TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEWASHINGTOND121410_V01

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   a. FROM
   12/14/10
   b. TO
   12/15/10

6. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)
   02/22/11

7. TRAVEL ADVANCE
   a. OUTSTANDING
   0.00
   b. AMOUNT TO BE APPLIED
   0.00
   c. PAYEE'S SIGNATURE

8. ACCOUNTING CLASSIFICATION:
   10 5284L000TXTY-2010^2011^07^5284^TXTY^L000^ 738.83 NR- 19.35

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

10. TRAVELER'S INITIALS

11. TRAVEL ADVANCE
    a. OUTSTANDING
    0.00
    b. AMOUNT TO BE APPLIED
    0.00
    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)

13. NOTES:
    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)

14. COMMENTS:
    New employee checking in with Human Resources.

15. APPROVING OFFICIAL
    a. VOUCHER NO.
    b. D.O. SYMBOL
    c. MONTH & YEAR
    d. NET TO TRAVELER
    e. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

16. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
    a. VOUCHER NO.
    b. D.O. SYMBOL
    c. MONTH & YEAR
    d. NET TO TRAVELER

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

18. ACCOUNTING CLASSIFICATION
    SEE BLOCK 12 ABOVE

19. STANDARDS FORM 1012 (REV. 10-77)

Prescribed by GSA, FPMR (41 CFR) 101-7

1012-16
NSN 7540-00-634-4180

DATE 2/24/11
AMOUNT CLAIMED 738.83

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).

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. 880a).
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<td>A-.: WASHINGTON, DC</td>
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<tr>
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<td>TMC Fee</td>
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<td>12/14</td>
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<td>Lodging Tax</td>
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<td>12/14</td>
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<td>10</td>
<td>TAV Fee -I</td>
</tr>
<tr>
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<td>Parking</td>
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**INSTRUCTIONS TO TRAVELER**

The following information is provided: A voucher is used 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 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.

**SUBTOTALS**

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**TOTALS**

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**If additional space is required, continue on another 1012-A BACK, leaving the front blank.**
ACCOUNTING DETAIL
 GovTrip Travel System

ACCOUNTING CLASS CODE

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<td>10 5284LOOTXY</td>
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2010^2011^07^5284^^TXY^L000^^

SPLIT PAY DISBURSEMENTS:

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<td>GOV'T ADVANCE OUTSTANDING</td>
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<td>GOV'T ADVANCE APPLIED</td>
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<td>GOV'T CHARGE CARD EXPENSES</td>
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</tr>
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</table>
For: SHANNON ESTENZO Doidos
To: NGMSDOI
SHANNON ESTENOZ
do!

Sales Person: LH
Locator: MEFQDH
Customer Number: (b) (6)

Tuesday December 14, 2010

US Airways
Class of Service: Coach Class T
Flight Number: 986
Depart: FT LAUDERDALE, FL
7:00 Am December 14, 2010
Arrive: WASHINGTON/NATL, DC
9:25 Am December 14, 2010
Equipment: Unknown
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 25A

Wednesday December 15, 2010

US Airways
Flight Number: 1947
Class of Service: Coach Class T
Depart: WASHINGTON/NATL, DC
7:20 Pm December 15, 2010
Arrive: FT LAUDERDALE, FL
9:55 Pm December 15, 2010
Total Flight Time: 2 Hours 35 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 22A
DEP-TERMINAL C ARR-TERMINAL 3

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<tr>
<th>Name</th>
<th>Invoice / Ticket / Date</th>
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<th>Tax2</th>
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<td>7.40ZP</td>
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Total Amount: 439.40

** 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
Ms. Shannon Estenoz  
1849 C Street Nw  
Washington, DC 20240  
United States

INFORMATION INVOICE
A/R No:  
Folio No:

The Ritz-Carlton, Washington D.C.  
12/15/10

<table>
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<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
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<td>12/14/10</td>
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<tr>
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<td></td>
</tr>
<tr>
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<td></td>
<td>Balance</td>
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</tbody>
</table>

Room Number: 0822  
Arrival Date: 12/14/10  
Departure Date: 12/15/10  
CRS Number: (b) (6)  
Rewards No:  
Page No: 1 of 1
Taxi Cab Receipt

**TAXICAB RECEIPT**

**Time:** 12/14/10 9:30
**Date:**

**Origin of trip:** Reagan Natl
**Destination:** Doe
**Fare:** 14.00 **Sign:**

---

**TAXICAB RECEIPT**

**Time:** 12/15/10 5:00p

**Date:**

**Origin of trip:** Doe
**Destination:** DCA
**Fare:** 15.00 **Sign:**

---

**TAXICAB RECEIPT**

**Time:** 12/15/10 8:45

**Date:**

**Origin of trip:** Ritz Carlton
**Destination:** Doe
**Fare:** 6.45 **Sign:**

---

Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33004 Dania

Booth A 12/15/10 22:01
Cointer 26
Receipt 083418

Short-term parking tkt
1 - No. 033042
12/14/10 05:25 -
12/15/10 22:01 -
Period 1d16h57
(PARKING) $18.00

Sub Total $18.00
Tax $1.19
Total $19.19

Payment Received
VISA $19.19

Type: Swiped

Sub Total $18.00
FL TAX 6.59% 1.19

All Amounts in USD.

TAX INCLUDED
***Thank You***

Signature
1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEWASHINGTOND011811_VC

4. SCHEDULE NO.

5. TRAVEL VOUCHER

   (Read Privacy Act Statement below)

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEWASHINGTOND011811_VC

4. SCHEDULE NO.

5. TRAVEL VOUCHER

   (Read Privacy Act Statement below)

6. PERIOD OF TRAVEL
   a. FROM
   b. TO

7. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)

8. TRAVEL ADVANCE
   a. OUTSTANDING
   b. AMOUNT TO BE APPLIED
   c. AMOUNT DUE GOVERNMENT

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

10. RESIDENCE (City and State)

11. PAID BY
   a. OUTSTANDING
   b. TOTAL VERIFIED CORRECT FOR PAYMENT

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)

   ACCOUNTING CLASSIFICATION:
   10 5284L000TXTY-2010^2011^07^5284^TXTY^L000^ 1,019.39 NR-19.00

   COMMENTS:
   Attending meetings with DOI Managers.

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.

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).)

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
    a. AMOUNT CLAIMED

17. FOR FINANCE OFFICE USE ONLY
   a. DIFFERENCES, IF ANY
   (Explain and show amount)

18. ACCOUNTING CLASSIFICATION:
    SEE BLOCK 12 ABOVE

Traveler's initals

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. 297, i.d. 1001).

Certifier's initials:

For Finance Office Use Only:

TRAVELER SIGN HERE

APPROVING OFFICIAL SIGN HERE

1012-16

NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prepared by GSA, FPMR (41 CFR) 101-7
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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. 67 as implemented by the Federal Travel Regulations (FPMR 101.7). E.O. 12059 of July 22, 1971, E.O. 11012 of March 27, 1967, 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, military, or foreign employment, 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.

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

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## ACCOUNTING DETAIL

**GovTrip Travel System**

### ACCOUNTING CLASS CODE

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<td>4.00</td>
</tr>
<tr>
<td>10 5284L000TXY</td>
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### SPLIT PAY DISBURSEMENTS:

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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>1,038.39</td>
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<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
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<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>1,019.39</td>
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<td>PREV PAYMENTS</td>
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<td>NET TO TRAVELER (GOVT)</td>
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<tr>
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<td>ADD’L GOV’T CHARGE CARD PYMT</td>
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<td>PAY TO TRAVELER</td>
<td>1,019.39</td>
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Total: 1,038.39
For: SHANNON A ESTENOZ GDOI
To: NGMSDOI

Sales Person: 64
Locator: FVLADY
Customer Number: (b) (b)

Tuesday January 18, 2011
US Airways
Class of Service: Coach Class T
Flight Number: 1218
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL,DC
Total Flight Time: 2 Hours 25 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 25A
CONFIRMATION NUMBER: CD79GN

Friday January 21, 2011
US Airways
Class of Service: Coach Class T
Flight Number: 1947
Depart: WASHINGTON/NATL,DC
Arrive: FT LAUDERDALE, FL
Total Flight Time: 2 Hours 37 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 19B
CONFIRMATION NUMBER: CD79GN

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<th>Tax2</th>
<th>Tax3</th>
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<td>388.84 USD</td>
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<td>7.40ZP</td>
<td>14.00XT</td>
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Total Amount: 439.40

** 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.
<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>AIRLINE FLT DATE TIMES</th>
<th>AIRPORT CHECK-IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASHINGTON - DCA</td>
<td>FT LAUDERDALE FLUSS AIRWAYS</td>
<td>21JAN 1947</td>
<td>DEP 725P</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ARR 1002P</td>
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**Bag Check 25.00**

21 JUN 11

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<tr>
<th>FARE USD</th>
<th>TAX USD</th>
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</tbody>
</table>

**ESTENoz/SHANNOnA**

**E-TICKET RECEIPT**

**ARRIVAL**

<table>
<thead>
<tr>
<th>DOCUMENT NUMBER</th>
<th>0372417255388</th>
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**THANK YOU FOR FLYING**

**U.S. AIRWAYS**
CONFIRMATION NUMBER : 3404053513

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<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>ID</th>
<th>REF. NO</th>
<th>CHARGES</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td>1/18/2011</td>
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<td>DIKOSSIE</td>
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<td>$181.00</td>
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<td>1/18/2011</td>
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<td>1/21/2011</td>
<td>[D] (B) BALANCE</td>
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EXPENSE REPORT SUMMARY

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<tr>
<th>DATE</th>
<th>ROOM &amp; TAX</th>
<th>DAILY TOTAL</th>
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<tbody>
<tr>
<td>01/18/11</td>
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</tr>
<tr>
<td>01/20/11</td>
<td>$207.25</td>
<td>$207.25</td>
</tr>
</tbody>
</table>

$621.75

You have earned approximately 7193 Hilton Honors points for this stay. To check your earnings for this stay or any other stay at any of more than 4,000 Hilton Family hotels worldwide visit HiltonHonors.com.

Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!
Taxi Cab Receipts

DATE: 1/18/2011  TIME: 9:30 pm

TRIP ORIGIN: DCA

DESTINATION: 1919 Connecticut Ave

FARE: $14.00  SIGNATURE

TAXI CAB RECEIPT

Time: 4:45

Date: 1/18/2011

Origin of trip: 1919 Conn. (Hilton)

Destination: Cafe Soleil

Fare: 6.00  Sign: [Signature]

TAXICAB RECEIPT

Time: 8:30 pm

Date: 1/18/2011

Origin of trip: Funding Farmers

Destination: 1919 Conn.

Fare: 6.00  Sign: [Signature]
TAXICAB RECEIPT

Time: 4:45
Date: 1/21/11

Origin of trip: DOT
Destination: DCA
Fare: $12.00
Sign: $8

SAMUEL ARMSTRONG
LICENSE # 55509
TAG # H83001
01/21/11 TR 1570
START END MILES
13:28 13:38 1.9
FARE FOR EA RATE
RATE 1: $ 6.75
EXTRA: $ 0.00
TOTAL: $ 6.75
COMPLAINTS CALL
DC TAXICAB COMM
202 645-6018
Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33004 Dania

Booth A 01/21/11 22:32
Cashier 28
Receipt 096243

Short-term parking tkt
1 - No. 039613
01/18/11 09:54 -
01/21/11 22:32 -
Period 3d12h39'
(PARKING) $36.00

Sub Total $36.00
Tax $2.37

Total $38.37

Payment Received
VISA $38.37

All Amounts in USD.

TAX INCLUDED
***Thank You***

Signature
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   □ TEMPORARY DUTY
   □ PERMANENT CHANGE
      OF STATION

3. VOUCHER NO.
   SEWASHINGTON013111_V

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   a. FROM 01/31/11
   b. TO 01/31/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S) 0RE797
   b. DATE(S) 02/22/11

7. TRAVEL VOUCHER
   a. NAME (Last, first, middle initial)
      Estenoz, Shannon A.
   b. SOCIAL SECURITY NO. ***-**-*
   c. Mailing Address
      11200 SW 8 Street
      FIU OE Building Room 165
      Miami, FL 33199
   d. Office Telephone No.
      305-348-1655
   e. Present Duty Station
      EVERGLADES NP
   f. Residence
      Plantation, FL

8. TRAVEL ADVANCE
   a. Outstanding 0.00
   b. Amount to be applied 0.00
   c. Amount due Government
      (Attached Check Cash)
   d. Office Telephone No.
      7. TRAVEL AUTHORIZATION
      a. NUMBER(S) 0RE797
      b. DATE(S) 02/22/11

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED 01/31/11
   b. AMOUNT RECEIVED
   c. Payee's Signature

10. CHECK NO. 11200 SW 8 Street
    FIU OE Building Room 165
    Miami, FL 33199

11. PAID BY
    a. Outstanding 0.00
    b. Amount to be applied 0.00
    c. Amount due Government
       (Attached Check Cash)

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)
    a. Outstanding 0.00
    b. Amount to be applied 0.00
    c. Amount due Government
       (Attached Check Cash)

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.

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)).

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
    a. Outstanding 0.00
    b. Amount due Government
       (Attached Check Cash)

17. FOR FINANCE OFFICE USE ONLY
    a. Differences, if any
       (Explain and show amount)
    b. Total verified correct for charge to appropriation
       Certifier's initials:
       $ 92.86

18. 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)
    a. Outstanding 0.00
    b. Amount to be applied 0.00
    c. Amount due Government
       (Attached Check Cash)

ACCOUNTING CLASSIFICATION:

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<thead>
<tr>
<th>AGENT'S VALUATION OF TICKET</th>
<th>ISSUING CARRIER</th>
<th>MODE OF SERVICE AND ACCOMMODATIONS</th>
<th>DATE ISSUED</th>
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</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
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<tr>
<td>10 5284L000TXY-2010^2011^07</td>
<td>5284^TXY^L000^^</td>
<td>92.86 NR-19.00</td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:
Attending meetings with DOI Managers.

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. 297; 18 U.S.C. 1001).

TRAVELER'S INITIALS

APPROVING OFFICIAL
SIGN HERE

DATE
AMOUNT CLAIMED
92.86

19. 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)
    a. Outstanding 0.00
    b. Amount to be applied 0.00
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DATE
AMOUNT CLAIMED
92.86

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AMOUNT CLAIMED
92.86

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    a. Outstanding 0.00
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<td>5284^TXY^L000^^</td>
<td>92.86 NR-19.00</td>
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</table>

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APPROVING OFFICIAL
SIGN HERE

DATE
AMOUNT CLAIMED
92.86
**INSTRUCTIONS TO TRAVELER**
(Unfilled items are self-explanatory)

<table>
<thead>
<tr>
<th>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</th>
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**DATE** | **TIME** | **DESCRIPTION** |
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<th></th>
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<td>01/31</td>
<td>11:20 am</td>
<td>D-: RES: Plantation</td>
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<tr>
<td>01/31</td>
<td>11:20 am</td>
<td>A-: WASHINGTON, DC</td>
</tr>
<tr>
<td>01/31</td>
<td></td>
<td>FOV-Available Govt Vhc</td>
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<tr>
<td>01/31</td>
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<tr>
<td>01/31</td>
<td></td>
<td>A-: RES: Plantation</td>
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<tr>
<td>01/31</td>
<td></td>
<td>TMC Fee</td>
</tr>
<tr>
<td>01/31</td>
<td></td>
<td>TAV Fee -I</td>
</tr>
<tr>
<td>01/31</td>
<td></td>
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<td>01/31</td>
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<td>Taxi</td>
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**ITEMIZED SUBSISTENCE EXPENSES**

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<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE EXPENSE</th>
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<tbody>
<tr>
<td>BREAKFAST</td>
<td>LUNCH</td>
<td>DINNER</td>
<td>TOTAL</td>
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| RATE: 10.60 |
| RATE: 26.50 |

**MILEAGE** | **AMOUNT CLAIMED** |
|------------|---------------------|

<table>
<thead>
<tr>
<th>TOTALS</th>
<th>SUBTOTALS</th>
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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. 11009 of July 22, 1967, and E.O. 11112 of March 27, 1967, E.O. 9547 of November 22, 1943, and 26 U.S.C. 6011(b) and 6106. 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, military or diplomatic employees, for use 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 6106) and E.O. 9547, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

**Total Amount Claimed**
92.86
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<td>MILEAGE-211P</td>
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<tr>
<td>PARKING-211I</td>
<td>9.59</td>
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<td>0.00</td>
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2010^2011^07^5284^TXY^L000^^

SPLIT PAY DISBURSEMENTS:

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<td>PAY TO GOV'T CHARGE CARD</td>
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<tr>
<td>PAY TO TRAVELER</td>
<td>92.86</td>
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</tbody>
</table>
For: SHANNON A ESTENOZ GDOIDOOS
To: NGMSDOI
Sales Person: 77
Locator: IGEZZK
Customer Number: (b) (6)

Monday January 31, 2011
US Airways
Class of Service: Coach Class Y
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL, DC
Total Flight Time: 7:00 Am January 31, 2011
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 16C
Frequent Flyer Number: 77
DEP-TERMINAL 3
ARR-TERMINAL C
Confirmation Number: GJNVCAZ
Flight Number: 986
2 Hours 25 Minutes Non-Stop

Monday January 31, 2011
US Airways
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL, DC
Arrive: FT LAUDERDALE, FL
Total Flight Time: 7:25 Pm January 31, 2011
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 19C
Frequent Flyer Number: 77
DEP-TERMINAL C
ARR-TERMINAL 3
Confirmation Number: GJNVCAZ
Flight Number: 1947
2 Hours 37 Minutes Non-Stop

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<tr>
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<th>Tax2</th>
<th>Tax3</th>
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Total Amount: 965.40

** 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.
TAXICAB RECEIPT

Time: 9:45
Date: 1/31/11

Origin of trip: DCA
Destination: DCA
Fare: $13.00
Sign: [Signature]

TAXI CAB RECEIPT

DATE 1/31/11  TIME  4:45 pm

ORIGIN DCA  CAB #  

DESTINATION DCA 

FARE: $13.00
SIGNATURE [Signature]

---

Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33044 Dania

Booth A  01/31/11 22:07
Cashier 28
Receipt 000173

Short-term parking tkt
1 - No. 042162
01/31/11 05:50 -
01/31/11 22:07 -
Period 0d16h18'
(PARKING) $9.00

Sub Total $9.00
Tax: $0.59
Total $9.59

Payment Received
VISA $9.59
(b) (6)
Type: Swiped

Sub Total $9.00
FL TAX 6.59% 0.59

All Amounts in USD.

