley COS DATE

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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** ▶	$ 550.60

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. ORWBAY

TRAVELER'S LAST NAME ADAMS

DATE 20 11 (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)
09/11		D-:RES: TEMPLE HIL											
09/11		CP - AIRFARE (NON REIMBUR											
09/11		A-:SCOTTSDALE,AZ				53.25		127.00	53.25			53.25	
09/11		TMC Fee											
09/11		Lodging Tax											
09/12		Subsistence				71.00		127.00	71.00			71.00	
09/12		Lodging Tax											
09/13		Subsistence				71.00		127.00	71.00			71.00	
09/13		Parking											60.00
09/13		Lodging Tax											
09/14		RENTAL CAR											
09/14		D-:SCOTTSDALE,AZ											
09/14		Subsistence				61.00		95.00	61.00			61.00	
09/14		Lodging Tax											
09/15		A-:SALT LAKE CITY,				61.00		95.00	61.00			61.00	
09/15		Lodging Tax											
09/15		Registration Fees											100.00
09/15		Gasoline											23.60
09/16		Subsistence				45.75			45.75			45.75	
09/16		Parking											4.00
09/17		D-:SALT LAKE CITY,											
09/17		A:RES: TEMPLE HILL											
09/17		Subsistence											
									SUBTOTALS ▶		0.00	303.00	187.60
									TOTALS ▶				

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 ▶

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 3 OF TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO. ORWBAY

TRAVELER'S LAST NAME ADAMS

DATE 20 11 (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)
09/17		TAV Fee -I											
										SUBTOTALS ▶	0.00	0.00	0.00
										TOTALS ▶	0.00	363.00	187.60

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 ▶ 550.60

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel 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.

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: GASCOTTSDALEA091111 V01
ADAMS, GAIL A. (b)(6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			
GASOLINE-211I			949.10
LODGING-211D			23.60
M&IE-211D			643.51
PARKING-211I			363.00
REG. FEES-252T			64.00
RENTAL CAR-211R			100.00
TAV EXP -I-211B			227.18
TMC FEE -I-211B			15.00
			28.50
12152011_161248	0.00	0.00	2,413.89

122D0102DM^DLSED0000.000000^DS10100000^^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		2,413.89
NON-REIMBURSABLE EXPENSES		1,863.29
TOTAL AMOUNT CLAIMED		550.60
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		550.60
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		550.60

07/16/12 DOCUMENT HISTORY
GovTrip Travel System

Auth No: GASCOTTSDALEA091111_V01
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	09/20/11	10:13 EDT	D'ANDREA JACKSON
T-ENTERED	09/21/11	14:41 EDT	D'ANDREA JACKSON
ADJUSTED	09/26/11	14:35 EDT	D'ANDREA JACKSON
ADJUSTED	09/26/11	15:55 EDT	D'ANDREA JACKSON
AUTHORIZED	09/26/11	15:58 EDT	D'ANDREA JACKSON
ADJUSTED	09/27/11	09:08 EDT	D'ANDREA JACKSON
ADJUSTED	09/27/11	10:01 EDT	D'ANDREA JACKSON
T-ENTERED	09/27/11	10:03 EDT	D'ANDREA JACKSON
AUTHORIZED	09/27/11	10:04 EDT	D'ANDREA JACKSON
ADJUSTED	09/27/11	10:58 EDT	D'ANDREA JACKSON
RETURNED	09/27/11	12:21 EDT	ELIZABETH J SANCHEZ
ADJUSTED	09/27/11	13:37 EDT	D'ANDREA JACKSON
ADJUSTED	12/15/11	16:08 EST	D'ANDREA JACKSON
T-ENTERED	12/15/11	16:13 EST	D'ANDREA JACKSON
T-ENTERED	12/15/11	16:14 EST	D'ANDREA JACKSON
AUTHORIZED	12/15/11	16:14 EST	D'ANDREA JACKSON
TV AUDITOR REVIEWED	12/16/11	11:45 EST	KELLEY C ARAGON
ADJUSTED	12/16/11	12:21 EST	LANDY V MATSON
APPROVED	12/19/11	10:36 EST	BARBARA A MARTIN
PAY LINK	12/19/11	10:37 EST	Paul Payment
AUDIT PASS	12/19/11	10:37 EST	Paul Payment
PAYMENT SUBMITTED	12/19/11	10:42 EST	Paul Payment
PAYMENT SUBMITTED	12/19/11	10:51 EST	Paul Payment
SAP INVOICE POSTED	12/19/11	11:15 EST	Paul Payment
PAID	12/20/11	15:56 EST	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
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GASALTLAKECIT071411_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: ADAMS, GAIL A.

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

c. MAILING ADDRESS *(Include ZIP Code)*: DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-1923

e. PRESENT DUTY STATION: Washington, DC

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

6. PERIOD OF TRAVEL
a. FROM: 07/14/11
b. TO: 07/17/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0RS87V
b. DATE(S): 07/11/11

10. CHECK NO.

11. PAID BY

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government *(Attached* [ ] *Check* [ ] *Cash)*	
D. Balance outstanding	

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

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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See Attached Ticket 1	824.10					

ACCOUNTING CLASSIFICATION:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 295.46 NR- 1,742.49

COMMENTS:
Director Adams to attend the 103rd National Governors' Association Annual Meeting in Salt Lake City, UT.

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 ▶ 295.46

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 ▶ Matt Lee-Ashley COS DATE

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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** ▶	$ 295.46

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: GASALTLAKECIT071411 V01
ADAMS, GAIL A. (b)(6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			824.10
LODGING-211D			874.89
M&IE-211D			213.50
OTHER-211I			25.00
PARKING-211I			6.00
TAV EXP -I-211B			15.00
TAXI-211T			50.96
TMC FEE -I-211B			28.50
11 1000.DDD01. .6	0.00	0.00	2,037.95

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		2,037.95
NON-REIMBURSABLE EXPENSES		1,742.49
TOTAL AMOUNT CLAIMED		295.46
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		295.46
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		295.46

07/16/12 DOCUMENT HISTORY
GovTrip Travel System

Auth No: GASALTLAKECIT071411 V01
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	07/25/11	08:57 EDT	D'Andrea Jackson
T-ENTERED	07/25/11	12:17 EDT	D'Andrea Jackson
ADJUSTED	07/25/11	16:03 EDT	D'Andrea Jackson
AUTHORIZED	07/25/11	16:06 EDT	D'Andrea Jackson
RETURNED	07/26/11	17:10 EDT	KELLEY C ARAGON
ADJUSTED	08/08/11	11:48 EDT	D'Andrea Jackson
T-ENTERED	08/08/11	11:56 EDT	D'Andrea Jackson
AUTHORIZED	08/08/11	11:57 EDT	D'Andrea Jackson
TV AUDITOR REVIEWED	08/09/11	11:23 EDT	KELLEY C ARAGON
ADJUSTED	08/11/11	14:17 EDT	BARBARA A MARTIN
APPROVED	08/11/11	14:18 EDT	BARBARA A MARTIN
PAY LINK	08/11/11	14:26 EDT	Paul Payment
AUDIT PASS	08/11/11	14:26 EDT	Paul Payment
PAYMENT SUBMITTED	08/11/11	14:35 EDT	Paul Payment
PAYMENT SUBMITTED	08/11/11	14:40 EDT	Paul Payment
PAID	08/13/11	09:04 EDT	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
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GASANANTONIOB080711_V01

4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial): ADAMS, GAIL A.

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

6. PERIOD OF TRAVEL
a. FROM: 08/07/11
b. TO: 08/11/11

c. MAILING ADDRESS (Include ZIP Code):
DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-1923

7. TRAVEL AUTHORIZATION
a. NUMBER(S): ORTLLB
b. DATE(S): 07/21/11

e. PRESENT DUTY STATION: Washington, DC

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

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)
7758/0068671 997779	520.68					

ACCOUNTING CLASSIFICATION:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 297.00 NR- 1,61
2.07

COMMENTS:
The Director of Intergovernmental & External Affairs attends the 2011 National Conference of State Legislatures Legislative Summit in San Antonio, TX. Confernce Registration fee of $895.00 has been waived.

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 ▶ 297.00

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 ▶ Matt Lee-Ashley COS 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** ▶ $ 297.00

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

Auth No: GASANANTONIOB080711_V01
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	08/23/11	08:27 EDT	D'Andrea Jackson
T-ENTERED	08/31/11	16:04 EDT	D'Andrea Jackson
ADJUSTED	09/06/11	08:09 EDT	D'ANDREA JACKSON
AUTHORIZED	09/06/11	08:11 EDT	D'ANDREA JACKSON
RETURNED	09/07/11	14:30 EDT	KELLEY C ARAGON
ADJUSTED	09/07/11	15:27 EDT	D'ANDREA JACKSON
ADJUSTED	09/07/11	15:42 EDT	D'ANDREA JACKSON
ADJUSTED	09/19/11	09:55 EDT	D'ANDREA JACKSON
T-ENTERED	09/19/11	10:01 EDT	D'ANDREA JACKSON
ADJUSTED	09/19/11	13:38 EDT	D'ANDREA JACKSON
AUTHORIZED	09/19/11	13:44 EDT	D'ANDREA JACKSON
RETURNED	09/20/11	14:58 EDT	EMILY V JOHNSON
ADJUSTED	09/27/11	13:32 EDT	D'ANDREA JACKSON
T-ENTERED	09/27/11	13:33 EDT	D'ANDREA JACKSON
T-ENTERED	09/27/11	13:34 EDT	D'ANDREA JACKSON
T-ENTERED	09/27/11	14:09 EDT	D'ANDREA JACKSON
AUTHORIZED	09/27/11	14:10 EDT	D'ANDREA JACKSON
RETURNED	09/28/11	12:44 EDT	ELIZABETH J SANCHEZ
ADJUSTED	09/28/11	13:55 EDT	D'ANDREA JACKSON
T-ENTERED	09/28/11	13:56 EDT	D'ANDREA JACKSON
AUTHORIZED	09/28/11	13:59 EDT	D'ANDREA JACKSON
TV AUDITOR REVIEWED	09/28/11	14:38 EDT	ELIZABETH J SANCHEZ
ADJUSTED	09/28/11	14:53 EDT	BARBARA A MARTIN
APPROVED	09/28/11	14:54 EDT	BARBARA A MARTIN
PAY LINK	09/28/11	14:55 EDT	Paul Payment
AUDIT PASS	09/28/11	14:55 EDT	Paul Payment
PAYMENT SUBMITTED	09/28/11	15:08 EDT	Paul Payment
PAYMENT SUBMITTED	09/28/11	15:17 EDT	Paul Payment
PAID	10/06/11	09:08 EDT	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
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GASANFRANCISC052011_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: ADAMS, GAIL A.

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

c. MAILING ADDRESS *(Include ZIP Code)*:
DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-1923

e. PRESENT DUTY STATION: Washington, DC

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

6. PERIOD OF TRAVEL
a. FROM: 05/20/11
b. TO: 05/24/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0RNT5N
b. DATE(S): 05/27/11

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)
744300186431	243.40		05/23/11		
62192					
001864316216	472.80		05/19/11		
4					

ACCOUNTING CLASSIFICATION:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 336.50 NR- 1,39
7.60

COMMENTS:
Director of the Office of Intergovernmental and External Affairs attends the Western States Tourism Policy Council (WSTPC) 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** ▶ 336.50

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

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):* $ 0.00

d. **NET TO TRAVELER** ▶ $ 336.50

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel — *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.

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

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

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

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

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

Complete this information if this is a continuation sheet. PAGE 2 OF TRIP # 1 PAGES

TRAVEL AUTHORIZATION NO. 0RNT5N

TRAVELER'S LAST NAME ADAMS

DATE 20 11 (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)
05/20		D-:RES: TEMPLE HIL											
05/20		CP - Airfare (Non Reimbur											
05/20		A-:SAN FRANCISCO (				53 25		150 00	53.25			53 25	
05/20		CP - Airfare (Non Reimbur											
05/20		Lodging Tax											
05/20		TMC Fee											
05/21		Subsistence				71 00		150 00	71.00			71 00	
05/21		Taxi											12 00
05/21		Lodging Tax											
05/22		Subsistence				71 00		150 00	71.00			71 00	
05/22		Lodging Tax											
05/23		Subsistence				71 00		150 00	71.00			71 00	
05/23		TMC Fee											
05/23		Lodging Tax											
05/24		D-:SAN FRANCISCO (											
05/24		A:RES: Temple Hill											
05/24		Subsistence				53 25			53.25			53 25	
05/24		TAV Fee -I											
05/24		Parking											5 00
									SUBTOTALS ▶		0 00	319 50	17 00
									TOTALS ▶		0 00	319 50	17 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 ▶ 336.50

07/16/12 DOCUMENT HISTORY
GovTrip Travel System

Auth No: GASANFRANCISC052011 V01
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	05/27/11	11:23 EDT	D'Andrea Jackson
T-ENTERED	05/27/11	11:51 EDT	D'Andrea Jackson
ADJUSTED	05/31/11	15:12 EDT	D'Andrea Jackson
ADJUSTED	05/31/11	15:14 EDT	DEANNE R WILSON
ADJUSTED	05/31/11	15:16 EDT	D'Andrea Jackson
AUTHORIZED	05/31/11	15:17 EDT	D'Andrea Jackson
RETURNED	06/01/11	13:44 EDT	KELLEY C ARAGON
ADJUSTED	06/13/11	14:11 EDT	D'Andrea Jackson
T-ENTERED	06/13/11	14:16 EDT	D'Andrea Jackson
AUTHORIZED	06/13/11	14:17 EDT	D'Andrea Jackson
TV AUDITOR REVIEWED	06/14/11	17:30 EDT	BRAD J ALLEGREZZA
ADJUSTED	06/15/11	15:33 EDT	BARBARA A MARTIN
ADJUSTED	06/15/11	16:54 EDT	BARBARA A MARTIN
APPROVED	06/15/11	17:05 EDT	BARBARA A MARTIN
PAY LINK	06/15/11	17:09 EDT	Paul Payment
AUDIT PASS	06/15/11	17:09 EDT	Paul Payment
PAYMENT SUBMITTED	06/15/11	17:15 EDT	Paul Payment
PAYMENT SUBMITTED	06/15/11	17:20 EDT	Paul Payment
PAID	06/17/11	09:07 EDT	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
- [x] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GAIDAHOCOUNTY062811_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: ADAMS, GAIL A.

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

6. PERIOD OF TRAVEL
a. FROM: 06/28/11
b. TO: 07/01/11

c. MAILING ADDRESS *(Include ZIP Code)*:
DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 202-208-1923

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0ROOEM
b. DATE(S): 05/31/11

e. PRESENT DUTY STATION: Washington, DC

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

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 1,019.80					

ACCOUNTING CLASSIFICATION:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 259.05 NR- 2,212.04

COMMENTS:
Director Adams attends the Western Governors Association 2011 Annual Meeting.

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

TRAVELER SIGN HERE ▶ DATE

AMOUNT CLAIMED ▶ 259.05

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance 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

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):*	$ 0.00
d. **NET TO TRAVELER** ▶	$ 259.05

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. 0R00EM

TRAVELER'S LAST NAME ADAMS

DATE 20 11 (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)
06/28		D-:RES: Temple Hil											
06/28		CP - Airfare (Non Reimbur											
06/28		A-:COEUR D ALENE,I				45 75		269 00	45.75			45 75	
06/28		Rental Car											
06/28		TMC Fee											
06/28		Lodging Tax											
06/28		Parking											25 00
06/28		Excess Baggage											
06/29		Subsistence				61 00		269 00	61.00			61 00	
06/29		Lodging Tax											
06/29		Parking											
06/30		Subsistence				61 00		269 00	61.00			61 00	
06/30		Lodging Tax											
06/30		Parking											
07/01		D-:COEUR D ALENE,I											
07/01		A:RES: Temple Hill											
07/01		Subsistence				45 75			45.75			45 75	
07/01		TAV Fee -I											6 00
07/01		Parking											14 55
07/01		Gasoline											
										SUBTOTALS ▶	0 00	213 50	45 55
										TOTALS ▶	0 00	213 50	45 55

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 ▶ 259.05

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, 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: GAIDAHOCOUNTY062811 V01
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	07/12/11	13:30 EDT	D'Andrea Jackson
T-ENTERED	07/22/11	16:50 EDT	D'Andrea Jackson
ADJUSTED	07/26/11	09:26 EDT	D'Andrea Jackson
ADJUSTED	07/26/11	09:59 EDT	D'Andrea Jackson
AUTHORIZED	07/26/11	10:44 EDT	D'Andrea Jackson
RETURNED	07/27/11	10:30 EDT	ELIZABETH J SANCHEZ
ADJUSTED	08/03/11	14:03 EDT	D'Andrea Jackson
T-ENTERED	08/03/11	14:09 EDT	D'Andrea Jackson
AUTHORIZED	08/04/11	12:38 EDT	D'Andrea Jackson
RETURNED	08/10/11	12:14 EDT	KELLEY C ARAGON
ADJUSTED	08/25/11	15:42 EDT	D'Andrea Jackson
T-ENTERED	08/25/11	15:42 EDT	D'Andrea Jackson
AUTHORIZED	08/25/11	15:45 EDT	D'Andrea Jackson
TV AUDITOR REVIEWED	08/30/11	08:53 EDT	ELIZABETH J SANCHEZ
APPROVED	08/30/11	10:11 EDT	BARBARA A MARTIN
PAY LINK	08/30/11	10:15 EDT	Paul Payment
AUDIT PASS	08/30/11	10:16 EDT	Paul Payment
PAYMENT SUBMITTED	08/30/11	10:23 EDT	Paul Payment
PAYMENT SUBMITTED	08/30/11	10:29 EDT	Paul Payment
PAID	09/01/11	09:10 EDT	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
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. GABALTIMOREMD061711_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
ADAMS, GAIL A.

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

c. MAILING ADDRESS *(Include ZIP Code)*
DOI, OEA
1948 C ST, NW, MS 6313
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.
202-208-1923

e. PRESENT DUTY STATION
Washington, DC

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

6. PERIOD OF TRAVEL
a. FROM 06/17/11
b. TO 06/20/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0ROLO3
b. DATE(S) 06/06/11

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:
11 1000.DDD01 .68-2011^^DM^1000^^DDD01^^68^ - 53.25 NR- 1
5.00

COMMENTS:
The Director will attend the U.S. Conference of Mayors annual conference in Baltimore, MD. DIrector attended all day events on Monday only.

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** ▶ 53.25

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; 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 ▶ Matt Lee-Ashley COS 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** ▶ $ 53.25

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
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. 0ROLO3

TRAVELER'S LAST NAME ADAMS

MILEAGE RATE: 0.000

DATE 20 11 (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)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/17		D-:WASHINGTON, DC											
06/17		A-:BALTIMORE,MD											
06/18		Subsistence											
06/19		D-:BALTIMORE,MD											
06/19		A-:TEMPLE HILLS,MD											
06/19		D-:TEMPLE HILLS,MD											
06/20		A:WASHINGTON, DC				53.25			53.25			53.25	
06/20		Subsistence											
06/20		TAV Fee -I											
									SUBTOTALS ▶		0.00	53.25	0.00
									TOTALS ▶		0.00	53.25	0.00

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

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

TOTAL AMOUNT CLAIMED ▶ 53.25

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 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.

07/16/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: GABALTIMOREMD061711 V01
ADAMS, GAIL A. (b) (6) [redacted]

ACCOUNTING CLASS CODE				TRIP 1
M&IE-211D				53.25
TAV EXP -I-211B				15.00
11 1000.DDD01.	.6	0.00	0.00	68.25

2011^^DM^1000^^DDD01^^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		68.25
NON-REIMBURSABLE EXPENSES		15.00
TOTAL AMOUNT CLAIMED		53.25
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		53.25
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		53.25

07/16/12 DOCUMENT HISTORY
GovTrip Travel System

Auth No: GABALTIMOREMD061711 V01
ADAMS, GAIL A. (b)(6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	06/21/11	09:20 EDT	D'Andrea Jackson
T-ENTERED	06/21/11	09:27 EDT	D'Andrea Jackson
AUTHORIZED	06/22/11	09:10 EDT	D'Andrea Jackson
TV AUDITOR REVIEWED	06/23/11	17:36 EDT	BRAD J ALLEGREZZA
RETURNED	06/27/11	09:30 EDT	ROBERTA M MILLEN
ADJUSTED	06/27/11	12:25 EDT	D'Andrea Jackson
T-ENTERED	06/27/11	12:28 EDT	D'Andrea Jackson
AUTHORIZED	06/27/11	12:29 EDT	D'Andrea Jackson
TV AUDITOR REVIEWED	06/27/11	12:58 EDT	BRAD J ALLEGREZZA
APPROVED	06/27/11	13:02 EDT	ROBERTA M MILLEN
PAY LINK	06/27/11	13:03 EDT	Paul Payment
AUDIT PASS	06/27/11	13:03 EDT	Paul Payment
PAYMENT SUBMITTED	06/27/11	13:09 EDT	Paul Payment
PAYMENT SUBMITTED	06/27/11	13:14 EDT	Paul Payment
PAID	06/29/11	09:02 EDT	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

SIGNED

DATE

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.

4. SCHEDULE NO.

5. PERIOD OF TRAVEL: a. FROM 11-18-2010 b. TO 11-20-2010

6. a. Name (Last, first, middle initial): Lewis, Courtenay

11 0000016

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

c. MAILING ADDRESS (include ZIP Code): U.S. Department of the Interior, 1849 "C" Street, NW -- MS 7328

d. OFFICE TELEPHONE NO.: (202) 208-6291

7. TRAVEL AUTHORIZATION: a. NUMBER(S): Lewis-1510 b. DATE(S): 11-09-2010

e. PRESENT DUTY STATION: Washington, DC

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

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached [ ] Check [ ] Cash)
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY

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 -- w/Brian Screnar				Department of the Interior and return to	Shepherdstown, W VA Residence

NOV 30 2010

2110 4625

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

TRAVELER SIGN HERE ▶ [signature] DATE

AMOUNT CLAIMED ▶ $ 40.25

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; 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 11-23-10

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 ▶ $ 40.25

18. ACCOUNTING CLASSIFICATION
2011 DM 1000 DDD01 68

2011 DM 1000 DDD01 68

1012-116 NSN 7540-00-834-4180 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 retail cash to employee and marital status of children (unless information is shown on the travel authorization.)

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

Complete this information if this is a continuation sheet.

PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO.

Lewis–1510

TRAVELER'S LAST NAME

Lewis

82/51

TIME (hour and minute) (a)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/18	Depart Office DCI, 1849 "C" Street, NW											
11/19	Lodging at Shepherdstown, W. VA						128.00	128.00			5.00	
11/20	Lodging at Shepherdstown, W.VA						128.00	128.00			5.00	
	Breakfast only										30.25	
									SUBTOTALS ▶		$40.25	
									TOTALS ▶		$40.25	

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 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 of the 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 ▶ 40.25

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

STANDARD FORM 1012 BACK (10-77)

NATIONAL CONSERVATION TRAINING CENTER

November 8, 2010

Courtenay Lewis
US

Dear Courtenay Lewis,

Thank you for choosing the United States Fish and Wildlife Service National Conservation Training Center in Shepherdstown, WV. The details of your reservation are as follows:

Arrival Date:	11-18-10	Confirmation Number:	215643
Departure Date:	11-20-10	Group Affiliation:	DOI Secretary Meeting
Number of Adults/Childs:	1/0	Room Rate:	128.00 USD
Number of Rooms:	1	Reservation:	GDEF
Number of Nights:	2	Payment Method:	Master Card (b) (6) [redacted]
Check-in Time:	1:00 PM	Check-out Time:	12:00 Noon

A shuttle service runs from Dulles International Airport in Herndon, VA on Sundays and Fridays. For more information on our shuttle service, please visit our Shuttle Information page.

For driving directions, please visit our Getting to NCTC page.

Note, mapping websites have a difficult time locating NCTC using our mailing address. Google maps will show you the entrance via 100 Col Shepherd Rd., Shepherdstown, WV 25443, USA.

For assistance regarding directions, transportation or to discuss how we can make your stay more memorable, please call our Reservations Department at (304) 876-7900.

We look forward to your visit.

Warm regards,

The National Conservation Training Center Team

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 | Fax: (304)876-7218 | training.fws.gov

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

TRAVEL AUTHORIZATION

1. No. Lewis, xxxx1510
2. 11-09-2010 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Courtenay C. Lewis
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: Shephordstown, West Virginia and return to Washington, DC

10. PURPOSE AND REMARKS:
Official business -- Attending Staff retreat with the Secretary of the Interior

11. PER DIEM ALLOWANCE:
Per diem or actual subsistence expenses within a high cost area authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register. PoV and incidentials are authorized.

12. PERIOD OF TRAVEL: Beginning on or about 11-18-2010 Ending on or about 11-20-2010

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)*
POV
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	80.00
21. Per Diem		285.00
22. Other		
23. TOTAL	$	365.00

24. CHARGED TO:

25. 2011 ~~2000~~ DM 1000 DDD01 68 (FISCAL OFFICER'S SIGNATURE)

26. (RECIPIENT'S SIGNATURE)
27. Special Assistant (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Deputy Chief of Staff (TITLE)

This form was electronically produced by Elite Forms, Inc.

Courtenay Lewis
(b) (6) [redacted]
US

Room No.	7819
Arrival	11-18-10
Departure	11-20-10
Folio No.	25269
Cashier No.	1003
Page No.	1 of 1

Group Code	1011DOISECR
Group	DOI Secretary Meeting
Rate Code	MNFGOV

Date	Description		Charges	Credits
11-18-10	Lodging and Meals		128.00	
11-19-10	ADJ - Lunch Package	Credit for Lunch Saturday	-12.00	
11-19-10	Lodging and Meals		128.00	
11-19-10	Mastercard	(b) (6) [redacted]		244.00

Total Charges	244.00	
Total Credits		244.00
Balance		0.00
		USD

Signature: _____

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

Your receipt has been printed on 100% post-consumer content recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:

Breakfast $8
Lunch $12
Dinner $26

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 | Fax: (304)876-7218 | training.fws.gov
CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Saturday November 20 2010 12:55 PM

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

TRAVEL AUTHORIZATION

1. No. Lewis, xxxx1510
2. 11-09-2010 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Courtenay C. Lewis
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: Shepherdstown, West Virginia and return to Washington, DC

10. PURPOSE AND REMARKS:
Official business -- Attending Staff retreat with the Secretary of the Interior

11. PER DIEM ALLOWANCE:
Per diem or actual subsistence expenses within a high cost area authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register. PoV and incidentials are authorized.

12. PERIOD OF TRAVEL: Beginning on or about 11-18-2010 Ending on or about 11-20-2010

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)*
POV
19. ☐ Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$ 80.00
21. Per Diem	285.00
22. Other	
23. TOTAL	$ 365.00

24. CHARGED TO:

25. 2000 DM 1000 DDD01 68
(FISCAL OFFICER'S SIGNATURE)

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

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

Calhoun, Dianne

From: Klein, Elizabeth A
Sent: Thursday, November 04, 2010 9:51 AM
To: Calhoun, Dianne
Subject: FW: Make your Retreat reservations!