TAX INCLUDED
***Thank You***

Signature
1. **DEPARTMENT OR ESTABLISHMENT**
   - EVERGLADES NP

2. **TYPE OF TRAVEL**
   - TEMPORARY DUTY

3. **VOUCHER NO.**
   - SEATLANTACOB202811_VC

4. **SCHEDULE NO.**
   - GRE7D4

5. **PERIOD OF TRAVEL**
   - FROM 02/08/11 TO 02/08/11

6. **TRAVEL AUTHORIZATION**
   - NUMBER(S) 02/22/11

7. **TRAVELER**
   - **NAME**
     - Estenoz, Shannon A.
   - **SOCIAL SECURITY NO.**
     - *** - **-*
   - **MAILING ADDRESS**
     - 11200 SW 8th Street
     - FIU OB Building Room 165
     - Miami, FL 33199
   - **PHONE NO.**
     - 305-348-1665

8. **TRAVEL ADVANCE**
   - **DATE RECEIVED**
     - 02/22/11
   - **AMOUNT RECEIVED**
     - 65.52

9. **CASH PAYMENT RECEIPT**
   - **DATE RECEIVED**
     - 02/22/11
   - **AMOUNT RECEIVED**
     - 65.52

10. **TRAVEL VOUCHER**
    - **ACCOUNTING CLASSIFICATION**
      - 10 5284L000TXTY-2010^2011^075284^TXY^L000^^
      - 65.52 NR-19.00

11. **COMMENTS**
    - Meeting with EPA.

12. **GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH**
    - **AGENT'S VALUATION OF TICKET**
      - (a)
    - **ISSUING CARRIER (INITIALS)**
      - (b)
    - **MODE OF TRAVEL**
      - (c)
    - **ACCOMMODATIONS**
      - (d)
    - **DATE ISSUED**
      - (e)
    - **POINTS OF TRAVEL**
      - (f)
      - FROM 
      - TO

13. **TRAVELER SIGN HERE**
    - Traveler's Initials

14. **APPROVING OFFICIAL SIGN HERE**
    - Armel, Executive Assistant

15. **LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION**
    - **VOUCHER NO.**
      - 10012-16
    - **DATE**
      - 02/23/11
    - **AMOUNT CLAIMED**
      - 65.52

16. **AUTHORIZED CERTIFYING OFFICIAL SIGN HERE**

17. **FOR FINANCE OFFICE USE ONLY**
    - **COMPUTATION**
      - 65.52

---

**STANDARD FORM 1012 (REV. 10-77)**

Prepared by GSA, FPMR (41 CFR 101-7)
### INSTRUCTIONS TO TRAVELER

(All listed items are self-explanatory)

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

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

**Col. (e)** Complete only for actual expense travel.

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

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

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

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

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

**Col. (l)** Show expenses, such as: telecommunication (other than local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.)

If additional space is required, continue on another page, leaving the front blank.

---

### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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<tr>
<th>DATE</th>
<th>DATE</th>
<th>TIME (hour and min.)</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
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</thead>
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<td>02/08</td>
<td>20:11</td>
<td>D:RES: Plantation</td>
<td>12.00</td>
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<td>02/08</td>
<td>09:02</td>
<td>A:ATLANTA (COBB C</td>
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<tr>
<td>02/08</td>
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<td>TAV Fee</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
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<td>1.0</td>
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<tr>
<td>02/08</td>
<td>09:02</td>
<td>TMC Fee</td>
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Subtotals: $410.00

Total Expenses: $510.00

Amount Claimed: $65.50
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<td>PARKING-211I</td>
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<td>TAV EXP -I-211B</td>
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10 5284L000TXY 0.00 0.00 84.52

2010^2011^07^5284^^TXY^L000^^

SPLIT PAY DISBURSEMENTS:

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<td>NON-REIMBURSABLE EXPENSES</td>
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<td>TOTAL AMOUNT CLAIMED</td>
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<tr>
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<tr>
<td>GOV'T ADVANCE APPLIED</td>
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<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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<tr>
<td>PAY TO TRAVELER</td>
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</tbody>
</table>
For: SHANNON A ESTENOZ GDOIDOOS
To: NGMSDOI
SHANNON A ESTENOZ

Sales Person: 2A
Locator: JKETAJ
Customer Number: (b) (6)

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/RAIL/BUS AGENT INITIATED DOMESTIC

Tuesday February 8, 2011
Delta Airlines
Class of Service:Coach Class L
Depart: FT LAUDERDALE, FL
Arrive: ATLANTA, GA
Total Flight Time: 1 Hour 55 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 42F
DEP-Terminal 2 ARR-SOUTH TERMINAL

Flight Number: 2326
9:05 Am February 8, 2011
11:00 Am February 8, 2011
Confirmation Number: HKTC4P

Tuesday February 8, 2011
Delta Airlines
Class of Service:Coach Class L
Depart: ATLANTA, GA
Arrive: FT LAUDERDALE, FL
Total Flight Time: 1 Hour 55 Minutes Non-Stop
Equipment: Boeing 757
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 39F
DEP-SOUTH TERMINAL ARR-TERMINAL 2

Flight Number: 1527
5:15 Pm February 8, 2011
7:10 Pm February 8, 2011
Confirmation Number: HKTC4P

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Total Amount: 301.40

** 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.
ADV THE FARE IS NOT GUARANTEED UNTIL TKTD OK WITH CALLER
*****************************************************************************
ADV THAT FL IS THE CONTRACT CARRIER AND THIS WAS
DECLINED
FARE IS 301.40
LIMITED USE
For Breeze Card Information and Terms & Conditions:
www.martas.com and/or (404) 848-5000
Subject to applicable terms and conditions of
use and tariffs. Card must be presented to MARTA
officials upon request.

$4.50 total
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   X TEMPORARY DUTY
   □ PERMANENT CHANGE

   OF STATION

3. VOUCHER NO.
   SENAPLESFL021711_V01

4. SCHEDULE NO.

5. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

6. PERIOD OF TRAVEL
   a. FROM
   b. TO
   02/17/11
   02/18/11

7. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)
   0RE7HL
   02/22/11

8. TRAVEL ADVANCE
   a. OUTFSTANDING
   b. AMOUNT TO BE APPLIED
   c. AMOUNT DUE GOVERNMENT
      (ATTACHED)
   d. PAYEE'S SIGNATURE

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED

10. 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)

11. ACCOUNTING CLASSIFICATION:
    10 5284L000TXY-2010^2011^07^5284^TXY^L000
    POINTS OF TRAVEL
    FROM
    (a) 91.50
    TO
    (f) NR-

    174.00

    COMMENTS:
    Task Force Meeting.

12. TRAVELER'S INITIALS

13. 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)
    
    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

14. 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)

    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

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
   a. CERTIFYING OFFICIAL
   b. DATE

   ACCOUNTING CLASSIFICATION
   SEE BLOCK 12 ABOVE

1012-16
NSN 7540-00-034-4190
STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7
**INSTRUCTIONS TO TRAVELER**

(All listed items are self-explanatory)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
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<td>BREAK-FAST (d)</td>
<td>LUNCH (e)</td>
<td>DINNER (f)</td>
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<td></td>
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<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(h)</td>
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<td>a.m.</td>
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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 1017). E.O. 11040 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 937 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such 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, military, or international obligations, in accordance with the law. Disclosure of your Social Security Account Number (SSN) is an authorized disclosure, made under the authority of 26 U.S.C. 6011(b) and 6109. The primary purpose of the information is to determine payment or reimbursement to eligible individuals for allowable travel and relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such 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, military, or international obligations, in accordance with the law. Disclosure of your Social Security Account Number (SSN) is an authorized disclosure, made under the authority of 26 U.S.C. 6011(b) and 6109.
02/23/11 ACCOUNTING DETAIL GovTrip Travel System

Auth No: SENAPLESFL021711 V01
Estenoz, Shann ***-***-(b)(6)

ACCOUNTING CLASS CODE

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SPLIT PAY DISBURSEMENTS:

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TABLE 1

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<td>2010^2011^07^5284^TXY^L000^</td>
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</tr>
</tbody>
</table>

2010^2011^07^5284^TXY^L000^
**Zip-Out Check-Out®**

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out®, there is no need to stop at the Front Desk to check out.  
- Please review this statement. It is a record of your charges as of late last evening.  
- For any charges after your account was prepared, you may:  
  + pay at the time of purchase.  
  + charge purchases to your account, then stop by the Front Desk for an dated statement.  
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.  
*Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.*
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEWASHINGTOND030111_V0

4. SCHEDULE NO.

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

6. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)
   OREGVE
   02/22/11

7. TRAVEL VOUCHER

   Estenoz, Shannon A.
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199
   ☑ TE MPORARY DUTY
   ☐ PERMANENT CHANGE
   OF STATION

   f. RESIDENCE (City and State)
   EVERGLADES NP
   Plantation, FL

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
   $349.27
   c. PAYEE'S SIGNATURE

10. TRAVELER'S INITIALS

ACCOUNTING CLASSIFICATION:

10 5284L000TXY-2010^2011^07^5284^TXY^L000^ 349.27 NR- 524.13

COMMENTS:
Attending meeting with Congressman David Rivera

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)

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 claims is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE __________________________

NOTE: Falsification of an item in an expense account constitutes a felony under the Federal False Statement Statute (18 U.S.C. 1001) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 3771).

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 __________________________

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
   a. APPLIED TO TRAVEL ADVANCE
   (Appropriation symbol): 0.00
   b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
   Certifier's initials:
   NET TO TRAVELER $349.27

ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

Prescribed by GSA, FPMR (41 CFR) 101-7
<table>
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<td>11:20</td>
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<td>03/03</td>
<td>11:20</td>
<td>Taxi</td>
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</tbody>
</table>

**INSTRUCTIONS TO TRAVELER**

- 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 on the travel authorization).

**ITEMIZED SUBSISTENCE EXPENSES**

- Col. (d): Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- Col. (g): Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- Col. (h): Complete for per diem and actual expense travel.
- Col. (i): Show total subsistence expense incurred for actual expense travel.
- Col. (j): Show expenses, such as: taxi/limoinese fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

- Subtotal on this page: $349.27

**TOTAL AMOUNT CLAIMED**: $349.27

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- Subtotal on this page: $349.27

**TOTAL AMOUNT CLAIMED**: $349.27
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**10 5284L000TXY**

- SPLIT PAY DISBURSEMENTS:
  - TOTAL EXPENSES: 873.40
  - NON-REIMBURSABLE EXPENSES: 524.13
  - TOTAL AMOUNT CLAIMED: 349.27

- PREV PAYMENTS: 0.00
- GOV’T ADVANCE OUTSTANDING: 0.00
- GOV’T ADVANCE APPLIED: 0.00

- NET TO TRAVELER (GOVT): 349.27

- 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: 349.27
For: SHANNON A ESTENOZ GEOIDOOS
To: NGMSDOI
OFC OF THE EXEC DIRECTOR
SHANNON ESTENOZ
11200 SW 8TH ST
MIAMI FL 33199

Sales Person: 52
Locator: FEOLTA
Customer Number: (b)(6)

Tuesday March 1, 2011
US Airways
Class of Service: Coach Class T
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 10B
Frequent Flyer Number:
DEP-TERMINAL 3
ARR-TERMINAL C
Flight Number: 986
Confirmation Number: C6TY1W

Tuesday March 1, 2011
WASHINGTON/NATL,DC
W WASHINGTON DC
515 15TH STREET
WASHINGTON DC 20004
Phone Number: 202-661-2400
Fax Number: 202-661-2405
Number of Rooms: 1
Rate: 302.00 USD Per Night
Check In: Mar 01, 2011
Check Out: Mar 02, 2011
Confirmation Number: C545010777
Cancellation Policy: Cancel 1 day prior
Directions: DIRECTION TO THE PROPERTY FROM DULLES WASHINGTON INT APO

Thursday March 3, 2011
US Airways
Class of Service: Coach Class N
Depart: WASHINGTON/NATL,DC
Arrive: FT LAUDERDALE, FL
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Flight Number: 1947
Confirmation Number: C6TY1W

Page 1 of 2
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FOP CAxxxxx

** 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

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.VIRTUALLY THERE.COM  ***..............

ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.
E-TICKET RECEIPT

ARRIVAL

FROM TO

EBC EBC

FARE USD 25.00
TAX US 0.00
TAX
TOTAL USD 25.00

DOCUMENT NUMBER 0372422020892

THANK YOU FOR FLYING

3/3/11 $25.00 bag fee paid with personal card
lost receipt.
From: 'Marriott Hotels & Resorts Reservation' [reservations@marriott.com]  
Sent: Wednesday, February 16, 2011 2:15 PM  
To: Dawn Armel  
Subject: Washington Marriott Wardman Park Reservation Confirmation #83854771

Reservation for MS SHANNON ESTENOZ
Confirmation Number: 83854771
Check-in: Tuesday, March 1, 2011 (04:00 PM)
Check-out: Thursday, March 3, 2011 (12:00 PM)

Dear MS SHANNON ESTENOZ,

We are pleased to confirm your reservation with Marriott. Below is a summary of your booking and room information. We look forward to making your stay gratifying and memorable. When you're traveling away from home you can always count on Marriott.

Washington Marriott Wardman Park

Have you been Rewarded?
As a Marriott Rewards member, you could earn 4220 points for this stay. Enroll today to begin earning rewards, and you may also qualify for bonus points. Join Marriott Rewards

Planning Your Trip

- See what's happening in Washington during your stay
- Check out some of Washington's top attractions

- Join Us, Help Save the Rainforest. Learn More and Donate Now
- Book with Hertz: Save up to 20% and Earn 500 Marriott Rewards Points
- Book essentials for your trip - get great rates on local tours and attractions, ground transportation and car rentals.

Reservation Details

- Confirmation Number: 83854771
Your hotel: Washington Marriott Wardman Park

Check-in: Tuesday, March 1, 2011 (04:00 PM)
Check-out: Thursday, March 3, 2011 (12:00 PM)
Room type: Guest room, 1 King or 2 Double, Center or Park, Pool access
Number of rooms: 1
Guests per room: 1
Guest name: SHANNON ESTENOZ
Reservation confirmed: Wednesday, February 16, 2011 (19:14:00 GMT)
Guarantee method: Credit card guarantee, Master Card

Special request(s):
- 1 King Bed Req Not Gtd, Request Noted
- No ID Needed at Check-In, Request Noted

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<th>Room night</th>
<th>Room rate per night (US$)</th>
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<tr>
<td>Tuesday, March 1, 2011 - Thursday, March 3, 2011 (2 nights)</td>
<td>211.00</td>
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</table>

Govt/military rate, federal government ID required
Estimated government taxes and fees 30.60
Total for stay (for all rooms) 441.60

- On-site parking, fee: 17 USD hourly, 32 USD daily
- Valet parking, fee: 37 USD daily
- Changes in taxes or fees implemented after booking will affect the total room price.

You may modify or cancel your reservation online (see details below), or call 1-800-228-9290 in the US and Canada. Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation.

Canceling Your Reservation
- You may cancel your reservation for no charge until 06:00 PM hotel time on Tuesday, March 1, 2011.
  Please note that we will assess a fee of 241.59 USD if you must cancel after this deadline.
  If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

Modifying Your Reservation
- Please note that a change in the length or dates of your reservation may result in a rate change.

Earn 22,500 Bonus Points and a Free Night Stay — enough for 4 Free Nights — with the Marriott Rewards Credit Card. Reward yourself.

Hotel Services & Amenities
- High-speed Internet in guest rooms
- Business center
- Fitness center on-site
- Outdoor pool

For a complete list of services and amenities, download the hotel fact sheet

Travel Alerts
- Currently, passport or approved travel document are required for those traveling by air, land or sea to enter/re-enter the U.S.A. from Canada, Mexico, Bermuda, and the Caribbean. Get details
Please Note: All Marriott hotels in the USA and Canada, are committed to a smoke-free policy. Learn more

The Responsible Tourist and Traveler
A practical guide to help you make your trip an enriching experience

Look No Further
You've received the best possible rate - guaranteed.