Back to Shepherdstown... Can you make a reservation for me please? Thanks!

From: Davis, Laura
Sent: Thursday, November 04, 2010 9:48 AM
To: DOI_Politicals; Moore, Keith; Black, Michael; Lyder, Jane; Haze, Pam K
Cc: Diehl, Barbara; Calhoun, Dianne; Deen, Donna
Subject: Make your Retreat reservations!

Good morning,
NCTC is ready to hear directly from you regarding your reservations for the Secretary's Team Retreat. As a reminder, you should plan to arrive at NCTC by noon on Friday, November 19. We will spend the night there and wrap-up by noon Saturday. More detail on the agenda will be forthcoming.

Here is how to make your arrangements. Please do this right away.

1) Call Hotel Reservations at 304-876-7900 to reserve your room.
2) Prepare your travel authorization to reflect a $128 cost per person for lodging and food. Your lodging and meals will be charged to your government charge card (or a personal card if you do not have one).
3) If you are NOT spending the night for any reason, you still need to let NCTC know you are attending as a "commuter" and what meals you will join for.

Thanks all.
Laura

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

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

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER PAYEE

a. NAME (Last, first middle initial): Pelstring, Lisa M. 1110000153

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

6. PERIOD OF TRAVEL: a. FROM 06/28/2011 b. TO 06/28/2011

c. MAILING ADDRESS (Include ZIP Code): U.S.Department of the Interior, 1849 C Street, NW, Room 7328, Washington DC 20240

d. OFFICE TELEPHONE NO: 202-208-6291

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 2011-4313 b. DATE(S) 06/23/2011

e. PRESENT DUTY STATION: Washington, D.C.

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 show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursement of travelers (initial) transportation charges described below, purchased under cash payment procedures (FPMR 101-7)

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
TELETICKET/ AMTRAK	144.20	u.s. airway train	Y	6/28	Washington,D.C	New York and return to Washington, D.C.

211C169.20

AUG 31 2011

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

TRAVELER SIGN HERE: [signature] DATE: AMOUNT CLAIMED $ 169 20

NOTE: Falsification of claim 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: 8/30/11

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. BITCH NOTE IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials $
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $
d. NET TO TRAVELER $

18. ACCOUNTING CLASSIFICATION
2011-DM 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 (unless information is shown on the travel authorization.)

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. 2011-4313

TRAVELER'S LAST NAME Pelstring

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/28	10:45 am	Depart DOI Secretary ramp w/ the Deputy Secretary											
6/28	12:00 n	Depart U.S. Airways to New York											
6/28		Attended AGO Stakeholders Mtgs w/the Deputy Secretary & NY Offic											
6/28	5:50 pm	Depart for Penn Station via taxi											25.00
6/28	6:49 pm	Depart on Amtrak Train to DC											
6/28		Cost of Airfare and train											115.70
6/28		TWC Fee											28.50
6/28	10:05 pm	Arrive Union Station - Amtrak											
6/28	11:00 pm	Arrive residence											
									SUBTOTALS				
									TOTALS				169.20

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

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

TOTAL AMOUNT CLAIMED	169.20

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE Office of the Secretary Department of the Interior	2. TYPE OF TRAVEL [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. Oatman 1027.2010 4. SCHEDULE NO.
a. NAME (Last, first, middle initial) Oatman-Wak Wak Mary Jane	[redacted]	b. SOCIAL SECURITY NUMBER	6. PERIOD OF TRAVEL a. FROM 10/27/10 b. TO 10/29/10
[illegible]	11 1000 0008	d. OFFICE TELEPHONE NO.	7. TRAVEL AUTHORIZATION a. NUMBER(S) Oatman 10/10 b. DATE(S) 10/25/10
[illegible] DUTY STATION Boise, ID	f. RESIDENCE (city and State) (b) (6) [redacted]		10. CHECK NO.
[illegible] 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		11. PAID BY TOT D

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

[illegible]	[illegible] (a)	[illegible] (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
See attached E-ticket	1054.80	DA	Economy	10/26/2010	Boise, ID	Washington, DC and and return
TMC Fee	28.50					

NOV 10 2010

711D 599.50
711T 36.70
711I 82.20

Invitational travel. Traveler met with DOI personnel [illegible] a position at DOI. Air fare purchased with [illegible] card.

[illegible] true and correct to the best of my knowledge and belief, and that payment or credit has not [illegible] When applicable, per diem claimed is based and the average cost of lodging incurred during the period [illegible]

TRAVELER SIGN HERE: [signature] DATE 11/5/10 AMOUNT CLAIMED $ 718.40

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. [illegible] If long distance telephone calls are included, the approving official must have [illegible] in writing by the head of the department [illegible] agency to be certify. (31 U.S.C. 680a).

APPROVING [illegible] DATE 11-9-10

[illegible] TRAVEL AUTHORIZATION

[illegible] b. L.C. SYMBOL c. MONTH & YEAR

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING 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 $ 718.40

18. ACCOUNT CLASIFICATION

2011 1000 DDD01 68

NSN 7540-00-634-4180

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

TRUCTIONS TO TRAV[illegible] [illegible]d items are self-explanat[illegible]

(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.)*

[illegible] actual expense travel

Col. (d) [illegible] for each meal including [illegible]
(g) [illegible]
(e) Show [illegible] such as: laundry, cleaning and [illegible] (other than for meals)
(f) [illegible] and actual expense travel
(j) Show [illegible] expense incurred for actual [illegible]
(m) Show per [illegible] amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) [illegible]
(n) Show expenses, such as: tax/limousine fares, air fare (if purchased with cash), [illegible] long distance telephone calls for Government [illegible] business [illegible] relocation other than subsistence, etc.

Complete this information if this is a [illegible] continuation sheet

TRAVEL AUTHORIZATION NO. Oatman 10/10

TRAVELER'S LAST NAME Oatman

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)
10/27	10:23 a	Depart Boise, ID											
	6:20 p	Arrive Washington, DC					53.25	211.00	264.25			264.25	
		Lodging Tax											30.60
	7:20 p	Taxi (Airport/Hotel)											15.00
10/28		Lodging/per diem					71.00	211.00	282.00			282.00	
10/28		Lodging Tax											30.60
		Taxi (Hotel/DOI)											9.00
10/29		Taxi (Hotel/airport)											12.70
		Airport (Parking)											21.00
10/29		Depart Washington, DC					53.25		53.25			53.25	
									SUBTOTALS ▶			599.50	118.90
									TOTALS ▶			599.50	118.90

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

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

TOTAL AMOUNT CLAIMED ▶ 718.40

STANDARD FORM 1012 BACK (10-77)

GUEST FOLIO

Marriott
WASHINGTON

1221 22nd Street NW, Washington, DC 20037 • 202.872.1500 • Marriott.com/WASWE

Room	Name	Rate	Depart	Time	ACCT#
443	OATMAN/WAKWAK/MARY/	211.00	10/29/10	05:26	11995

Room Name Rate Depart Time ACCT#

Type SD Arrive 10/27/10 Time 20:24

PASSPORT: (b) (6) [redacted] (b) (6) [redacted] MRW#:

10/27 ROOM	443, 1	211.00
10/27 RM TAX	443, 1	30.80
10/28 ROOM	443, 1	211.00
10/28 RM TAX	443, 1	30.60
10/29 CCARD-MC		483.20

SETTLED TO: MASTER CARD (b) (6) [redacted] (b) (6) [redacted] .00

[illegible] FINAL NOTE! BILL BY EMAIL? JUST ASK THE FRONT DESK!
[illegible] "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

No receipt: $21.00 parking @ Boise Airport

[illegible]

To see are your next stay, go to Marriott.com

★ @the bottom of
[illegible] receipt is a
[illegible] the Airport parking
charge - I seem to have
misplaced my
[illegible] receipt
[illegible]

I pursue
it will
appear
[illegible] minutes

[illegible]
to DOI!

TAXICAB RECEIPT

Time: 10/28/10
Date: 8:50 am
Origin of trip: Marriott
Destination: Interior Dept
Fare: $ 9 Sign: [illegible]

TAXICAB RECEIPT

Time: 7:20 pm
Date: 10/27/10
Origin of trip: Reagan
Destination: DCA to Washington Marriott
Fare: $15.00 Sign: [illegible]

GLUE TOP CAB
ARLINGTON, VA
10/29/10 TR 1862
3START EN
D05:58 06:0
7DIST 4.71 m
1FARE $ 12.7
5TOTAL $ 12.7
5 CAB # 085
THANK YOU
TEL 703-243-829
4

Hotel to Airport

It was a pleasure to meet you in person Donna!

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 1, 1943

TRAVEL AUTHORIZATION

1. No. Ostman 10/10
2. October 25, 2010 (DATE)
3. Office of the Secretary (BUREAU OR OFFICE)
4. NAME Mary Jane Ostman-Wakwak
5. OFFICIAL STATION Boise, ID
6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

You are authorized to travel [illegible] below and to incur necessary expenses in accordance with applicable laws and regulations.

PLACES OF TRAVEL

8. FROM: Boise, ID
9. TO: Washington, DC and return

10. PURPOSE AND REMARKS:

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

11. PER DIEM ALLOWANCE:

Per diem according to the Federal travel Regulations issued by GSA and published in the Federal Register.

12. PERIOD OF TRAVEL: Beginning on or about 10/27/10 Ending on or about 10/29/10

MODE OF TRAVEL

13. X Common carrier
14. Extra fare
15. Government-owned conveyance at a mileage rate of .00 cents, subject to:
16. X Private [illegible]
    (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, parking
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	1054.80
21. Per Diem		435.50
22. Other		55.00
23. TOTAL	$	1555.30

24. CHARGED TO:
[illegible] DDD01 68

25. _____ (FISCAL OFFICER'S SIGNATURE)

26. _____ (ISSUE DUAL SIGNATURE)

27. Invitational (TITLE)

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

29. Deputy Chief of Staff (TITLE)

October 25, 2010

Sheila Wilson
Office of the Secretary
Office of Financial Management

From: Donna Deen Donna Deen
Office of the Secretary

Subject: Authorization to use Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the [illegible] Corporate Account. Please call Donna Deen on 202-208-4025 if you have any questions. [illegible] you.

Traveler	Dates of Travel	Cost Center
Mary Jane Oatman-Wakwak	October 27-29, 2010	2010 1000 DDD01 68

October 26, 2010

SatoTravel

To: MARY JANE OATMAN WAKWAK INVITATIONAL

To: NGMSDOI

Sales Person: LD
Locator: EEOXEW
Customer Number: (b) (6) [redacted]

[illegible] ADDITION TO TKT PRICE
[illegible] AGENT INITIATED DOMESTIC

Wednesday October 27, 2010

Delta Airlines
Class of Service: Coach Class Y
Depart: BOISE, ID
Arrive: MINNEAPOLIS,MN
Total Flight Time:
Equipment: CR9
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: OATMAN WAKWAK/MARY JANE 7A
[illegible]
[illegible] OPERATED BY MESABA DBA DELTA CONNECTION

Flight Number: 3206
10:23 Am October 27, 2010
2:24 Pm October 27, 2010
3 Hours 1 Minutes Non-Stop
Confirmation Number: G2CM5V

Wednesday October 27, 2010

Delta Airlines
Class of Service: Coach Class Y
Depart: MINNEAPOLIS,MN
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed
DEP-LINDBERGH ARR-TERMINAL B

Flight Number: 1664
3:00 Pm October 27, 2010
6:20 Pm October 27, 2010
2 Hours 20 Minutes Non-Stop
Confirmation Number: G2CM5V

[illegible] October 27, 2010

[illegible] Service
[illegible] 27, 2010 - Oct 27, 2010
Departure City: MINNEAPOLIS,MN
SEAT ASSIGNMENT RESTRICTED TO ATO CHECK IN ONLY

Wednesday October 27, 2010

WASHINGTON/NATL,DC
MARRIOTT HOTELS MARRIOTT WASHINGTON METRO CENTER
775 12TH STREET NW
WASHINGTON DC 20005
Phone Number: 202-737-2200
[illegible] Number: 202-347-5886

...NCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE, ... ARE NOT GUARA... 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.

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

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

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

3. VOUCHER NO: Hunter2/14/11

4. SCHEDULE NO:

5. TRAVELER (FIRST): a. NAME (Last, first, middle initial): Hunter, Thomas O. 111000072

b. SOCIAL SECURITY NUMBER: [redacted]

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

d. OFFICE TELEPHONE NO: 505-284-1980

e. PRESENT DUTY STATION: Albuquerque, NM

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

6. PERIOD OF TRAVEL: a. FROM 02/24/2011 b. TO 02/25/2011

7. TRAVEL AUTHORIZATION: a. NUMBER(S) Hunter Tinvit b. DATE(S) 2/23/11

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 REQUIRED, OR TRANSPORTATION FURNISHED IN KIND CHARGED WITH GAES (Use for numbered items ... Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Name) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
See attached ticket	892.40	CA	Economy	02/23/2011	Albuquerque, NM	Houston, TX and return
TMC Fee	28.50			APR - 7 2011		

Invitational travel. Traveler met with Secretary re: BP Oil spill. Air fare purchased with corporate card. Traveler declined per diem.

2117 109
2117 26.87

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, the amount claimed is based on the reverse side of ticket(s) issued during the period covered by this voucher.

TRAVELER SIGN HERE: Thomas O. Hunter DATE: 3-31-11 AMOUNT CLAIMED $ 135.53

NOTE: Falsification of an item on 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; 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 agency head (above or agency to act certify, 31 U.S.C. 680a).

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 4/6/11

15. FOR FINANCE OFFICE USE ONLY COMPUTATION: a. DIFFERENCES, IF ANY, VERIFIED AND CORRECTED: $

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

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

17. 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: $ 135.53

18. ACCOUNT CLASSIFICATION: 2011 1000 DDD01 68

NSN 7540-00-634-4182 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-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 ___ of ___

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 2011 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/24	8:50 am	Depart Albuquerque, NM											
	11:47 am	Arrive Houston, TX						109.00				109.00	
		Lodging Tax											18.53
2/25	3:05 pm	Depart Houston, TX											
	4:16 pm	Arrive Albuquerque, NM											
		Airport Parking											8.00
									SUBTOTALS ►			109.00	26.53
									TOTALS ►			109.00	26.53

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for claimable travel and/or relocation expenses incurred under appropriate administrative authorizations 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 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 conduct or conduct of travel by a Government vehicle. 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), to use as a taxpayer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowances expense reimbursement and/or advances; it may be used to match records. 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 ► 135.53

STANDARD FORM 1012 BACK (10-77)

SatoTravel

February 23, 2011

For: THOMAS O HUNTER GDOIDOOS

Sales Person: LD
Locator: LJHWCS
Customer Number: (b) (6) [redacted]

FEES TOTALING 28.50USD CHARGED IN ADDITION TO THE PRICE
FEE-USD28.50DF AIR/RAIL/BUS AGENT INITIATED DOMESTIC

Thursday February 24, 2011

Continental Airlines — Flight Number: 2510
Class of Service: Coach Class Y
Depart: ALBUQUERQUE, NM — 8:50 AM February 24, 2011
Arrive: HOUSTON/INTERCONT,TX — 11:47 AM February 24, 2011
Total Flight Time — 1 Hour 57 Minutes Non-Stop
Equipment: ERJ
Meal Service: None
Status: Confirmed — Confirmation Number: AVN1NO
Reserved Seat: HUNTER/THOMAS O 6A
Frequent Flyer Number: (b) (6) [redacted] HUNTER/THOMAS O
ARR-TERMINAL B
*ABQ-IAH OPERATED BY /EXPRESSJET AIRLINES INC DBA CO EXPRESS

Thursday February 24, 2011

HOUSTON/INTERCONT,TX
SHERATON HOTELS SHERATON HOUSTON WEST HOTEL
11191 CLAY ROAD
HOUSTON TX 77041
Phone Number: 1-281-501-4200
Fax Number: 1-281-501-4205
Number of Rooms: 1
Rate: 109.00 USD Per Night
Check In: Feb 24, 2011
Check Out: Feb 25, 2011
Confirmation Number: C215016320
Cancellation Policy: Cancel 1 day prior
Directions: DIRECTION TO THE PROPERTY FROM EAST - FOLLOW I-610 WEST TO EXIT 13B. PROCEED ONTO US-290 WEST AND EXIT ONTO W BELTWAY 8 SOUTH/W SAM HOUSTON TOLLWAY SOUTH. EXIT AT CLAY ROAD. MERGE ONTO W SAM HOUSTON PARKWAY NORTH. TURN RIGHT ONTO CLAY ROAD AND PROCEED TO THE HOTEL.

Thursday February 24, 2011

Other Service
Feb 24, 2011 - Feb 24, 2011
Departure City: HOUSTON/INTERCONT,TX
PLEASE NOTE HOTEL CANCELLATION IS 24HRS PRIOR TO ARRVL

Friday February 25, 2011

Continental Airlines
Class of Service: Coach Class M
Depart: HOUSTON/INTERCONT,TX
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: ERJ
Meal Service: None
Status: Confirmed
Reserved Seat: HUNTER/THOMAS O 18B
Frequent Flyer Number:
DEP-TERMINAL B
*IAH-ABQ OPERATED BY /EXPRESSJET AIRLINES INC DBA CO EXPRESS

Flight Number: 2025
3:05 Pm February 25, 2011
4:16 Pm February 25, 2011
2 Hours 11 Minutes Non-Stop
Confirmation Number: AVVINO
COAF901936 HUNTER/THOMAS O

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
HUNTER THOMAS O	7097/0057952607328/23FEB11	813.02	60.98US	7.40XF	11.00XT	892.40
					Trip Fee	28.50

(b) (6) [redacted]

Total Amount: 920.90

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.

ON VISA

SHERATON HOUSTON WEST HOTEL
12191 Clay Rd
Houston, TX 77041

1 - 281 501 4200
1 - 281 501 4205

Sheraton

GUEST NAME

Thomas Hunter
Sato Travel/tmc

ROOM	322	
RATE	109.00	
# PERS.	1	
FOLIO	82512	EX-A
PAGE	1	
ARRIVE	24-FEB-11	17:30
DEPART	25-FEB-11	
PAYMENT	VI	

TRAVEL AGENT / COMPANY

Gw Government Travel Inc
1969 C Nw St Km 6329

Washington, DC 202000001

DATE	REFERENCE	DESCRIPTION	CHARGES	CREDITS
24-FEB-11	RT322	Room Charge	109.00	
24-FEB-11	RT322	County Tax	4.35	
24-FEB-11	RT322	City/Local Tax	7.63	18.53
24-FEB-11	RT322	Occupancy/Tourism	6.54	
25-FEB-11	VI	Visa		127.53
		Balance Due	0.00	

For your convenience, we have prepared this zero-balance folio indicating a $0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a $0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telecom	Other	Total	Payment
24-FEB-11	127.53	0.00	0.00	0.00	127.53	0.00
Total	127.53	0.00	0.00	0.00	127.53	0.00

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

** continued on the next page **

SIGNATURE

Thomas Hunter
FOLIO 82512 24-FEB-11

SHERATON HOUSTON WEST HOTEL
[illegible] Clay Rd
[illegible], TX 77041

[illegible] 4200
[illegible] 4205

Sheraton

GUEST / CLIENT

Thomas Hunter
Sanc Travel/bmc

ROOM	322	
RATE	109.00	
# PERS.	1	
FOLIO	82512	EH-A
PAGE	2	
ARRIVE	24-FEB-11	17:30
DEPART	25-FEB-11	
PAYMENT	VI	

TRAVEL AGENT / CHARGE TO

Cw Government Travel Inc
1849 C Nw St Rm 6329

Washington, DC 202400001

Transformation Unveiled - Experience Sheraton's multi-billion dollar enhancements at nearly 100 renovated hotels across North America and see for yourself what all the excitement is about. Explore more at www.sheraton.com/renovatedhotels

SIGNATURE [illegible]

As a Starwood Preferred Guest, you could have earned 218 Starpoints for this visit. Please provide your member number or enroll today.
Thomas Hunter
FOLIO 82512 24-FEB-11

505 923 4625 p.1

Mar 18 11 08:33a Tom Hunter

Albuquerque-ABG-Fast Park
2801 Yale Blvd. , S.F.
USA-87106 Albuquerque

Month 02/25/11 18:36
Cashier 14
Receipt 009803

Non-Member Ticket
1 - No. 040764
02/24/11 07:46 -
02/25/11 16:36 -
Period 1d8h51'
(TAX) $6.00

Total $6.00

Payment Received
VISA $8.60
(b) (6) [redacted]
Merch:181883199000
Auth:094940
Type: Swipes

Sub Total $8.00

Includes 7% tax
and 2% airport fee

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

TRAVEL AUTHORIZATION

1. No. HunterTInvit
2. 2/23/2011 (DATE)

3. Office of the Secretary (BUREAU OR OFFICE)

4. NAME Thomas O. Hunter
5. OFFICIAL STATION Albuquerque, NM

6. TITLE Invitational
7. ACCOUNTING OFFICE Washington, DC

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

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Houston, TX and return

10. PURPOSE AND REMARKS:

Invitational Travel. Traveler is a scientist meeting with the Secretary.

Dr. Hunter is lead for the Federal govt scientific team that has worked with BP officials to develop and analyze solutions to the BP oil spill.

11. PER DIEM ALLOWANCE:

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

12. PERIOD OF TRAVEL: Beginning on or about February 24, 2011 Ending on or about February 25, 2011

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

ESTIMATED COST

20. Transportation	$	900.90
21. Per Diem		162.25
22. Other		65.00
23. TOTAL	$	1,128.15

24. CHARGED TO:
2011 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Invitational (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)

29. Chief of Staff (TITLE)

United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, DC 20240

TAKE PRIDE IN AMERICA

February 23, 2011

To: Sheila Wilson
Office of the Secretary
Office of Financial Management

From: Matt Lee-Ashley, Deputy Chief of Staff MLA

Subject: Authorization to use Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Account. Please call Donna Deen on 202-208-4025 if you have any questions. Thank you.

Traveler	Dates of Travel	Cost Center
Hunter, Thomas O.	02/24-25/11	2011 1000 DDD01 68

TRANSACTION REPORT

APR-07-2011 THU 10:17 AM

FOR: DOI-OS-DENVER 3039696621

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
APR-07	10:11 AM	FAX	6'20"	11	FAX RX	OK		

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: 4-8-2011

Total Pages 2

MESSAGE: HI DAVID
THESE ARE DONE,
Brad

Accepted / Paid Copies
Political Appointee Travel Vouchers

Thanks
B

Travel Voucher (TV) Header Screen

Travel Information

Home Org 1000

Name THOMAS O. PETRILLO

Address 1849 C STREET NW MS 7420-MIB

WASHINGTON DC 202400001

Comments To Print

Document Action

Amount

Total Entered 781.24

Total Travel 781.24

Tax Withheld

WTA

Adjustment 0.00

Travel Information

Ref TO/Doc No TO 1110000066 Offset Ind Y

Trans Type EX Payment Cat M

Purpose 0 (Enter up to 5 travel purposes)

Dates

Begin Date 03 14 2011 End Date 03 16 2011

Check Info | Apply Advance | Line Information | Doc Comments

Tables

TADV | TOHT | TOLT | Other

End

2011-04-08 14:00 FAX 2022085627 >> 3032[illegible] P.3/[illegible]

Travel Voucher (TV) Header Screen

Travel Information

Home Ctr 1000

Name THOMAS O. HUNTER

Address (b) (6) [redacted]

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

Comments To Print

Travel Information

Rqt/TC/Doc No TO 1110000072 Offset Ind Y

Trans Type EX Payment Cat H

Purpose 0 (Enter up to 6 travel)

Document Action

Amount

Total Expenses 135.53

Over Travel 135.53

Taxable

Tax Withheld

WTA

Ticket

Adjustment 0.00

Dates

Depart Date 02 24 2011 End Date 02 25 2011

TV Date Acct Period

Check Info | Apply Advance | Line Information | Doc Commands

Tables

TOHT | TOLT | Other

End

TRANSACTION REPORT

APR-08-2011 FRI 12:31 PM

FOR DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
APR-08	12:28 PM	FAX	2' 16"	3	FAX RX	CK		

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS 1110000131

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELE PAYEE

a. NAME (Last, first middle initial): Hunter Thomas (Invitational traveler) [redacted]

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

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

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION

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

6. PERIOD OF TRAVEL: a. FROM 04-13-11 b. TO 04-14-11

7. TRAVEL AUTHORIZATION: a. NUMBER(S) HUNTERDC04 b. DATE(S)

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY: +DT-0

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

I hereby assign to the United States any right I may have against any parties in connection with 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)
7952608460	$805.30	AA	04-12-11	Albuquerque, NM	Washington, DC
SATO fee	$28.50				

OS Corporate Card used for airline tickets. Invitational traveler Traveler request no reimbursement for per diem. Traveler paid for travel expenses with personal credit card.

JUL 15 2011

211D 211
211T 38.00
211I 39.60

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: X Thomas Dr Hatch DATE: X 7-11-11 AMOUNT CLAIMED $ $288.60

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 $30,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, Ed. 1001).