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Promotional email unsubscribe

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For The Ritz-Carlton Email Unsubscribe
Guest Services - Unsubscribe
The Ritz-Carlton Hotel Company, LLC
4445 Willard Avenue, Suite 800
Chevy Chase, Maryland 20815

or Marriott Email Unsubscribe
Internet Customer Care - Unsubscribe
1818 North 90 Street
Omaha, Nebraska 68114-1315 USA

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GUEST FOLIO
2660 Woodley Road NW, Washington, DC 20008 • 202.328.2000 • Marriott.com/WASDT

8010 ZZ/ESTENOZ/SHANNON/  211.00  03/03/11  12:00  24542  ACCT#

NSDB
Rate
Room
Type

Clerk

DATE | REFERENCE | CHARGES | CREDITS | BALANCE DUE
--- | --- | --- | --- | ---
03/01 | ROOM | 8010, 1 | 211.00 | |
03/01 | ROOM TAX | 8010, 1 | 30.60 | |
03/02 | ROOM | 8010, 1 | 211.00 | |
03/02 | ROOM TAX | 8010, 1 | 30.60 | |
03/03 | MC CARD | | | $483.20 |

PAYMENT RECEIVED BY: MASTERCARD  CURRENT BALANCE .00

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

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

Signature:

Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com
TAXICAB RECEIPT

Time: 10:45
Date: 3/14/11
Origin of trip: Senate Hart
Destination: DOT
Fare: $10.00
Sign: S

TAXI CAB RECEIPT

Time: 9:50
Date: 3/14/11
Origin of trip: H.00 DCA
Destination: Senate Hart
Fare: $11.00
Sign: S

TAXICAB RECEIPT

Time: 4:30
Date: 3/14/11
Origin of trip: DOT
Destination: Woodley Park
Fare: $15.00
Sign: S
Woodley Park
Washington DC
FOR CUSTOMER SERVICE
CALL 202-962-5719

2600 Blk. Conn. Ave. NW
MEZZANINE 7
MACHINE 31

(6)

DEBIT PURCHASE

QUANTITY SELECTED: 1

$9.00 PER

S/N: 51330667918330

AMOUNT: $9.00

THANK YOU
FOR RIDING METRO

THE FUTURE IS RIDEING ON METRO

Woodley Park
Washington DC
FOR CUSTOMER SERVICE
CALL 202-962-5719

2600 Blk. Conn. Ave. NW
MEZZANINE 7
MACHINE 31

(6)

DEBIT PURCHASE

QUANTITY SELECTED: 1

$15.00 PER

S/N: 5254667919437

TOTAL AMOUNT: $15.00

THANK YOU
FOR RIDING METRO

THE FUTURE IS ON METRO
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SETALLAHASSEE031511_V

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   FROM 03/15/11 TO 03/16/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S) 0000000
   b. DATE(S) 03/08/11

7. TRAVEL VOUCHER
   (Read Privacy Act Statement below)

8. TRAVEL ADVANCE
   a. OUTSTANDING $0.00
   b. AMOUNT TO BE APPLIED $0.00
   c. AMOUNT DUE GOVERNMENT
      (ATTACHED) ☐ CHECK ☐ CASH

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED

10. RESIDENCE
    (City and State)
    Plantation, FL

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)

   a. AGENT’S VALUATION OF TICKET
      (a) 526216056686 347.40 WN
      (b) 03101011421PV 4.35 XD
      (c) ACCOUNTING CLASSIFICATION:
      (d) 10 5284L000TXY-2010^2011^07^5284^^TXY^L000^-
      (e) COMMENTS:
      (f) Meeting with secretary Vinyard.

13. 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

14. CERTIFYING DATE
    a. ACCOUNTING CLASSIFICATION
    b. NET TO TRAVELER

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
   a. APPROVING OFFICIAL
   b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
   c. APPLIED TO TRAVEL ADVANCE
   d. NET TO TRAVELER

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
    b. D.S.O. SYMBOL
    c. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
    d. NET TO TRAVELER

NOTE: Falsification of an item in an expense report is punishable as 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).

ACCREDITATION
PROVIDED BY
GSA, FPMR (41 CFR) 101-7

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

1012-16

NSN 7540-00-634-4180

Estenoz, Shannon A.

11200 SW 8 Street
FIU OE Building Room 165
Miami, FL 33199

$73.02

03/15/11

Executive Assistant

Dawn Armel

4/5/11

$0.00

$73.02
**INSTRUCTIONS TO TRAVELER**

(Unless items are self explanatory:

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

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

Col. (g) Show expenses incurred for actual expense travel.

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

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

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

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

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

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. 11612 of March 27, 1962, E.O. 9577 of November 22, 1943, 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 service 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. 9577, 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 expenses reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS EXPENSES</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE EXPENSE</th>
<th>MILEAGE</th>
<th>SUBSISTENCE</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>03/15</td>
<td>11:20</td>
<td>D-RES: Plantation</td>
<td>3450</td>
<td>87</td>
<td>10.60</td>
<td>241</td>
<td>3450</td>
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<td>03/15</td>
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<td>Airfare (Non Reimbursable)</td>
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<td>10.60</td>
<td>241</td>
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<td>11:20</td>
<td>TMC Fee (GOVCC-I)</td>
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<td>11:20</td>
<td>Rental Car</td>
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<td>11:20</td>
<td>TMC Fee</td>
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<td></td>
<td></td>
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<tr>
<td>03/16</td>
<td>11:20</td>
<td>D-TALLAHASSEE, FL</td>
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<td>TAV Fee -1</td>
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**If additional space is required, continue on another 1012-A BACK, leaving the front blank.**

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<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS EXPENSES</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE EXPENSE</th>
<th>MILEAGE</th>
<th>SUBSISTENCE</th>
<th>OTHER</th>
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</thead>
</table>

**STANDARD FORM 1012 BACK (10-77)**
ACCOUNTING DETAIL

GovTrip Travel System

04/05/11 ACCOUNTING DETAIL

IAuth No: SETALLAHASSE031511_V01
Estenoz, Shann ***-***-[6](6)

ACCOUNTING CLASS CODE

<table>
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<tr>
<th>CLASS CODE</th>
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<tr>
<td>JOM. CARR. -I-211C</td>
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<tr>
<td>GASOLINE-211I</td>
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</tr>
<tr>
<td>LODGING-211D</td>
<td>87.00</td>
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<tr>
<td>M&amp;IE-211D</td>
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<tr>
<td>MILEAGE-211P</td>
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<td>RENTAL CAR-211R</td>
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<td>TAV EXP -I-211B</td>
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10 5284L000LXY

SPLIT PAY DISBURSEMENTS:

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<tr>
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<th>AMOUNT</th>
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<tr>
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<td>NON-REIMBURSABLE EXPENSES</td>
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<td>TOTAL AMOUNT CLAIMED</td>
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<tr>
<td>PREV PAYMENTS</td>
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<td>GOV'T ADVANCE OUTSTANDING</td>
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<tr>
<td>GOV'T ADVANCE APPLIED</td>
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<tr>
<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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<tr>
<td>TOTAL GOV'T CHARGE CARD AMT</td>
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<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
<td>0.00</td>
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<tr>
<td>PAY TO TRAVELER</td>
<td>73.02</td>
</tr>
</tbody>
</table>
For:  SHANNON A ESTRINO GDOIFWS
To:  NQSDOI
      OFC OF THE EXEC DIRECTOR
      SHANNON ESTRINO
      11200 SW 9TH ST
      MIAMI FL 33199

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

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Tuesday  March 15, 2011
Southwest Airlines
Class of Service:  Coach Class Y
Depart:  FT LAUDERDALE, FL
Arrive:  JACKSONVILLE, FL
Total Flight Time:  1 Hour 15 Minutes Non-Stop
Equipment:  73G
Meal Service:  None
Status:  Confirmed
Flight Number:  3577
Confirmation Number:  XK5ELF

<table>
<thead>
<tr>
<th>Name</th>
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<th>Base</th>
<th>Tax1</th>
<th>Tax2</th>
<th>Tax3</th>
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</thead>
<tbody>
<tr>
<td>SHANNON A ESTRINO</td>
<td>370596/5262180734533/11MAR1</td>
<td>151.63</td>
<td>11.37US</td>
<td>3.70ZP</td>
<td>7.00XT</td>
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<tr>
<td>FOP CAxxxxxxx</td>
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<td></td>
<td></td>
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<td>Trip Fee</td>
<td>28.50</td>
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</tbody>
</table>

Total Amount:  202.20

** 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
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 SAPERE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.
Welcome to Gate
Store # 1194
200 N Magnolia Dr
Tallahassee
FL 32301
850-389-0412

Receipt #49655
03/16/2011
13:36

Pump Gallons Price
07 9.308 $3.529
Product: Reg Unleaded
TOTAL FUEL $32.85

SALE - Card Swiped
TOTAL SALE $32.85

Batch #755
Sequence #1757
Approval #099157

Thank you for your business.
Please come again!!
Shannon A Estenoz
Room No. : 204
Arrival : 03-15-11
Departure : 03-16-11
Page No. : 1 of 1
Folio No. : (b) (6)
Conf. No. : 57850010
Cashier No. : 459

INFORMATION INVOICE
Membership No. :
A/R Number :
Group Code :
Company Name :

<table>
<thead>
<tr>
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<th>Text</th>
<th>Charges</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Room</td>
<td>87.00</td>
<td></td>
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<tr>
<td>03-16-11</td>
<td>Mastercard</td>
<td>87.00</td>
<td>87.00</td>
</tr>
<tr>
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<td>Other PST</td>
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<td>Other GST</td>
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<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Liquor Tax</td>
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</tr>
<tr>
<td>Net Amount</td>
<td>87.00</td>
<td>87.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total 87.00 87.00
Balance 0.00

Join goldpoints plus today! Enroll in goldpoints plus at a participating hotel front desk or on line at goldpointsplus.com and start earning Gold Points today!

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature__________________

Country Inn and Suites Tallahassee
3080 Walden Road
Tallahassee, FL 32317
Telephone 850-942-9955 Fax: 850-942-2055
Email: cx_tale@countryinns.com
Vehicle Information

Vehicle #: US64473
Class: CDAR
Color: RED
2011 KIA SOUL PUNX
Govt Rate: GOVD Class: CCAR
4431
Fuel Level OUT: FULL
Fuel Level In: FULL
Mileage In: 0906
Mileage Out: 6971
Total Mileage: 235

Rental Expires On
3/16/2011
8:00:00 AM

Rental Location Out
DAR OPERATIONS d/b/a DOLLAR RENT A CAR
2400 TANZIE CLIPPER RD
JACKSONVILLE, FL 32218
866-414-2226

Customer Information
ESTEIDOS, SHANNON A
424 FARMINGTON DR
PLANTATION, FL 33317
5150 FL 1/15/2019 7864509401

Credit Card and Cash Payments
(b) (6)

Additional Drivers: None

**** Charges ****

Hourly: 3 $ 15.00 57.00
Daily: 1 $ 62.00 62.00
Total Time & Mileage: 119.00

Drop Off: 1 $ 68.80/itm 68.80
Conferencing: 11.11 22.20
Gas: 2 $ 5.00/day 10.00
Veh Lic Fee: 2 $ 0.50/day 1.00
Florida Surcharge: 2 $ 2.02/day 4.04
Security Fee: 1 $ 2.00/itm 2.00
Energy Recovery Fee: 2 $ 0.45/day 0.90

Total Charges: 228.12

**** Credits/Payments ****

Deposits: 0.00
Net Due: 228.12

Payments:
-228.12

Zero Balance: 0.00
Dawn Armel

From: Estenoz, Shannon A <Shannon_Estenoz@ios.doi.gov>
Sent: Tuesday, March 08, 2011 8:03 AM
To: Dawn Armel
Subject: travel next week

Dawn,

My meeting with Secretary Vinyard is in Tallahassee at 2 pm on the 15th. Because I do not fly in commuter aircraft, I usually fly directly from Ft. Lauderdale to Jacksonville on Southwest and then rent a car and drive 2.5 hours to Tally. This is also usually cheaper and faster than flights to Tally this time of year anyway.

If you can check on available SW flights on the 15th that would be great. By my calculation, I would have to land in Jax no later than 11 (earlier if possible), and then I could catch an evening flight home (say after 7 pm). As I recall, however, the last flight to Ft. Lauderdale from Jax is like 6ish, so I may need to stay overnight in Jax at an airport hampton or hilton and catch the first flight home the morning of the 16th.

S

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665
Direct Line: (305) 348-1660
Cell Phone: (786) 350-9401
Fax: (305) 348-1667
shannon_estenoz@ios.doi.gov
**Claim for Reimbursement for Expenditures on Official Business**

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

1. **Department, Establishment, Bureau, Division or Office**
   - Office of the Executive Director, South Florida Ecosystem Restoration Task Force

2. **Voucher Number**
   - 528411M10

3. **Schedule Number**

4. **Claimant**
   - Estenoz, Shannon A.

5. **Paid By**
   - To AOC 5/24/11

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Description</th>
<th>Mileage</th>
<th>Rate</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/21/11</td>
<td>A</td>
<td>Local travel Plantation, Florida to Vero Beach, Florida</td>
<td>262.36</td>
<td>$0.19</td>
<td>$49.85</td>
</tr>
</tbody>
</table>

**Justification:**
- Everglades Restoration Program meeting with FWS.

7. **Amount Claimed**
   - Total of cols. (f), (g), and (h) $49.85

8. **This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 660a).)

9. **Sign Original Only**

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

11. **Cash Payment Receipt**
   - a. Payee (Signature)
   - b. Date Received
   - c. Amount

12. **Payment Made by Check No.**

**Accounting Classification**
- 5298-WM41-EXY

**Sign Original Only**

**DoD Overprint 4/2002**

*Prescribed by GSA, FPMR (CFR 41) 101-7*
Dawn,

The round trip to Vero was 262.36 miles. I left at 6:45 am and got home at 5:30.

S

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1655
Direct Line: (305) 348-1660
Cell Phone: (786) 350-9401
Fax: (305) 348-1667
shannon_estenoz@ios.doi.gov
**TRAVEL VOUCHER**

(Read Privacy Act Statement below)

---

**1. DEPARTMENT OR ESTABLISHMENT**

BUREAU DIVISION OR OFFICE

- EVERGLADES NP

**2. TYPE OF TRAVEL**

- PERMANENT CHANGE OF STATION

---

**3. VOUCHER NO.**

SEWESTPALMBEA050311_VC

---

**4. SCHEDULE NO.**

---

**5. PERIOD OF TRAVEL**

- FROM: 05/04/11
- TO: 05/04/11

---

**6. VOUCHER NO.**

---

**7. TRAVEL AUTHORIZATION**

- NUMBER(S): [Redacted]
- DATE(S): 04/11/11

---

**8. TRAVEL ADVANCE**

- OUTSTANDING: $0.00
- AMOUNT TO BE APPLIED: $0.00
- AMOUNT DUE GOVERNMENT

---

**9. CASH PAYMENT RECEIPT**

- DATE RECEIVED: [Redacted]
- AMOUNT RECEIVED: $0.00

---

**10. CHECK NO.**

---

**11. PAID BY**

- AMOUNT CLAIMED: $70.81

---

**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)

---

**ACCOUNTING CLASSIFICATION:**

11 5298WM41EXY-2011^^07'5298^^EXY^WM41^-

---

**COMMENTS:**

WG/SCG 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.**

---

**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).)**

---

**15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION**

- VOUCHER NO.: [Redacted]
- D.D. SYMBOL: [Redacted]
- MONTH & YEAR: [Redacted]

---

**16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT**

- CERTIFIER: [Redacted]
- DATE: 5/24/11

---

**17. FOR FINANCE OFFICE USE ONLY**

- DIFFERENCES, IF ANY: [Redacted]
- AMOUNT TO BE APPLIED: $0.00
- NET TO TRAVELER: $70.81

---

**18. ACCOUNTING CLASSIFICATION**

SEE BLOCK 12 ABOVE

---

**STANDARD FORM 1012 (REV. 10-77)**

Prescribed by GSA, FPMR (41 CFR) 101-7
**INSTRUCTIONS TO TRAVELER**

(Unless items are self-explanatory)

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

**ITEMIZED SUBSISTENCE EXPENSES**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/04</td>
<td>05/04</td>
<td>D:- RES Plantation</td>
<td>Breakfast</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>05/04</td>
<td>05/04</td>
<td>A:- WEST PALM BEACH</td>
<td>Lunch</td>
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<td></td>
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<td></td>
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<tr>
<td>05/04</td>
<td>05/04</td>
<td>D:- WEST PALM BEACH</td>
<td>Dinner</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/04</td>
<td>05/04</td>
<td>A: RES Plantation,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/04</td>
<td>05/04</td>
<td>POV-Available Govt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>05/04</td>
<td>05/04</td>
<td>POV-Available Govt</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>05/04</td>
<td>05/04</td>
<td>TMC Fee</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>05/04</td>
<td>05/04</td>
<td>TAV Fee - I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (FPRM 1017), E.O. 11049 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, military, or other official duties.

This form may be completed only for actual expense travel.

**TOTAL AMOUNT CLAIMED**

70.81
GovTrip Travel System

ACCOUNTING DETAIL

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
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<tbody>
<tr>
<td>M&amp;IE-211D</td>
<td>53.25</td>
</tr>
<tr>
<td>MILEAGE-211P</td>
<td>17.56</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.00</td>
</tr>
</tbody>
</table>

| 11 5298WM41EXY         | 0.00   | 0.00   | 89.81 |

2011''07''5298''EXY''WM41''

SPLIT PAY DISBURSEMENTS:

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>89.81</td>
</tr>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>19.00</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>70.81</td>
</tr>
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<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>PREV PAYMENTS</td>
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</tr>
<tr>
<td>GOV'T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV'T ADVANCE APPLIED</td>
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</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
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<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
<tr>
<td>GOV'T CHARGE CARD ATM ADV</td>
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</tr>
<tr>
<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL GOV'T CHARGE CARD AMT</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>70.81</td>
</tr>
</tbody>
</table>
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEWESTPAMEA051711_V0

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   a. FROM
   b. TO
   05/17/11 05/17/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)
   05/23/11

7. TRAVEL VOUCHER
   a. NAME (Last, first, middle initial)
   Estenoz, Shannon A.
   b. SOCIAL SECURITY NO.
   ***-**-**
   c. MAILING ADDRESS (Include ZIP Code)
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199
   d. OFFICE TELEPHONE
   305-348-1665
   e. PRESENT DUTY STATION
   EVERGLADES NP
   f. RESIDENCE (City and State)
   Plantation, FL

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
   $70.00
   c. PAYEE'S SIGNATURE

10. CHECK NO.
    05/23/11

11. PAID BY
    a. OUTSTANDING
    b. AMOUNT TO BE APPLIED
    c. AMOUNT DUE GOVERNMENT
    (Attached)

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)

13. ACCOUNTING CLASSIFICATION
    11 5298WM41EXY-2011^07^5298^EXY^WM41^-
    70.81 NR-19.00

14. COMMENTS:
    CISRERP Meeting

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
    a. DATE
    b. AMOUNT CLAIMED
    70.81

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY (Explain and show amount)
    $0.00
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
    Certifier's initials:
    c. APPLIED TO TRAVEL ADVANCE
    (Appropriation symbol):
    $0.00
    d. NET TO TRAVELER
    $70.81

18. TRAVELER'S INITIALS

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).

APPROVING OFFICIAL
SIGN HERE

EXECUTIVE ASSISTANT

DATE 5/24/11

AMOUNT CLAIMED
70.81

ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

Prescribed by GSA, FPMR (41 CFR) 101-7

1012-16
NSN 7540-00-634-4180
STANDARD FORM 1012 (REV. 10-77)
INSTRUCTIONS TO TRAVELER

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).

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/17</td>
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<td>D::RES: Plantation</td>
<td>MEALS</td>
<td>TOTAL</td>
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<td>05/17</td>
<td>11:00</td>
<td>A::WEST PALM BEACH</td>
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<td></td>
</tr>
<tr>
<td>05/17</td>
<td>11:00</td>
<td>POV-Available Govt</td>
<td>Vhp</td>
<td></td>
</tr>
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<td>11:00</td>
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</tr>
<tr>
<td>05/17</td>
<td>11:00</td>
<td>D::WEST PALM BEACH</td>
<td></td>
<td></td>
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<td>11:00</td>
<td>A::RES: Plantation</td>
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<td>11:00</td>
<td>TAV Fee -I</td>
<td></td>
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<tr>
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<tr>
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ACCOUNTING DETAIL

GovTrip Travel System

ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;IE-211D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MILEAGE-211P</td>
<td></td>
<td>17.56</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
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<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td></td>
<td>4.00</td>
</tr>
</tbody>
</table>

11 5298WM41EXY | 0.00 | 0.00 | 89.81

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
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</tr>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>19.00</td>
</tr>
<tr>
<td>TOTAL AMOUNTclaimed</td>
<td>70.81</td>
</tr>
<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE OUTSTANDING</td>
<td>0.00</td>
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<tr>
<td>GOV’T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL GOV’T CHARGE CARD AMT</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>70.81</td>
</tr>
</tbody>
</table>
Meeting Information

Project Title: Independent Scientific Review of Everglades Restoration Progress
PIN: WSTB-U-03-04-A
Major Unit: Division on Earth and Life Studies
Sub Unit: Water Science and Technology Board
RSO: Johnson, Stephanie
Subject/Focus Area: Earth Sciences; Engineering and Technology; Environment and Environmental Studies; Policy for Science and Technology

Independent Scientific Review of Everglades Restoration Progress
May 16, 2011 - May 18, 2011
Crowne Plaza West Palm Beach Hotel
West Palm Beach, Florida

If you would like to attend the sessions of this meeting that are open to the public or need more information please contact:
Contact Name: Sarah Brennan
Email: sbrennan@nas.edu
Phone: (202) 334-3856
Fax: (202)-334-1961

Agenda:

Monday, May 16th
OPEN SESSION

***Spaces for guests are limited during the helicopter tour over the Everglades. Please contact Sarah Brennan at sbrennan@nas.edu or 202-334-3856 by April 29th to register for the field trip. Allocation of available spaces will be determined on a first-come, first-serve basis.

7:45 am Meet in the hotel lobby
8:00 am – 5:00 pm Field Trip (half-day helicopter tour over the Everglades and a tour of the South Florida Water Management District operations facility)

Tuesday, May 17th
OPEN SESSION

Draft Agenda will soon be posted.

Closed Session Summary Posted After the Meeting

The following committee members were present at the closed sessions of the meeting:

The following topics were discussed in the closed sessions:

The following materials (written documents) were made available to the committee in the closed sessions:

Date of posting of Closed Session Summary:
**TRAVEL VOUCHER**

1. **DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE**
   - EVERGLADES NP

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

3. **VOUCHER NO.**
   - SEPENSACOLAFL053111_00

4. **SCHEDULE NO.**
   - 05/01/11

5. **PERIOD OF TRAVEL**
   - FROM: 05/27/11 TO: 06/01/11

6. **TRAVEL AUTHORIZATION**
   - [ ] NUMBER(S)
   - [ ] DATE(S)

7. **TRAVELER’S SIGNATURE**
   - [ ]

8. **TRAVEL ADVANCE**
   - [ ] OUTSTANDING
   - [ ] AMOUNT TO BE APPLIED

9. **CASH PAYMENT RECEIPT**
   - [ ] DATE RECEIVED
   - [ ] AMOUNT RECEIVED

10. **PRESENT DUTY STATION**
    - EVERGLADES NP

11. **RESIDENCE**
    - Plantation, FL

12. **DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE**
    - EVERGLADES NP

13. **NAME**
    - Estenoz, Shannon A.

14. **SOCIAL SECURITY NO.**
    - ***-**-

15. **MAILING ADDRESS**
    - 11200 SW 8 Street
    - FIU OE Building Room 165
    - Miami, FL 33199

16. **OFFICE TELEPHONE**
    - 305-348-1665

17. **AGENT’S VALUATION OF TICKET**
    - (a)

18. **ISSUING CARRIER**
    - (b)

19. **MODE OF SERVICE AND ACCOMMODATIONS**
    - (c)

20. **DATE ISSUED**
    - (d)

21. **POINTS OF TRAVEL**
    - FROM
    - TO

22. **COMMENTS**
    - Gulf Coast Task Force Meeting

23. **ACCOUNTING CLASSIFICATION**
    - 11 5298WM41EXY-2011^07^5298^^EXY^WM41^-73.02 NR-948.83

24. **PAYEE’S SIGNATURE**
    - [ ]

25. **APPROVING OFFICIAL**
    - [ ]

26. **SIGN HERE**
    - [ ]

27. **DATE**
    - [ ]

28. **AMOUNT CLAIMED**
    - $73.02

29. **NOTE:** Falsification of an item in an approved 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).

30. **THIS VOUCHER IS AUTHORIZED CERTIFYING OFFICIAL**
    - [ ]

31. **DATE**
    - [ ]

32. **AMOUNT**
    - $0.00

33. **NET TO TRAVELER**
    - $73.02

34. **ACCOUNTING CLASSIFICATION**
    - [ ]

35. **SEE BLOCK 12 ABOVE**

---

**STANDARD FORM 1012 (REV. 10-77)**

Prescribed by GSA, FPMR (41 CFR) 101-7

---

**Prescribed by GSA, FPMR (41 CFR) 101-7**
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
<th>Meals</th>
<th>Miscellaneous Subsistence</th>
<th>Lodging</th>
<th>Subsistence Expense</th>
<th>Total Expenses</th>
<th>Mileage</th>
<th>M-190</th>
<th>Amount Claimed</th>
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<td>D: RES Plantation, FL</td>
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<td>11:00</td>
<td>A: Pensacola, FL</td>
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<td>11:00</td>
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<td>11:00</td>
<td>TMC Fee</td>
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<tr>
<td>06/01</td>
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<td>11:00</td>
<td>POV-Available Govt Veh</td>
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<tr>
<td>06/01</td>
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<td>A: RES Plantation, FL</td>
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<td>06/01</td>
<td>11:00</td>
<td>TAV Fee -I</td>
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</tbody>
</table>

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. 77, as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11116 of July 22, 1971, E.O. 11112 of March 27, 1962, E.O. 3597 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 for 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, military, or foreign requirements by this agency in connection with the hiring or firing of a person, 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. 3597, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is mandatory on vouchers claiming travel or relocation allowance expenses reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
<th>Meals</th>
<th>Miscellaneous Subsistence</th>
<th>Lodging</th>
<th>Subsistence Expense</th>
<th>Total Expenses</th>
<th>Mileage</th>
<th>M-190</th>
<th>Amount Claimed</th>
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</thead>
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</table>

SUBTOTALS ➤ | 4102 | 691.00 | 0.00 |

TOTAL AMOUNT CLAIMED ➤ | 73.02 |

STANDARD FORM 1012 BACK (10-77)
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<thead>
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<td>GASOLINE-211I</td>
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| 11 5298WM41EXY        | 0.00   | 0.00   | 1,021.85 |

2011^07^5298^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

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<tr>
<td>GOV’T ADVANCE APPLIED</td>
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<tr>
<td>NET TO TRAVELER (GOVT)</td>
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<p>| 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            | 73.02 |</p>
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<th>CAR GROUP</th>
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<tbody>
<tr>
<td>262940112</td>
<td>52277890</td>
<td>C</td>
</tr>
</tbody>
</table>

**ESTENOZ, SHANNON A**

- **BCD**: T788300
- **CV**: CMXXXXXXXXX5368
- **OUT MSY**: 31MAY11/0855 MI = 10786
- **IN MSY**: 01JUN11/1658 MI = 11213
  - 427 MI@ .00 =
  - HRE@ 16.51 =
  - 2 DYE@ 22.00 =

**GR**

- **11**: 11% FEE = 6.15
- **$ 6.20**: /DY CFC = 12.40
- **$ 0.66**: /DY ERF = 1.32
- **$ .50**: /DY GES = 10.00
- **TAXABLE SUBT**: = 73.87
- **TAX 10.75%**: = 7.94
- **# 3% EXCISE TAX**: = 2.22
- **FUEL SERVICE**: =

**TOTAL CHARGES**: 84.03

**GAS**

**CONCESSION RECOVERY FEE**

**LOUISIANA EXCISE TAX**

**CUST FACILITY CHG**

**ENERGY RECOVERY FEE**

**GOVT ADMIN SURCHARGE**

---

**Thanks For Shopping**

**Store #:0096**

**1290 Airport Blvd**

**Pensacola, FL 32504**

**Term**: 000380360960

**Appr**: 092043

**Unld Regular**

**PUMP**: 03

**VOLUME**: 4.980

**PRICE/G**: $3.679

**GAS TOTAL**: $18.32

**TAX**: $0.00

**TOTAL**: $18.32

**Mastercard Fleet**

**06/11 07:39:11 13:05:37**

I agree to pay the above Total Amount according to Card Issuer Agreement.

**Thumbs Up For**

**Tom Thumb**

**VISIT US**

---

**GAS**

**QUICK & EASY DELI & GR**

**701 AIRLINE DR**

**GRENA LA 70056**

**504-469-0983**

**TERMINAL ID.**: 002

**MASTERCARD**

**SALE**

**BATCH**: 000001

**INU**: 000047

**DATE**: Jun 01, 11

**TIME**: 13:05:22

**AUTH**: 091687

**TOTAL**: $28.06
For: SHANNON A ESTENOZ GDIDOOS
To: NGMSDOI
OFC OF THE EXEC DIRECTOR
SHANNON ESTENOZ
11200 SW 8TH ST
MIAMI FL 33199

Sales Person: 8D
Locator: DGBVVWE
Customer Number: (b) (6)

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL
*TICKET PURCHASED WITH CBA CA556826....5368
*YOUR TKT WILL BE ISSUED 26MAY USING YOUR CBA
*THIS DOCUMENT BECOMES AN INVOICE WHEN THE TICKET
*NUMBERS AND PRICE APPEAR AT THE BOTTOM OF THE PAGE

Tuesday May 31, 2011
Southwest Airlines
Class of Service: Coach Class Y
Depart: FT LAUDERDALE, FL
Arrive: NEW ORLEANS, LA
Total Flight Time:
Equipment: 73G
Meal Service: None
Status: Confirmed

Flight Number: 1656
Dep-Terminal 1
7:40 Am May 31, 2011
8:45 Am May 31, 2011
2 Hours 5 Minutes Non-Stop
Confirmation Number: W7HCJW

Intermediate Car
Location: NEW ORLEANS, LA
NEW ORLEANS, LA
Extra Days: 22.00 Extra Hours: 17.00
Unlimited Free Miles
Approximate Total: 84.74 2Days 0Hours 41.00Mandatory Charge
Confirmation Number: 32749105US4

Wednesday June 1, 2011
Southwest Airlines
Class of Service: Coach Class Y
Depart: NEW ORLEANS, LA
Arrive: FT LAUDERDALE, FL
Total Flight Time:
Equipment: 73G
Meal Service: None
Status: Confirmed

Flight Number: 131
Dep-Terminal 1
6:55 Pm June 1, 2011
9:45 Pm June 1, 2011
1 Hour 50 Minutes Non-Stop
Confirmation Number: W7HCJW
** 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.
Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33004 Dania

Booth B 06/01/11 23:02
Cashier 28
Receipt 048565

Parking Ticket
1 - No. 070673
05/31/11 06:43 -
06/01/11 23:02 -
Period 1d16h20'
(PARKING) $20.00

Sub Total $20.00
[ Fees + Tax ] $3.02
---------
Total $23.02

Payment Received
MC $23.02

Type: Swiped

Sub Total $20.00
FLLFee 8% 1.60
FL Tax 6.59% 1.42

Earn FREE PARKING today
Go to www.pnf.com
Go to www.pnf.com

Sign...
KC Parking
Paid
85.00
6-1-11
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
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<tbody>
<tr>
<td>05-31-11</td>
<td>*Accommodation</td>
<td>103.00</td>
<td></td>
</tr>
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</table>

Total 103.00 0.00

Balance 103.00

Guest Signature:
I have received the goods and/or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Crowne Plaza Pensacola Grand Hotel
200 East Gregory St.
Pensacola, FL 32502
Telephone: (850) 433-3336 Fax: (850) 469-1417
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   06E06C0B0F063011_VC

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   FROM 06/30/11 TO 06/30/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S) 06E06C0B0F063011
      b. DATE(S) 05/23/11

7. NAME
   Estenoz, Shannon A.

8. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

9. SOCIAL SECURITY NO.
   ***-**-**

10. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

11. RESIDENCE
    Plantation, FL

12. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

13. BUREAU DIVISION OR OFFICE
    ll9

14. TEMPORARY DUTY

15. PERMANENT CHANGE

16. STATION

17. SCHEDULE NO.

18. TRAVEL VOUCHER

19. READ PRIVACY ACT STATEMENT BELOW

20. TRAVEL AUTHORIZATION

21. NAME
   Estenoz, Shannon A.

22. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

23. SOCIAL SECURITY NO.
   ***-**-**

24. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

25. RESIDENCE
    Plantation, FL

26. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

27. BUREAU DIVISION OR OFFICE
    ll9

28. TEMPORARY DUTY

29. PERMANENT CHANGE

30. STATION

31. SCHEDULE NO.

32. TRAVEL VOUCHER

33. READ PRIVACY ACT STATEMENT BELOW

34. TRAVEL AUTHORIZATION

35. NAME
   Estenoz, Shannon A.

36. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

37. SOCIAL SECURITY NO.
   ***-**-**

38. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

39. RESIDENCE
    Plantation, FL

40. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

41. BUREAU DIVISION OR OFFICE
    ll9

42. TEMPORARY DUTY

43. PERMANENT CHANGE

44. STATION

45. SCHEDULE NO.

46. TRAVEL VOUCHER

47. READ PRIVACY ACT STATEMENT BELOW

48. TRAVEL AUTHORIZATION

49. NAME
   Estenoz, Shannon A.

50. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

51. SOCIAL SECURITY NO.
   ***-**-**

52. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

53. RESIDENCE
    Plantation, FL

54. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

55. BUREAU DIVISION OR OFFICE
    ll9

56. TEMPORARY DUTY

57. PERMANENT CHANGE

58. STATION

59. SCHEDULE NO.

60. TRAVEL VOUCHER

61. READ PRIVACY ACT STATEMENT BELOW

62. TRAVEL AUTHORIZATION

63. NAME
   Estenoz, Shannon A.

64. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

65. SOCIAL SECURITY NO.
   ***-**-**

66. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

67. RESIDENCE
    Plantation, FL

68. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

69. BUREAU DIVISION OR OFFICE
    ll9

70. TEMPORARY DUTY

71. PERMANENT CHANGE

72. STATION

73. SCHEDULE NO.

74. TRAVEL VOUCHER

75. READ PRIVACY ACT STATEMENT BELOW

76. TRAVEL AUTHORIZATION

77. NAME
   Estenoz, Shannon A.

78. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

79. SOCIAL SECURITY NO.
   ***-**-**

80. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

81. RESIDENCE
    Plantation, FL

82. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

83. BUREAU DIVISION OR OFFICE
    ll9

84. TEMPORARY DUTY

85. PERMANENT CHANGE

86. STATION

87. SCHEDULE NO.

88. TRAVEL VOUCHER

89. READ PRIVACY ACT STATEMENT BELOW

90. TRAVEL AUTHORIZATION

91. NAME
   Estenoz, Shannon A.

92. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

93. SOCIAL SECURITY NO.
   ***-**-**

94. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

95. RESIDENCE
    Plantation, FL

96. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

97. BUREAU DIVISION OR OFFICE
    ll9

98. TEMPORARY DUTY

99. PERMANENT CHANGE

100. STATION

101. SCHEDULE NO.

102. TRAVEL VOUCHER

103. READ PRIVACY ACT STATEMENT BELOW

104. TRAVEL AUTHORIZATION

105. NAME
   Estenoz, Shannon A.

106. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

107. SOCIAL SECURITY NO.
   ***-**-**

108. PERIOD OF TRAVEL
    FROM 06/30/11 TO 06/30/11

109. RESIDENCE
    Plantation, FL

110. DEPARTMENT OR ESTABLISHMENT
    EVERGLADES NP

111. BUREAU DIVISION OR OFFICE
    ll9

112. TEMPORARY DUTY

113. PERMANENT CHANGE

114. STATION

115. SCHEDULE NO.

ACCOUNTING CLASSIFICATION:
11 5298WM41EXT-2011^07^5298^^EXY^WM41^-^ - 34.50 NR- 19.00

COMMENTS:
Meeting with Lykes Bros. Inc.