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

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 7/15/11

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

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

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 $ $288.60
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $
d. NET TO TRAVELER $ $288.60

BLR 7-20 2011

18. ACCOUNTING CLASSIFICATION
2011-1000 DDD01 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. HUNTERDC041311

TRAVELER'S LAST NAME Hunter

2/11/7/

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4-13-11		Taxi							15.00				15.00
4-14-11		Lodging						211.00					211.00
4-14-11		Lodging tax							30.60				30.60
4-14-11		Taxi							8.00				8.00
4-14-11		Taxi							15.00				15.00
4-14-11		Airport parking							9.00				9.00
									SUBTOTALS		0	$0.00	$288.60
									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	$288.60

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (25 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

To: **Shelia Wilson**
Financial Office

From: Iris Straitt, Scheduling and Advance Office

Date: 04-06-11

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Thomas O. Hunter	04/13-14/11	2011-1000-DDD01-68

Account Name: Division of Financial Management Services

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

TRAVEL AUTHORIZATION

1. No. HUNTER040132011
2. 4-06-11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Thomas O. Hunter
5. OFFICIAL STATION Washington, DC

6. TITLE Invitational traveler
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: Albuquerque, NM
9. TO: Washington, DC
Accomplish DOI programs and missions. Official Business

10. PURPOSE AND REMARKS:
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources 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.
Invitational speaker/participant in the

11. PER DIEM ALLOWANCE:
Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 4-13-11 Ending on or about 4-14-11

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) 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, pc usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation $ 1290
21. Per Diem 245.00
22. Other 125.00
23. TOTAL $ 1660.00
24. CHARGED TO:
2011-1000-DDD01-68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. Thomas O Hunter, Invitational traveler (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE) 4/8/11
29. Matt Lee-Ashley, DCOS (TITLE)

SatoTravel

April 12, 2011

For: THOMAS HUNTER GDOIOS

To: NGMSDCI

Sales Person: LD
Locator: COZKLO
Customer Number: (b) (6) [redacted]

*TICKET PURCHASED WITH CBA CA556826....3708
*YOUR TKT WILL BE ISSUED 11APR USING YOUR CBA
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
*NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE
****
FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Wednesday April 13, 2011

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: HUNTER/THOMAS 10D
Frequent Flyer Number:
ONEWORLD

Flight Number: 2210

12:00 Noon April 13, 2011
2:40 Pm April 13, 2011
1 Hour 40 Minutes Non-Stop

Confirmation Number: COZKLO

(b) (6) [redacted] HUNTER/THOMAS

Wednesday April 13, 2011

American Airlines
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Boeing 737-800
Meal Service: Available For Purchase
Status: Confirmed
Frequent Flyer Number:
ARR-TERMINAL B
ONEWORLD

Flight Number: 1548

3:25 Pm April 13, 2011
7:10 Pm April 13, 2011
2 Hours 45 Minutes Non Stop

Confirmation Number: COZKLO
(b) (6) [redacted] HUNTER/THOMAS

Wednesday April 13, 2011

Other Service
Apr 13, 2011 - Apr 13, 2011
Departure City: WASHINGTON/NATL,DC
OUT14APR*J W MARRIOTT*1331 PENNSYLVANIA AVE*WASHINGTON DC 2
0004*PH-202-393-2000*RATE 211.00*CONF-89279477

Thursday April 14, 2011

American Airlines
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: HUNTER/THOMAS 13F
Frequent Flyer Number:
DEP-TERMINAL B
ONEWORLD

Flight Number: 409

6:45 Pm April 14, 2011
9:00 Pm April 14, 2011
3 Hours 15 Minutes Non-Stop

Confirmation Number: COZKLO

(b) (6) [redacted] HUNTER/THOMAS

Thursday April 14, 2011

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: HUNTER/THOMAS 9D
Frequent Flyer Number:
ONEWORLD

Flight Number: 773

10:10 Am April 14, 2011
10:55 Pm April 14, 2011
1 Hour 45 Minutes Non-Stop

Confirmation Number: COZKLO

(b) (6) [redacted] HUNTER/THOMAS

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
HUNTER THOMAS	7235001795260746 0/11APR11	710.70	63.30US	14.90ZP	26.50XT	805.30
					Trip Fee	28.50

FOP (b) (6) [redacted]

Total Amount: 833.80

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 877-598-2554

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO DWTSATOTRAVEL
CONTACT DWTSATOTRAVEL 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.

JW MARRIOTT
WASHINGTON DC

GUEST FOLIO

JW Marriott® Washington, DC - 2331 Pennsylvania Avenue NW, Washington, District of Columbia, 20004 (202) 393-2000

891 HUNTER/THOMAS/MR 211.00 04/14/11 12:00 6758
ACCT#

XXX XXX Date 04/13/11 19:29
Arrive Time

164

MRW#: (b) (6) [redacted]

Room Clerk Address Payment

Date	Reference		Charges	Credits	Balance Due
04/13	ROOM	891, 1	211.00		
04/13	ROOMTX	891, 1	30.60		
04/14	VS CARD			$241.60	

CURRENT BALANCE .00

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

04/13 ROOM&TAX 241.60

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

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

For questions regarding this folio, please call Marriott Business Services toll free 1-800-[illegible].

To secure your next stay, go to jwmarriott.com

Apr 25 11 08:57a Tom Hunter 505 823 4825 p.1

ABQ Airport
Parking $9.00

Albuquerque-ABQ-Fast Park
2801 Yale Blvd. , S.E.
USA-87106 Albuquerque

Booth 04/15/11 00:13
Cashier 10
Receipt 021640

Excess Time
R2 Public
Car Park 1
04/13/11 11:04 -
04/15/11 00:13 -
Period 1d13h10'
(TAX) $9.00

Total $9.00

Payment Received
VISA $9.00
(b)(6) [redacted]
Merch: 1818831990000
Auth:026020
Type: Swiped

Sub Total $0.00

Includes 7% tax
and 2% airport fee

TAXICAB RECEIPT

Time:
Date: 4/14/11
Origin of trip: INTERIOR DOI
Destination: Reagan AP Airport
Fare: 15.00 Sign:

TAXICAB RECEIPT

Time:
Date: 4/13/11
Origin of trip: Airport
Destination: Bud Marriott Hotel
Fare: 15.00 Sign:

TAXICAB RECEIPT

Time:
Date: 4/14/11
Origin of trip: DOI Hotel
Destination: Interior DOI
Fare: 8.00 Sign:

THE SECRETARY OF THE INTERIOR
WASHINGTON

MAR 22 2011

Mr. Tom Hunter, Ph.D.
12231 Academy Road, NE
#301-259
Albuquerque, New Mexico 87111

Dear Dr. Hunter:

On April 14, 2011, I am convening a one-day Ministerial Forum on Offshore Drilling Containment (Forum). The Forum will provide an opportunity for energy ministers, offshore oil and gas regulators, and experts from industry and the scientific and academic community to exchange information on lessons learned, best practices, and the best path toward promoting the development of cutting-edge, effective containment technologies in offshore exploration.

I would like to invite you to join me at this important meeting by participating on a panel discussion on "Promoting Next Generation Well Containment Technologies." Each panelist will have the opportunity to deliver a brief presentation, followed by a discussion with other Forum participants. We would be delighted to hear your thoughts on the role of the new Ocean Energy Safety Advisory Committee in strengthening capabilities for containing potential deepwater blowouts of oil and gas wells, and promoting international collaboration and R&D on offshore containment technologies.

As recent events have made clear, this topic deserves vigilant focus and attention. In the past two years, the world has seen not one, but two major blowouts: the Deepwater Horizon blowout in the Gulf of Mexico, and only eight months previously, the Montara well blowout off the coast of Western Australia. These tragic events exposed the fundamental shortcomings in existing containment technologies. They also underscored the global scope of the problem. Oil companies have ventured into deeper waters throughout the world and developed more sophisticated drilling technologies, while practices and technologies available for containing spills have trailed behind.

It is our collective responsibility to change this status quo and ensure that the appropriate regulatory measures and resources are in place so that offshore petroleum and natural gas activities will be conducted safely going forward. I hope that the Ministerial Forum on Offshore Drilling Containment will be only one of many occasions to engage in a discussion on this important issue.

Attached you will find a draft agenda for the Forum. If you have any questions or need assistance, please do not hesitate to contact Ms. Raya Bakalov at (202) 208-3715 or Raya.Bakalov@boemre.gov.

Sincerely,

Ken Salazar

Ken Salazar

Enclosure

MINISTERIAL FORUM ON OFFSHORE DRILLING CONTAINMENT
AGENDA

April 14, 2011
Washington, D.C.

The Department of the Interior is convening leaders from major offshore drilling countries and top industry experts to discuss how to strengthen capabilities for containing potential deepwater blowouts of oil and gas wells and how to develop global containment solutions.

7:30 a.m. **Registration**

9:00 a.m. **Welcome and Introduction**
Ken Salazar, United States Secretary of the Interior

9:15 a.m. **Opening Remarks**
Government Representatives

10:30 a.m. **Session I - Lessons Learned: The Need for Better Well Containment Capabilities Worldwide**
Moderated by Michael Bromwich, Director, Bureau of Ocean Energy Management, Regulation and Enforcement

This panel will focus on the lessons learned from recent blowouts. The presentations will be followed by an interactive discussion.

William Reilly	Co-Chair, National Commission on the BP Deepwater Horizon Oil Spill and Offshore Drilling
Don Winter	Chair, Analysis of the Causes of the Deepwater Horizon Explosion, Fire, and Oil Spill Committee
Martin Hoffman	Australia Deputy Secretary of the Department of Resources, Energy and Tourism

12:00 p.m. **Luncheon**

1:30 p.m. **Session II - Promoting Next Generation Well Containment Technologies**
Moderated by David Hayes, Deputy Secretary of the Interior

This panel will focus on existing containment technologies and offer suggestions for developing global containment solutions. The panel presentation will be followed by an interactive discussion.

James Dupree	BP Regional President, Gulf of Mexico
Owen Kratz	Helix Energy Solutions Group, Inc., President and Chief Executive Officer
Malcolm Webb	Oil & Gas UK, Chief Executive Officer
Thomas Hunter	Ocean Energy Safety Advisory Committee, Chair

3:30 p.m. **Break**

3:45 p.m. **Next Steps and Closing Remarks**
Government Representatives

5:00 p.m. **Meeting Adjourns**

5:30 p.m. **Reception Hosted by Secretary Salazar**

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS 11 1000 0133

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)*: Hunter, Thomas O (Invitational traveler)

b. SOCIAL SECURITY NO.

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

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION

f. RESIDENCE *(City and State)*

6. PERIOD OF TRAVEL: a. FROM 5-04-11 b. TO 5-05-11

7. TRAVEL AUTHORIZATION: a. NUMBER(S) HUNTERDC05 b. DATE(S)

8. TRAVEL ADVANCE
- a. Outstanding
- b. Amount to be applied
- c. Amount due Government *(Attached)* [ ] Check [ ] Cash
- d. Balance outstanding

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

10. CHECK NO.

11. PAID BY 1011-0

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
8643162111 SATO fee OS Corporate card used for airline tickets. Invitational traveler. Traveler request no reimbursement for per diem. Traveler paid for travel expenses with personal credit card	609.30 28.50	AA	05-05-11 JUL 15 2011	Albuquerque, NM	Washington, DC

211
211D ~~271~~
211T 59.00
211I 39.66

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

TRAVELER SIGN HERE: Thomas O. Hunter DATE 7/13/11 AMOUNT CLAIMED $ $307.60

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 $35,000 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 7/25/11

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE

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* $ $307.60
- c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
- d. NET TO TRAVELER $ $307.60

18. ACCOUNTING CLASSIFICATION

2011-DDD01 1000 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. HUNTERDC05

TRAVELER'S LAST NAME Hunter

2119

DATE 19__ (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5-04-11		Taxi							20.00			20.00	
5-04-11		Lodging						211.00				211.00	
5-04-11		Lodging tax							30.60			30.60	
5-05-11		Taxi							13.00			13.00	
5-05-11		Taxi							9.00			9.00	
5-05-11		Taxi							15.00			15.00	
5-05-11		Parking							9.00			9.00	
									SUBTOTALS		0	$307.60	$0.00
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED	$307.60

STANDARD FORM 1012 BACK (10-77)

To: **Shelia Wilson**
Financial Office

From: Iris Straitt, Scheduling and Advance Office

Date: 05-02-11

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 contact Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Thomas Hunter	05/04-05/11	2011-1000-DDD01-68

Account Name: Division of Financial Management Services

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

TRAVEL AUTHORIZATION

1. No. HUNTER050411DC
2. 05-02-11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Thomas Hunter
5. OFFICIAL STATION Washington, DC
6. TITLE Invitational Traveler
7. ACCOUNTING OFFICE Washington, DC

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

PLACES OF TRAVEL

8. FROM: Albuquerque, NM
9. TO: Washington, DC
Such places in the contiguous US, AK, HI, PR, and US Territories as may be necessary and return.
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources 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 availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 05-04-11 Ending on or about 05-05-11

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. X Other *(specify)*
Excess baggage, taxi fares, telephone calls, POV, public transportation, tolls, newspapers, faxes, pc useage.
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	609.30
21. Per Diem		250.00
22. Other		75.00
23. TOTAL	$	934.30

24. CHARGED TO:
2011 1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTING SIGNATURE)
27. Thomas Hunter, Invitational Traveler (TITLE)
28. Matt 5/2/11 (AUTHORIZING OFFICER SIGNATURE)
29. Matt Lee-Ashley, DCOS (TITLE)

SatoTravel

May 3, 2011

For: THOMAS HUNTER GDOIOS

To: MGMSDOI

Sales Person: KB
Locator: OTAVHW
Customer Number: (b) (6) [redacted]

*TICKET PURCHASED WITH CBA CA556826....3788
*YOUR TKT WILL BE ISSUED 02MAY USING YOUR CBA
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
*NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE
****
FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/RAIL/BUS AGENT INITIATED DOMESTIC

Wednesday May 4, 2011

American Airlines — Flight Number: 1344
Class of Service: Coach Class G
Depart: ALBUQUERQUE, NM — 2:30 Pm May 4, 2011
Arrive: DALLAS/F.WORTH,TX — 5:15 Pm May 4, 2011
Total Flight Time: 1 Hour 45 Minutes Non-Stop
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed — Confirmation Number: OTAVHW
Reserved Seat: HUNTER/THOMAS 13F
Frequent Flyer Number: (b) (6) [redacted] HUNTER/THOMAS
ONEWORLD

Wednesday May 4, 2011

American Airlines — Flight Number: 364
Class of Service: Coach Class G
Depart: DALLAS/F.WORTH,TX — 6:30 Pm May 4, 2011
Arrive: WASHINGTON/NATL,DC — 10:20 Pm May 4, 2011
Total Flight Time: 2 Hours 50 Minutes Non-Stop
Equipment: Boeing 737-800
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: OTAVHW
Reserved Seat: HUNTER/THOMAS 18E
Frequent Flyer Number: (b) (6) [redacted] HUNTER/THOMAS
ARR-TERMINAL B
ONEWORLD
PREFERRED SEAT UNAVAILABLE - CENTER CONFIRMED
PREFERRED SEAT UNAVAILABLE - CENTER CONFIRMED

Wednesday May 4, 2011

WASHINGTON/NATL,DC
MARRIOTT HOTELS MARRIOTT WASHINGTN METRO CENTER
775 12TH STREET NW
WASHINGTON DC 20005
Phone Number: 202-737-2200

Marriott
HOTELS & RESORTS

GUEST FOLIO

Room	Name	Rate	Depart	Time	
813	HUNTER/THOMAS	211.00	05/05/11	12:00	11152 ACCT#

Type: EK
Arrive: 05/04/11 Time: 22:27

41

Room Clerk Address Payment MRW#: (b) (6) [redacted]

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
05/04	ROOM	813, 1	211.00		
05/04	RM TAX	813, 1	30.60		
05/05	VS CARD			$241.60	

SETTLED TO: VISA CURRENT BALANCE .00

TO EXPEDITE YOUR CHECK-OUT PLEASE USE OUR VOICE MAIL CHECK-OUT SERVICE AT EXTENSION 5565. THANK YOU FOR STAYING AT THE METRO CENTER MARRIOTT.

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

05/04	ROOM	211.00
	RM TAX	30.60

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
KTHURST@SANDIA.GOV
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.CON

Your Rewards points/miles earned on your eligible earings will be credited to your account. Check your Rewards Account Statement for update activity.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all accounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number and form above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on the amount, you will owe us such amount. If you are correctly billed, in the event payment is not made within 30 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

© Contains 30% post-consumer fibers

To secure your next stay, go to Marriott.com

TAXICAB RECEIPT

Time:
Date: 5/5/11
Origin of trip: DOI
Destination: USCG
Fare: $13.00 Sign:

TAXICAB RECEIPT

Time: 5/5/11
Date:
Origin of trip: Marriott
Destination: DOI
Fare: 9.00 Sign:

Taxi Cab Receipts

DATE: 5/4/11 TIME:
TRIP ORIGIN: Airport
DESTINATION: Marriott MC
FARE: $ 20.00 SIGNATURE

TAXICAB RECEIPT

Time:
Date: 5/5/11
Origin of trip: DOI
Destination: Airport
Fare: 15.00 Sign:

Albuquerque-ABQ-Fast Park
2801 Yale Blvd. , S.E.
USA-87106 Albuquerque

Booth 05/05/11 21:11
Cashier 17
Receipt 026692

Excess Time
R2 Public
Car Park 1
05/04/11 10:26 -
05/05/11 21:11 -
Parked 1d7h46'
(TAX) $9.00

Sub Total $9.00
TAX $0.00

Total $9.00

Payment Received
VISA $9.00
[redacted] (b)(6)
Merch:181883199000
Auth:034620
Type: Swiped

Includes 7% tax
and 3% airport fee

May 05, 2011 Continued
Thursday

mgaines@nationalmall.org

1:00 PM - 1:15 PM

1:00pm: Depart the National Mall; En Route Crystal Gateway Marriott (Staff: Lizzie Marsters)

1:05 PM - 1:15 PM

1:05 pm: Radio Interview with Radio Bilingue; Lizzie to dial 559-455-5796; Host: Graciela "Chalis" Lopez (Staff: Lizzie Marsters, Jordan Montoya) -- Via phone

1:30 PM - 1:45 PM

1:30pm-1:45pm: Remarks at the Department of Energy Tribal Summit (Staff: Steve Black, Del Laverdure) -- Crystal Gateway Marriott, 1700 Jefferson Davis Highway - Arlington, Virginia (Room TBD)
POC: Sarah Jane Maxted
U.S. Department of Energy
Office: (202)586-9023; Cell: (b) (6) [redacted]
sarahjane.maxted@hq.doe.gov

1:50 PM - 2:05 PM

1:50pm: Depart Crystal Gateway Marriott; En Route DOI (Staff: Lizzie Marsters)

2:15 PM - 2:50 PM

2:15pm:-2:50pm: Meeting with Dr. Tom Hunter (Staff: David Hayes) -- Office of the Secretary
Tom Hunter: hunsaker61@comcast.net
Kathleen Hurst, kthurst@sandia.gov
505-284-1950 (w); Cell (b) (6) [redacted]

2:50 PM - 3:00 PM

2:50pm: Depart DOI; En Route to the White House (Staff: David Hayes)

3:00 PM - 4:00 PM

3:00pm - 4:00pm: Energy Cabinet Meeting (Staff: David Hayes) -- Roosevelt Room, The White House
POC: Chad Maisel, (b) (6) [redacted]

4:00 PM - 4:10 PM

4:00pm: Depart the Roosevelt Room; En Route to EEOB

4:15 PM - 5:00 PM

4:15 pm:: White House with Commission (Staff; Deanna Archuleta, Dennis Vasquez) -- Room 230A, EEOB, The White House

5:00 PM - 7:00 PM

5:00-7:00pm EDT: White House Reception in celebration of Cinco de Mayo (Staff: Deanna Archuleta) -- The White House, State Floor
6:00 pm: POTUS speaks at 6 pm, business

7:00 PM - 7:00 PM

7:00pm: Depart the White House; En Route to Residence

P.01

TRANSACTION REPORT

JUL-18-2011 MON 02:22 PM

FOR: DOI-OS-DENVER 3039696631

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
JUL-18	02:00 PM	FAX	21'31"	31	FAX RX	OK		

Number of Rooms: 1
Rate: 211.00 USD Per Night
Check In: May 04, 2011
Check Out: May 04, 2011
Confirmation Number: 84664252
MUST CANCEL BY 6PM ON THE DAY OF ARRIVAL
OR A CHARGE FOR THE ONE NIGHT WILL BE
PROCESSED

Thursday May 5, 2011

American Airlines — Flight Number: 827
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL,DC — 4:59 Pm May 5, 2011
Arrive: CHICAGO/OHARE — 6:09 Pm May 5, 2011
Total Flight Time: — 2 Hours 10 Minutes Non-Stop
Equipment: Boeing 737-800
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: OTAVHW
Reserved Seat: HUNTER/THOMAS 26E
Frequent Flyer Number: (b) (6) [redacted] HUNTER/THOMAS
DEP-TERMINAL B ARR-TERMINAL 3
ONEWORLD
PREFERRED SEAT UNAVAILABLE - CENTER CONFIRMED
PREFERRED SEAT UNAVAILABLE - CENTER CONFIRMED

Thursday May 5, 2011

American Airlines — Flight Number: 3864
Class of Service: Coach Class Y
Depart: CHICAGO/OHARE — 7:35 Pm May 5, 2011
Arrive: ALBUQUERQUE, NM — 9:30 Pm May 5, 2011
Total Flight Time: — 2 Hours 55 Minutes Non-Stop
Equipment: CR7
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: OTAVHW
Reserved Seat: HUNTER/THOMAS 16C
Frequent Flyer Number: (b) (6) [redacted] HUNTER/THOMAS
DEP-TERMINAL 3
OPERATED BY AMERICAN EAGLE
ONEWORLD

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
HUNTER THOMAS	7359/0018643162111/03MAY11	528.37	39.63US	14.80ZP	26.50XT	609.30
					Trip Fee	28.50

FOP (b) (6) [redacted]

Total Amount: 637.80

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

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS 11 0000132

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): Hunter, Thomas O (Invitational traveler)

b. SOCIAL SECURITY NO.

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

d. OFFICE TELEPHONE NO.

e. PRESENT DUTY STATION

f. RESIDENCE (City and State)

6. PERIOD OF TRAVEL: a. FROM 04-17-11 b. TO 04-18-11

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

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY: TDY-C

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
7952607463 SATO fee OS Corporate Card was used to purchase the airline tickets. Invitational traveler. Traveler requests no reimbursement for per diem. Traveler paid for travel expenses with	$609.30 $28.50	AA	04-11-11 JUL 15 2011	Albuquerque, NM	Washington, DC 211D 211 211I 39.60 211T 15.00

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: Thomas O. Hunter DATE 7/12/11 AMOUNT CLAIMED $ $265.60

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 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 7/15/11

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ $285.80
Certifier's Initials

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

d. NET TO TRAVELER $ $265.60

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE

18. ACCOUNTING CLASSIFICATION
2011-1000 DDD01 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME Hunter

211/72 **ITEMIZED SUBSISTENCE EXPENSES**

MILEAGE RATE: C

DATE 19 (a)	TIME (Hour and am/pm) (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 (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	AMOUNT CLAIMED: SUBSISTENCE (m)	AMOUNT CLAIMED: OTHER (n)
4-17-11		Taxi							15.00			15.00	
4-17-11		Lodging						211.00				211.00	
4-17-11		Lodging tax						30.60				30.60	
4-11-11		parking						9.00				9.00	
									SUBTOTALS		0	$265.60	$0.00
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 10-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (25 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED	$265.6

STANDARD FORM 1012 BACK (10-77)

To: **Shelia Wilson**
Financial Office

From: Iris Straitt, Scheduling and Advance Office

Date: 04-06-11

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Thomas O. Hunter	04/17-18/11	2011-1000-DDD01-68

Account Name: Division of Financial Management Services

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

TRAVEL AUTHORIZATION

1. No. HUNTER040172011
2. 4-06-11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Thomas O. Hunter
5. OFFICIAL STATION Washington, DC
6. TITLE Invitational traveler
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: Albuquerque, NM
9. TO: Washington, DC
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources 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.
Invitational speaker/participant in the Ocean Energy Safety Advisory Committee Meeting

11. PER DIEM ALLOWANCE:
Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 04-17-11 Ending on or about 04-18-11

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)
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, pc usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	638.00
21. Per Diem		245.00
22. Other		125.00
23. TOTAL	$	1008.00

24. CHARGED TO:
2011-1000-DDD01-68

25. (DATE)

26. (REQUESTER'S SIGNATURE)
27. Thomas O Hunter, Invitational traveler (TITLE)
28. [signature] 4/8/11 (AUTHORIZING OFFICER'S SIGNATURE)
29. Matt Lee-Ashley, DCOS (TITLE)

April 11, 2011

SatoTravel

For: THOMAS HUNTER GDOIOS

To: NGMSDOI

Sales Person: LD
Locator: OBAJ2B
Customer Number: (b) (6)

*TICKET PURCHASED WITH CBA CA556826....3788
-YOUR TKT WILL BE ISSUED 14APR USING YOUR CBA
-THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE
****
FEES TOTALING 26.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-OSD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Sunday April 17, 2011

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: HUNTER/THOMAS 10D
Frequent Flyer Number:
ONEWORLD

Flight Number: 2210

12:00 Noon April 17, 2011
2:40 Pm April 17, 2011
1 Hour 40 Minutes Non-Stop

Confirmation Number: OBAJ2B

(b) (6) HUNTER/THOMAS

Sunday April 17, 2011

American Airlines
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Boeing 737-800
Meal Service: Available For Purchase
Status: Confirmed
Frequent Flyer Number:
ARR-TERMINAL B
ONEWORLD

Flight Number: 1548

3:25 Pm April 17, 2011
7:10 Pm April 17, 2011
2 Hours 45 Minutes Non-Stop

Confirmation Number: OBAJ2B
(b) (6) HUNTER/THOMAS

Sunday April 17, 2011

Other Service
Apr 17, 2011 - Apr 17, 2011
Departure City: DALLAS/F.WORTH,TX
PLEASE NOTE SEAT ASSIGNMENT RESTRICTED TO AND CHECK IN ONLY

Monday April 18, 2011

American Airlines
Class of Service: Coach Class G
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: HUNTER/THOMAS 18D
Frequent Flyer Number:
DEP-TERMINAL B
ONEWORLD

Flight Number: 409

5:45 Pm April 18, 2011
9:00 Pm April 18, 2011
3 Hours 15 Minutes Non-Stop

Confirmation Number: OBAJZB

(b) (6) [redacted] HUNTER/THOMAS

Monday April 18, 2011

American Airlines
Class of Service: Coach Class G
Depart: DALLAS/F.WORTH,TX
Arrive: ALBUQUERQUE, NM
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: None
Status: Confirmed
Reserved Seat: HUNTER/THOMAS 17D
Frequent Flyer Number:
ONEWORLD

Flight Number: 773

10:10 Pm April 18, 2011
10:55 Pm April 18, 2011
1 Hour 45 Minutes Non-Stop

Confirmation Number: OBAJZB

(b) (6) [redacted] HUNTER/THOMAS

Name	Invoice/Ticket/Date	Base	Tax1	Tax2	Tax3	Total
HUNTER THOMAS	7238/0017852807463/11APR11	528.37	39.63US	14.80ZP	26.50XT	609.30
					Trip Fee	28.50

FOP (b) (6) [redacted]

Total Amount: 637.80

SATO TRAVEL AFTER HOURS EMERGENCY 866-215-8444
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 FARES TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTACT 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.

JW MARRIOTT
WASHINGTON DC

GUEST FOLIO

JW Marriott® Washington, DC - 1331 Pennsylvania Avenue NW, Washington, District of Columbia, 20004 - 202.393.2000

~~601 HUNTER/TOM 211.00 04/18/11 12:00 6094 1683~~
ACCT# GROUP

Room GK Mon US DEPT OF THE INTER Rate Depart 04/17/11 Time 22:12

Type 164 Arrive Time

MRW#: (b) (6) [redacted]

Room Clerk Address Payment

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
04/17	ROOM	601, 1	211.00		
04/17	ROOMTX	601, 1	30.60		
04/18	VS CARD			$241.60	

CURRENT BALANCE .00

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

04/17 ROOM&TAX 241.60

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

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

For questions regarding this form, please call Marriott Business Services toll free 888-435-7017.