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.

14. This voucher is approved. Long distance phone calls, if any, are certified as
    necessary in the interest of the Government.

15. FOR FINANCE OFFICE USE ONLY

16. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

17. LATEST VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

18. ACCOUNTING CLASSIFICATION
    SEE BLOCK 12 ABOVE

19. DATE
    08/11

20. AMOUNT CLAIMED
    34 50

21. DIFFERENCES, IF ANY
    $ 0 00

22. DATE RECEIVED
    06/30/11

23. AMOUNT RECEIVED
    0 00

24. PAYEE'S SIGNATURE
    Traveler's Initials

25. DATE
    08/11

26. AMOUNT CLAIMED
    34 50

27. CHECK NO.
    0

28. NET TO TRAVELER
    34 50

29. ACCOUNTING CLASSIFICATION
    SEE BLOCK 12 ABOVE

30. DATE
    08/11

31. AMOUNT CLAIMED
    34 50

32. CHECK NO.
    0

33. NET TO TRAVELER
    34 50

34. ACCOUNTING CLASSIFICATION
    SEE BLOCK 12 ABOVE
### Instructions to Traveler

(UNITED ITEMS ARE SELF EXPLANATORY)

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

**Col. (b)** Complete thru: Show amount incurred for each meal, including tax and tips, and daily total meal cost.

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

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

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

**Col. (f)** 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.

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

**Col. (h)** Show expenses, such as: Federal State local or foreign meals.

**Col. (i)** Show amount Incurred for each meal, including tax and tips, and daily total per diem amount for meals.

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

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

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

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

**Col. (n)** Show expenses, such as: Federal State local or foreign meals.

**Col. (o)** Complete this information if this is a continuation sheet.

## Schedule of Expenses and Amounts Claimed

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
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<td>06/30</td>
<td>11:00</td>
<td>A::OKEECHOBEE, FL</td>
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</tr>
<tr>
<td>06/30</td>
<td>11:00</td>
<td>D::OKEECHOBEE, FL</td>
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<td></td>
<td></td>
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<tr>
<td>06/30</td>
<td>11:00</td>
<td>A::RES: Plantation</td>
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<tr>
<td>06/30</td>
<td>11:00</td>
<td>TMC Fee</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>06/30</td>
<td>11:00</td>
<td>TAV Fee #I</td>
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</tr>
</tbody>
</table>

**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. 11699 of July 22, 1971, E.O. 11012 of March 27, 1965, and 26 U.S.C. 601(b) and 8103. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authority and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information to perform the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, military, and governmental operations. Disclosure of the information may be voluntary in all instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.
### ACCOUNTING DETAIL

**GovTrip Travel System**

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>M&amp;IE-211D</td>
<td>34.50</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
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<td>4.00</td>
</tr>
<tr>
<td>11 5298WM41EXY</td>
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</tr>
</tbody>
</table>

**08/09/11 ACCOUNTING DETAIL**

**Auth No:** SEOKEECHOBEEF063011 V01

**Estenoz, Shann ***-***-(6) (6)**

#### SPLIT PAY DISBURSEMENTS:

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<table>
<thead>
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<tr>
<td>GOV'T ADVANCE OUTSTANDING</td>
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<tr>
<td>GOV'T ADVANCE APPLIED</td>
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<tbody>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
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<tbody>
<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
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<td>GOV'T CHARGE CARD ATM ADV</td>
<td>0.00</td>
</tr>
<tr>
<td>ADD'L GOV'T CHARGE CARD PYMT</td>
<td>0.00</td>
</tr>
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</table>

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td>TOTAL GOV'T CHARGE CARD AMT</td>
<td>0.00</td>
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</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
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</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>34.50</td>
</tr>
</tbody>
</table>
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   □ TEMPORARY DUTY
   □ PERMANENT CHANGE
   OF STATION

3. VOUCHER NO.
   SEWASHINGTON0718011

4. SCHEDULE NO.
   07/18/11

5. PERIOD OF TRAVEL
   a. FROM
   07/18/11
   b. TO
   07/19/11

6. TRAVELER'S INITIALS
   Traveler's Initials

7. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)

8. TRAVEL ADVANCE
   a. OUTSTANDING
   0.00
   b. AMOUNT TO BE APPLIED
   0.00
   c. AMOUNT DUE GOVERNMENT
   0.00
   d. PAYEE'S SIGNATURE

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED
   $147.32

10. ACCOUNTING CLASSIFICATION:
    11 5298WM41EXY-2011••07•5298••EXY•WM41••
        147.32 NR- 663.00

11. PAID BY
   a. DATE
   07/13/11
   b. AMOUNT CLAIMED
   147.32

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)
    0713111306PT
    HRUH
    037866782120

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 8/12/11
    AMOUNT CLAIMED 147.32

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
    DATE 8/12/11
    AMOUNT CLAIMED 147.32

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
    a. VOUCHER NO.
    b. D.O. SYMBOL
    c. TOTAL CHARGE TO APPROPRIATION
    Certifier's initials:
    d. NET TO TRAVELER

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES
    b. TOTAL BASED ON
    c. AMOUNTS CLAIMED

ACCT CLASSIFICATION

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. 267, i.d. 1001).

APPROVING OFFICIAL SIGN HERE
DATE 8/12/11
AMOUNT CLAIMED 147.32

ACCT CLASSIFICATION SEE BLOCK 12 ABOVE

1012-16
NSN 7540-00-634-4180
STANDARD FORM 1012 (REV. 10-77)
Prepared by GSA, FPMR (41 CFR) 101-7
**INSTRUCTIONS TO TRAVELER**

(Unlisted items are self explanatory)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME (Hour (and am/pm))</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>AMOUNT CLAIMED</th>
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<tbody>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>D-:RES: Plantation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>TMC FEE (GOVCC-I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>Airfare (Non Reimbursable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>A-:WASHINGTON, DC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>Taxi</td>
<td></td>
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</tr>
<tr>
<td>07/18</td>
<td>20:11</td>
<td>Parking</td>
<td></td>
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<td>07/19</td>
<td>20:11</td>
<td>D-:WASHINGTON, DC</td>
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<tr>
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<td>20:11</td>
<td>POV-No Gvt Vhc Avl/Airport</td>
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<tr>
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<td>20:11</td>
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<td>Subsistence</td>
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<tr>
<td>07/19</td>
<td>20:11</td>
<td>TAV Fee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

Col. (d) Complete thru only for meal cost.

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**
0RSN8X

**TRAVELER'S LAST NAME**
Estenoz

**TOTAL AMOUNT CLAIMED**
147.32

**STANDARD FORM 1012 BACK (10-77)**
**ACCOUNTING DETAIL**

GovTrip Travel System

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
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<tr>
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<td>M&amp;IE-211D</td>
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<tr>
<td>MILEAGE-211P</td>
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<tr>
<td>PARKING-211I</td>
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<td>TAV EXP -I-211B</td>
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<td>TMC FEE -I-211B</td>
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11 5298WM41EXY 0.00 0.00 810.32

SPLIT PAY DISBURSEMENTS:

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<tbody>
<tr>
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<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>663.00</td>
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<td>TOTAL AMOUNT CLAIMED</td>
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<td>PREV PAYMENTS</td>
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<td>GOV'T ADVANCE OUTSTANDING</td>
<td>0.00</td>
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<tr>
<td>GOV'T ADVANCE APPLIED</td>
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<tr>
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<td>0.00</td>
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<tr>
<td>NET TO TRAVELER (GOVT)</td>
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<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
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<td>GOV'T CHARGE CARD ATM ADV</td>
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<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>147.32</td>
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</tbody>
</table>
For: SHANNON A ESTENOZ GDOINPS
To: NGMS E GOV
DEPARTMENT OF INTERIOR
AUTOMATION
AUTOMATION

Sales Person: GT
Locator: ETHRUN
Customer Number: (B) (B)

******************************************************************************
WHEN TICKETED THE FOLLOWING NON REFUNDABLE
TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK
RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/Delivery 11.50USD
******************************************************************************
PP2S TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE
1-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Monday July 18, 2011

US Airways
Class of Service: Coach Class T
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL, DC
Total Flight Time: 2 Hours 26 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 23F
Frequent Flyer Number: (B) (B) ESTENOZ/SHANNON A
DEP-Terminal 3 ARR-Terminal C
Flight Number: 986
7:00 Am July 18, 2011
9:26 Am July 18, 2011

Monday July 18, 2011

WASHINGTON/NATL, DC
HILTON GARDENS HILTON GARDEN INN DC DOWNTOWN
815 14TH STREET NW
WASHINGTON DC 20005
Phone Number: 1-202-783-7800
Fax Number: 1-202-783-7801
Number of Rooms: 1
Rate: 196.25 USD Per Night
Check In: Jul 18, 2011
Check Out: Jul 19, 2011
Confirmation Number: 3439121300
Cancellation Policy: Cancel 1 day prior
Directions: - REAGAN NATIONAL AIRPORT.......4.0MI / 6.4KM
Tuesday July 19, 2011

US Airways
Class of Service: Coach Class T
Depart: WASHINGTON/NATL, DC
Arrive: FT LAUDERDALE, FL
Total Flight Time: 2 Hours 32 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 22D
Frequent Flyer Number: (b) (6) ESTENOZ/SHANNON A

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<th>Invoice / Ticket / Date</th>
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<td>388.84</td>
<td>29.16US</td>
<td>7.40ZP</td>
<td>14.00XT</td>
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Trip Fee 4.35

Total Amount: 443.75

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ****** U06C*******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

TRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
Zip-Out Check-Out®

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

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

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

<table>
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<tr>
<th>DATE OF CHARGE</th>
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<tr>
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<td>TAXES</td>
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<tr>
<td>TIPS &amp; MISC.</td>
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</table>

TOTAL AMOUNT 0.00

EXPENSE REPORT SUMMARY

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<th>REFERENCE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<td>2971232</td>
<td>GUEST ROOM EXEMPT</td>
<td>$196.25</td>
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<tr>
<td></td>
<td></td>
<td>WILL BE SETTLED TO MORE</td>
<td>$196.25</td>
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<tr>
<td></td>
<td></td>
<td>EFFECTIVE BALANCE</td>
<td>$0.00</td>
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<tr>
<td></td>
<td></td>
<td>ROOM &amp; TAX DAILY TOTAL</td>
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<td>00:00:00 STAY TOTAL</td>
<td>$196.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$196.25</td>
<td>$196.25</td>
</tr>
</tbody>
</table>

CONFIRMATION NUMBER : 3439121300

7/19/2011 PAGE 2

T H A N K Y O U
Parking was $8.00 and 2 cab rides were $30.

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199
Phone: (305) 348-1665
Direct Line: (305) 348-1660
Cell Phone: (786) 350-9401
Fax: (305) 348-1667
shannon_estenoz@ios.doi.gov

OK. Can you just send me an email saying you misplaced them and give the amounts for the parking and taxi/metro. I can attach the email as a receipt.

Thanks,

Dawn Armel
South Florida Ecosystem Restoration Task Force
11200 SW 8th Street, OE Bldg. Room 165
Miami, FL 33199
Phone: 305-348-6027
Fax: 305-348-1667

Estenoz, Shannon A [mailto:Shannon_Estenoz@ios.doi.gov]
Sent: Thursday, August 11, 2011 2:27 PM
To: Dawn Armel
Subject: RE: 7/18/11 - 7/19/11 Travel to Washington, DC

I know. I can't find them. I think they got swept away in all my last minute vacation packing that Tuesday night!

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
Hi Shannon:

Don't forget these receipts.

Thanks,

D

Dawn Armel
South Florida Ecosystem Restoration Task Force
11200 SW 8 Street, OE Bldg. Room 165
Miami, FL 33199
Phone: 305-348-6027
Fax: 305-348-1667

Shannon:

I need the cab or shuttle receipts and parking receipt to complete the travel voucher for the above listed travel.

Thanks,

D

Dawn Armel
South Florida Ecosystem Restoration Task Force
11200 SW 8 Street, OE Bldg. Room 165
Miami, FL 33199
Phone: 305-348-6027
Fax: 305-348-1667
### TRAVEL VOUCHER

**1. DEPARTMENT OR ESTABLISHMENT**
BUREAU DIVISION OR OFFICE
EVERGLADES NP

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

**3. VOUCHER NO.**
SEWASHINGTOND071811_VC

**4. SCHEDULE NO.**

**5. PERIOD OF TRAVEL**
- **FROM:** 07/18/11
- **TO:** 07/19/11

**6. TRAVEL AUTHORIZATION**
- **NUMBER(S):** 0RSN8X
- **DATE(S):** 07/13/11

### 1. NAME (Last, first, middle initial)
Estenoz, Shannon A.

### 2. SOCIAL SECURITY NO.

### 3. MAILING ADDRESS (Include ZIP Code)
11200 SW 8 Street
FIU OE Building Room 165
Miami, FL 33199

### 4. PRESENT DUTY STATION
EVERGLADES NP

### 5. RESIDENCE (City and State)
Plantation, FL

### 8. TRAVEL ADVANCE

<table>
<thead>
<tr>
<th>a. OUTSTANDING</th>
<th>b. AMOUNT TO BE APPLIED</th>
<th>c. AMOUNT DUE GOVERNMENT</th>
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</thead>
<tbody>
<tr>
<td>0.00</td>
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### 9. CASH PAYMENT RECEIPT

<table>
<thead>
<tr>
<th>a. DATE RECEIVED</th>
<th>b. AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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</tbody>
</table>

### 11. PAID BY

**Traveler's Initials**

### 12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH

**AGENTS VALUATION OF TICKET**
- (a) 0713111306PT HRUH
- (b) 037866782120

**ISSUING CARRIER (Initialed)**
- (a) XD 4.35
- (b) US 439.40

**MODE OF SERVICE AND ACCOMMODATIONS**
- (c) 07/15/11

**POINTS OF TRAVEL**
- **FROM:** 07/15/11
- **TO:** 07/15/11

**FLL-Fort Lauder**
**DCA-Washington, DC**

### 17. FOR FINANCE OFFICE USE ONLY

<table>
<thead>
<tr>
<th>a. DIFFERENCES, IF ANY</th>
<th>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Certifier's initials:**

### 13. 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).

### 15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

<table>
<thead>
<tr>
<th>a. VOUCHER NO.</th>
<th>b. D.O. SYMBOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE**

**DATE:** 10/18/11

**ACCOUNTING CLASSIFICATION SEE BLOCK 12, ABOVE**

**STANDARD FORM 1012 (REV. 10-77)**
Prescribed by GSA, FPMR (41 CFR) 101-7
### INSTRUCTIONS TO TRAVELER

(Units 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.)

Col. (d) 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.