To secure your next stay, go to jwmarriott.com

ABQ Airport parking

Albuquerque-ABQ-Fast Park
2801 Yale Blvd. , S.E.
USA 87106 Albuquerque

Booth 04/18/11 23:06
Cashier 8
Receipt 022883

Excess Time
R2 Public
Car Park 1
04/17/11 10:56 -
04/18/11 23:06 -
Period 1d12h11'
(TAX) $9.00

Total $9.00

Payment Received
VISA [redacted] (b) (6) $9.00
Merch:[redacted]
Auth:085208
Type: Keyed

Sub Total $9.00

Includes 7% tax
and 2% airport fee

TAXICAB RECEIPT

Time: _____

Date: 4/17/11

Origin of trip: AP Airport

Destination: Hotel

Fare: 15.00 Sign: _____

MEETING OF THE
OCEAN ENERGY SAFETY ADVISORY COMMITTEE

April 18, 2011
Washington, D.C.

The Ocean Energy Safety Advisory Committee is a public federal advisory committee consisting of 15 members from federal agencies, the offshore oil and gas industry and academia who will advise the Secretary of the Interior and the Director of the Bureau of Ocean Energy Management, Regulation and Enforcement (BOEMRE) on improving all aspects of ocean energy safety.

8:00 a.m. **Registration**

9:00 a.m. **Welcome and Introduction**
Secretary Ken Salazar, BOEMRE Director Michael Bromwich

9:15 a.m. **Opening Remarks and Member Introductions**
Committee Chair Tom Hunter, Committee Members

10:00 a.m. **Session I - Findings and Recommendations of the National Commission on the BP Deepwater Horizon Oil Spill and Offshore Drilling**

Cherry Murray Commissioner, National Commission on the BP Deepwater Horizon Oil Spill and Deepwater Drilling

11:00 a.m. **Break**

11:15 a.m. **Session II – Investigations into the Causes of the Deepwater Horizon Blowout**

Don Winter Chair of the National Academy of Engineering/National Research Council Committee Examining the Probable Causes of the Deepwater Horizon Explosion

Fred Bartlit Chief Counsel to the National Commission on the BP Deepwater Horizon Oil Spill and Deepwater Drilling

12:15 p.m. **Lunch**

1:30 p.m. **Session III – Lessons Learned from the Deepwater Horizon Containment and Response Efforts**

James Dupree	BP Regional President, Gulf of Mexico
Roy Nash	Rear Admiral, United States Coast Guard
Lars Herbst	Regional Director, Gulf of Mexico Region, Bureau of Ocean Energy Management, Regulation and Enforcement

3:00 p.m. **Break**

3:15 p.m. **Public Comments**

4:00 p.m. **Roundtable on Committee Activities and Next Steps**

5:30 p.m. **Meeting Adjourns**

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			4. SCHEDULE NO.

5. TRAVELER PAYEE			
a. NAME (Last, first middle initial): Petrillo, Thomas 111000 0066	b. SOCIAL SECURITY NO.: (b) (6) [redacted]	6. PERIOD OF TRAVEL: a. FROM 03/14/11	b. TO 03/16/11
c. MAILING ADDRESS (Include ZIP Code): Washington, DC	d. OFFICE TELEPHONE NO.: 202-208-7551	7. TRAVEL AUTHORIZATION: a. NUMBER(S) KANSACITYM	b. DATE(S)
e. PRESENT DUTY STATION: Washington, DC	f. RESIDENCE (City and State): (b) (6) [redacted]	10. CHECK NO.	

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED $	+Pt 0
b. Amount to be applied				
c. Amount due Government (Attached) [ ] Check [ ] Cash		c. PAYEE'S SIGNATURE		
d. Balance outstanding				

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

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, p[illegible] 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)
7952607394	287.40	FA	3/11/11	Washington, DC	Kansas City, MO
7952607415	105.70	FA	3/16/11	Kansas City, MO	Washington, DC
Advance Staff for the SECY		MAR 31	2011	Actual lodging NTE 300% as authorized. Approved [signature] signing official. Lodging was selected o provide the location, security, and facilities	Traveler used OS Corporate for airline tickets. Traveler used his personal credit card for travel. Traveler does not have a govn't credit card.
Refund unused ticket 7952607394 for $181.70					

211P 3 F0.56 211R 22629 211+ 40cc 211I 134.45

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

TRAVELER SIGN HERE: Thomas Petrillo DATE: 3/23/11 AMOUNT CLAIMED $ 781 24

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $30,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, Rd. 1001).

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

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 3/29/11

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 $ 781 24

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE

18. ACCOUNTING CLASSIFICATION

2011 DR 1000 DDR11 FW 0118 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. KANSACITYMO031411

TRAVELER'S LAST NAME PERTILLO

09/11

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3-14		STATO fee (28.50)											
3-14		hotel					45.75	114.00	159.75				159.75
3-14		lodging tax							19.09				19.09
3-14		parking							15.00				15.00
3-14		internet useage							19.90				19.90
3-14		taxi							20.00				20.00
3-14		hotel					61.00	114.00	175.00				175.00
3-15		lodging tax							19.09				19.09
3-15		parking							15.00				15.00
3-15		internet useage							9.95				9.95
3-15		business center							30.52				30.52
3-15		business center							5.90				5.90
3-16		rental car							226.29				226.29
3-16		STATO fee (28.50)											
3-16							45.75						45.75
3-16		taxi							20.00				20.00
									SUBTOTALS		0	$0.00	$781.24
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 10-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (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	$781.24

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, 1940

TRAVEL AUTHORIZATION

1. No. PETRILLOMO031411
2. 3/08/11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Thomas Petrillo 5. OFFICIAL STATION Washington, DC

6. TITLE Spec. Asst to the SECY 7. ACCOUNTING OFFICE

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: Kansas City, MO
Such places in the contiguous US, AK, HI, PR, and US Territories as may be necessary and return.
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:
Official business as may be required.

Advance Staff for the SECY- Speaker/ Presenter at Conferences, Summits, etc

11. PER DIEM ALLOWANCE:
Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 3-14-11 Ending on or about 3-16-11

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 19. Shipment household goods and personal effects
18. X Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, pc usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote

ESTIMATED COST

20. Transportation	$	240.00
21. Per Diem		400.00
22. Other		400.00
23. TOTAL	$	1040.00

24. CHARGED TO:
2011-1000 DDR11 FW0118 68

25. (FISCAL OFFICER'S SIGNATURE)

26. Tom Petrillo (REQUESTER'S SIGNATURE)

27. Thomas Petrillo , Spec. Asst to the SECY (TITLE)

28. Matt Lee-Ashley (AUTHORIZING OFFICER'S SIGNATURE)

29. Matt Lee-Ashley- DCOS (TITLE)

To: **Shelia Wilson**
Office of Financial Management

From: Iris Straitt,
Scheduling Office

Date: 3/09/11

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Thomas Petrillo	3/14-16/11	2011-1000 DDD01 68

Enclose: Copy of Travel Authorization

the westin crown center
1 e pershing rd kansas city, mo 64108-2503 us
phone 816.474.4400 fax 816.391.4438
westin.com/kansascity

guest

Thomas Petrillo

WMC13

room	1329	
rate	114.00	
no. pers.	1	
folio	1548310	A
page	1	
arrive	14-MAR-11	19:56
depart	16-MAR-11	07:34
payment	VM	

trave agent/charge to

date	reference	description	charges/credits
14-MAR-11	RT1329	Room Chrg Grp Association	114.00
14-MAR-11	RT1329	State Tax	8.81
14-MAR-11	RT1329	KC Development Fee	1.73
14-MAR-11	RT1329	City Tax	8.55
14-MAR-11	RT1329	Parking	15.00
14-MAR-11	G259	Internet/Phone	9.95
14-MAR-11	G259	Internet/Phone	9.95
15-MAR-11	RT1329	Room Chrg Grp Association	114.00
15-MAR-11	RT1329	State Tax	8.81
15-MAR-11	RT1329	KC Development Fee	1.73
15-MAR-11	RT1329	City Tax	8.55
15-MAR-11	RT1329	Parking	15.00
15-MAR-11	G707	Internet/Phone	9.95
16-MAR-11	1329	Internet/Phone credit	9.95-
16-MAR-11	VM	Visa/Mastercard	316.08-

19.09

19.9

19.09

For Authorization Purposes Only

(b) (6) [redacted]

Auth Date	Code	Authorized
14-MAR-11	016189	296.40
14-MAR-11	084560	50.00

Balance Due 0.00

** continued on the next page **

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

signature

Thomas Petrillo			ROOM	DEPART	AGENT
FOLIO	1548310	14-MAR-11	1329	16-MAR-11	BREEJAM

WESTIN HOTELS & RESORTS

Gmail

Mail
Contacts
Tasks
Compose mail
Inbox
Sent Mail
Drafts (2)
Spam (5)
Trash
Meeting
3 more
Chat
Search, add, or invite
Thomas Petillo
Type (0)
Unable to reach Gmail. Please check your internet connection or company's network settings. Help
Call phone
Invite a friend
Give Gmail to:
Send invite 31 left
Preview invite

Search Mail Search the Web Show search options Create a filter

Citi® ThankYou® Card - www.CitiCards.com/apply - Earn 6,000 Bonus ThankYou® Points Redeemable for a $50 Gift Card.

« Back to Inbox | Archive | Report spam | Delete | Move to | Labels | More actions | < Newer

PC Express Receipt

Inbox x

PublicPC@usatech.com to me

show details Mar 15 (5 days ago) Reply

USA Technologies PC Express

Terminal ID: EV114740
Terminal Serial #: K100000030D442133
Transaction: 1300200276
*** *** ***
Location:Westin Crown Center
Date: 3/15/2011
Time: 2:44:39 PM
Card: 1669
*** *** ***
PENDING AUTHORIZATION AMOUNT: $85.00
Usage: 18 minutes, $6.72
Printer Usage
Printer 1: 52 pages, $20.80
Internet: 18 minutes, $0.00

Total Sale: $30.52

Help Desk Phone # 1-888-861-4748

Reply Forward

PublicPC@usatech.com to me

show details Mar 15 (5 days ago) Reply

USA Technologies PC Express

Terminal ID: EV114740
Terminal Serial #: K100000030D442133
Transaction: 1300229386
*** *** ***
Location:Westin Crown Center
Date: 3/15/2011
Time: 10:49:48 PM
Card: 2386
*** *** ***
PENDING AUTHORIZATION AMOUNT: $85.00
Usage: 5 minutes, $2.70
Printer Usage
Printer 1: 8 pages, $3.20
Internet: 5 minutes, $0.00

Total Sale: $5.90
- Show quoted text -

Reply Forward

« Back to Inbox | Archive | Report spam | Delete | Move to | Labels | More actions | < Newer

New window
Print all
Expand all
Collapse all

American Express
Good Credit Do
Choose a Card
www.American

Intuit Goeasy
Take Credit Ca
Free Card. Sw
Intuit-GoFinan

Orchard Bank
Best Credit Car
Qualify Online.
www.OrchardB

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Visa Cards
Social Security

Search accurately with operators including from: to: subject:.

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Last account activity: 26 minutes ago on this computer. Details
Gmail view: standard | Turn on buzz | older contact manager | basic HTML. Learn more

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Taxi Cab Receipts

DATE: 3/14/11 TIME:

TRIP ORIGIN: DOI

DESTINATION: DCA

FARE: $ 20 SIGNATURE

THRIFTY CAR RENTAL
KANSAS CITY AIRPORT
RENTAL RECORD 2T0844012
PETRILLO,THOMAS
COMPLETED BY: EWULFT
RENTED: KANSAS CITY AIRPORT
RENTAL: 03-14-11 1903
RETURN: 03-16-11 1115
VEH NUMBER: V53122
MILES IN: 41115 OUT:41069
MILES DRIVEN: 46
CHECK IN FUEL LEVEL: 8 OUT:8
PLAN IN/OUT: ROUD1
CDAR
CLS
2 DAYS @ $59.32 $118.64
SUBTOT $118.64
TAXABLE TOT: $118.64
TIME $118.64
LDW1
2 DAYS @ $22.99 $45.98
CFC
2 DAYS @ $3.00 $6.00
VLFMC1
2 DAYS @ $1.20 $2.40
CTYARENFEE
2 DAYS @ $4.00 $8.00
TRIPSAVER
2 DAYS @ $5.99 $11.98
TFC
2 DAYS @ $2.10 $4.20
ERF
2 DAYS @ $0.45 $0.90
CONCRECFEE $14.87
STATE TAX $13.32
TOTAL CHARGE $226.29
NET DUE $0.00
PAYMENTS -$226.29
PAID BY: MC
CREDIT CARD# (b) (6) [redacted]

Taxi Cab Receipts

DATE: 3/16/11 TIME:

TRIP ORIGIN: DCA

DESTINATION: DOI

FARE: $ 10 SIGNATURE

SatoTravel

March 11, 2011

For: THOMAS PETRILLO GDOIDOOS

To: NGMSDOI

Sales Person: LD
Locator: FORSMS
Customer Number: (b) (6) [redacted]

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/RAIL/BUS AGENT INITIATED DOMESTIC

Monday March 14, 2011

Frontier Airlines — Flight Nbr: 1749
Class of Service: Coach Class Q
Depart: WASHINGTON/NATL,DC — 4:40 Pm March 14, 2011
Arrive: KANSAS CITY,MO — 6:35 Pm March 14, 2011
Total Flight Time: 2 Hours 55 Minutes Non-Stop
Equipment: E90
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: INVULI
Reserved Seat: PETRILLO/THOMAS 23F
DEP-TERMINAL A — ARR-TERMINAL BUILDING C
*DCA-MCI OPERATED BY REPUBLIC AIRLINES

Monday March 14, 2011

THRIFTY — Intermediate Car
Pick Up: March 14, 2011 6:35 Pm — Location: KANSAS CITY,MO
KANSAS CITY,MO
816-464-5600

Return: March 16, 2011 3:30 Pm
Daily Rate: 62.98 USD Extra Hours: 12.59
Unlimited Free Miles
Approximate Total: 174.66 2Days 0Hours 43.74Mandatory Charge
Confirmation Number: FD363X

Tuesday March 15, 2011

KANSAS CITY,MO
WESTIN HOTELS WI 8 WESTIN CROWN CENTER KANSA
ONE EAST PERSHING RD
KANSAS CITY MO 64108
Phone Number: 816-474-4400
Number of Rooms: 1
Check In: Mar 15, 2011
Check Out: Mar 16, 2011

Tuesday March 15, 2011

Other Service
Mar 15, 2011 - Mar 15, 2011
Departure City: KANSAS CITY,MO
PLEASE NOTE HOTEL CANCELLATION IS 24HRS PRIOR TO ARRVL

Wednesday March 16, 2011

US Airways
Class of Service: Coach Class S
Depart: KANSAS CITY,MO
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: E70
Meal Service: None
Status: Confirmed
Reserved Seat: PETRILLO/THOMAS 11A
DEP-TERMINAL BUILDING A ARR-TERMINAL C
*MCI-DCA OPERATED BY US AIRWAYS EXPRESS-REPUBLIC AIRLINES

Flight Number: 3352

4:05 Pm March 16, 2011
7:25 Pm March 16, 2011
2 Hours 20 Minutes Non-Stop

Confirmation Number: F4SPDE

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
PETRILLO THOMAS	7155/4227952607304/11MAR11	247.44	18.56US	7.40ZP	14.00XT	287.40
					Trip Fee	28.50

FOP (b) (6) [redacted]

Total Amount: 315.90

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.

March 16, 2011

SatoTravel

For: THOMAS PETRILLO GDOIDOOS

To: NGMSDOI

Sales Person: LD
Locator: FORSMS
Customer Number: (b) (6) [redacted]

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/RAIL/BUS AGENT INITIATED DOMESTIC

Tuesday March 15, 2011

Other Service
Mar 16, 2011 - Mar 15, 2011
Departure City: KANSAS CITY,MO
PLEASE NOTE HOTEL CANCELLATION IS 24HRS PRIOR TO ARRVL

Wednesday March 16, 2011

Frontier Airlines — Flight Number: 1746
Class of Service: Coach Class Q
Depart: KANSAS CITY,MO — 12:41 Pm March 16, 2011
Arrive: WASHINGTON/NATL,DC — 3:55 Pm March 16, 2011
Total Flight Time: 2 Hours 15 Minutes Non-Stop
Equipment: E90
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: INVULI
DEP-TERMINAL BUILDING C ARR-TERMINAL A
VHCI-DCA OPERATED BY REPUBLIC AIRLINES

Name	Invoice/Ticket/Date	Base	Tax1	Tax2	Tax3	Total
PETRILLO THOMAS	7180/4227952607415/16MAR11	88.37	6.63US	3.70ZP	7.00XT	105.70
					Trip Fee	28.50
PETRILLO THOMAS	7158/4227952607394/11MAR11	24[illegible]	18.56US	7.40ZP	14.00XT	237.40

FOR (b) (6) [redacted]

Total Amount: 421.80

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

TICKET NUMBER 7952607394 HAS BEEN PROCESSED FOR A REFUND
ON 16MAR IN THE AMOUNT OF 181.70
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

NATIONAL BUSINESS CENTER
FINANCIAL MANAGEMENT AND BUDGET
DIRECTORATE

FACSIMILE TRANSMITTAL SHEET

TO: Gloria Rucker	FROM: Barbara Martin
COMPANY:	DATE: /4/2011
FAX NUMBER: 303-969-6631	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 202/208-3119
RE: Enclosed is a local voucher for Alan Gilbert. If you have any questions, let me know....thanks	YOUR REFERENCE NUMBER:

☐ URGENT FOR REVIEW PLEASE COMMENT X PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thanks

Barbara

DEPARTMENT OF THE INTERIOR, 1849 C STREET, NW, WASHINGTON, DC 20240
FAX NUMBER (202) 208-5627

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

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

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER PAYEE

a. NAME (Last, first middle initial): Petrillo, Thomas 1110000092

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS (Include ZIP Code): DOI-MIB Washington, DC [redacted]

d. OFFICE TELEPHONE NO.: 202-208-7551

e. PRESENT DUTY STATION: Washington, DC

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

6. PERIOD OF TRAVEL: a. FROM 04-14-11 b. TO 04-17-11

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

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY: TPT-0

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

I hereby assign to the United States any right I may have against any parties in connection with 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)
7952607472	862.80		AA	04-12-11	DC	Dallas/Ft. Worth, TX
SATAO Fee	28.50					
Advance Staff for the SECY. Traveler paid expenses with his personal credit card.						

MAY 10 2011

211D 414.25
211I 81.04
211T 40.00
211R 105.60

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

TRAVELER SIGN HERE: Thomas Petrillo DATE: 5/3/11 AMOUNT CLAIMED $ $640.89

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $30,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

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

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 5/9/11

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

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

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 $ $640.89
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER $ $640.89

18. ACCOUNTING CLASSIFICATION
NPS 2011-DR 1000 DDR13 NP0123 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

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

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

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

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

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

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

Cols. (d) thru (j) are only for actual expense travel

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Glaspell

8/6/

ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: C

DATE 19 (a)	TIME (Hour and am/pm) (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 (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	AMOUNT CLAIMED: SUBSISTENCE (m)	AMOUNT CLAIMED: OTHER (n)
4-14-11		Taxi							20.00				20.00
4-14-11		Lodging							75.00				75.00
4-14-11		Lodging tax							8.63				8.63
4-15-11		Lodging							75.00				75.00
4-15-11		Lodging tax							8.63				8.63
4-16-11		Misc. supplies for event							3.19				3.19
4-16-11		Gasoline							20.00				20.00
4-16-11		Lodging							77.00				77.00
4-16-11		Lodging tax							10.01				10.01
4-17-11		Gasoline							30.58				30.58
4-17-11		Rental car							105.60				105.60
4-17-11		Taxi							20.00				20.00
4-14-11		Per diem							45.75				45.75
4-15-11		Per diem							61.00				61.00
4-16-11		Per diem							46.00				46.00
4-17-11		Per diem							34.50				34.50
									SUBTOTALS		0	$0.00	$640.89
									TOTALS				$640.89

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

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

TOTAL AMOUNT CLAIMED	$640.89

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 10-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (25 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

To: **Shelia Wilson**
Financial Office

From: Iris Straitt, Scheduling and Advance Office

Date: 04-12-11

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 contact Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Thomas Petrillo	04/14-17/11	2011-1000-DDD01-68

Account Name: Division of Financial Management Services

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

TRAVEL AUTHORIZATION

1. No. PETRILLO041411
2. 04-12-11
(DATE)

3. OS
(BUREAU OR OFFICE)

4. NAME Thomas Petrillo
5. OFFICIAL STATION Washington, DC
6. TITLE Spec. Asst to the SECY
7. ACCOUNTING OFFICE Washington, DC 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: Little Rock/Hope, AR
Such places in the contiguous US, AK, HI, PR, and US Territories as may be necessary and return.
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:

I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Advance Staff for SECY- Speaker/ Presenter at Conferences, Summits, etc.

11. PER DIEM ALLOWANCE:

Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 04-14-11 **Ending on or about** 04-17-11

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** 19. **Shipment household goods and personal effects**
18. X **Other** *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, pc usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote

ESTIMATED COST

20. Transportation	$	892.00
21. Per Diem		450.00
22. Other		600.00
23. TOTAL	$	1942.00

24. **CHARGED TO:**
2011-DR1000 DDR13 NPO123 68

25. _____
(FISCAL OFFICER'S SIGNATURE)

26. Thomas Petrillo
(REQUESTER'S SIGNATURE)

27. Thomas Petrillo, Spec Asst to the SECY
(TITLE)

28. _____ 4/11/11
(APPROVING OFFICER'S SIGNATURE)

29. Matt Lee-Ashley, DCOS
(TITLE)

SatoTravel

April 12, 2011

For: THOMAS PETRILLO GDOIOS

To: NGMSDOI

Sales Person: RS
Locator: PABMAH
Customer Number: (b) (6)

*TICKET PURCHASED WITH CBA CA5558826....3788
*YOUR TKT WILL BE ISSUED IMMEDIATELY USING YOUR CBA
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
*NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE
****
FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP AIR/AMTRAK DOMESTIC, TRADITIONAL

Thursday April 14, 2011

American Airlines
Class of Service: Coach Class G
Depart: WASHINGTON/NATL,DC
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
ONEWORLD
PREFERRED SEAT UNAVAILABLE - CENTER CONFIRMED

Flight Number: 1979
9:40 Am April 14, 2011
12:05 Pm April 14, 2011
3 Hours 25 Minutes Non-Stop
Confirmation Number: PABMAH

Thursday April 14, 2011

American Airlines
Class of Service: Coach Class G
Depart: DALLAS/F.WORTH,TX
Arrive: TXK
Total Flight Time:
Equipment: ATR Turboprop
Meal Service: Available For Purchase
Status: Confirmed
DEP-TERMINAL B
*DFW-TXK OPERATED BY EXECUTIVE AIRLINES AS AMERICAN EAGLE
ONEWORLD

Flight Number: 4751
1:00 Pm April 14, 2011
2:00 Pm April 14, 2011
1 Hour 0 Minutes Non-Stop
Confirmation Number: PABMAH

Thursday April 14, 2011

AVIS
Pick Up: April 14, 2011 2:00 Pm
Return: April 17, 2011 11:05 Am
Daily Rate: 20.00 USD
Unlimited Free Miles
Approximate Total: 105.60 3Days 0Hours 46.00Mandatory Charge
Confirmation Number: 49875389US4

Intermediate Car
Location: TXK
TXK
Extra Days: 47.00 Extra Hours: 15.00

Sunday April 17, 2011

American Airlines
Class of Service: Coach Class Y
Depart: TXR
Arrive: DALLAS/F.WORTH,TX
Total Flight Time:
Equipment: ER3
Meal Service: Available For Purchase
Status: Confirmed
ARR-TERMINAL B
OPERATED BY AMERICAN EAGLE
ONEWORLD

Flight Number: 2843

11:05 Am April 17, 2011
12:00 Noon April 17, 2011
55 Minutes Non-Stop

Confirmation Number: PABMAH

Sunday April 17, 2011

American Airlines
Class of Service: Coach Class Y
Depart: DALLAS/F.WORTH,TX
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: McDonnell Douglas MD-80
Meal Service: Available For Purchase
Status: Confirmed
ARR-TERMINAL B
ONEWORLD
SEAT ASSIGNMENT RESTRICTED TO AIRPORT CHECK-IN

Flight Number: 886

1:20 Pm April 17, 2011
5:10 Pm April 17, 2011
2 Hours 50 Minutes Non-Stop

Confirmation Number: PABMAH

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
PETRILLO THOMAS	7247/0017952607472/12APR11	762.79	67.21US	14.80ZP	23.00XT	862.80
					Trip Fee	28.50

FOR (b) (6) [redacted]

Total Amount: 861.30

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 ***.....
ALL YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

LA QUINTA INNS & SUITES

LA QUINTA INN & SUITES LITTLE ROCK DOWNTOWN
[illegible] SOUTH BROADWAY
LITTLE ROCK, AR 72201
([illegible]-9000

PETRILLO, THOMAS
1849 C STREET
ROOM 6379
WASHINGTON, DC 20240
Company: FEDROOMS

Folio#: 2010212502
Room: 402
Arrival: 04/14/11
Departure: 04/16/11
Returns Club No :
Voucher/Ship/PO:

Trans #	Date	Description	Charges	Payments	Balance
788858	4/14/2011	Rm: 402 XVU - FEDROOMS	$75.00	$0.00	$75.00
788859	4/14/2011	TAX - OCCUPANCY - CITY	$1.50	$0.00	$76.50
788860	4/14/2011	TAX - OCCUPANCY - STATE	$7.13	$0.00	$83.63
789497	4/15/2011	Rm: [illegible] XVU - FEDROOMS	$75.00	$0.00	$158.63
789498	4/15/2011	TAX - OCCUPANCY - CITY	$1.50	$0.00	$160.13
789499	4/15/2011	TAX - OCCUPANCY - STATE	$7.13	$0.00	$167.26
790052	4/16/2011	CC PMT - MASTER CARD	$0.00	$167.26	$0.00
				Balance:	$0.00

tax 8.63

tax 8.63

Method of Pay: Credit Card: [illegible] 7568

Signature:

THANK YOU
WE APPRECIATE YOUR BUSINESS

Hampton Inn & Suites - Texarkana
4601 Cowhorn Creek Road • Texarkana, TX 75503
Phone (903) 832-3499 • Fax (903) 832-3331

official sponsor U.S. Olympic Team

PETRILLO THOMAS
(b) (6) [redacted]
US

name
address

room number: 306/KXTD
arrival date: 4/16/2011 5:54:00PM
departure date: 4/17/2011
adult/child: 1/0
room rate: $77.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including a minute incidentals, through your date of checkout and such funds will not be released for 72 business hours from the date of checkout or longer at the discretion of your financial institution.

RATE PLAN LEGR1
HH# (b) (6) [redacted]
AL
BONUS AL OAR

Confirmation: 84033775

4/17/2011 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safe deposit box is available for you in the lobby. 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. I have requested weekday delivery of USA Today. If refused, a credit of $1.75 will be applied to my account. In the event of an emergency, I or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
4/16/2011	671070	MOVIE	$13.99
4/16/2011	671070	SALES TAX	$1.15
4/16/2011	671123	GUEST ROOM	$77.00
4/16/2011	671123	RM - CITY TAX	$5.39
4/16/2011	671123	RM - STATE TAX	$4.62
		WILL BE SETTLED TO MC (b) (6) [redacted]	$102.15
		EFFECTIVE BALANCE OF	$0.00

Personal

10.01 tax

paid w/ personal credit card

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.

ESTIMATED CURRENCY TOTAL

STAY IN TOUCH WITH US IN BETWEEN STAYS! FOLLOW US ON TWITTER (@HAMPTONFYI) AND LIKE US ON FACEBOOK (FACEBOOK.COM/HAMPTON).

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.		date of charge	folio/check no. 189871 A
card member name		authorization	initial
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services	
		taxes	
		tips & misc.	
signature of card member X		total amount	0.00

The Hilton Family

Hilton HHonors

TAXICAB RECEIPT

Time: 4/14/10

Date:

Origin of trip: 1927 17th St

Destination: DCA

Fare: 20 —

Sign:

Supplies for SECY's event

Walmart
Save money. Live better.

Walmart
MANAGER MICHAEL HANCOCK
(870) 246 - 2469
ARKADELPHIA, AR
ST# 0318 OP# 00005256 TE# 15 TR# 05973
STRIP ADHESV 003606180222 1.47 X
STRIP ADHESV 003606180222 1.47 X
SUBTOTAL 2.94
TAX 1 8.500 % 0.25
TOTAL 3.19
CASH TEND 4.00
CHANGE DUE 0.81

ITEMS SOLD 2

TC# 8267 9053 9491 9199 4688

We gladly accept valid manufacturer & internet coupons.

WELCOME

TP04544638-001
MILK N MORE HOPE
2403 HERVEY
HOPE AR 7180

DATE 04/15/11
TIME 4:39 PM
AUTH# 751330

MASTERCARD
PETRILLO/THOMAS E

PUMP PRODUCT PRG
08 UNLD $3.699

GALLONS TOTAL
5.406 $20.00

57 543 906200
SHELL
5707 LOOP 245
TEXARKANA
AR 71854

Invoice # 996074
Date 04-17-11
Time 09:18AM
Auth # 003925

MASTERCARD Acct #
(b) (6) [redacted]
PETRILLO/THOMAS E

Pump	Gallons	Price
11	8.267	$3.699

Product	Amount
UNL REG 87	$30.58

Total Sale $30.58

Save 10cents/gal instantly at Shell when you earn 100 points at Kroger.

Pick up a brochure at your local Shell for more details.

Thank you for renting with Avis

Avis Car Rental E-Receipt

Rental Agreement Number: 768706222

AVIS We try harder.

Customer Information:

Customer Name:	THOMAS PETRILLO
Wizard Number:	
Avis Worldwide Discount Number:	
Customer Status:	
Method of Payment:	MASTER
Credit Card #:	(b) (6) [redacted]
Frequent Traveler:	

Vehicle Information

Car Group Rented:	INTERMEDIATE SUV
Car Group Charged:	INTERMEDIATE
Car Make Model:	BLK JEEP PATR 4DR
Plate Number:	TXCM1J710
Car Number:	62742594
Mileage Out: 1725	Fuel Out: 5/8
Mileage In: 2054	Fuel In: 5/8
Mileage Driven: 329	

Rental Information

Pick-Up Date/Time:	14APR11/1401	Return Date/Time:	17APR11/0700
Pick-Up Location:	TEXARKANA MUNICIPAL APO 305 AIRPORT DRIVE TEXARKANA REGIONAL AIRPORT TEXARKANA, AR 71854 US 870-773-1861	Return Location:	TEXARKANA MUNICIPAL APO 305 AIRPORT DRIVE TEXARKANA REGIONAL AIRPORT TEXARKANA, AR 71854 US 870-773-1861

Vehicle Charges

Time:	0 miles @ .00	0.00	TAX 24.000%	20.44
	0 hours @ 18.50	0.00	Fuel Service	0.00
	3 days @ 21.99	65.97	Total Charges	105.60
	0 weeks @ 329.95	0.00		
Discount 10.0%		-8.60		
Time & Mileage		59.37		
*10.00% FEE		6.11		
LDW		0.00		
$0.5[illegible]DY ERF		1.66		
$5.[illegible] CARS		15.00		
$1.00 VDY VLF		3.00		
SUBTOTAL		85.16	**Amount Due**	105.60

**CONCESSION RECOVERY FEE
ENERGY RECOVERY FEE
GOVT ADMIN SURCHARGE
VEH LICENSE RECOUP FEE

Avis Car Rental E-Receipt

Please do not reply to this message.
If you have questions regarding this rental or if you wish to unsubscribe from e-Receipt, please e-mail e.receipts@avis.com.
Thank you for not smoking. Avis maintains a 100% smoke-free fleet.
Avis, 6 Sylvan Way, Parsippany, NJ 07054.

© 2010 Avis Rent A Car System, LLC. Avis features GM vehicles.

TAXI CAB RECEIPT

Time: _____

Date: 4/17/11

Origin of trip: DCA

Destination: _____

Fare: $20 Sign: _____

2011-07-18 14:39 FAX 2022085627 >> 3039696631 P 6/7

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

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)
Walsh, Colin 1110000130

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

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

d. OFFICE TELEPHONE NUMBER
208-4969

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 2011 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
12/11/10	A	DOI	HHS			11 00		
03/01	A	DOI	Senate Russel Bldg.			11 00		
03/09	A	Residence (DC)	Longworth House Bldg.			14 00		
06/09	A	DOI	Capitol			9 00		

JUL 15 2011

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 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 7/8/11

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 7/7/11

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

2011 1000D0001 68

"What a country chooses to save is what a country chooses to say about itself."
Mollie Beattie

Taxi Cab Receipts

DATE: 12/10/10 TIME:

TRIP ORIGIN: DOI

DESTINATION: HHS

FARE: $ 11-00 SIGNATURE

TAXICAB RECEIPT

Time:
Date: 3/1/11
Origin of trip: DOI
Destination: Senate - Russell Bld.
Fare: 11 Sign:

TAXICAB RECEIPT

Time:
Date: 3/9/11
Origin of trip: Home
Destination: Longworth House Bld
Fare: 14 Sign:

TAXI CAB RECEIPT

Time:
Date: 3/9/11
Origin of trip: DOI
Destination: Capitol
Fare: 9
Sign:

2011 DM1000DDD0168

WAY

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. / 4. SCHEDULE NO.

5. TRAVELER a. NAME (Last, first, middle initial): Reilly, William, K. 1110000117		b. SOCIAL SECURITY NO: [redacted]	6. PERIOD OF TRAVEL: a. FROM 04-03-11 b. TO 04-05-11
c. MAILING ADDRESS (Include ZIP Code): (b) (6) [redacted]		d. OFFICE TELEPHONE NO: 202-20-8-7551	7. TRAVEL AUTHORIZATION: a. NUMBER(S) b. DATE(S)
e. PRESENT DUTY STATION: Invitational Traveler	f. RESIDENCE (City and State): (b) (6) [redacted]		10. CHECK NO.
8. TRAVEL ADVANCE	9. CASH PAYMENT RECEIPT		11. PAID BY: NEFT TRAV. REFUND INTO
a. Outstanding	a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied			
c. Amount due Government (Attached) [ ] Check [ ] Cash	c. PAYEE'S SIGNATURE		
d. Balance outstanding			

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

I hereby assign to the United States any right I may have against any parties in connection with reimbursable traveler's meals 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)
167952607444 SATO fee DI-1175 form included Traveler paid for travel expenses with personal credit card OS Corporate card used for airline tickets Invitational traveler	$826.90 $37.75	UA	03-29-11 JUN 16 2011	Dulles JUN 22 2011	Mexico City, Mexico Actual lodging NTE 300% as authorized. Approved M. LA signing official Lodging was selected to provided the location, security, and facilities necessary to conduct DOI

7d.16 212D 17.87 212I 144.00

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: X William K Reilly DATE 6/7/11 AMOUNT CLAIMED $ $857.97

NOTE: Falsification of an item in a travel 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 1001).

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

APPROVING OFFICIAL SIGN HERE: DATE 6/15/11

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES IF ANY (Explain next show amount)	$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials)	$ 857.97
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	$ 857.97
d. NET TO TRAVELER	$

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

2011-1000 DDD01 68

7-8-2011

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

(i) Complete for per diem and actual expense travel

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

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

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME Reilly

205/95

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04-03-1		Per diem							71.25	—			71.25
04-03-1		Taxi (shuttle round trip)							144.00				144.00
04-03-1		Lodging (plus taxes included)							231.20				231.20
04-04-1		Per diem							95.00	—			95.00
04-04-1		Lodging (plus taxes included)							231.20				231.40
04-05-1		Per diem							71.25	—			71.25
04-05-1		Currency transaction fee							13.87				13.87
									SUBTOTALS		0	$0.00	$857.97
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (25 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED	857 97

STANDARD FORM 1012 BACK (10-77)

Marriott.

MEXICO CITY
REFORMA HOTEL

x² a ±·½

$462.40
USD on
Reilly Visa

William Reilly
(b) (6) [redacted]
US

Habitación / Room : 921
Llegada / Arrival : 03/04/11
Salida / Departure : 05/04/11
Página / Page : 1 of 1

Compañía / Company : EMBAJADA DE LOS ESTADOS UNIDOS

Fecha / Date : 05/04/11
Recibo / Receipt 1534767

Fecha Date	Descripción Description	USD	Tipo Cambio Exch Rate	MXN Cargos Charges	MXN Créditos Credits
03/04/11	Room Charge [NA Pkg. Trx]	172.98	12.60	2,179.55	
03/04/11	I.V.A. 16% Room Tax [Add: 16%.(B)]			310.26	
03/04/11	ISH [Add: 2.5%.(B)]			48.48	
03/04/11	Bell Boy Tip [NA Fixed Charge]			75.60	
03/04/11	Maid Tip [NA Fixed Charge]			50.40	
04/04/11	In House Movies On Command MOVIE [Room#921 : #]			168.20	
04/04/11	Room Charge [NA Pkg. Trx]	172.98	12.70	2,196.85	
04/04/11	I.V.A. 16% Room Tax [Add: 16%.(B)]			312.72	
04/04/11	ISH [Add: 2.5%.(B)]			48.86	
04/04/11	Maid Tip [NA Fixed Charge]			50.40	
05/04/11	Visa Card (b) (6) [redacted]				5,441.32
			Suma :	5,441.32	5,441.32

0.00 MXN

$ 231.20 per day
2 | 462.40

BBVA Bancomer
MARRIOTT MEXICO CITY R
PASEO DE LA REFORMA NO 276 COL. JUAREZ
CD. MEXICO DF
6253271-00000010
<< COPIA CLIENTE >>
FECHA 05/04/2011 HORA 07:00
HT9300012460 01805_BRW24-00
FOLIO [redacted] (b) (6)
VISA CREDITO
CHECK OUT
TOTAL M.N. $5,441.32
VS DBS 000004 000012
CHKTN 016580 57,000.00
APROBACION: 016580
USA SIEMPRE TU TARJETA BANCOMER
TE OFRECE LOS MEJORES BENEFICIOS
FIRMA WILLIAM REILLY
PAGARE NEGOCIABLE UNICAMENTE CON
INSTITUCIONES DE CREDITO

May 19, 2011

Ms. Iris Straitt
Staff Assistant
Office of the Secretary
Department of the Interior

Via email: Iris_Straitt@ios.doi.gov

Dear Ms. Straitt:

I enclose travel expenses for reimbursement to William K. Reilly incurred during his trip to Mexico with Secretary Salazar on April 3-5, 2011.

Ground Transportation:	**$144.00**
~~**Meal:**~~	~~**$ 12.98**~~
Hotel:	**$462.40**
AmEx Fee for Hotel:	**$ 13.87**
TOTAL:	~~**$633.25**~~

Please mail Mr. Reilly's reimbursement check to TPG Capital, 345 California Street, Suite 3300, San Francisco, CA 94104. Call me at (415) 743-1625 if you have any questions. If you require hard copy of the receipts, please reply with mailing address.

Sincerely yours,

Suzy Tompkins
Assistant to William K. Reilly

Enclosure

Here's The Rate!
Happy Traveling!

Powered by OANDA.com, THE CURRENCY SITE™

Friday, March 4, 2011

2,664.29 Mexican Peso = 220.953 US Dollar
2,664.29 US Dollar (USD) = 32,126.4 Mexican Peso (MXN)

Median price = 0.08280 / 0.08293 (bid/ask)
Minimum price = 0.08257 / 0.08273
Maximum price = 0.08338 / 0.08341

FXConverter - Currency Converter for 164 Currencies164 Currency Converter © 1997-2010 by OANDA.com.

Here's The Rate!
Happy Traveling!

Powered by OANDA.com, THE CURRENCY SITE™

Monday, April 4, 2011

5,276.12 Mexican Peso = 446.451 US Dollar
5,276.12 US Dollar (USD) = 62,352.8 Mexican Peso (MXN)

Median price = 0.08433 / 0.08462 (bid/ask)
Minimum price = 0.08427 / 0.08456
Maximum price = 0.08434 / 0.08463

FXConverter - Currency Converter for 164 Currencies164 Currency Converter © 1997-2010 by OANDA.com.

03/27	FOREIGN TRANSACTION FEE	2.35
	LE RASPAIL 75PARIS 6 $76.35	
03/29	FOREIGN TRANSACTION FEE	2.82
	TUCHER, THEODOR RESTAURANBERLIN $94.00	
03/29	FOREIGN TRANSACTION FEE	5.33
	THE MANDALA HOTEL GMBH BERLIN $177.84	
03/29	FOREIGN TRANSACTION FEE	9.73
	LE DOME PARIS 14 $324.55	
03/29	FOREIGN TRANSACTION FEE	.63
	THE MANDALA HOTEL GMBH BERLIN $21.17	
03/31	FOREIGN TRANSACTION FEE	19.48
	REGENT HOTEL BERLIN BERLIN $649.66	
04/05	FOREIGN TRANSACTION FEE	3.41
	SHANNON AIRPORT, THE LOOPSHANNON $113.96	
04/06	FOREIGN TRANSACTION FEE	35.98
	HOTEL ADLON BERLIN $1,199.57	
04/07	FOREIGN TRANSACTION FEE	13.87
	MARRIOTT MEXICO CITY R MEXICO DF $462.40	
04/15	FOREIGN TRANSACTION FEE	18.96
	HOTEL WELCOME ET 06VILLEFRANC $632.33	
	TOTAL FEES FOR THIS PERIOD	$112.56

Dept of Interior

2011 Totals Year-to-Date	
Total fees charged in 2011	$252.55
Total interest charged in 2011	$0.00

Year-to-date totals reflect all charges minus any refunds applied to your account

INTEREST CHARGES

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR) 31 Days In Cycle	Balance Subject To Interest Rate	Interest Charges	Accrued Interest Charges
Purchases	13.24% (v)	$0.00	$0.00	$0.00
Cash Advances	17.74% (v)	$0.00	$0.00	$0.00
Balance Transfer	13.24% (v)	$0.00	$0.00	$0.00

(v) = Variable Rate

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

SKSEDAN SERVICES

Home Services Fleet Reservations Contact

RESERVATIONS

Log Out

Welcome! William K. Reilly X

My Account Passengers Trip History New Reservation

My Reservations

Unfinalized New Reservations Settled Reservations Custom Search

All Past/Closed Reservations

Conf #	Date/ Time	Passenger	Routing Information	Status	Total	Action
11259	4/1/2011 14:45	Reilly, William K.	PU: LANDMARK, WT: 21 O ST NW, Washington DC WT: Balldochi, VA DO: 316 Duke St, Alexandri...	Done	$195.00	VIEW
11261	4/3/2011 15:00	Reilly, William K.	PU: 316 Duke St, Alexandria VA DO: Dulles airport Int'l, United Airlines - UA	Done	$144.00	VIEW
11264	4/10/2011 17:15	Reilly, William K.	PU: Dulles airport Int'l, United Airlines - UA DO: 316 Duke St, Alexandria VA	Done	$159.00	VIEW
11265	4/12/2011 10:45	Reilly, William K.	PU: 1225 I ST NW, Washington DC DO: Reagon National Airport, US Airways - US	Done	$90.00	VIEW
11266	4/13/2011 13:11	Reilly, William K.	PU: Reagon National Airport, US Airways - US ST: 316 Duke St, Alexandria VA ST: 1250 24th st N...	Done	$231.00	VIEW

Page: 22

|< First Page < Previous Page Next Page > Last Page >|

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UNITED

04/01/2011
UNITED TAB W X
Device ID [illegible]

Receipt # [illegible]
Transaction [illegible]

Sale

Product Price Qty Amt

Quality Bow Tan [illegible]

Total [illegible]
VISA [illegible]

SatoTravel

March 29, 2011

For: WILLIAM KANE REILLY GOOIDOOS

To: NGMSDOI

Sales Person: RS
Locator: OLIALN
Customer Number: (b) (6) [redacted]

*TICKET PURCHASED WITH CBA CA556826 3788
*YOUR TKT WILL BE ISSUED SIMAR USING YOUR CBA
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
*NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE
****
PRES FOR ADDING 37 /SEP CHARGED IN ADDITION TO TKT PRICE
*SEE PSUS/ TOUR-AIR/RAIL/BUS AGENT INSTANTED INTL

Sunday April 3, 2011

United Airlines — Flight Number: 823
Class of Service: Coach Class Y
Depart: WASHINGTON/DULLES — 5:16 Pm April 3, 2011
Arrive: MEXICO CITY — 8:57 Pm April 3, 2011
Total Flight Time: — 4 Hours 41 Minutes Non-Stop
Equipment: 319
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: L7M79U
Reserved Seat: REILLY/WILLIAM KANE 17C
Frequent Flyer Number: (b) (6) [redacted] REILLY/WILLIAM KANE
ARR-TERMINAL 1
STAR ALLIANCE

Tuesday April 5, 2011

United Airlines — Flight Number: 822
Class of Service: Coach Class Y
Depart: MEXICO CITY — 10:15 Am April 5, 2011
Arrive: WASHINGTON/DULLES — 3:36 Pm April 5, 2011
Total Flight Time: — 4 Hours 21 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed — Confirmation Number: L7M79U
Reserved Seat: REILLY/WILLIAM KANE 8C
Frequent Flyer Number: (b) (6) [redacted] REILLY/WILLIAM KANE
DEP-TERMINAL 1
STAR ALLIANCE

Name	Invoice / Ticket / Date	Basp	Tax1	Tax2	Tax3	Total
REILLY WILLIAM KANE	7214/0167952607444/29MAR11	728.00	32.60US	7.00XY	59.30XT	826.90
					Trip Fee	37.75

FOP (b) (6) [redacted]

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. WREILLY03232011
2. 3/23/11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME William Kane Reilly
5. OFFICIAL STATION
6. TITLE Invitational Traveler
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: Mexico City, Mexico
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources 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 availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 04-03-11 Ending on or about 04-05-11

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. X Other *(specify)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, pc usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation	$	807.00
21. Per Diem		738.00
22. Other		160.00
23. TOTAL	$	1705.00

24. CHARGED TO:
2011-1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. William K Reilly (REGISTERER'S SIGNATURE)
27. William Kane Reilly, Invitational Traveler (TITLE)

28. Matt Lee (AUTHORIZING OFFICER'S SIGNATURE)
29. Matt Lee-Ashley, DCOS (TITLE)

U.S. DEPARTMENT OF THE INTERIOR
Foreign Travel Certification Form

BUREAU/OS
Date Initiated 3/23/11

Traveler's Name, Phone & Fax Numbers, & e-mail: William Kane Kelly (b) (6) [redacted]

Position Title, Grade, Duty Station, Invitational Traveler

COUNTRY (use + sheets for more than 3)	Major Cities to be Visited	Dates of Travel
Mexico	Mexico City	4/3-5/11

Purpose of Travel: G Reimbursable Agreement (PASA, etc.) XX Professional/Scientific Meeting ☐ Official USG Delegate ☐ Field Work ☐ Employee Training/Development ☐ Other

Justification for Travel: Explain objective of trip, role of traveler, importance of trip to Bureau Mission, consequence if travel does not occur, etc.

Attend/participate in the Meetings between Secretary of the Interior Ken Salazar and Mexican officials, industry and non-governmental leaders regarding Offshore Oil and Gas Development and Regulation.

In Country Contact:

Bureau Clearance and Control Numbers *For Bureau Use Only*

Use of non-federal funds requires additional clearances under 31 USC Section 1353

Costs During Travel Period		Will other donor or employee reimburse cost? ____ Yes* XX No (If "yes," complete following)		
		Name of Donor	1	2
Salary	$	Salary	$	$
Per Diem	$738.00	Per Diem	$	$
Transportation	$887.00	Transportation	$	$
Other	$180.00			
TOTAL $	$1805.00	TOTAL	$	$

Use of non-federal funds requires additional clearances under 31 USC Section 1353

I HEREBY APPROVE THE TRAVEL AND CERTIFY that the travel proposed is essential and supported by the following considerations. Explain on reverse items not checked below.

1. X Travel is limited to the *minimum necessary to accomplish the agency's program* (41 CFR 301).
2. X Clearance by the US Mission/Embassy has been requested and travel will not occur if US Mission/Embassy objects;
3. X If required, traveler will issue a report within ten (10) days of return to be distributed to interested officials to share in the benefits.
4. Annual leave of more than one workday is described here or is attached.
5. No other Bureau employees are known to be traveling to this destination at this time. If not checked, give names of other bureau officials to attend. **See attached Sheet.**

(Signature of Head of Bureau) 3/23/11 (Date)

Approved: (Assistant Secretary, if applicable) 3/23/11 (Date)

Concur: (Director, PFA/PMB) 3.22.1 (Date)

DOI Form
Update

To: **Shelia Wilson**
Office of Financial Management

From: Iris Straitt,
Scheduling Office

Date: 3/29/11

Subject: Authorization to use (Requestor's Office) Corporate Travel Account

This memorandum authorizes the following traveler to charge airline tickets for this trip only to the OS Corporate Travel Account. Please call Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
William Kane Reilly	4/3-5/11	2011-1000 DDD01 68

Enclose: Copy of Travel Authorization

SKSEDAN SERVICES

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RESERVATIONS

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Welcome! William K. Reilly X | My Account | Passengers | Trip History | New Reservation

My Reservations

Unfinalized | New Reservations | Settled Reservations | Custom Search

SK SEDAN SERVICE Reservation

Printable Version

Pick-up Date: 4/3/2011
Pick-up Time: 15:00 00/ 15:00
Reservation# 11261 AIR

Bill To:
Mr. William K. Reilly
TPG
345 California Street, 3300
San Francisco, CA 94104
Wk: (415) 743-1542 Hm: (415) 420-1757 Mb: (b) (6) (b) (6) /Fax: (415) 743-1549

Passenger:
Mr. William K. Reilly
TPG
345 California Street, 3300
San Francisco, CA 94104
Wk: (415) 743-1542 Hm: (415) 420-1757 Mb: (b) (6) (b) (6)

# of Pax	Vehicle Type	Payment Type	Payment Status
1	town car (LINC06)	Other	Paid In Full

Passenger & Routing Information

Pax: William K. Reilly

PU: -- : (b) (6)

DO: -- : Dulles airport Int'l , United Airlines - UA, From/To: Mexico City, Flt# 823, ETA/ETD: 5:15 pm

Status

Done

Charges & Fees

No. of Hours/Units:	0.00
Total Due:	$144.00
Deposits/Payments:	$144.00
Total Outstanding:	$0.00

Notes/Comments

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FY 11

Transaction Number	Fiscal Year	Dollar Amo	Vendor Name	Comments
1110000007	2011	10	ALAN JAY GILBERT	Sent 8/10/12
1110000010	2011	28	ALAN JAY GILBERT	Sent 8/10/12
1110000046	2011	48.55	ALAN JAY GILBERT	Sent 8/10/12
1110000067	2011	43.03	ALAN JAY GILBERT	Sent 8/10/12
1110000083	2011	87.21	ALAN JAY GILBERT	Sent 8/10/12
1110000090	2011	48.25	ALAN JAY GILBERT	Sent 8/10/12
1110000088	2011	78.03	ALAN JAY GILBERT	Sent 8/10/12
1110000104	2011	10	ALAN JAY GILBERT	Sent 8/10/12
1110000122	2011	70.4	ALAN JAY GILBERT	Sent 8/10/12
1110000137	2011	46.38	ALAN JAY GILBERT	Sent 8/10/12
SF11644863A	2011	45.75	ANDERSON, KIREN	Sent 7/26/12
1110000144	2011	47	BELIN, ALLETTA D'ANDELOT	Sent 8/10/12
1110000154	2011	67.44	CARLY MONTOYA	Sent 8/10/12
1110000040	2011	49.33	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000039	2011	160.69	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000061	2011	294	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000060	2011	13.5	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000089	2011	185	CHRISTOPHER MICHAEL MORLANDT	Sent 7/26/12
1110000028	2011	110.25	DEEN, DONNA N.	Sent 7/26/12
1110000001	2011	49.5	ELIZABETH ANNE JOHNSON KLEIN	Sent 7/26/12
1110000020	2011	40	ELIZABETH ANNE JOHNSON KLEIN	Sent 7/26/12
1110000009	2011	264.25	ELIZABETH HENSLEY	Sent 8/10/12
1110000009	2011	30.6	ELIZABETH HENSLEY	Sent 8/10/12
1110000009	2011	77	ELIZABETH HENSLEY	Sent 8/10/12
1110000026	2011	35.5	ELIZABETH MARSTERS	Sent 8/20/12
1110000026	2011	30.5	ELIZABETH MARSTERS	Sent 8/20/12
1110000025	2011	287.5	GAIL A. ADAMS	Sent 7/26/12
1110000025	2011	58.25	GAIL A. ADAMS	Sent 7/26/12
1110000025	2011	38	GAIL A. ADAMS	Sent 7/26/12
1110000035	2011	53.25	GAIL A. ADAMS	Sent 7/26/12
1110000035	2011	16	GAIL A. ADAMS	Sent 7/26/12
1110000035	2011	28.57	GAIL A. ADAMS	Sent 7/26/12
ADAMSPCSA	2011	218.31	GAIL A. ADAMS	Sent 8/10/12