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

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

**AMOUNT CLAIMED**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS EXPENSES</th>
<th>MILEAGE</th>
<th>SUBSISTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/18</td>
<td>D-:RES: Plantation</td>
<td></td>
<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
</tr>
<tr>
<td>07/18</td>
<td>Airfare (Non Reimbursable)</td>
<td></td>
<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
</tr>
<tr>
<td>07/18</td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
<td></td>
<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
</tr>
<tr>
<td>07/18</td>
<td>Parking</td>
<td></td>
<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
</tr>
<tr>
<td>07/19</td>
<td>D-:WASHINGTON,DC</td>
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<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
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<tr>
<td>07/19</td>
<td>Subsistence</td>
<td></td>
<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
</tr>
<tr>
<td>07/19</td>
<td>TAV Fee -I</td>
<td></td>
<td></td>
<td></td>
<td>10.60</td>
<td>5 41</td>
</tr>
</tbody>
</table>

**TOTAL**

147.32

**SUBTOTALS**

10182 1061 50 30 50

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

**TOTAL AMOUNT CLAIMED**

147.32

**STANDARD FORM 1012 BACK (10-77)**
### ACCOUNTING DETAIL

**GovTrip Travel System**

**10/03/11**

**ACCOUNTING CLASS CODE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARR. -I-211C</td>
<td>JOM. CARR.</td>
<td>439.40</td>
</tr>
<tr>
<td>LODGING-211D</td>
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<td>196.25</td>
</tr>
<tr>
<td>M&amp;IE-211D</td>
<td>M&amp;IE</td>
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<tr>
<td>MILEAGE-211P</td>
<td>MILEAGE</td>
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<tr>
<td>PARKING-211I</td>
<td>PARKING</td>
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<td>TAV EXP -I-211B</td>
<td>TAV EXP</td>
<td>15.00</td>
</tr>
<tr>
<td>TAXI-211T</td>
<td>TAXI</td>
<td>30.00</td>
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<tr>
<td>TMC FEE -I-211B</td>
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**TRIP 1**

<table>
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<tr>
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<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>823.04</td>
</tr>
</tbody>
</table>

**SPLIT PAY DISBURSEMENTS:**

- **TOTAL EXPENSES** 823.04
- **NON-REIMBURSABLE EXPENSES** 675.72
- **TOTAL AMOUNT CLAIMED** 147.32

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>PREV PAYMENTS</td>
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<tr>
<td>GOV'T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV'T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>147.32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV'T CHARGE CARD ATM ADV</td>
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</tr>
<tr>
<td>ADD’L GOV’T CHARGE CARD PYMT</td>
<td>0.00</td>
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<tr>
<td>TOTAL GOV’T CHARGE CARD AMT</td>
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<table>
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<tr>
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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
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<tr>
<td>PAY TO TRAVELER</td>
<td>147.32</td>
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</tbody>
</table>

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**Receipt Number**: 11 5298WM41EXY

**Total**: 823.04

**2011**^07^5298^EXY^WM41^**
Lost parking receipt. Correct parking charge is $20.72.
For: SHANNON A ESTENOZ GDOINPS
To: NGMS E GOV
DEPARTMENT OF INTERIOR AUTOMATION

Sales Person: GT
Locator: ETHRUH
Customer Number: (800) (6)

WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/DELIVERY 11.50USD

Monday July 18, 2011
US Airways
Class of Service: Coach Class T
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL,DC
Total Flight Time: 2 Hours 26 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 23F
Frequent Flyer Number:

Confirmation Number: BW4F26
Flight Number: 986
7:00 Am July 18, 2011
9:26 Am July 18, 2011

Monday July 18, 2011
WASHINGTON/NATL,DC
HILTON GARDENS HILTON GARDEN INN DC DOWNTOWN
815 14TH STREET NW
WASHINGTON DC 20005
Phone Number: 1-202-783-7800
Fax Number: 1-202-783-7801
Number of Rooms: 1
Rate: 196.25 USD Per Night
Check In: Jul 18, 2011
Check Out: Jul 19, 2011
Confirmation Number: 3439121300
Cancellation Policy: Cancel 1 day prior
Directions: REAGAN NATIONAL AIRPORT......4.0MI / 6.4KM

Tuesday July 19, 2011
US Airways
Class of Service: Coach Class T
Depart: WASHINGTON/NATL, DC
Arrive: FT LAUDERDALE, FL
Total Flight Time: 2 Hours 32 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 22D
Frequent Flyer Number: DEP-TERMINAL C  ARR-TERMINAL 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Invoice / Ticket / Date</th>
<th>Base</th>
<th>Tax1</th>
<th>Tax2</th>
<th>Tax3</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>388.84USD</td>
<td>29.16US</td>
<td>7.40ZP</td>
<td>14.00XT</td>
<td>439.40</td>
</tr>
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</table>

Flight Number: 1703
8:30 Am July 19, 2011
11:02 Am July 19, 2011
Confirmation Number: BW4F26
Reserved Seat: ESTENOZ/SHANNON A 22D
Frequent Flyer Number: DEP-TERMINAL C  ARR-TERMINAL 3

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ***** U06C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
**CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS**

1. **DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE**
   Office of the Executive Director, South Florida Ecosystem Restoration Task Force

2. **VOUCHER NUMBER**
   528411M11

3. **SCHEDULE NUMBER**

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

4. **CLAIMANT**
   Estenoz, Shannon A.

5. **PAID BY**
   To AOC

   9/9/11

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.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>CODE</th>
<th>NO. OF MILES</th>
<th>MILEAGE</th>
<th>FARE OR TOLL</th>
<th>ADD PERSONS</th>
<th>TIPS AND MISCELLANEOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/03/11</td>
<td>A</td>
<td>94</td>
<td>4794</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/04/11</td>
<td>A</td>
<td>94</td>
<td>4794</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**JUSTIFICATION:**
Meetings with Governing Board members at the South Florida Water Management District.

7. **AMOUNT CLAIMED**
   (Total of cols. (l), (g) and (i)).

   | TOTALS    | 95.88 |

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).)

9. **SIGN HERE**
   [Signature]

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**
   [Signature]

   **DATE**
   8/9/11

11. **CASH PAYMENT RECEIPT**
   a. **PAYEE (Signature)**
   b. **DATE RECEIVED**
   c. **AMOUNT**
      $ 95.88

12. **DIRECT DEPOSIT**
   [Signature]
   [Account Number]
   805-348-1665

**SIGN ORIGINAL ONLY**

**APPROVING OFFICIAL**
[Signature]

**DATE**
8/9/11

**AUTHORIZED CERTIFYING OFFICIAL**
[Signature]

**DATE**
8/9/11

**ACCOUNTING CLASSIFICATION**
DoD Overprint 4/2002

**SIGN HERE**
[Signature]

**DATE**
8/9/11

**STANDARD FORM 1164 (Rev. 11-77)**

Prescribed by GSA, FPMR (CFR 41 101-7)
Dawn Armel

From: Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]
Sent: Tuesday, August 09, 2011 12:08 PM
To: Dawn Armel
Subject: Mileage

Dawn,

I traveled 94 miles on Wed and then again on Thursday of last week between my home and the SFWMD for meetings with Governing Board members. So that is a total of 188 miles.

Thanks!

Shannon

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665
Direct Line: (305) 348-1660
Cell Phone: (786) 350-9401
Fax: (305) 348-1667
shannon_estenoz@ios.doi.gov
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   X TEMPORARY DUTY
   O PERMANENT CHANGE
   OF STATION

3. VOUCHER NO.
   SETALLAHASSEE081511_V0

4. SCHEDULE NO.

5. TRAVEL AUTHORIZATION
   a. NUMBER(S) 0RVOI 1
   b. DATE(S) 08/09/11

6. PERIOD OF TRAVEL
   a. FROM 08/15/11
   b. TO 08/17/11

7. TRAVEL VOUCHER
   a. NAME (Last, first, middle initial) Estenoz, Shannon A.
   b. SOCIAL SECURITY NO. ***-**-**
   c. MAILING ADDRESS (Include ZIP Code) 11200 SW 8 Street
   FIU OE Building Room 165
   MIami, FL 33199
   d. OFFICE TELEPHONE 305-348-1665

8. TRAVEL ADVANCE
   a. OUTSTANDING
   b. AMOUNT TO BE APPLIED
   c. AMOUNT DUE GOVERNMENT
      (Attached)
      a. OUTSTANDING
      b. AMOUNT TO BE APPLIED
      c. AMOUNT DUE GOVERNMENT

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

10. CHECK NO.

11. PAID BY
   a. OUTSTANDING
   b. AMOUNT TO BE APPLIED
   c. AMOUNT DUE GOVERNMENT
      (Attached)
      a. OUTSTANDING
      b. AMOUNT TO BE APPLIED
      c. AMOUNT DUE GOVERNMENT

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)

<table>
<thead>
<tr>
<th>AGENT'S VALUATION OF TICKET</th>
<th>ISSUING CARRIER</th>
<th>MODE CLASS OF SERVICE AND ACCOMMODATIONS</th>
<th>DATE ISSUED</th>
<th>POINTS OF TRAVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>526219323506</td>
<td>188.70 WN</td>
<td>08/12/11 FLL-Fort Lauder JAX-Jacksonville,</td>
<td>212.57 NR</td>
<td>1,191.54</td>
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<tr>
<td>0378674389890</td>
<td>569.60 US</td>
<td>08/12/11 FLL-Fort Lauder JAX-Jacksonville,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ACCOUNTING CLASSIFICATION:
11 5298WM41EXY-2011**075298**EXY**WM41**

COMMENTS:
8/15/11 Lake Okeechobee Management Meeting in Tallahassee. 8/16/11 Meetings in Washington. 8/17/11 Meetings in Washington.

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

TRAVELER SIGN HERE

DATE 9/12/11

AMOUNT CLAIMED 212.57

NOTE: False certification 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 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 be authorized in writing by the head of the department or agency so certify (31 U.S.C. 680a)).

APPROVING OFFICIAL SIGN HERE

DATE 9/12/11

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
    a. APPLIED TO TRAVEL ADVANCE
    b. AMOUNT TO TRAVELER

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
        CERTIFIER'S INITIALS
    c. AMOUNT TO TRAVELER

18. ACCOUNTING CLASSIFICATION
    SEE BLOCK 12 ABOVE
### INSTRUCTIONS TO TRAVELER

(Unless 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 thru Col. (g)

(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.

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

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

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

---

### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>SUBSISTENCE</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>08/15</td>
<td>11:20</td>
<td>D-:RES: Plantation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/15</td>
<td>11:20</td>
<td>Airfare (Non Reimbursable)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/15</td>
<td>11:20</td>
<td>A-Tallahassee, FL</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/15</td>
<td>11:20</td>
<td>POV-No GVT VHC AVL/AIRPORT</td>
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<td>08/15</td>
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<td>Lodging Tax</td>
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<td></td>
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<tr>
<td>08/16</td>
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<td>Airfare (Non Reimbursable)</td>
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<td></td>
</tr>
<tr>
<td>08/16</td>
<td>11:20</td>
<td>A-Washington, DC</td>
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<td></td>
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<tr>
<td>08/16</td>
<td>11:20</td>
<td>Taxi</td>
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<td></td>
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<tr>
<td>08/16</td>
<td>11:20</td>
<td>Gasoline</td>
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<tr>
<td>08/16</td>
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<td>D-Washington, DC</td>
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<tr>
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<td></td>
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<tr>
<td>08/17</td>
<td>11:20</td>
<td>Subsistence</td>
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<td></td>
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<tr>
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<tr>
<td>08/17</td>
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<td>TMC Fee</td>
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<tr>
<td>08/17</td>
<td>11:20</td>
<td>Parking</td>
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</tr>
</tbody>
</table>

#### AMOUNTS

<table>
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<tr>
<th>MILEAGE</th>
<th>SUBSISTENCE</th>
<th>OTHER</th>
</tr>
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<tbody>
<tr>
<td>10182</td>
<td>158175</td>
<td>4300</td>
</tr>
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</table>

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

**TOTAL AMOUNT CLAIMED**: 212.57
ACCOUNTING DETAIL

GovTrip Travel System

ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM. CARR.-I-211C</td>
<td>758.30</td>
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<tr>
<td>GASOLINE-211I</td>
<td>70.78</td>
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<tr>
<td>LODGING-211D</td>
<td>272.43</td>
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<tr>
<td>M&amp;IE-211D</td>
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<td>MILEAGE-211P</td>
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<td>PARKING-211I</td>
<td>31.08</td>
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<td>RENTAL CAR-211R</td>
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<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
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<tr>
<td>TAXI-211T</td>
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<tr>
<td>TMC FEE -I-211B</td>
<td>4.35</td>
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</table>

11 5298WM41EXY        0.00  0.00  1,404.11

2011^07^5298^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES                1,404.11
NON-REIMBURSABLE EXPENSES     1,191.54

TOTAL AMOUNT CLAIMED          212.57

PREV PAYMENTS -- 0.00
GOV'T ADVANCE OUTSTANDING -- 0.00
GOV'T ADVANCE APPLIED -------- 0.00

_NET TO TRAVELER (GOVT)       212.57

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 --------------------- 212.57
For: SHANNON A ESTENOS, GOINPS
To: NGMS E GOV
DEPARTMENT OF INTERIOR
AUTOMATION

Sales Person: GT
Locator: NCFUUG
Customer Number: [redacted]

WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY

DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/DELIVERY 11.50USD

---

Southwest Airlines
Class of Service: Coach Class Y
Depart: FT LAUDERDALE, FL
Arrive: JACKSONVILLE, FL
Total Flight Time: 1 Hour 10 Minutes Non-Stop
Equipment: 73G
Meal Service: None
Status: Confirmed

Flight Number: 2500
8:15 Am August 15, 2011
9:25 Am August 15, 2011

Monday August 15, 2011

ENTERPRISE
Pick Up: August 15, 2011 9:30 Am
Return: August 16, 2011 5:00 Pm
Daily Rate: 24.00 USD
Unlimited Free Miles

Confirmation Number: WS7P9T

HILTON GARDENS HILTON GRDN INN JACKSONVILLE
13503 RANCH ROAD
JACKSONVILLE FL 32229
Phone Number: 1-904-421-2700
Fax Number: 1-904-421-2701
Number of Rooms: 1
Rate: 82.00 USD Per Night
Check In: Aug 15, 2011
Check Out: Aug 16, 2011
Confirmation Number: 3438517852
Cancellation Policy: Cancel by 4PM
Directions: - JACKSONVILLE INTL AIRPORT.....2.0MI / 3.2KM

Tuesday August 16, 2011
WASHINGTON/NAtl,DC
HILTON/CONRAD HOTELS WASHINGTON HILTON
1919 CONNECTICUT AVE NW
WASHINGTON DC 20009
Phone Number: 1-202-483-3000
Fax Number: 1-202-232-0438
Number of Rooms: 1
Rate: 157.00 USD Per Night
Check In: Aug 16, 2011
Check Out: Aug 17, 2011
Confirmation Number: 3442527762
Cancellation Policy: Cancel by 4PM
Directions: - REAGAN NATIONAL AIRPORT.......6.0MI / 9.7KM

<table>
<thead>
<tr>
<th>Name</th>
<th>Invoice / Ticket / Date</th>
<th>Base</th>
<th>Tax1</th>
<th>Tax2</th>
<th>Tax3</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>SHANNON A ESTENOZ</td>
<td>425018/5262193235064/12AUG1</td>
<td>165.58</td>
<td>12.42US</td>
<td>3.70ZP</td>
<td>7.00XT</td>
<td>188.70</td>
</tr>
</tbody>
</table>

FOP CAxxxxxxxx

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ***** UD6C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS
******************************************************************************
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
For: SHANNON A ESTENOZ GDOINPS
To: NGMS E Gov
DEPARTMENT OF INTERIOR
AUTOMATION

Sales Person: GT
Locator: IZCYQF
Customer Number: ********** **************

WHEN TICKETED THE FOLLOWING NON REFUNDABLE
TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK
RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/DELIVERY 11.50USD

FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE
3-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Tuesday August 16, 2011
US Airways
Class of Service: Coach Class T
Depart: JACKSONVILLE, FL
Arrive: WASHINGTON/HATL, DC
Total Flight Time:
Equipment: 319
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 20A
Frequent Flyer Number: ARR-TERMINAL C
Flight Number: 1252
7:30 Am August 16, 2011
9:16 Am August 16, 2011
1 Hour 46 Minutes Non-Stop
Confirmation Number: AVELE6

Wednesday August 17, 2011
US Airways
Class of Service: Coach Class T
Depart: WASHINGTON/HATL, DC
Arrive: CHARLOTTE, NC
Total Flight Time:
Equipment: 319
Meal Service: None
Status: Confirmed
Frequent Flyer Number: DEP-TERMINAL C
Flight Number: 1047
5:25 Pm August 17, 2011
6:51 Pm August 17, 2011
1 Hour 26 Minutes Non-Stop
Confirmation Number: AVELE6
US Airways
Class of Service: Coach Class T
Depart: CHARLOTTE, NC
Arrive: FT LAUDERDALE, FL
Total Flight Time:
Equipment: 321
Meal Service: None
Status: Confirmed
Frequent Flyer Number:
ARR-TERMINAL 3
Flight Number: 1687
8:15 Pm August 17, 2011
10:14 Pm August 17, 2011
1 Hour 59 Minutes Non-Stop
Confirmation Number: AVELE6
STENOZ/SHANNON A

<table>
<thead>
<tr>
<th>Name</th>
<th>Invoice / Ticket / Date</th>
<th>Base</th>
<th>Tax1</th>
<th>Tax2</th>
<th>Tax3</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>ESTENOZ SHANNON A</td>
<td>425019/0378674398904/12AUG1</td>
<td>504.19</td>
<td>37.81US</td>
<td>11.10ZP</td>
<td>16.50XT</td>
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<tr>
<td>FOP CAxxxxxx</td>
<td>(b) (6)</td>
<td></td>
<td></td>
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</table>

Trip Fee 4.35

Total Amount: 573.95

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ***** U06C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS
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PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
**Zip-Out Check-Out®**

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

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

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. *Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.*

### Detailed Charges

<table>
<thead>
<tr>
<th>DATE</th>
<th>REFERENCE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/15/2011</td>
<td>1078835</td>
<td>GUEST ROOM</td>
<td>$82.00</td>
</tr>
<tr>
<td>8/15/2011</td>
<td>1078835</td>
<td>STATE SALES TAX</td>
<td>$5.74</td>
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<tr>
<td>8/15/2011</td>
<td>1078835</td>
<td>OCCUPANCY TAX</td>
<td>$4.92</td>
</tr>
</tbody>
</table>