ADAMSPCSA	2011	34.5	GAIL A. ADAMS	Sent 8/10/12
1110000058	2011	78	GAIL A. ADAMS	Sent 7/26/12
1110000113	2011	82.2	GAIL A. ADAMS	Sent 7/26/12
1110000146	2011	80.5	GAIL A. ADAMS	Sent 7/26/12
1110000147	2011	41.25	GAIL A. ADAMS	Sent 7/26/12
1110000032	2011	158.5	JASON FINK	Sent 8/20/12
1110000075	2011	153.5	JASON FINK	Sent 8/20/12
1110000075	2011	14.88	JASON FINK	Sent 8/20/12
1110000093	2011	404	JASON FINK	Sent 8/20/12
1110000093	2011	228.5	JASON FINK	Sent 8/20/12
1110000093	2011	76	JASON FINK	Sent 8/20/12
1110000093	2011	209.51	JASON FINK	Sent 8/20/12
1110000111A	2011	385.5	JASON FINK	Sent 8/20/12
1110000111A	2011	516.93	JASON FINK	Sent 8/20/12
1110000111A	2011	226.18	JASON FINK	Sent 8/20/12
1110000111A	2011	130	JASON FINK	Sent 8/20/12
1110000099	2011	387.95	JENNY ESTHER SARABIA	Sent 8/20/12
1110000109	2011	636	JENNY ESTHER SARABIA	Sent 8/20/12
1110000109	2011	86.1	JENNY ESTHER SARABIA	Sent 8/20/12
1110000109	2011	131.78	JENNY ESTHER SARABIA	Sent 8/20/12
1110000108	2011	567.5	JENNY ESTHER SARABIA	Sent 8/20/12
1110000108	2011	68.06	JENNY ESTHER SARABIA	Sent 8/20/12
1110000108	2011	124.17	JENNY ESTHER SARABIA	Sent 8/20/12
1110000082	2011	42	JOSEPH ANDREW JACKSON	Sent 8/10/12
1110000011	2011	15.25	LANE, KENNETH L	Sent 8/10/12
1110000016	2011	40.25	LEWIS, COURTENAY C.	Sent 7/26/12
1110000141	2011	15	LEWIS, COURTENAY C.	7/24/12 Req'd from Barb Martin
1110000153A	2011	169.2	LISA MARIE PELSTRING	Sent 7/26/12
1110000097	2011	8	LORRAINE V. FAETH	Sent 8/10/12
1110000119	2011	16	LORRAINE V. FAETH	Sent 8/10/12
1110000018	2011	53.2	MARK LOUIS PERRIELLO	Sent 8/10/12
1110000018	2011	209	MARK LOUIS PERRIELLO	Sent 8/10/12
1110000018	2011	6	MARK LOUIS PERRIELLO	Sent 8/10/12
1110000008	2011	599.5	MARY JANE OATMAN-WAKWAK	Sent 7/26/12

1110000008	2011	36.7	MARY JANE OATMAN-WAKWAK	Sent 7/26/12
1110000008	2011	82.2	MARY JANE OATMAN-WAKWAK	Sent 7/26/12
1110000076	2011	137.7	MATTHEW LEE-ASHLEY	Sent 8/10/12
1110000004	2011	266.5	NAWI, DAVID	Sent 8/10/12
1110000003	2011	165.5	NAWI, DAVID	Sent 8/10/12
1110000023	2011	46.55	NAWI, DAVID	Sent 8/10/12
1110000036	2011	137.7	NEAL KEMKAR	Sent 8/10/12
1110000027	2011	158.5	PADILLA, JOAN V.	Sent 8/20/12
1110000053	2011	147.53	PADILLA, JOAN V.	Sent 8/20/12
1110000112	2011	48.77	PADILLA, JOAN V.	Sent 8/10/12
1110000045	2011	74	RAYMOND RIVERA	Sent 8/10/12
1110000084	2011	99.76	RAYMOND RIVERA	Sent 8/10/12
1110000118A	2011	320	RAYMOND RIVERA	Sent 8/10/12
1110000013	2011	23.25	ROBERT STANTON	Sent 8/10/12
1110000081	2011	21.65	ROBERT STANTON	Sent 8/10/12
1110000087	2011	14	ROBERT STANTON	Sent 8/10/12
1110000129	2011	33	ROBERT STANTON	Sent 8/10/12
1110000135	2011	17	ROBERT STANTON	Sent 8/10/12
1110000136	2011	23.46	ROBERT STANTON	Sent 8/10/12
1110000157	2011	49	ROBERT STANTON	Sent 8/10/12
1110000019	2011	22	SHAUNA LYNNE MCCARTY	Sent 8/10/12
1110000041	2011	37.5	STEPHEN A DOHERTY	Sent 8/10/12
1110000047	2011	117.5	STEPHEN A DOHERTY	Sent 8/10/12
1110400065	2011	147.9	STEPHEN A DOHERTY	Sent 8/10/12
1110000138	2011	83.85	STEPHEN A DOHERTY	Sent 8/10/12
1110000143	2011	54.06	STEPHEN A DOHERTY	Sent 8/10/12
1110000145	2011	61.71	STEPHEN A DOHERTY	Sent 8/10/12
1110000012	2011	8.41	STEVE BLACK	Sent 8/10/12
1110000071	2011	124.75	STEVE BLACK	Sent 8/10/12
1110000072	2011	109	THOMAS O. HUNTER	Sent 7/26/12
1110000072	2011	26.53	THOMAS O. HUNTER	Sent 7/26/12
1110000131A	2011	211	THOMAS O. HUNTER	Sent 7/26/12
1110000131A	2011	38	THOMAS O. HUNTER	Sent 7/26/12
1110000131A	2011	39.6	THOMAS O. HUNTER	Sent 7/26/12

1110000133A	2011	211	THOMAS O. HUNTER	Sent 7/26/12
1110000133A	2011	57	THOMAS O. HUNTER	Sent 7/26/12
1110000133A	2011	39.6	THOMAS O. HUNTER	Sent 7/26/12
1110000132A	2011	211	THOMAS O. HUNTER	Sent 7/26/12
1110000132A	2011	15	THOMAS O. HUNTER	Sent 7/26/12
1110000132A	2011	39.6	THOMAS O. HUNTER	Sent 7/26/12
1110000066	2011	380.5	THOMAS O. PETRILLO	Sent 7/26/12
1110000066	2011	226.29	THOMAS O. PETRILLO	Sent 7/26/12
1110000066	2011	40	THOMAS O. PETRILLO	Sent 7/26/12
1110000066	2011	134.45	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	414.25	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	81.04	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	40	THOMAS O. PETRILLO	Sent 7/26/12
1110000092	2011	105.6	THOMAS O. PETRILLO	Sent 7/26/12
1110000110	2011	248.5	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000110	2011	115.79	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000110	2011	50	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000110	2011	40	THOMAS O. PETRILLO	7/24/12 Req'd from Barb Martin
1110000130	2011	45	WALSH, COLIN D	Sent 7/26/12
1110000151	2011	52	WILLIAM GILBERT SHAFROTH	Sent 8/10/12
1110000117A	2011	700.1	WILLIAM KANE REILLY	Sent 7/26/12
1110000117A	2011	13.87	WILLIAM KANE REILLY	Sent 7/26/12
1110000117A	2011	144	WILLIAM KANE REILLY	Sent 7/26/12

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

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

U10000026

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PART I)

a. NAME (Last, first middle initial): Marsters, Elizabeth

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

6. PERIOD OF TRAVEL: a. FROM 11-19-10 b. TO 11-20-10

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

d. OFFICE TELEPHONE NO.

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

e. PRESENT DUTY STATION: Washington, DC

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

10. CHECK NO.

11. PAID BY: 1017-7

9. 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

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

I hereby assign to the United States any right I may have against any parties in connection with reimbursable traveler's totals 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)
DOI Retreat Lodging included meals			DEC 30 2010			21 1P 38.80 21 1D 30.80

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

TRAVELER SIGN HERE: Lizzie Marsters DATE 10/13/10 AMOUNT CLAIMED $ 68.00

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: DATE 12/15/10

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 $ 68.00

JL 1-7-2010

18. ACCOUNTING CLASSIFICATION
2011-1000 DDD01 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: Marsters

82151 ITEMIZED SUBSISTENCE EXPENSES

MILEAGE RATE: $ .50

DATE 19 (a)	TIME (Hour and am/pm) (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 (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	AMOUNT CLAIMED: SUBSISTENCE (m)	AMOUNT CLAIMED: OTHER (n)
11/19		per diem					12.25					12.25	
11/19		lodging ($116.00)											
11/20		per diem					18.25					18.25	
11/20		round trip DC/WV/DC = 71 miles								71	35.50	35.50	
									SUBTOTALS		35.5	$66.00	$0.00
									TOTALS				

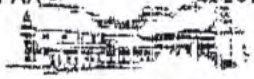
If additional space is required continue on another SF-1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED	$66.0

STANDARD FORM 1012 BACK (10-77)



Lizzie Marsters
1849 e street nw
Washington DC 20240
US

Room No.	7832
Arrival	11-19-10
Departure	11-20-10
Folio No.	25284
Cashier No.	1003
Page No.	1 of 1

Group Code	1011DOISECR
Group	DOI Secretary Meeting
Rate Code	MNFGOV

Date	Description		Charges	Credits
11-19-10	ADJ - Lunch Package	Checked in after Lunch	-12.00	
11-19-10	Lodging and Meals	(b) (6) [redacted]	128.00	
11-19-10	Mastercard			116.00
		Total Charges	116.00	
		Total Credits		116.00
		Balance		0.00
				USD

Signature: _____

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

Your receipt has been printed on 100% post-consumer content recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:

Breakfast $8
Lunch $12
Dinner $26

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

TRAVEL AUTHORIZATION

1. No. MARSTERS FY1101
2. 11/17/10 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME: Elizabeth Marsters
5. OFFICIAL STATION: Washington, DC
6. TITLE: Spec. 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: Shepherdstown, WV
Accomplish DOI programs and missions. Official Business. DOI Retreat

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Speaker/ Presenter at Conferences, Summits, etc.

11. PER DIEM ALLOWANCE:

Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 11-19-2010 Ending on or about 11-20-2010

MODE OF TRAVEL

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

MISCELLANEOUS

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

ESTIMATED COST

20. Transportation	$ 535.50
21. Per Diem	$76.50
22. Other	$82.00
23. TOTAL	$ $194.00

24. CHARGED TO:
2011-1000-DDD01-68

25. (FISCAL OFFICER SIGNATURE)

26. Lizzie Marsters (REQUESTER'S SIGNATURE)
27. Elizabeth Marsters, Spec. Asst. to SECY (TITLE)
28. (AUTHORIZING OFFICER SIGNATURE)
29. Laura Davis, Depy. Chief of Staff (TITLE)

11/19-20/10

Roundtrip mileage

DC/WV/DC

71 X .50 = $35.50

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

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

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

3. VOUCHER NO.

4. SCHEDULE NO.

5. a. NAME (Last, first middle initial): Fine, Jason

1110000032

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

6. PERIOD OF TRAVEL: FROM 11/19/10 b. TO 11/20/10

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

d. OFFICE TELEPHONE NO.

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

e. PRESENT DUTY STATION: Washington, DC

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

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

11. PAID BY

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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
			JAN - 3 2011			2110 158.50
DOI Retreat						
Lodging included meals						
Traveler paid lodging w/ personal credit card						

13. I certify that this voucher is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. 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: 12/13/2010 AMOUNT CLAIMED $ $158.50

NOTE: Falsification of an item in an expense account works a forfeiture of claim (29 U.S.C. 2514) and may result in a fine of not more than $30,000 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: 12-15-10

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 $ 158.50

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
2011-1000 DDD01 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
Fink

8/2/11

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: .50 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/19		per diem					12.25					12.25	
								128.00				128.00	
11/19		lodging										18.25	
11/20		per diem					18.25						
									SUBTOTALS		0	$158.50	$0.00
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (25 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED	$158

01/03/11 ** FEDERAL PERSONNEL/PAYROLL SYSTEM ** PD210M1
06:51:16 * VIEW EFT ADDRESS * PD210P1
COMMAND: ____ <==<<<<<<<
FINK, JASON M IN01 10 10000000

****

REVIEW DATA AND PRESS ENTER.

EFFECTIVE DATE : 10 / 20 / 10
EFFECTIVE DATE ENDING : / /
EFT ROUTING NUMBER : 054001725 ?
FINANCIAL INSTITUTION : TD BANK, NA
MT. LAUREL NJ
EMPLOYEE ACCOUNT NUMBER: 3980301752
ACCOUNT TYPE : C ?

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
NEXT ESC MAIN ADT EXIT

278-84-1694

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. FINK FY1101
2. 11/7/10 (DATE)
3. OS (BUREAU OR OFFICE)
4. NAME Jason Fink
5. OFFICIAL STATION Washington, DC
6. TITLE Spec. 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: Shepherdstown, WV
Accomplish DOI programs and missions. Official Business DOI Retreat

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Speaker/ Presenter at Conferences, Summits, etc.

11. PER DIEM ALLOWANCE:

Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 11-19-2010 Ending on or about 11-20-2010

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

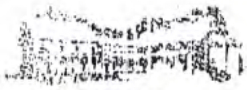
17. Transportation immediate family
18. Other *(specify)*
19. Shipment household goods and personal effects

ESTIMATED COST

20. Transportation $
21. Per Diem $76.50
22. Other $82.00
23. TOTAL $ $158.50
24. CHARGED TO:
2011-1000-DDD01-68

25. (FISCAL OFFICER'S SIGNATURE)

26. (REQUESTER'S SIGNATURE)
27. Jason Fink, Spec. Asst. to SECY (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Laura Davis, Depy. Chief of Staff (TITLE)



NATIONAL
CONSERVATION
TRAINING CENTER

Jason Fink
1849 C St
Washington DC 20240
US

Room No.	7578
Arrival	11-19-10
Departure	11-20-10
Folio No.	25215
Cashier No.	1018
Page No.	1 of 1

Group Code	1011DOISECR
Group	DOI Secretary Meeting
Rate Code	MNFGOV

Date	Description		Charges	Credits
11-19-10	Lodging and Meals	(b) (6) [redacted]	128.00	
11-19-10	Visa			128.00

Total Charges	128.00	
Total Credits		128.00
Balance		0.00
		USD

Signature: _____

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

Your receipt has been printed on 100% post-consumer content recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:

Breakfast $8
Lunch $12
Dinner $26

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 - Fax: (304)876-7218 | training.fws.gov
CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Friday November 19 2010 4:37 PM

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

From

~~TO:~~ Barbara Martin
FAX: 202-208-5627

Date: 1-11-2011

Total Pages 1

MESSAGE: HI BARB
THIS IS DAVE, BRAD

Accepted Copy
Political Appointee Travel Vouchers

Thanks

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL	3. VOUCHER NO.
	OS 1110000076	[X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	4. SCHEDULE NO.

5. TRAVELER PAYEE			6. PERIOD OF TRAVEL
a. NAME (Last, first middle initial)	Fine, Jason M	b. SOCIAL SECURITY NO. (b) (6) [redacted]	a. FROM 3-24-11 b. TO 3-25-11
c. MAILING ADDRESS (Include ZIP Code)	1849 C St. NW Washington, DC 20240	d. OFFICE TELEPHONE NO. 202-208-7661	7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)
e. PRESENT DUTY STATION	Washington, DC	f. RESIDENCE (City and State) (b) (6) [redacted]	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED $	10 + 0
b. Amount to be applied				
c. Amount due Government (Attached) [ ] Check [ ] Cash		c. PAYEE'S SIGNATURE		
d. Balance outstanding				

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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
Traveler used a government car for transportation to the event.			APR 13 2011			211D 211D 153.50
Traveler used personal credit card for expenses.			APR 13 2011			211I 14.88

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

TRAVELER SIGN HERE [signature] DATE 4/4/11 AMOUNT CLAIMED $ $168.38

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, Id. 1001)

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

APPROVING OFFICIAL SIGN HERE [signature] DATE 4/11/11

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 $ 168.38

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

2011-1000-DDR13-NP0123.68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3-24-11		per diem							38.25			38.25	
3-24-11		hotel						91.88				91.88	
3-24-11		per diem							38.25			38.25	
									SUBTOTALS		0	$168.38	$0.00
									TOTALS			168.38	

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

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

TOTAL AMOUNT CLAIMED	168.38

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.

BEST WESTERN PLUS GETTYSBURG
One Lincoln Square
GETTYSBURG, PA 17325

(717) 337-2000
info@gburghotel.com
www.hotelgettysburg.com

Best Western PLUS

03/25/2011 08:14 AM

Room # 256-A

Conf # 987013448-01
Arrival 03/24/11
Departure 03/25/11

Room Type K2ST-2RM SUITE
Guests 1 / 0

Payment Visa/Master
Acct (b) (6) [redacted]

Registered To:
FINK, JASON
(b) (6) [redacted]

(202) 230-2799

03/24/11	Mason	RM	ROOM CHARGE		$77.00
03/24/11	Mason	CT	COUNTY TAX		$2.31
03/24/11	Mason	TX	ROOM TAX		$4.62
03/24/11	Mason	PK	PARKING CHARGE		$7.95
03/25/11	Kelsey	CCVS	PAYMENT VISA/MC	9502 - 064023	$91.88-

Balance Due	$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES. IF DAMAGES TO YOUR GUEST ROOM ARE SUSTAINED, YOU WILL BE BILLED FOR REPAIRS AND SUBSEQUENTLY CONTACTED

Follow us on Facebook: www.facebook.com/gettysburghotel

"Each Best Western Hotel is independently owned and operated."

Signature

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

TRAVEL AUTHORIZATION

1. No. JFINK03220211
2. 03/22/11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Jason Michael Fink
5. OFFICIAL STATION Washington, DC
6. TITLE Spec. 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: Gettysburg, PA
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:
Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Advance Staff for -Speaker/ Presenter at Conferences, Summits, etc.

11. PER DIEM ALLOWANCE:
Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 03-24-11 Ending on or about 03-25-11

MODE OF TRAVEL

13. X Common carrier
14. Extra fare
15. Government-owned conveyance
16. X Privately owned at a mileage rate of .51 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
19. Shipment household goods and personal effects
18. X Other (specify)
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, pc usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote

ESTIMATED COST

20. Transportation	$	
21. Per Diem		161.00
22. Other		75.00
23. TOTAL	$	236.00

24. CHARGED TO:
2011-1000 DDD01 68

25. (FISCAL OFFICER'S SIGNATURE)

26. [signature] (REQUESTER'S SIGNATURE)
27. Jason Michael Fink, Spec. Asst. to the SECY (TITLE)

28. [signature] 3/27/11 (AUTHORIZING OFFICER'S SIGNATURE)
29. Matt Lee-Ashley, DCOS (TITLE)

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

Something to
~~[illegible]~~
Brad - 4/26/11

To: Brad Allegrezza **Fax:** 303-969-6631

From: Barbara Martin **Date:** 4/14/2011

Re: Enclosed is a travel voucher for Jason Fink. 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

APR-26-2011 TUE 04:15 PM

FOR: DOI-OS-DENVER 3039696631

SEND

DATE	START	RECEIVER	TX TIME	PAGES	TYPE	NOTE	M#	DP
APR-26	04:14 PM	912022085627	1'05"	2	FAX TX	OK	915	

TOTAL : 1M 5S 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: 4-26-2011

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: 4-26-2011

Total Pages 1

MESSAGE: THIS IS DONE!
FEEL BETTER
BRAD

Political Appointee Travel Vouchers

16:25:08 Tue Apr 26, 2011

DOCID: TV O 1110000075
STATUS: HELD BATID: TV O 116BA1 SEC2:
TRAVEL VOUCHER DOCUMENT
TRANS DATE: REF TRANSACTION: TO 1110000075 VOUCHER PARTIAL/FINAL: F
LOG DATE: 04 26 2011 DOC ACTION: TOTAL VERIFIED: 168.38
BUDGET FYS: 2011 ACCTG PD: EXCEPTION: 0.00 I/D:
FUND: TRANS TYPE: EX PAYMENT CAT: M TAXABLE: I/D:
BEGIN DATE: 03 24 2011 END DATE: 03 25 2011 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: 278841694 DAYS: OWED EMPLOYEE: 168.38 I/D:
NAME : JASON FINK EXCPTION CODE: SCHEDULE CATEGORY: A
ADDR1: 1849 C STREET NW - DOI PRINT CHECK: Y SCHEDULE FY:
ADDR2: NO CHECK DISB: N SCHED NUM:
ADDR3: DISB OFFICE: SEQ NUMBER:
CITY/STATE/ZIP: WASHINGTON DC 202400001
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

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

From

TO: Barbara Martin
FAX: 202-208-5627

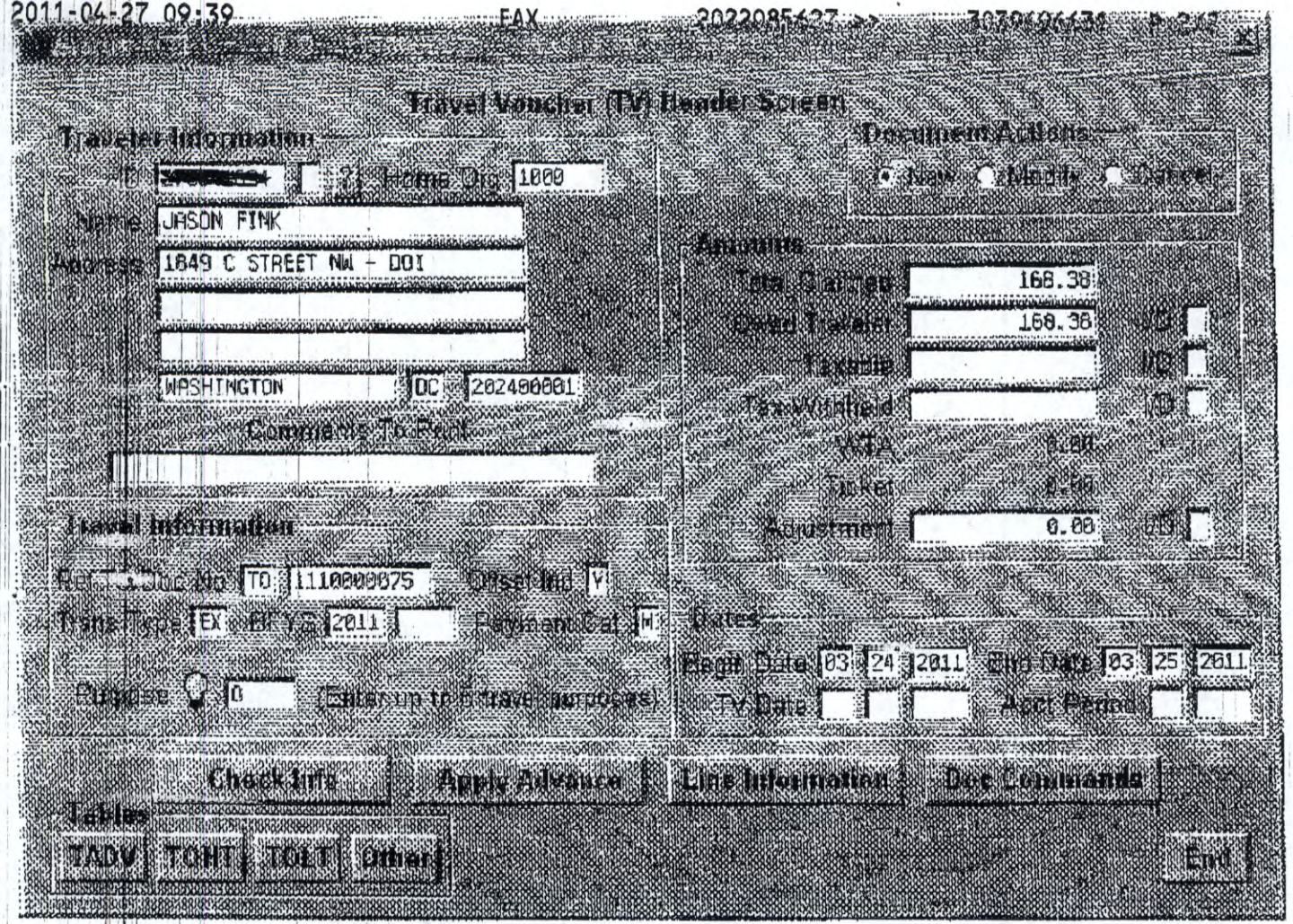
Date: ~~4-26-2011~~ 4/27/11

Total Pages 1

MESSAGE: THIS IS DONE!
FEEL BETTER
BRAD

Accepted / copy
Political Appointee Travel Vouchers

Thanks


Travel Voucher (TV) Header Screen
Traveler Information
ID [redacted] ? Home Org 1000
Name JASON FINK
Address 1849 C STREET NW - DOI
WASHINGTON DC 202400001
Comments To Pmt
Document Actions
New Modify Cancel
Amounts
Total Claimed 168.38
Owed Traveler 168.38 I/O
Taxable I/O
Tax Withheld I/O
WTA 0.00
Ticket 0.00
Adjustment 0.00 I/O
Travel Information
Ref Doc No TO 1110000075 Offset Ind Y
Trans Type EX BFYS 2011 Payment Cat W
Purpose 0 (Enter up to 6 travel purposes)
Dates
Begin Date 03 24 2011 End Date 03 25 2011
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: OS

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

3. VOUCHER NO.: FINKGA04131

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Fink, Jason 1110000093

b. SOCIAL SECURITY NO.:

c. MAILING ADDRESS (Include ZIP Code): DOI-MIB Washington, DC 20240 (b) (6) [redacted]

d. OFFICE TELEPHONE NO.: 202-208-7551

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): Washington, DC

6. PERIOD OF TRAVEL: a. FROM 04-13-11 b. TO 04-15-11

7. TRAVEL AUTHORIZATION: a. NUMBER(S) FINKGA04131 b. DATE(S)

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY

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

I hereby assign to the United States any right I may have against any parties in connection with reimbursable traveler's initials 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)
Advance Staff for the SECY					Traveler paid w/personal credit card for expenses	Refund $143.70 for # 7952607471
SATO FEE	28.50					
SATO FEE	28.50					
Airtran 86643162024	161.70			04-15-11	Atlanta, GA	DC
Airtran 952607471	287.40			04-12-11	DC	Atlanta, GA

MAY 10 2011

211D 404.00
211F 228.56
211T 76.00
211R 209.51

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 5/3/11 AMOUNT CLAIMED $ $1,034.95

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, id. 1001).

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

APPROVING OFFICIAL SIGN HERE: DATE 5/9/11

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCE IF ANY (Explain and show amount): Ins. Finance $ 77.97 / 28.97 / 116.94

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

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 91.87

d. NET TO TRAVELER $ 1034.95

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

NPS- 2011 DR 1000 DDR13 NPO123 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

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

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

TRAVEL AUTHORIZATION NO. FINKGA041311

TRAVELER'S LAST NAME Fink

DATE 19 (a)	TIME (Hour and a/m/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4-13-11		lodging						132.00				132.00	
4-13-11		lodging tax							19.80			19.80	
4-13-11		pc useage							12.95			12.95	
4-13-11		pc usaage							12.95			12.95	
4-13-11		parking							29.00			29.00	
4-13-11		taxi							38.00			38.00	
4-13-11		excess baggage							45.00			45.00	
4-14-11		lodging						132.00				132.00	
4-14-11		lodging tax							19.80			19.80	
4-14-11		parking							29.00			29.00	
4-15-11		rental car							326.45			326.45	
4-15-11		excess baggage							60.00			60.00	
4-15-11		taxi							38.00			38.00	
4-13-11		per diem							42.00			42.00	
4-14-11		per diem							56.00			56.00	
4-15-11		per diem							42.00			42.00	
									SUBTOTALS		0	$1,034.95	$0.00
									TOTALS			$1,034.95	

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 10-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (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	$1,034.95

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-4020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1949

TRAVEL AUTHORIZATION

1. No. FINKGA041311
2. 04-12-11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Jason Fink 5. OFFICIAL STATION Washington, DC

6. TITLE Spec. Asst to the SECY 7. ACCOUNTING OFFICE Washington, DC 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: Atlanta, GA
Such places in the contiguous US, AK, HI, PR, and US Territories as may be necessary and return.
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5 and are fully documented and approved via form DI-2000.
Advance Staff for SECY- Speaker/ Presenter at Conferences, Summits, etc.

11. PER DIEM ALLOWANCE:
Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 04-13-11 Ending on or about 04-15-11

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 19. Shipment household goods and personal effects
18. X Other (specify)
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, po usage, misc. supplies, registration fees, ATM fees, upgrade for rental cars in remote

ESTIMATED COST

20. Transportation	$	604.00
21. Per Diem		460.00
22. Other		400.00
23. TOTAL	$	1464.00

24. CHARGED TO:
2011-DR1000 DDR13 NPO123 68

25. (FISCAL OFFICER SIGNATURE)

26. (REQUESTER'S SIGNATURE)

27. Jason Fink , Spec Asst to the SECY (TITLE)

28. (AUTHORIZING OFFICER SIGNATURE) 4/12/11

29. Matt Lee-Ashley, DCOS (TITLE)

To: **Shelia Wilson**
Financial Office

From: Iris Straitt, Scheduling and Advance Office

Date: 04-12-11

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 contact Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Jason Fink	04/13-15/11	2011-1000-DDD01-68

Account Name: Division of Financial Management Services

SatoTravel

April 12, 2011

For: TYSON FINK GDOICS

To: NGMSDOI

Sales Person: LD
Locator: CPCOZH
Customer Number: (b) (6) [redacted]

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-ATR/AMTRAK DOMESTIC, TRADITIONAL

Wednesday April 13, 2011

Airtran Airways — Flight Number: 191
Class of Service: Coach Class W
Depart: WASHINGTON/MATL,DC — 9:58 Am April 13, 2011
Arrive: ATLANTA, GA — 11:43 Am April 13, 2011
Total Flight Time: — 1 Hour 45 Minutes Non-Stop
Equipment: 73G
Meal Service: None
Status: Confirmed — Confirmation Number: GX67FH
DEP-TERMINAL A — ARR-NORTH TERMINAL

Wednesday April 13, 2011

THRIFTY — Intermediate Car
Pick Up: April 13, 2011 11:43 Am — Location: ATLANTA, GA
ATLANTA, GA
877-283-0898
Return: April 15, 2011
Daily Rate: 25.63 USD Extra Hours: 5.12
Unlimited Free Miles
Approximate Total: 164.08 3Days 0Hours 87.19Mandatory Charge
Confirmation Number: FDLRM5
Special Equipment: NAVIGATIONAL SYSTEM

Wednesday April 13, 2011

ATLANTA, GA
RITZ CARLTON HOTELS RITZ CARLTON ATLANTA
181 PEACHTREE ST NE
ATLANTA GA 30303
Phone Number: 404-659-0400
Fax Number: 404-886-0400
Number of Rooms: 1
Rate: 132.00 USD Per Night
Check In: Apr 13, 2011
Check Out: Apr 15, 2011
Confirmation Number: 90593496
Cancellation Policy: Cancel by 12PM
Directions: FROM HARTSFIELD INTERNATIONAL AIRPORT TAKE I-75/I-85 NORTH TO EXIT 249C-INTERNATIONAL BOULEVARD..TURN LEFT AT SECOND LIGHT ONTO BOULEVARD..PROCEED THRU FOUR LIGHTS TO PEACHTREE STREET AND TURN LEFT..AT FIRST AT SECOND ENTRANCE ON LEFT.

$28.50

Friday April 15, 2011

Airtran Airways
Class of Service: Coach Class N
Depart: ATLANTA, GA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 717
Meal Service: None
Status: Confirmed

Flight Number: 188

8:20 Pm April 15, 2011
10:06 Pm April 15, 2011
1 Hour 46 Minutes Non-Stop

Confirmation Number: UN57PN

DEP-NORTH TERMINAL ARR-TERMINAL A

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
FINK JASON	7246/3327952607471/12APR11	247.44	18.56US	7.40ZP	14.00XT	287.40

FOP (b) (6) [redacted]

Total Amount: 287.40

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.

Return of $143.70

SaitoTravel

April 15, 2011

From: JASON FINK GDOIDS

To: [redacted]

Sales Person: LD
Locator: CPCOZR
Customer Number: (b) (6) [redacted]

*TICKET PURCHASED WITH CBA CA556826....3706
*YOUR TKT WILL BE ISSUED 12APR USING YOUR CBA
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
*NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE
****
FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE USD28.50PP-AIR/RAIL/BUS AGRNT INITIATED DOMESTIC

Friday April 15, 2011

Delta Airlines — Flight Number: 1738
Class of Service: Coach Class L
Depart: ATLANTA, GA — 6:20 Pm April 15, 2011
Arrive: WASHINGTON/NATL,DC — 8:09 Pm April 15, 2011
Total Flight Time: 1 Hour 49 Minutes Non-Stop
Equipment: Airbus Industrie 320
Meal Service: None
Status: Confirmed — Confirmation Number: GIJK53
DEP-SOUTH TERMINAL ARR-TERMINAL B

Friday April 15, 2011

Airtran Airways — Flight Number: 188
Class of Service: Coach Class W
Depart: ATLANTA, GA — 8:20 Pm April 15, 2011
Arrive: WASHINGTON/NATL,DC — 10:06 Pm April 15, 2011
Total Flight Time: 1 Hour 46 Minutes Non-Stop
Equipment: 717
Meal Service: None
Status: Confirmed

DEP-NORTH TERMINAL ARR-TERMINAL A

Name	Invoice / Ticket / Dpts.	Base	Tax1	Tax2	Tax3	Total
FINK JASON	7273/0088643182024/15APR11	140.47	10.53US	3.70ZP	7.00XT	161.70
					Trip Fee	28.50

FOP (b) (6) [redacted]

Total Amount: 190.20

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.

AirTran.com receipt & itinerary

Thank you for choosing AirTran Airways.

confirmation number: UE67FN

Date: Fri, Apr 08, 2011 **Status:** Confirmed

Passengers

Passenger	A+ Number
JASON FINK	

Flight Details

Departing: **Wednesday, April 13, 2011**

Washington, DC - Reagan (DCA) 9:55 AM	to **Atlanta, GA** (ATL) 11:43 AM	Flight 191 Coach

Returning: **Friday, April 15, 2011**

Atlanta, GA (ATL) 8:20 PM	to **Washington, DC - Reagan** (DCA) 10:06 PM	Flight 188 Coach

Pricing

Total for 1 passenger		Fees	
Base Fare:	$265.00	Bag Fees:	$45.00
Sept 11 Security Fee:	$5.00	Total Fees:	$45.00
Segment Fee:	$7.40		
Passenger Facility Charge:	$9.00		
Subtotal (per passenger):	**$287.40**		
Total Fare Price:	$287.40		

Passenger	A+ Number

Paid w/ personal credit card
excess baggage

DELTA

M/JASON
NOT VALID FOR
TRANSPORTATION

60.00

PASSENGER RECEIPT
15APR11 0066
DL/KI ATL FTD

PSGR TICKET 0068643162024

(b) (6)
[redacted]

EXCESS BAGGAGE
TICKET

THIS IS YOUR RECEIPT

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

Paid w/ personal
Credit Card

Your Apr 13, 2011 - Apr 15, 2011 stay at The Ritz-Carlton, Atlanta

Inbox x

We appreciate your stay. to me

Thank you for choosing The Ritz-Carlton, Atlanta for your recent stay.

As requested, below is a billing summary or adjustment for your stay. If you have questions about your bill, please

We look forward to welcoming you back to The Ritz-Carlton soon.

The Perfect Gift For Any Occasion - The Ritz-Carlton Gift Card: https://ritzcartongiftcards.com/consumer/main/hor
Not a member? Explore a rich variety of unique and rewarding experiences. Join today http://www.ritzcarlton.com

Summary of Your Stay

Hotel: The Ritz-Carlton, Atlanta
181 Peachtree Street NE
Atlanta, Georgia 30303
USA
(404) 659-0400

Guest: FINK/JASON/MR.
FINK/JASON/MR.

USA

Dates of stay: Apr 13, 2011 - Apr 15, 2011

Room number: 1024
Guest number: (b) (6) [redacted]
Group number: 1378508
Marriott Rewards number: None

Date	Description	Reference	Charges	Credits
04/13/11	Internet Guest Tek		12.95	
04/13/11	Room Charge		132.00	
04/13/11	State Sales Tax Rooms 8%		10.56	19.80
04/13/11	Local Sales Tax Rooms 7%		9.24	
04/13/11	Valet Parking		29.00 - parking	
04/14/11	Internet Guest Tek		12.95	
04/14/11	Room Charge		132.00	
04/14/11	State Sales Tax Rooms 8%		10.56	19.80
04/14/11	Local Sales Tax Rooms 7%		9.24	

04/14/11	Valet Parking	29.00
04/15/11	Payment - MasterCard (b) (6) [redacted]	387.50
Total balance		0.00 USD

parking

Important Information

* Do Not Reply to this Email
This email is an auto-generated message. Replies to automated messages are not monitored. If you have any qu

* Why Have I Received this Email?
Per your request, you are receiving an electronic version of your hotel bill.

* Availability
Electronic versions of your hotel bill are emailed to you within 72 hours of check-out. These email messages reflect
may not be shown.

* Authenticity of Bills
The Ritz-Carlton retains official records of all charges and credits to your account and only honors those records.

* Privacy
Your privacy is important to The Ritz-Carlton. For full details of our privacy policy, please visit our Internet Privacy S
http://www.ritzcarlton.com/en/TermsOfUse/Privacy.htm

* Credit of Marriott Rewards Points
After a stay, it may take up to 7 days for Marriott Rewards points to be credited to your account.

(c)1996-2009 The Ritz-Carlton Hotel Company, L.L.C. All rights reserved.

Reply Forward

PEACH CAB CO.
1874 PIEDMONT ROAD (SUITE 475-D)
ATLANTA, GEORGIA 30324
404-881-1715

Paid Cash

DATE 4/13

PASSENGER PICKED UP AT: R 72

DISMISSED AT: Pub Ty

CAB #

DRIVER'S NAME

FARE $: 38.00

TIP $:

Thank You TOTAL: 38.00

TAXI CAB RECEIPT

Paid Cash

Time: 4/5

Date:

Origin of trip: DCA

Destination: 2138 CNT

Fare: 38.00 Sign:

THRIFTY CAR RENTAL
ATLANTA INTL AIRPORT
RENTAL RECORD: 021312835
FUNK, JASON
COMPLETED BY: LBESHT
RENTED: ATLANTA INTL AIRPORT
RENTAL: 04-13-11 1256
RETURN: 04-15-11 1638
VEH NUMBER: W52256
MILES IN: 2231 OUT: 2189
MILES DRIVEN: 42
CHECK IN FUEL LEVEL: 7 OUT: 8
PLAN IN/OUT: RDUD3
CLS: IFAR

2 DAYS @	$25.63	$51.26
4 HOURS @	$5.12	$20.48
SUBTOT		$71.74
TAXABLE TOT.		$71.74
TIME		$71.74
UPGRADE		
3 DAYS @	$15.00	$45.00
LDW1		
3 DAYS @	$25.99	$77.97
DRC		
3 DAYS @	$5.00	$15.00
VLF		
3 DAYS @	$1.18	$3.54
NAV		
3 DAYS @	$12.99	$38.97
ERF		
3 DAYS @	$0.45	$1.35
FUEL		$19.50
APCONNECFEE		$28.57
STATE TAX		$15.66
EXCISE TAX		$9.05
TOTAL CHARGE		$326.45
NET DUE		$0.00
PAYMENTS		$326.45

PAID BY: MC
CREDIT CARD#: (b) (6) [redacted]

116.94

326.45
116.94
209.51

AW

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. / 4. SCHEDULE NO.

5. TRAVELER PAYEE

a. NAME (Last, first middle initial): Fink, Jason 111000 0111

b. SOCIAL SECURITY NO.:

c. MAILING ADDRESS (Include ZIP Code): 1849 C Street, NW, MS 7328, Washington, DC 20240 (b) (6) [redacted]

d. OFFICE TELEPHONE NO.: 202-208-7551

e. PRESENT DUTY STATION: Washington, DC

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

6. PERIOD OF TRAVEL: a. FROM 04-24-11 b. TO 04-26-11

7. TRAVEL AUTHORIZATION: a. NUMBER(S): FINKTX04241 b. DATE(S):

8. TRAVEL ADVANCE
- a. Outstanding
- b. Amount to be applied
- c. Amount due Government (Attached) [ ] Check [ ] Cash
- d. Balance outstanding

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

10. CHECK NO.

11. PAID BY

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
0168643162045 STATO Fee OS Corporate card used for airline tickets Traveler used personal credit card for travel expenses. Advance Staff for the SECY	571.40 $28.50	UA	04-23-11 04-23-11	Washington, DC	Austin, TX

JUN - 8 2011

JUN 28 2011

211R 516.93
211D 385.50
211I 226.18
211T 130.00

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

TRAVELER SIGN HERE: [signature] DATE: 6/30 AMOUNT CLAIMED $ $1,258.61

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $30,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

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

APPROVING OFFICIAL SIGN HERE: [signature] DATE: 6/8/11

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: DATE:

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 $ $1258.61

17-8 2011

18. ACCOUNTING CLASSIFICATION

2011- DR 1000 DDR13 NP0123 68

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

TRAVEL

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

TRAVEL AUTHORIZATION NO. FINKTX042411

TRAVELER'S LAST NAME FINK

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	1/04/01 ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04-24-1		Per diem							53.25			53.25	
04-24-1		Excess buggage							25.00			25.00	
04-24-1		Taxi							65.00			65.00	
04-24-1		Parking							27.06			27.06	
04-24-1		PC Useage							10.77			10.77	
04-24-1		Lodging						104.00				104.00	
04-24-1		Lodging tax							15.60			15.60	
04-25-1		Per diem							71.00			71.00	
04-25-1		PC useage							11.85			11.85	
04-25-1		PC useage							11.85			11.85	
04-25-1		PC useage							11.85			11.85	
04-25-1		Parking							27.06			27.06	
04-25-1		Lodging						104.00				104.00	
04-25-1		Lodging tax							15.60			15.60	
04-25-1		FedEx- copying							8.98			8.98	
04-26-1		PC useage							11.85			11.85	
04-26-1		PC useage							23.71			23.71	
04-26-1		Excess buggage							25.00			25.00	
04-26-1		Rental car							516.93			516.93	
04-26-1		Per diem							53.25			53.25	
04-26-1		Taxi							65.00			65.00	
									SUBTOTALS		0	$1,258.61	$0.00
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED	$1258.61

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. FINKTX042411
2. 4-21-11 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Jason Fink
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: Austin, TX
Such places in the contiguous US, AK, HI, PR, and US Territories as may be necessary and return.
Accomplish DOI programs and missions. Official Business.

10. PURPOSE AND REMARKS:

I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Advance Staff for the SECY

11. PER DIEM ALLOWANCE:

Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: **Beginning on or about** 04-24-11 **Ending on or about** 04-26-11

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, pc usage
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	600.00
21. Per Diem		340.00
22. Other		300.00
23. TOTAL	$	1240.00

24. CHARGED TO:
2011- DR 1000 DDR11 FW0118 88340 00

25. (FISCAL OFFICER'S SIGNATURE)

26. (PROGRAM OFFICER'S SIGNATURE)
27. Jason Fink, Spec. Asst to the SECY (TITLE)

28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Matt Lee-Ashley, DCOS (TITLE)

To: **Shelia Wilson**
Financial Office

From: *Iris Straitt, Scheduling and Advance Office*

Date: 04-21-11

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 contact Iris Straitt on 202-208-7551 if you have any questions.

Traveler	Travel Period	Cost Center
Jason Fink	04/24-26/11	2011-1000-DDD01-68

Account Name: Division of Financial Management Services

Carlson Wagonlit Travel SatoTravel

April 21, 2011

For: JASON FINK GDDIOS

To: NGMSDOI

Sales Person: RS
Locator: BMFYLF
Customer Number: (b) (6) [redacted]

Sunday April 24, 2011

United Airlines — Flight Number: 7367
Class of Service: Coach Class V
Depart: WASHINGTON/DULLES — 5:26 Pm April 24, 2011
Arrive: AUSTIN, TX — 7:52 Pm April 24, 2011
Total Flight Time: — 3 Hours 27 Minutes Non-Stop
Equipment: CR7
Meal Service: None
Status: Confirmed — Confirmation Number: MQW11Y
*IAD-AUS OPERATED BY /UNITED EXPRESS/MESA AIRLINES
IAD-AUS CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE
SEAT ASSIGNMENT RESTRICTED TO AIRPORT CHECK-IN

Sunday April 24, 2011

BUDGET — Premium
Pick Up: April 24, 2011 7:52 Pm — Location: AUSTIN, TX
AUSTIN, TX
Return: April 26, 2011 4:48 Pm
Daily Rate: 79.00 USD — Extra Days: 79.00 Extra Hours: 59.00
Unlimited Free Miles
Approximate Total: 235.53 2Days 0Hours 78.00Mandatory Charge
Confirmation Number: 30470160US0

Sunday April 24, 2011

AUSTIN, TX
OMNI/SUPRANATIONAL OMNI AUSTIN HOTEL
700 SAN JACINTO
AUSTIN TX 78701
Phone Number: 1-512-476-3700
Fax Number: 1-512-397-4888
Number of Rooms: 1
Rate: 184.00 USD Per Night
Check In: Apr 24, 2011
Check Out: Apr 26, 2011
Confirmation Number: 49005820065
Cancellation Policy: Cancel by 4PM
Directions: DIRECTION TO THE PROPERTY FROM AIRPORT AUS - FROM AUSTIN BERGSTROM INTERNATIONAL AIRPORT - EXIT AIRPORT ONTO HWY 71W. GO 1.5 MILES AND EXIT HWY 183N. CONTINUE FOR 2 MILES TO 7TH STREET EXIT. EXIT 7TH STREET AND FOLLOW FOR

3 MILES TO IH35. AT IH35 TURN RIGHT ONTO ACCESS ROAD. TAKE IMMEDIATE LEFT GOING UNDER IH35 ONTO 8TH STREET. GO 3 BLOCKS TO 8TH STREET AND SAN JACINTO. CROSS SAN JACINTO AND HOTEL ENTRANCE IS ON LEFT.

Tuesday April 26, 2011

United Airlines — Flight Number: 6225
Class of Service: Coach Class V
Depart: AUSTIN, TX — 4:48 Pm April 26, 2011
Arrive: WASHINGTON/DULLES — 8:53 Pm April 26, 2011
Total Flight Time: — 3 Hours 5 Minutes Non-Stop
Equipment: CR7
Meal Service: None
Status: Confirmed — Confirmation Number: MQWLIY
*AUS-IAD OPERATED BY /UNITED EXPRESS/SKYWEST AIRLINES
AUS-IAD CHECK-IN WITH UNITED AIRLINES
STAR ALLIANCE
SEAT ASSIGNMENT RESTRICTED TO AIRPORT CHECK-IN

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
		511.82USD	38.38US	7.40ZP	14.00XT	571.40
					Total Amount:	571.40

28.50
599.90

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.

OMNI HOTELS & RESORTS

downtown | austin

700 San Jacinto @ 8th Street
Austin, TX 78701
Phone: 512-476-3700 • Fax: 512-397-4888
Reservations: 800-843-6664

104/71

FINK, JASON
FEDROOMS NON COMMISSIONABLE

Room Number: 1206
Daily Rate: 104.00
Room Type: KN
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
04/24/11	04/26/11		GSAFED	GOVT	13600935382

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
04/24/11	1206	WIFI INTERNET ACCESS	1206/1/18:26/WIFI INTERNET ACCESS	$9.95	10.77
04/24/11	1206	SALES TAX 8.25%	SALES TAX 8.25%	$0.82	
04/24/11	1206	VALET PARKING	VALET PARKING- 514	$25.00	27.06
04/24/11	1206	SALES TAX ON PARKING	SALES TAX ON PARKING	$2.06	
04/24/11	1206	ROOM CHARGE	#1206 FINK, JASON	$104.00	
04/24/11	1206	CITY OCCUPANCY TAX 9%	CITY OCCUPANCY TAX 9%	$9.36	15.60
04/24/11	1206	STATE OCCUPANCY TAX 6%	STATE OCCUPANCY TAX 6%	$6.24	
04/25/11	1206	BUSINESS CENTER	PREPAID INTERNET CARD	$10.95	11.85
04/25/11	1206	BUSINESS CENTER SALES TAX	BUSINESS CENTER SALES TAX	$0.90	
04/25/11	1206	BUSINESS CENTER	GBC BLUE PREPAID CARD	$10.95	11.85
04/25/11	1206	BUSINESS CENTER SALES TAX	BUSINESS CENTER SALES TAX	$0.90	
04/25/11	1206	BUSINESS CENTER	GBC BLUE PREPAID CARD	$10.95	11.85
04/25/11	1206	BUSINESS CENTER SALES TAX	BUSINESS CENTER SALES TAX	$0.90	
04/25/11	1206	VALET PARKING	VALET PARKING-514	$25.00	27.06
04/25/11	1206	SALES TAX ON PARKING	SALES TAX ON PARKING	$2.06	
04/25/11	1206	ROOM CHARGE	#1206 FINK, JASON	$104.00	
04/25/11	1206	CITY OCCUPANCY TAX 9%	CITY OCCUPANCY TAX 9%	$9.36	15.60
04/25/11	1206	STATE OCCUPANCY TAX 6%	STATE OCCUPANCY TAX 6%	$6.24	
04/26/11	1206	BUSINESS CENTER	BSCTR PRE-PAID COMPUTER CARD	$10.95	11.85
04/26/11	1206	BUSINESS CENTER SALES TAX	BUSINESS CENTER SALES TAX	$0.90	
04/26/11	1206	BUSINESS CENTER	BSCTR 2 PREPAID INTERNET CARDS	$21.90	23.71
04/26/11	1206	BUSINESS CENTER SALES TAX	BUSINESS CENTER SALES TAX	$1.81	

2

TOTAL DUE: $375.20

TERMS: DUE AND PAYABLE UPON PRESENTATION. 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

Taxi Cab Receipts

DATE 4/27 TIME

TRIP ORIGIN [illegible]

DESTINATION [illegible]

FARE $ 6[illegible] SIGNATURE

RENTAL NUMBER	CAR NUMBER	CAR GROUP
239408024	51620730	X

FINK, JASON
BCD = T768300
CV (b) (6) [redacted]
OUT AUS 24APR11/1158 MI = 11767
IN AUS 26APR11/1226 MI = 11682

95 MI@ 00 =		
1 HR@ 78 00 =		78 00
2 DY@ 104 00		208 00
11% FEE	=	43 71
	=	41 85
95 /DY CFC	=	17 85
25 /DY VLF	=	6 75
56 /DY ERF	=	1 68
00 /DY GARS	=	15 00
BLE SUBTOT		412 84
15 000%	=	61 93
SERVICE		42 16
AL CHARGES		516 93

CONCESSION RECOVERY FEE
*CUST FACILITY CHG
VEH LICENSE RECOUP FEE
ENERGY RECOVERY FEE
GOVT ADMIN SURCHARGE

GPS 10 13 95/DY [illegible]

Please check your car for personal effects. *

* Please check your car for personal effects. *

Taxi Cab Receipts

[redacted]

DATE 4/27 TIME

TRIP ORIGIN [illegible]

DESTINATION [illegible]

FARE $ [illegible] SIGNATURE

Upgrade of the rental car:

Advance Staff had to pick up and transport DOI staffers plus luggage for the SECY'S event site.

Approved_____, Iris Straitt , DOI Scheduling/Advance Staff Asst.

Travel Options Purchase Receipt Inbox x

United Airlines to me

Images are not displayed.
Display images below - Always display images from notify-donotreply@united.com

UNITED

Your request has been purchased.

Flight information

Sunday, Apr 24, 2011 Washington, DC (IAD) to Austin, TX (AUS)

Flight	*From*	*To*
UA 0457	Washington, DC (IAD)	Austin, TX (AUS)
	Scheduled Departure	**Scheduled Arrival**
	Apr 24, 8:31 AM	Apr 24, 11:04 AM

Purchase summary

Name	Ticket number	Date purchased
Bag charges	0168543162045	April 23, 2011

Name	Credit card number	Receipt number	Bag(s)	Price
Jason Fink	(b) (6) [redacted]	016 4511 006439	1 bag	25.00 USD

Reply Forward

« Back to Search Results Archive Report spam Delete Move to Inbox Labels More actions

Travel Options Purchase Receipt Inbox x

United Airlines to me

Images are not displayed.
Display images below - Always display images from notify-donotreply@united.com

UNITED

Your request has been purchased.

Flight information

Tuesday, Apr 26, 2011 Austin, TX (AUS) to Washington, DC (IAD)

Flight	From	To
UA 6225 - Operated by UNITED EXPRESS/SKYWEST AIRLINES	Austin, TX (AUS)	Washington, DC (IAD)
	Scheduled Departure Apr 26, 4:48 PM	**Scheduled Arrival** Apr 26, 8:53 PM

Purchase summary

Name	Ticket number	Date purchased
Bag charges	0168643162045	April 25, 2011

Name	Credit card number	Receipt number	Bag(s)	Price

Reply Forward

Purchase Summary

Jason Fink Ticket number 0168643162045 **April 25, 2011**

Bag Charges

Jason Fink 1 bags 25.00 USD

Credit card (b) (6) [redacted] Receipt number 0164511337923 2

Applies to travel from: Austin, TX (AUS) to Washington, DC (IAD)

Bag Charges Terms & Conditions

We recommend that you print a copy of this receipt. If you are a Mileage Plus member and have an online profile, and your Mileage Plus number is on file for this itinerary, you may print a copy of your receipt through My reservations on united.com

FedEx Office

FedEx Office is your destination
for printing and shipping.