WILL BE SETTLED TO MOST EFFECTIVE BALANCE OF

ESTIMATED CURRENCY TOTAL

**Thank You**
Lost receipt for Hilton Washington $179.77
Lodging Tax $22.77
Lost receipt for Enterprise Rent A Car $39.60
Lost receipt for fuel $11.24 fuel tax
$38.46 fuel
$31.08 fuel
TAXICAB RECEIPT

Time: ______________________
Date: 8/14

Origin of trip: DCA

Destination: DOT

Fare: 15.00 Sign: $8

TAXICAB RECEIPT

Time: ______________________
Date: 8/14

Origin of trip: DOT

Destination: EPA

Fare: 13.00 Sign: $8

TAXICAB RECEIPT

Time: ______________________
Date: 8/17

Origin of trip: DOT

Destination: DCA

Fare: 15.00 Sign: $8
Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33004 Dania

Booth A 08/17/11 23:24
Cashier 28
Receipt 07- 077334

Parking Ticket
1 - No. 088727
08/15/11 07:13 -
08/17/11 23:24 -
Period 2d16h12'
(PARKING) $27.00

Sub Total $27.00
[Fees + Tax] $4.08
---------
Total $31.08

Payment Received
MC $31.08

Type: Swiped

Sub Total $27.00
FLLFee 8% 2.16
FL Tax 6.59% 1.92

Tell us how we are doing
For a chance to win $1000
Info at www.pnfcares.com
No Purchase Necessary

Signature

--------------------------------------------------------
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEPTMYERSFL082611_V01

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   - FROM: 08/26/11
   - TO: 08/26/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S): ORVPC0
   b. DATE(S): 08/09/11

7. TRAVEL ADVANCE
   a. OUTSTANDING
   b. AMOUNT TO BE APPLIED
   c. AMOUNT DUE GOVERNMENT
   d. PAYEE'S SIGNATURE

8. TRAVELER'S INITIALS

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED

10. PAID BY
    a. OUTSTANDING
    b. TOTAL VERIFIED CORRECT FOR
       NET TO TRAVELER

11. ACCOUNTING CLASSIFICATION:
    11 5298WM41EXY-2011^1 5298^EXYWM41^ -

12. COMMENTS:
    Meeting with Governing Board Member Mr. DeLisi.

13. DATE
    10/7/11

14. AMOUNT CLAIMED
    76.27

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
    a. CERTIFYING OFFICIAL'S SIGNATURE
    b. DATE
    c. AMOUNT TO TRAVELER

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
    c. APPLIED TO TRAVEL ADVANCE
    d. NET TO TRAVELER

ACCTG. CLASS: 11 5298WM41EXY-2011^1 5298^EXYWM41^ -
6.27 107.07

NOTE: Falsification of an item in an expense account is a forfeiture of claim (28 U.S.C. 2514) and may result in fines of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; 1d. 1001).

1. NAME (Last, first, middle initial)
   Estenoz, Shannon A.

2. MAILING ADDRESS
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

3. PRESENT DUTY STATION
   EVERGLADES NP

4. RESIDENCE
   Plantation, FL

5. TRAVELER'S SIGNATURE

6. BALANCE OUTSTANDING

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

8. AGENT'S VALUATION OF TICKET
   (a)

9. ISSUING CARRIER
   (b)

10. MODE OF TRAVEL
    (c)

11. DATE ISSUED
    (d)

12. POINTS OF TRAVEL
    FROM
    TO

13. CERTIFIER'S SIGNATURE

14. DATE
    10/7/11

15. AMOUNT CLAIMED
    76.27

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

17. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
    a. CERTIFYING OFFICIAL'S SIGNATURE
    b. DATE
    c. AMOUNT TO TRAVELER

18. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
    c. APPLIED TO TRAVEL ADVANCE
    d. NET TO TRAVELER

ACCTG. CLASS: SEE BLOCK 12 ABOVE

NOTE: Falsification of an item in an expense account is a forfeiture of claim (28 U.S.C. 2514) and may result in fines of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; 1d. 1001).

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   (b)

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    (c)

11. DATE ISSUED
    (d)

12. POINTS OF TRAVEL
    FROM
    TO

13. CERTIFIER'S SIGNATURE

14. DATE
    10/7/11

15. AMOUNT CLAIMED
    76.27

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

17. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
    a. CERTIFYING OFFICIAL'S SIGNATURE
    b. DATE
    c. AMOUNT TO TRAVELER

ACCTG. CLASS: SEE BLOCK 12 ABOVE
**INSTRUCTIONS TO TRAVELER**

(Underlined items are self-explanatory)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>D-:RES: Plantation</td>
<td><strong>MEALS</strong>&lt;br&gt;Breakfast (d)</td>
<td>42.00</td>
<td>34.27</td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>A:: FT. MYERS, FL</td>
<td><strong>MEALS</strong>&lt;br&gt;Lunch (e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>RENTAL CAR</td>
<td><strong>MEALS</strong>&lt;br&gt;Dinner (f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>D:: FT. MYERS, FL</td>
<td><strong>MISCELLANEOUS SUBSISTENCE</strong>&lt;br&gt;Total (g)</td>
<td>42.00</td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>A::RES: Plantation, Tolls</td>
<td><strong>LOGGING</strong>&lt;br&gt;Subsistence Expense (h)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>TAV Fee - I</td>
<td><strong>OTHER</strong>&lt;br&gt;Total Subsistence Expense (i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>TMC Fee</td>
<td><strong>MILEAGE</strong>&lt;br&gt;No. of Miles (j)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>Gasoline</td>
<td><strong>AMOUNT</strong>&lt;br&gt;Miles (k)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (FMR 101.7), E.O. 11609 of July 29, 1971, E.O. 11012 of March 27, 1962, 10 U.S.C. 9387 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authority and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, military, or other official duties, or 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. 9387, 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 expenses reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

**INSTRUCTIONS TO TRAVELER**

(Underlined items are self-explanatory)

<table>
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<tr>
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<td>11:00</td>
<td>A:: FT. MYERS, FL</td>
<td><strong>MEALS</strong>&lt;br&gt;Lunch (e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>RENTAL CAR</td>
<td><strong>MEALS</strong>&lt;br&gt;Dinner (f)</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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</table>

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**INSTRUCTIONS TO TRAVELER**

(Underlined items are self-explanatory)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>D-:RES: Plantation</td>
<td><strong>MEALS</strong>&lt;br&gt;Breakfast (d)</td>
<td>42.00</td>
<td>34.27</td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>A:: FT. MYERS, FL</td>
<td><strong>MEALS</strong>&lt;br&gt;Lunch (e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>RENTAL CAR</td>
<td><strong>MEALS</strong>&lt;br&gt;Dinner (f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>D:: FT. MYERS, FL</td>
<td><strong>MISCELLANEOUS SUBSISTENCE</strong>&lt;br&gt;Total (g)</td>
<td>42.00</td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>A::RES: Plantation, Tolls</td>
<td><strong>LOGGING</strong>&lt;br&gt;Subsistence Expense (h)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>TAV Fee - I</td>
<td><strong>OTHER</strong>&lt;br&gt;Total Subsistence Expense (i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>TMC Fee</td>
<td><strong>MILEAGE</strong>&lt;br&gt;No. of Miles (j)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/26</td>
<td>11:00</td>
<td>Gasoline</td>
<td><strong>AMOUNT</strong>&lt;br&gt;Miles (k)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASOLINE-211I</td>
<td>34.27</td>
</tr>
<tr>
<td>M&amp;IE-211D</td>
<td>42.00</td>
</tr>
<tr>
<td>RENTAL CAR-211R</td>
<td>83.07</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.00</td>
</tr>
<tr>
<td>TOLLS-211I</td>
<td>5.00</td>
</tr>
</tbody>
</table>

11 5298WM41EXY

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>183.34</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011^07^5298^EXY^WM41^</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>183.34</td>
</tr>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>107.07</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>76.27</td>
</tr>
<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>76.27</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD EXPENSES</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD ATM ADV</td>
<td>0.00</td>
</tr>
<tr>
<td>ADD’L GOV’T CHARGE CARD PYMT</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL GOV’T CHARGE CARD AMT</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>76.27</td>
</tr>
</tbody>
</table>
Lost Rental Car Receipt $83.07
Avis Rent A Car

Avis Rent A Car tolls $5.00
Debit/ATM Sale
XXX0000000X50985
Auth. # 194832
Inv. # 0A07649
1425974
Date 08/26/11 12:46
BIZAMBOU, INC
PLANTATI FL
Pump # 4 Regular
Gallons ... 8.500
Price/Gal ... 3.679
Fuel Sale : $ 31.27

THANK YOU FOR
CH: INC MOBIL
HAVE A NICE DAY

LEE COUNTY 2ND ST
FT MYERS FL
2ND ST
Rcvt# 2596
08/26/11 12:46
Lt# 1 All 7
Txn# 16944
08/26/11 10:51 In
08/26/11 12:46 Out
Tkt# 015553
Fee .... 1 $ 3.00
Total Fee $ 3.00
CASH PAID $ 3.00-
Cash Tender $ 3.00
Change Due $ 0.00
THANK YOU
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   TEMPORARY DUTY

3. VOUCHER NO.
   SEWASHINGTOND090611_VI

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   a. FROM
   09/06/11
   b. TO
   09/07/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   037867900438
   037867900438
   b. DATE(S)
   09/02/11 09/02/11

7. TRAVELER'S INITIALS
   Armel
   Law

8. TRAVEL ADVANCE
   a. OUTSTANDING
   0.00
   b. AMOUNT TO BE APPLIED
   0.00
   c. AMOUNT DUE GOVERNMENT
   0.00
   (ATTACHED)
   d. PAYEE'S SIGNATURE
   08/31/11

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED
   c. AMOUNT DUE GOVERNMENT
   (ATTACHED)
   CHECK
   D. BALANCE OUTSTANDING

10. GOVERNMENT TRANSPORTATION REQUESTS, OR
    TRANSPORTATION TICKETS, IF PURCHASED WITH CASH
    (ATTACHED)

11. PAID BY
    a. OUTSTANDING
    0.00
    b. AMOUNT TO BE APPLIED
    0.00
    c. AMOUNT DUE GOVERNMENT
    0.00
    (ATTACHED)
    d. PAYEE'S SIGNATURE
    08/31/11

12. ACCOUNTING CLASSIFICATION
    a. AGENT'S VALUATION OF TICKET
       0902111104HD
       ULLK
       037867900438
    b. ISSUING CARRIER
       XD
       US
       XD
    c. MODE OF SERVICE AND ACCOMMODATIONS
       DCA-Washington, DC
       160.32
       998.65
    d. POINTS OF TRAVEL
       FROM
       TO
       09/02/11
       09/02/11
       FLL-Fort Lauderdale
       DCA-Washington, DC

    c. APPLIED TO TRAVEL ADVANCE
       (APPROPRIATION SYMBOL):
       0.00
       0.00
       160.32

    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 allowed is based on the average cost of lodging incurred during the period covered by this voucher.

    TRAVELER SIGN HERE
    DATE
    9/12/11

    AMOUNT CLAIMED
    160.32

    NOTE: False statement or falsification of an item in an expense account is punishable by law, and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).

    14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 8806).)

    APPROVING OFFICIAL SIGN HERE
    DATE
    9/9/11

    EXECUTIVE ASSISTANT

    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
    a. ACCOUNTING CLASSIFICATION
    b. APPLIED TO TRAVEL ADVANCE
    (APPROPRIATION SYMBOL):
    c. NET TO TRAVELER
    160.32

    17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
       (EXPLAIN)
       $2
       160.32
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
       CERTIFIER'S INITIALS:
       0.00

    18. SIGN HERE
    DATE
    9/12/11

    END OF VOUCHER

1012-16
NSN 7540-00-634-4180
STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7
### Instructions to Traveler

(These items are self-explanatory)

- **Col. (c)** If statement includes vacation or any other type of travel, show amount incurred for each meal, including tax and tip, and daily total meal cost.
- **Col. (d)** Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- **Col. (e)** Complete for per diem and actual expense travel.
- **Col. (f)** Show total current expense incurred for actual expense travel.
- **Col. (g)** Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (a) or maximum rate.
- **Col. (h)** Show expenses, such as: taxi/limousine fares, air fare (if purchased on behalf of the employee), local or long-distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

### Schedule of Expenses and Amounts Claimed

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>D: RES: Plantation</td>
</tr>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>TMC Fee (Govt-I)</td>
</tr>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>Airfare (Non Reimbursable)</td>
</tr>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>A: RES: Washington, DC</td>
</tr>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>POV-NO GVT VHC AVL/airport</td>
</tr>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>Parking</td>
</tr>
<tr>
<td>09/07</td>
<td>11:20</td>
<td>Taxi</td>
</tr>
<tr>
<td>09/06</td>
<td>11:20</td>
<td>Lodging Tax</td>
</tr>
<tr>
<td>09/07</td>
<td>11:20</td>
<td>D: RES: Washington, DC</td>
</tr>
<tr>
<td>09/07</td>
<td>11:20</td>
<td>POV-NO GVT VHC AVL/airport</td>
</tr>
<tr>
<td>09/07</td>
<td>11:20</td>
<td>A: RES: Plantation, Subsistence</td>
</tr>
<tr>
<td>09/07</td>
<td>11:20</td>
<td>TAV Fee -I</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>

**Total Mileage Claimed:** 160.32

---

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ACCOUNTING DETAIL
GovTrip Travel System

ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOM. CARR.-I-211C</td>
<td>721.60</td>
</tr>
<tr>
<td>LODGING-211D</td>
<td>241.60</td>
</tr>
<tr>
<td>M&amp;IE-211D</td>
<td>106.50</td>
</tr>
<tr>
<td>MILEAGE-211P</td>
<td>10.82</td>
</tr>
<tr>
<td>PARKING-211I</td>
<td>16.10</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TAXI-211T</td>
<td>43.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.35</td>
</tr>
</tbody>
</table>

11 5298WM41EXY  0.00  0.00  1,158.97

2011^07^5298^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>1,158.97</td>
</tr>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>998.65</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>160.32</td>
</tr>
<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>160.32</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD EXPENSES</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD ATM ADV</td>
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<tr>
<td>ADD’L GOV’T CHARGE CARD PYMT</td>
<td>0.00</td>
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<tr>
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<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>160.32</td>
</tr>
</tbody>
</table>
For: SHANNON A ESTENOZ GDOINPS
To: NGMS E GOV
DEPARTMENT OF INTERIOR
AUTOMATION
AUTOMATION

Sales Person: GT
Locator: HDULLK
Customer Number: 

******************************************************************************
WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/DELIVERY 11.50USD
******************************************************************************

esday September 6, 2011
US Airways
Class of Service: Coach Class Y
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 7B
Frequent Flyer Number: TENOZ/SHANNON A
DEP-TERMINAL 3

Flight Number: 986
7:00 Am September 6, 2011
9:26 Am September 6, 2011
2 Hours 26 Minutes Non-Stop
Confirmation Number: EP74XY

Tuesday September 6, 2011
WASHINGTON/NATL,DC
HILTON/CONRAD HOTELS WASHINGTON HILTON
1919 CONNECTICUT AVE NW
WASHINGTON DC 20009
Phone Number: 1-202-483-3000
Fax Number: 1-202-232-0436
Number of Rooms: 1
Rate: 211.00 USD Per Night
Check In: Sep 06, 2011
Check Out: Sep 07, 2011
Confirmation Number: 3436357205
Cancellation Policy: Cancel by 4PM
Directions: - REAGAN NATIONAL AIRPORT.......6.0MI / 9.7KM
US Airways
Flight Number: 1703
Class of Service: Coach Class T
Depart: WASHINGTON/HATL, DC
8:30 Am September 7, 2011
Arrive: FT LAUDERDALE, FL
11:04 Am September 7, 2011
Total Flight Time: 2 Hours 34 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed
Frequent Flyer Number: B) (6) ESTENOZ/SHANNON A
Confirmation Number: EP74XY
DEP-TERMINAL C
ARR-TERMINAL 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Invoices / Ticket / Date</th>
<th>Base</th>
<th>Tax1</th>
<th>Tax2</th>
<th>Tax3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>642.79</td>
<td>78.81</td>
<td></td>
<td></td>
<td>721.60</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Trip Fee 4.35</td>
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<tr>
<td>FOP CAxxxxxx</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount: 725.95

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ***** U06C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS
*****************************************************************************
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
VANCE PURCHASE
OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
Notes:

**DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**

Page 2 of 2
ALEXANDRIA UNION CAB
(703)683-1200 - 24 Hr. Dispatch Service

FROM DCA 6pm
TO Hilton (1919 Comment)
DATE 9/16/11 FARES $11.00

DRIVER'S NAME ____________________ CAB# ____________

By Request, We Accept

Each Cab Independently Owned & Operated

TAXICAB RECEIPT

Time: 10:00
Date: 9/16/11

Origin of trip: DCA

Destination: DCA

Fare: $15.00 Sign: ______

TAXICAB RECEIPT

Time: 10:46am
Date: 9/17/11

Origin of trip: Hilton

Destination: DCA

Fare: $17.00 Sign: ______

Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33004 Dania

Booth A 09/07/11 11:31
Cashier 64
Receipt 07- 084160

Parking Ticket
1 - No. 093534
09/06/11 05:46 -
09/07/11 11:31 -
Period 'd5h46'
(PARKING) $20.00
SJRN 5582 $(6.02)

Sub Total $13.98
[ Fees + Tax ] $2.12

Total $16.10

Payment Received
MC $16.10

Type: Swiped

Sub Total $13.98
FLT Fee 8% 1.12
FL Tax 6.59% 1.00

Tell us how we are doing
For a chance to win $1000
Info at www.pnfcares.com
No Purchase Necessary

Signature
Date | Description     | ID   | REF. NO. | CHARGES | CREDITS | BALANCE |
-----|-----------------|------|----------|---------|---------|---------|
9/6/2011 | GUEST ROOM    | IYEMANE | 7776906 | $211.00 |         |         |
9/6/2011 | ROOM TAX       | IYEMANE | 7776906 | $30.60  |         |         |
9/7/2011 | MC *5368      | AWARIT   | 7777482 |         | $241.60 | $0.00   |

EXPENSE REPORT SUMMARY

ROOM & TAX | DAILY TOTAL | TOTAL | TOTAL |
09/06/11 | $241.60  | $241.60 | $0.00 |
Travel Voucher

1. Department or Establishment
Bureau Division or Office

EVEGLADES NP

2. Type of Travel

Temporary Duty

3. Voucher No.

SBWASHING0D091311_V

4. Schedule No.

5. Period of Travel

From 09/13/11 To 09/15/11

6. Travel Authorization

7. Traveler's Initials

Estenoz, Shannon A.