327 Congress Ave
Austin, TX 78701
Tel: (512) 472-4448

4/25/2011 10:11:56 AM CST
Team Member: Ammon T

SALE

FS BW SS Standard 83 @ 0.1000 =
000001 Reg. Price 0.10

Tax 8.30
Deposit 0.68
0.00

Total 8.98

MasterCard (S) 8.98
Account: (b) (6)
Auth: 009957 (A)

Total Tender 8.98
Change Due 0.00

Total Discounts 0.00

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. JSBILLINGSMT071311 V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*: SARABIA, JENNY ESTHER.

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

c. MAILING ADDRESS *(Include ZIP Code)*:
1849 C STREET NW
MS 7328
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.: 2022085078

e. PRESENT DUTY STATION

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

6. PERIOD OF TRAVEL
a. FROM: 07/13/11
b. TO: 07/16/11

7. TRAVEL AUTHORIZATION
a. NUMBER(S): ORTBPW
b. DATE(S): 07/19/11

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)
57658678 1,181.30			07/11/11		
ACCOUNTING CLASSIFICATION:					
11 1000.DDR14 IA0130.68-2011^^DR^1000^^DDR14^IA0130^68^ - 1,588.33					161.00 NR-

COMMENTS:
Advance for the SECY.
Traveler took the red-eye flight home.

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 ▶ 161.00

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

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)*: $ 0.00

d. **NET TO TRAVELER** ▶ $ 161.00

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. 0RTBPW

TRAVELER'S LAST NAME SARABIA

DATE 20 11 (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)
07/13		D-:RES: Reston, VA											
07/13		CP - Airfare (Non Reimbur											
07/13		A-:BILLINGS,MT				34 50		77 00	34.50			34 50	
07/13		Lodging Tax											
07/14		Subsistence				46 00		77 00	46.00			46 00	
07/14		Lodging Tax											
07/15		D-:BILLINGS,MT											
07/15		Rental Car											
07/15		Subsistence				46 00			46.00			46 00	
07/15		Excess Baggage											
07/15		Gasoline											
07/16		A:RES: Reston, VA											
07/16		Subsistence				34 50			34.50			34 50	
07/16		TAV Fee -I											
									SUBTOTALS ▶		0 00	161 00	0 00
									TOTALS ▶		0 00	161 00	0 00

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

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

TOTAL AMOUNT CLAIMED ▶ 161.00

08/08/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: JSBILLINGSMT071311 V01
SARABIA, JENNY (b) (6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			1,181.30
GASOLINE-211I			15.79
LODGING-211D			166.78
M&IE-211D			161.00
OTHER-211I			25.00
RENTAL CAR-211R			184.46
TAV EXP -I-211B			15.00
11 1000.DDR14.IA0130.6	0.00	0.00	1,749.33

2011^^DR^1000^^DDR14^IA0130^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		1,749.33
NON-REIMBURSABLE EXPENSES		1,588.33
TOTAL AMOUNT CLAIMED		161.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		161.00
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		161.00

Auth No: JSBILLINGSMT071311_V01
SARABIA, JENNY ***-**-**3732

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	07/21/11	9:31AM E	Iris F Straitt
T-ENTERED	08/04/11	12:10PM E	Iris F Straitt
AUTHORIZED	08/04/11	12:11PM E	Iris F Straitt
TV AUDITOR REVIEWED	08/05/11	3:15PM E	KELLEY C ARAGON
APPROVED	08/09/11	2:08PM E	BARBARA A MARTIN
PAY LINK	08/09/11	2:09PM E	Paul Payment
AUDIT PASS	08/09/11	2:09PM E	Paul Payment
PAYMENT SUBMITTED	08/09/11	2:13PM E	Paul Payment
PAID	08/11/11	9:09AM 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
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. JSVERNALUT092611_V01

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
SARABIA, JENNY ESTHER.

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

6. PERIOD OF TRAVEL
a. FROM 09/26/11
b. TO 09/28/11

c. MAILING ADDRESS *(Include ZIP Code)*
1849 C STREET NW
MS 7328
WASHINGTON, DC 20240

d. OFFICE TELEPHONE NO.
2022085078

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 0S17Q7
b. DATE(S) 09/30/11

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)
8671997945	1,548.10		09/25/11		
8684909045	379.70		09/25/11		
8684909044	972.20		09/25/11		

ACCOUNTING CLASSIFICATION:
11 1000.DDR13 NP0123.68-2011^^DR^1000^^DDR13^NP0123^68^ - 115.00 NR-
3,266.00
COMMENTS:
Advance Staff for the SECY.
Refund of $1548.10 for unused airline Tickets # 8671997945. Actual lodging NTE 3
COMMENTS continued on next page

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

TRAVELER SIGN HERE ▶ DATE **AMOUNT CLAIMED** ▶ 115.00

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** ▶ $ 115.00

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

TRAVEL VOUCHER
(b) (6) [redacted]
SARABIA, JENNY ESTHER.

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)
0S17Q7 09/30/11

COMMENTS: (cont'd)
00% as authorized.
Approved_____, signing official. Lodging was selected near the SECY'S event sites in a remote area.

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. 0S17Q7

TRAVELER'S LAST NAME SARABIA

DATE 20 11 (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)
09/26		D-:RES: Reston, VA											
09/26		A-:VERNAL,UT				34 50		79 99	34.50			34 50	
09/26		CP - AIRFARE (NON REIMBUR											
09/26		CP - AIRFARE (NON REIMBUR											
09/26		CP - AIRFARE (NON REIMBUR											
09/26		TMC Fee											
09/26		Lodging Tax											
09/26		Baggage Fee											
09/27		Subsistence				46 00		79 99	46.00			46 00	
09/27		Lodging Tax											
09/28		D-:VERNAL,UT											
09/28		RENTAL CAR											
09/28		A:RES: Reston, VA											
09/28		Subsistence				34 50			34.50			34 50	
09/28		TAV Fee -I											
09/28		Gasoline											
									SUBTOTALS ▶		0 00	115 00	0 00
									TOTALS ▶		0 00	115 00	0 00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ 115.00

08/08/12 ACCOUNTING DETAIL
GovTrip Travel System

Auth No: JSVERNALUT092611 V01
SARABIA, JENNY (b)(6) [redacted]

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			2,900.00
GASOLINE-211I			31.84
LODGING-211D			180.54
M&IE-211D			115.00
OTHER-211I			25.00
RENTAL CAR-211R			85.12
TAV EXP -I-211B			15.00
TMC FEE -I-211B			28.50
11 1000.DDR13.NP0123.6	0.00	0.00	3,381.00

2011^^DR^1000^^DDR13^NP0123^68^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		3,381.00
NON-REIMBURSABLE EXPENSES		3,266.00
TOTAL AMOUNT CLAIMED		115.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED ------	0.00	
		0.00
NET TO TRAVELER (GOVT)		115.00
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		115.00

Auth No: JSVERNALUT092611 V01
SARABIA, JENNY (b) (6) [redacted]

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	09/30/11	2:10PM E	Iris F Straitt
T-ENTERED	10/11/11	8:43AM E	Iris F Straitt
AUTHORIZED	10/11/11	8:44AM E	Iris F Straitt
TV AUDITOR REVIEWED	10/12/11	5:51PM E	BRAD J ALLEGREZZA
APPROVED	10/13/11	9:48AM E	Barbara A Smith
PAY LINK	10/13/11	9:48AM E	Paul Payment
AUDIT PASS	10/13/11	9:49AM E	Paul Payment
PAYMENT SUBMITTED	10/13/11	9:58AM E	Paul Payment
PAYMENT SUBMITTED	10/13/11	10:09AM E	Paul Payment
PAID	10/15/11	9:01AM E	Paul Payment

I certify that the electronic signatures listed above are valid and on file.

SIGNED

DATE

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: DS 110000027

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): Padilla, Joan

b. SOCIAL SECURITY NO.

6. PERIOD OF TRAVEL: a. FROM 11/19/10 b. TO 11/20/10

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

(b) (6) [redacted]

d. OFFICE TELEPHONE NO.

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

e. PRESENT DUTY STATION: Washington, DC

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

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY: TPT-t

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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
DOI Retreat Lodging included meals Traveler paid lodging w/ personal credit card				DEC 30 2010		2ND 158.50

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

TRAVELER SIGN HERE: Joan Padilla DATE 12-14-10 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, 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 specifically (31 U.S.C. 680a).

APPROVING OFFICIAL SIGN HERE: DATE 12/15/10

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES IF ANY (Explain and show amounts) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials) $
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER $ 158.50

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
2011-1000 DDD01 68

1-3-2011

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME Padilla

ITEMIZED SUBSISTENCE EXPENSES 57/11

MILEAGE RATE: C .50

DATE 19 (a)	TIME (Hour and am/pm) (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 (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	AMOUNT CLAIMED: SUBSISTENCE (m)	AMOUNT CLAIMED: OTHER (n)
11/19		per diem					12.25					12.25	
11/19		lodging						128.00				128.00	
11/20		per diem					18.25					18.25	
									SUBTOTALS		0	$158.50	$0.00
									TOTALS				

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

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

TOTAL AMOUNT CLAIMED	$158

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 basis of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

UNITED STATES
DEPARTMENT OF THE INTERIOR
FORM NO. DI-1020
FORM APPROVED BY COMP. GEN. U.S.
NOVEMBER 8, 1948

TRAVEL AUTHORIZATION

1. No. PADILLA FY1101
2. 11/17/10 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Joan Padilla 5. OFFICIAL STATION Washington, DC

6. TITLE Dir. of Scheduling and Advance 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: Shepherdstown, WV
Accomplish DOI programs and missions. Official Business. DOI Retreat

10. PURPOSE AND REMARKS:

Official business as may be required.
I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Speaker/ Presenter at Conferences, Summits, etc.

11. PER DIEM ALLOWANCE:

Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. PERIOD OF TRAVEL: Beginning on or about 11-19-2010 Ending on or about 11-20-2010

MODE OF TRAVEL

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

MISCELLANEOUS

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

ESTIMATED COST

20. Transportation $ $76.50
21. Per Diem $82.00
22. Other
23. TOTAL $ $158.50
24. CHARGED TO:
2011-1000-DDD01-68

25. (HEAD OFFICER'S SIGNATURE)

26. Joan Padilla Director of Scheduling (REQUESTER'S SIGNATURE)
27. Joan Padilla, Dir. of Scheduling and Advance (TITLE)
28. (AUTHORIZING OFFICER'S SIGNATURE)
29. Laura Davis, Depy. Chief of Staff (TITLE)

NATIONAL CONSERVATION TRAINING CENTER

Joan Padilla
(b) (6) [redacted]
US

Room No.	7576
Arrival	11-19-10
Departure	11-20-10
Folio No.	25212
Cashier No.	1018
Page No.	1 of 1

Group Code	1011DOISTUR
Group	DOI Secretary Meeting
Rate Code	MNFGOV

Date	Description	Charges	Credits
11-19-10	Lodging and Meals	128.00	
11-19-10	Mastercard (b) (6) [redacted]		128.00

Total Charges	**128.00**	
Total Credits		**128.00**
Balance		**0.00**
		USD

Signature: _____

[illegible] pleasure to have you stay with us. Please come back and see us soon.

[illegible] has been printed on 100% post-consumer content recycled paper.
Note: For our guests who are on the Lodging and Meals Plan, the breakdown for meals is as follows:

Breakfast $8
Lunch $12
Dinner $26

698 Conservation Way
Shepherdstown, WV 25443
Phone: (304)876-1600 | Fax: (304)876-7218 | training.fws.gov
CERTIFIED TRUE COPY: USFWS/NCTC ARAMARK Shepherdstown, WV Friday November 19 2010 4:35 PM

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: OS 1110000053

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): Padilla, Joan

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

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

d. OFFICE TELEPHONE NO.: 202-273-3423

e. PRESENT DUTY STATION: Washington, DC

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

6. PERIOD OF TRAVEL: a. FROM 12-15-10 b. TO 12-17-10

7. TRAVEL AUTHORIZATION: a. NUMBER(S) LASVEGAS12 b. DATE(S)

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached) [ ] Check [ ] Cash
d. Balance outstanding

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

10. CHECK NO.

11. PAID BY

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

I hereby assign to the United States any right I may have against any parties in connection with reimbursed traveler's initials 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)
UA# 7930568434	621.40		12-14-10	Dulles	Las Vegas, NV

FEB 22 2011

2111 177.53

Actual lodging NTE 300% as authorized. Approved signing official. Lodging was selected due to the location of the SECY's events site. Traveler request that the extra charge of $15.00 per day be deducted for the reimbursement. 15X2= $30.00 (lodging)

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

TRAVELER SIGN HERE: Joan Padilla DATE: 2/7/11 AMOUNT CLAIMED $

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $30,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.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: 2/14/11

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 $ 177.53

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
2011-1000 DDD01 68

$ 147.53

2-27 2011

1012-114

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

CCMM 9/7/11

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

TRAVEL AUTHORIZATION NO. LASVEGAS121510

TRAVELER'S LAST NAME Padilla

DATE 19 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE (j)	MILEAGE RATE: C / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12-15		SATO fee (28.50)											
12-15		taxi (58.00)											
12-15		lodging (120.96)											
12-15		per diem					53.28					53.28	
12-16		lodging (120.96)											
12-16		per diem					71.00					71.00	
12-17		per diem					53.28					53.28	
									SUBTOTALS		0	$177.56	$0.00
									TOTALS				

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 10-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (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	177.53

STANDARD FORM 1012 BACK (10-77)

SATOM PERSON: [illegible] ITINERARY/INVOICE NO. [illegible] DATE: [illegible] PAGE: [illegible]
CUSTOMER NBR: [illegible]

TO: CWT SATO TRAVEL
1849 C STREET NW
ROOM 6223
WASHINGTON, DC 20240

FOR: PADILLA/JOAN VERONICA REF: GDOIDCOS

FEES TOTALING 28.50PF CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PF-AIR/AMTRAK DOMESTIC, TRADITIONAL

[illegible] DEC 10 WEDNESDAY
AIR UNITED AIRLINES FLT:461 ECONOMY FOOD FOR PURCHASE
LV WASHINGTON DULLES 500P EQP: BOEING 757-200
[illegible]HR 25MIN
AR LAS VEGAS 725P NON-STOP
ARRIVE: TERMINAL [illegible] REF: [illegible]
PADILLA/JOAN VE SEAT-[illegible]
HOTEL LAS VEGAS
HR CAESARS PALACE 2 NIGHTS OUT-17DEC
3570 LAS VEGAS BLVD SOUTH 1 ROOM SINGLE WITH BATH
LAS VEGAS NV 89109 RATE-108.[illegible]USD PER NIGHT
FONE 1 702-7317110 GUARANTEED LATE ARRIVAL
CONFIRMATION [illegible]
NON REFUNDABLE
YOUR HOTEL STAY HAS BEEN CHARGED AND IS
NON REFUNDABLE

[illegible] DEC 10 FRIDAY
AIR US AIRWAYS FLT:49 COACH CLASS FOOD FOR PURCHASE
LV LAS VEGAS 240P EQP: AIRBUS A319
DEPART: TERMINAL 1 04HR 19MIN
AR WASHINGTON REAGAN 959P NON-STOP
ARRIVE: TERMINAL C REF: [illegible]
PADILLA/JOAN VE SEAT-13A

AIR TICKET [illegible]A7930568434 PADILLA JOAN VERONIC
ELEC TKT B [illegible] TO MASTERCARD 621.40*

SUB TOTAL 621.40
[illegible] CC BILLING 621.40*

TOTAL AMOUNT DUE 0.00

CONTINUED ON PAGE 2

SALES PERSON: RB ITINERARY/INVOICE NO. 00069 DATE: 14 DEC
CUSTOMER NBR: S32 BCK DNRFIS PAGE: 02

TO: CWT SATO TRAVEL
1549 C STREET NW
ROOM 6223
WASHINGTON,DC 20240

FOR: PADILLA/JOAN VERONICA REF: GDOIDOOS

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
.....
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.
HTL POLICY-CANCEL 48HRS PRIOR ARR
HTL POLICY CANCEL 48HRS PRIOR ARR
HTL POLICY-HTL NON REF CXNL NOT PERMITTED

U18-P
U12-GDOIDOOS
U17-919
U35-HO
U75-P
U27-93.00

CAESARS PALACE

01/04/2011
09:38:00
CI: LVENEZIANI
CO: TLILIC

JOAN PADILLA

Wing/Room RT 1380

1849 C STREET NORTHWEST

No Party 2
Fol ID 405262113570
Page 1 12/17/2010 14:07:00
Arrival 12/15/2010
Departure 12/17/2010
Bill code
Group SOCRWO

WASHINGTON DC20240

THANK YOU FOR STAYING WITH US!

DATE	REFERENCE	DESCRIPTION	$ CHARGES	CREDITS $ BALANCE
12/15/2010	405269002712	ROOM CHARGE RT 1380	108.00	
		TAX	12.96	
12/15/2010	405262113571	APPLIED DEPOSIT		120.96
		**********9503		
12/16/2010	405279003037	ROOM CHARGE RT 1380	108.00	
		TAX	12.96	
12/17/2010	405262401923	FRONT DESK MASTERCARD		120.96
		(b) (6) [redacted]		
		Balance Due	.00	

This email message, including any attachments, is for the sole use of the person to whom it has been sent, and may contain information that is confidential or legally protected.

Thanks again for choosing Caesars Palace. We truly appreciate your visit! For hotel, restaurant or show reservations, visit www.totalrewards.com, call 1-800-634-6661 or contact your Casino Host, Branch Office or Regional Representative.

ALEXANDRIA UNION CAB
(703)683-1200 - 24 Hr. Dispatch Service

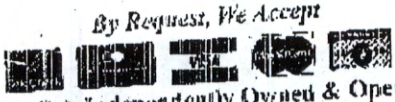
FROM DOI

TO Dulles

DATE 12-15-10 FARE$ 58.00

DRIVER'S NAME _____ CAB# _____

By Request, We Accept



Each Cab Independently Owned & Operated

Centrally Charged

Mark Pifher, Deputy Director for Water Resources, Aurora
Harold Miskel, VP, Southeastern CO Water Conservancy District

Press: Open
Format:
*9:45am-President John Zebre will introduce YOU
*9:47am-**YOU** deliver remarks
*10:15am-**YOU** remain on stage to sign Navajo Settlement Agreement
YOU will use a teleprompter to deliver remarks

:15am – 10:30am: NAVAJO SETTLEMENT AGREEMENT SIGNING CEREMONY

Location: Palace Ballroom III
Staff: Colin Walsh, Carly Montoya
Attendance: 800
Participants: **Joe Shirley Jr.**, President, Navajo Nation
Press: Open
Format:
*10:15am-**YOU** deliver remarks and introduce President Joe Shirley Jr.
*10:20am-President Joe Shirley Jr. delivers remarks
*10:25am-**YOU** and President Shirley proceed to signing table to sign documents and take photo
*10:30am-**YOU** depart
A table with the documents will be on stage for signing ceremony

:35am – 10:45am: MEDIA AVAILABILITY/GAGGLE

Location: **Palace Ballroom III**
Staff: **Kate Kelly, Colin Walsh**
Participants: **Joe Shirley Jr.**, President, Navajo Nation
John Zebre (zee-bree), President CO River Water Users Association
Press: Open
Format:
*10:35am-**YOU** participate in an informal media gaggle on **YOUR** way out

0:45am – 10:55am: MEET WITH PRESIDENT JOE SHIRLEY JR.

Location: Backstage
Staff: Colin Walsh
Participants: **Joe Shirley Jr.**, President, Navajo Nation
Press: Closed
Format:
*10:45am-**YOU** meet with President Joe Shirley Jr.

10:55am: DEPART PALACE BALLROOM III EN ROUTE CONSUL BOARDROOM

KLS, Colin Walsh, David J. Hayes, Tom Strickland, Lt. Mike Downs, Tami Heilemann, Kate Kelly, Carly Montoya, Joan Padilla

11:00am – 11:45am: CALIFORNIA WATER MEETING

Location: Consul Boardroom
Staff: Michael Connor, David J. Hayes, Anne Castle, David Nawi, Tom Strickland
Attendance: 10
Participants: **Lester Snow**, Secretary for Natural Resources, CA
Jeffrey Kightlinger, General Manager, Metropolitan Water District
Roger Patterson, Assistant General Manager, Metropolitan Water District
Jim Beck, General Manager, Kern County Water Agency
Mike Connor, Commissioner, BOR
David J. Hayes, Deputy Secretary
Anne Castle, Assistant Secretary W&S
David Nawi, Senior Advisor
Press: Closed
Format:
*11:00am-**YOU** hear from stakeholders and discuss the status of BDCP
YOU discuss effect of CVP Contractors withdrawal
YOU discuss next steps and a timeline to move forward

12:10pm: DEPART CAESARS PALACE EN ROUTE McCARRAN AIRPORT
Car#1: (b) (6), (b) (7)(C), (b) (7)(E) [redacted]
Car#2: [redacted]

12:20pm: ARRIVE McCARRAN AIRPORT

1:20pm – 8:47pm (ET): WHEELS-UP LAS VEGAS, NV EN ROUTE WASHINGTON, DC
United Airlines Flight #366
Flight time: 4hr 19min
KLS seat:
Ride-along: Lt. (b) (6), (b) (7)(E), (b) (7)(C) [redacted]

8:47pm: WHEELS-DOWN WASHINGTON, DC

9:10pm: DEPART DULLES AIRPORT EN ROUTE RESIDENCE
Car#1: (b) (6), (b) (7)(C), (b) (7)(E) [redacted]

10:00pm: ARRIVE RESIDENCE

10:30pm: RON

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

TRAVEL AUTHORIZATION

1. No. PADILLA NV 121510
2. 12-14-10 (DATE)

3. OS (BUREAU OR OFFICE)

4. NAME Joan Padilla
5. OFFICIAL STATION Washington, DC

6. TITLE Director of Scheduling and Advance
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: Las Vegas, NV
Official business as may be required.

10. **PURPOSE AND REMARKS:**

I certify that the travel herein was reviewed and determined to essential for accomplishment of DOI programs and missions. Payment from non-federal sources for travel-related expenses is authorized under 31 U.S.C. 1353, provided that prior to acceptance, the conditions for each case comply with 41 CFR 304-1 and part 374 DM 5, and are fully documented and approved via form DI-2000.
Speaker/ Presenter at Conferences, Summits, etc.

11. **PER DIEM ALLOWANCE:**

Actual Lodging and per diem NTE 300% as authorized in accordance with the Federal Travel Regulations as issued by GSA and published in the Federal Travel Register.
**** Subject to availability of funds. ****

12. **PERIOD OF TRAVEL: Beginning on or about** 12-15-10 **Ending on or about** 12-17-10

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)*
Excess baggage, taxi fares, telephone calls, rental cars/fuel, conference rooms, POV, public transportation, tolls, newspapers, faxes, pc usage, misc. supplies registration fees, ATM fees, upgrade for rental cars in remote
19. **Shipment household goods and personal effects**

ESTIMATED COST

20. Transportation	$	653.00
21. Per Diem		180.00
22. Other		100.00
23. TOTAL	$	933.00

24. **CHARGED TO:**
2011-1000-DDD01-68

25. (FISCAL OFFICER'S SIGNATURE)

26. Joan Padilla (REQUESTER'S SIGNATURE)
27. Joan Padilla, Dir. Scheduling and Advance (TITLE)
28. Laura Davis (AUTHORIZING OFFICER'S SIGNATURE)
29. Laura Davis, Depy Chief of Staff (TITLE)

THE TRIP OF THE SECRETARY

TO

NEVADA

DECEMBER 16TH-17TH, 2010

TRIP SUMMARY
THE TRIP OF THE SECRETARY
TO
NEVADA
DECEMBER 16TH-17TH, 2010

Weather:

Washington, DC	Mostly Sunny; High 38 // Low 28
Las Vegas, NV	Mostly Cloudy; High 57 // Low 42

Time Zone:

Las Vegas, NV	Pacific Time Zone (3 hours behind DC)

Advance:

		Cell Phone:
Advance	Carly Montoya	(202) 297-1322
Advance	Joan Padilla	(202) 251-0834
Security	(b) (6), (b) (7)(C), (b) (7)(E) [redacted]	
Ride-Along		
Photographer	Tami Heilemann	(202) 437-8486

Traveling Staff:

Deputy Secretary	David J. Hayes	(202) 684-5646
Assistant Secretary W&S	Anne Castle	(202) 590-7776
Commissioner, BOR	Mike Connor	(202) 306-9065
COS/AS FWP	Tom Strickland	(303) 921-1079
Senior Advisor	David Nawi	(916) 212-6063
Dep. Communications Director	Kate Kelly	(202) 306-3888
Body	Colin Walsh	(202) 230-2589

Washington Staff:

		Office Phone:
Secretary's Scheduler	Joan Padilla	(202) 208-5820
Ethics	Melinda Loftin	(703) 862-5552

Attire:
Business

THURSDAY, DECEMBER 16, 2010

3:30pm: **DEPART DOI EN ROUTE DULLES INTERNATIONAL AIRPORT**
Car #1 (b) (6), (b) (7)(C), (b) (7)(E) [redacted]

4:10pm: **ARRIVE DULLES INTERNATIONAL AIRPORT**

4pm-7:53pm(PT): **WHEELS-UP WASHINGTON, DC EN ROUTE LAS VEGAS, NV**
United Airlines Flight #461
Flight Time: 5hr 29min
KLS Seat: 8D
Ride-along: Lt. (b) (6), (b) (7)(C), (b) (7)(E) [redacted]
**Tom Strickland, Mike Connor, Anne Castle, Kate Kelly, and Colin Walsh will be on this flight*

7:53pm: **ARRIVE LAS VEGAS McCARRAN AIRPORT**

8:00pm: **DEPART AIRPORT EN ROUTE RON**
Car #1 (b) (6), (b) (7)(C), (b) (7)(E) [redacted]

8:10pm: **ARRIVE RON**
Caesars Palace
Location: 3570 Las Vegas Boulevard South
Las Vegas, NV 89109
Phone: (866) 227-5938
**Mike Connor will stay at Aria.*

8:30pm: **RON**

FRIDAY, DECEMBER 17, 2010

9:35am: **DEPART ROOMS EN ROUTE PALACE BALLROOM III**
KLS, Colin Walsh, Tom Strickland, Lt. (b) (6), (b) (7)(C), (b) (7)(E) [redacted] David Hayes, Tami Heilemann, Kate Kelly, Carly Montoya, Joan Padilla

9:45am – 10:15am: **COLORADO RIVER WATER USERS ASSOCIATION CONFERENCE**
Location: Palace Ballroom III
Staff: Colin Walsh, Carly Montoya
Attendance: 800
Participants: **John Zebre (zee-bree)**, President CO River Water Users Association
George Arthur, VP CO River Water Users Association
Aldena Cherva, Secretary-Treasurer
Isabel Luna, Assistant Secretary-Treasurer
Michael Connor, Commissioner, BOR
Jim Lochhead, CEO, Denver Water
Eric Kuhn, CO River District Manager