8. Travel Advance

9. Cash Payment Receipt

10. Paid By

11. Outstanding

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:

- 0909111552GC
- 037868119565

13. 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)

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).)

15. Last preceding voucher paid under same travel authorization

16. This voucher is certified correct and proper for payment

Accounting Classification

See block 12 above
**INSTRUCTIONS TO TRAVELER**

<table>
<thead>
<tr>
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<th>Col. (b)</th>
<th>Col. (c)</th>
<th>Col. (d)</th>
<th>Col. (e)</th>
<th>Col. (f)</th>
<th>Col. (g)</th>
<th>Col. (h)</th>
<th>Col. (i)</th>
<th>Col. (j)</th>
<th>Col. (k)</th>
<th>Col. (l)</th>
<th>Col. (m)</th>
<th>Col. (n)</th>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Description</td>
<td>Itemized Subsistence Expenses</td>
<td>Mileage Rate</td>
<td>Amount Claimed</td>
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<td>09/13</td>
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<td>09/13</td>
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</tr>
</tbody>
</table>

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. 11102 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 801(b) and 5109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authority or to record and maintain costs of such reimbursements to the Government. The information will be used by officials and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or administrative action, if specifically provided by law. The furnished information is confidential and will be protected in accordance with law. Failure to provide this information may result in delay or loss of reimbursement.

**INFORMATION**

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
<th>Amount Claimed</th>
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<tr>
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<td>TOTALS</td>
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**STANDARD FORM 1012 BACK (10-77)**
ACCOUNTING DETAIL

GovTrip Travel System

ACCOUNTING CLASS CODE

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<tr>
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<tr>
<td>CARR.-I-211C</td>
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<tr>
<td>LODGING-211D</td>
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<td>M&amp;IE-211D</td>
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11 5298WM41EXY 0.00 0.00 1,484.55

SPLIT PAY DISBURSEMENTS:

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<td>GOV'T ADVANCE OUTSTANDING</td>
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<td>GOV'T ADVANCE APPLIED</td>
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<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>246.32</td>
</tr>
</tbody>
</table>
For: SHANNON A ESTENOZ GDPNPS
To: NGMS E GOV
DEPARTMENT OF INTERIOR
AUTOMATION
AUTOMATION

Sales Person: GT
Locator: GGTYXK
Customer Number: 

******************************************************************************
WHEN TICKETED THE FOLLOWING NON REFUNDABLE
TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK
RESERVATIONS WILL APPLY
DOMESTIC  28.50USD
INTERNATIONAL  37.75USD
CAR/HOTEL ONLY  17.75USD
GOVTRIP AIR  4.35USD
GOVTRIP HOTEL/CAR ONLY  4.00USD
FEDEX/DELIVERY  11.50USD
******************************************************************************

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
1-USD28.50PP-AIR/RAIL/BUS AGENT ASSISTED

-**********EXCHANGE TICKET INFORMATION**************
EXCHANGED TKT 0378680820961 RESIDUAL VALUE  721.60
NEW TKT 0378681195656 TOTAL VALUE  439.40
ADDITIONAL AMOUNT CHARGED................. 0.00
REFUND DUE....................................-282.20
******************************************************************************

Tuesday September 13, 2011
US Airways
Class of Service: Coach Class T
Depart: FT LAUDERDALE, FL
Arrive: WASHINGTON/NATL, DC
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Statue: Confirmed
Reserved Seat: ESTENOZ/SHANNON A 6B
Frequent Flyer Number:
DEP-TERMINAL 3
ARR-TERMINAL C
Flight Number: 986
7:00 Am September 13, 2011
9:23 Am September 13, 2011
2 Hours 23 Minutes Non-Stop

Tuesday September 13, 2011
WASHINGTON/NATL, DC
HILTON/CONRAD HOTELS WASHINGTON HILTON
1919 CONNECTICUT AVE NW
WASHINGTON DC 20009
Phone Number: 1-202-483-3000
Fax Number: 1-202-232-0438
Number of Rooms: 1
Thursday September 15, 2011

US Airways
Class of Service: Coach Class T
Depart: WASHINGTON/NATL, DC
Arrive: FT LAUDERDALE, FL

Flight Number: 1703
8:30 Am September 15, 2011
11:04 Am September 15, 2011
2 Hours 34 Minutes Non-Stop
Equipment: 319
Meal Service: None
Status: Confirmed
Frequent Flyer Number:
DEP-TERMINAL C
ARR-TERMINAL 3
Confirmation Number: EPQ5FZ

---

Name | Invoice / Ticket / Date | Base | Tax1 | Tax2 | Tax3 | Total
---|------------------------|------|------|------|------|------
ESTENOZ SHANNON A | 435168/0378881195658/09SEP | 0.00 | Trip Fee | 28.50
ESTENOZ SHANNON A | 434414/0378880820861/08SEP | 642.79 | 48.21US | 11.10ZP | 19.50XT | 721.60
FOP CAXXXXXXXX | | | | |

---

Notes:

**DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**
The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due therefore) subject to and in accordance with the agreement governing the use of such card.

<table>
<thead>
<tr>
<th>QTY</th>
<th>CLASS</th>
<th>DESCRIPTION</th>
<th>PRICE</th>
<th>AMOUNT</th>
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<td></td>
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<td>22.00</td>
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<td>4.00</td>
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</table>

DATE: 02/11 - 02/14

CUSTOMER: RETAIN THIS COPY FOR YOUR RECORDS
ALEXANDRIA UNION CAB
(703)683-1200 - 24 Hr. Dispatch Service

FROM  Hilton
TO  DCA
DATE  9/14/11  FARE$  16.00

DRIVER'S NAME  

By Request, We Accept

Each Cab Independently Owned & Operated
## Washington Hilton

**Name & Address**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>(b) (6)</td>
<td>TENOZ: SHANNON</td>
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**Confirmation Number:** 3440822820

**9/15/2011**

### Rate Plan

- Rate Plan: L-G3

**Room & Address**

- Room: 7112/D2
- Arrival Date: 9/13/2011
- Departure Date: 9/15/2011
- Adult/Child: 1/0
- Room Rate: 233.10

### Guest Room Charges

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<th>Date</th>
<th>Description</th>
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<th>REP. NO.</th>
<th>Charges</th>
<th>Credits</th>
<th>Balance</th>
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<tbody>
<tr>
<td>9/13/2011</td>
<td>GUEST ROOM</td>
<td>IYEMANE</td>
<td>7793552</td>
<td>$233.10</td>
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<td>7796599</td>
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<td>BALANCE</td>
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<td>$466.20</td>
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### Expense Report Summary

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<th>Room &amp; Tax</th>
<th>Daily Total</th>
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<tbody>
<tr>
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<tr>
<td>09/14/11</td>
<td>$233.10</td>
<td>$233.10</td>
</tr>
</tbody>
</table>

**Stay Total:** $466.20

---

You have earned approximately 5555 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.

Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!

---

**Account No.**

**Card Member Name**

**Establishment No. & Location**

**Date of Charge**

**Folio No./Check No.**

**Authorization**

**Purchases & Services**

**Taxes**

**Tips & Misc.**

**Total Amount**

**Payment Due Upon Receipt**
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT: EVERGLADES NP
2. TYPE OF TRAVEL: Temporary Duty
3. VOUCHER NO.: SEWASHINGTON092711_V
4. SCHEDULE NO.

<table>
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<tr>
<th>1. NAME</th>
<th>2. SOCIAL SECURITY NO.</th>
<th>3. VOUCHER NO.</th>
<th>4. SCHEDULE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estenoz, Shannon A.</td>
<td>*<strong>-</strong> I</td>
<td>SEWASHINGTON092711_V</td>
<td></td>
</tr>
<tr>
<td>5200 SW 8 Street</td>
<td>09/27/11</td>
<td></td>
<td></td>
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</tbody>
</table>

5. Mailing Address: 5200 SW 8 Street
6. Office Telephone Number: 305-348-1665
7. Present Duty Station: EVERGLADES NP
8. Residence: Plantation, FL

9. Travel Advance

<table>
<thead>
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<th>a. Outstanding</th>
<th>b. Amount to be applied</th>
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10. Cash Payment Receipt

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<th>b. AMOUNT RECEIVED</th>
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<td>$</td>
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11. Paid By

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<tr>
<th>a. PAYEE'S SIGNATURE</th>
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</table>

12. Government Transportation Requests, or Transportation Tickets, if Purchased with Cash

<table>
<thead>
<tr>
<th>AGENT'S VALUATION OF TICKET</th>
<th>ISSUING CARRIER (Initials)</th>
<th>MODE CLASS OF SERVICE AND ACCOMMODATIONS</th>
<th>DATE ISSUED</th>
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<td>0831111531GI</td>
<td>XD</td>
<td>09/27/11</td>
<td>MIA-Miami, FL</td>
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<tr>
<td>HXYU</td>
<td>601.40</td>
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<td>DCA-Washington, DC</td>
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13. Accounting Classification

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<th>COMMENTS:</th>
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<td>11 5298WM41EXY-2011^07^5298^EXY^WM41^</td>
<td>Civil Works Review Board for the Biscayne Bay Coastal Wetlands Final Project Implementation Report</td>
</tr>
</tbody>
</table>

14. 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)

15. 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).)

16.traveler's Initials: Traveler's Initials

17. For Finance Office Use Only

<table>
<thead>
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<th>a. DIFFERENCES, IF ANY</th>
<th>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</th>
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18. Net to Traveler

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<tr>
<td>------</td>
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</table>

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. 11112 of March 27, 1962, E.O. 9367 of November 22, 1943, and 26 U.S.C. 501(b) and 6109. The primary purposes 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, military, or foreign service personnel. The information is required by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations or the performance of official duty while in Government service. The Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 501(b) and 6109) and E.O. 9367, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel 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.
GovTrip Travel System

ACCOUNTING DETAIL

ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
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<tbody>
<tr>
<td>COM. CARR.-I-211C</td>
<td>601.40</td>
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<td>M&amp;IE-211D</td>
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<td>PARKING-211I</td>
<td>30.00</td>
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<td>TAV EXP -I-211B</td>
<td>15.00</td>
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<tr>
<td>TAXI-211T</td>
<td>18.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.35</td>
</tr>
</tbody>
</table>

11 5298WM41EXY 0.00 0.00 783.20

TOTAL EXPENSES 783.20
NON-REIMBURSABLE EXPENSES 650.75
TOTAL AMOUNT CLAIMED 132.45

PREV PAYMENTS -- 0.00
GOV'T ADVANCE OUTSTANDING -- 0.00
GOV'T ADVANCE APPLIED ------- 0.00

NET TO TRAVELER (GOVT) 132.45

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 132.45
For: SHANNON A ESTENZ GDOINPS
To: NGMS E GOV
DEPARTMENT OF INTERIOR AUTOMATION

Sales Person: GT
Locator: GIHXYU
Customer Number: (6) (6)

****************************
WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/DELIVERY 11.50USD

****************************

Tuesday September 27, 2011
American Airlines
Class of Service: Coach Class G
Depart: MIAMI, FL
Arrive: WASHINGTON/WATL, DC
Total Flight Time:
Equipment: Boeing 737-800
Meal Service: Food For Purchase
Status: Confirmed
ARR-TERMINAL B
ONEWORLD
Flight Number: 1156
9:35 Am September 27, 2011
11:55 Am September 27, 2011
2 Hours 20 Minutes Non-Stop

Tuesday September 27, 2011
WASHINGTON/WATL, DC
HYATT HOTELS GRAND HYATT WASHINGTON
1000 H ST
WASHINGTON DC 20001
Phone Number: 1-202-5821234
Fax Number: 1-202-637 4781
Number of Rooms: 1
Rate: 211.00 USD Per Night
Check In: Sep 27, 2011
Check Out: Sep 28, 2011
Confirmation Number: HY0060346125
Cancellation Policy: Cancel by 4PM
Directions: FROM REAGAN NATIONAL AIRPORT -DCA

Wednesday September 28, 2011
American Airlines
Class of Service: Coach Class G
Dep: WASHINGTON/NATL, DC
Arr: MIAMI, FL
Total Flight Time: 2 Hours 35 Minutes Non-Stop
Equipment: Boeing 737-800
Meal Service: Food For Purchase
Status: Confirmed
DEP-Terminal B
ONEWORLD

Flights

Name | Invoice/Ticket/Date | Base | Tax1 | Tax2 | Tax3 | Total
--- | --- | --- | --- | --- | --- | ---
FOP CAxxxxxxxx | 539.54USD | 40.46US | 7.40ZP | 14.00XT | 601.40 | Total Amount: 601.40

Notes:
**DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**
TAXI CAB RECEIPT

DATE 9/27/11  TIME 

ORIGIN DCA  CAB # 

DESTINATION Corps  

FARE: $18  SIGNATURE  

Parking machine was broken and not printing receipts. Parking charge was $30.00.
Oh, I guess I do have one 18 dollar cab ride receipt (but I shared a cab back to the airport with the district and they paid). Parking was 30 dollars.

Do you have any taxi receipts? How much was the parking?

I don’t have any. The parking machine was broken and not printing receipts. I didn’t stay overnight.

Hi Shannon:

Don’t forget your travel receipts tomorrow.

Thanks,

D
## TRAVEL VOUCHER

1. **DEPARTMENT OR ESTABLISHMENT**
   - EVERGLADES NP

2. **TYPE OF TRAVEL**
   - X TEMPORARY DUTY
   - _PERMANENT CHANGE OF STATION_

3. **VOUCHER NO.**
   - SEWASHINGTON100511_05

4. **PERIOD OF TRAVEL**
   - a. **FROM** 10/04/11
   - b. **TO** 10/06/11

5. **TRAVELER'S ADDRESS**
   - **MAILING ADDRESS** (Include ZIP Code)
     - 11200 SW 8 Street
     - FIU OE Building Room 165
     - Miami, FL 33199

6. **PRESENT DUTY STATION**
   - EVERGLADES NP

7. **TRAVEL ADVANCE**
   - a. **NAME** (Last, first, middle initial)
     - Estenoz, Shannon A.
   - b. **SOCIAL SECURITY NO.**
     - **_REDACTED_**
   - c. **EMAIL ADDRESS**
     - 11200 SW 8 Street
     - FIU OE Building Room 165
     - Miami, FL 33199
   - d. **OFFICE TELEPHONE NO.**
     - 305-348-1665

8. **TRAVEL AUTHORIZATION**
   - a. **NUMBER(S)**
   - b. **DATE(S)**

9. **POINTS OF TRAVEL**
   - **AGENT'S VALUATION OF TICKET**
     - 1004111359KP
     - 7Z0UP
     - 001868727232

   - **ISSUING CARRIER (INITIALS)**
     - XD
     - AA

   - **CLASS OF SERVICE AND ACCOMMODATIONS**
     - 4.35
     - 762.40

   - **DATE ISSUED**
     - 10/04/11
     - 10/04/11

   - **FROM**
     - MIA-Miami, FL
     - DCA-Washington, DC

   - **TO**
     - 10/06/11
     - 10/06/11

   - **COUNTING CLASSIFICATION**
     - 5296WM41EXY-2011^07^5296^EXY^WM41^-
     - 168.10

   - **COMMENTS**
     - DOI Meetings

10. **TRAVELER'S INITIALS**
    - Traveler's Initials

11. **AMOUNT CLAIMED**
    - 168.10

12. **DEPARTMENT OR ESTABLISHMENT**
    - EVERGLADES NP

13. **TRAVEL AUTHORIZATION**
    - **NUMBER(S)**
    - **DATE(S)**

14. **CERTIFYING OFFICIAL**
    - Dawn Armel
    - Executive Assistant

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

16. **APPROVING OFFICIAL**
    - Dawn B. Armel (executive assistant)

17. **FINANCE OFFICE USE ONLY**
    - a. **DIFFERENCES, IF ANY**
    - b. **TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION**
    - c. **APPLIED TO TRAVEL ADVANCE**
    - d. **NET TO TRAVELER**

18. **ACCOUNTING CLASSIFICATION**
    - SEE BLOCK 12 ABOVE

---

*NOTE: Falsification of an item in an 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).*

---

*FOR FINANCE OFFICE USE ONLY:

- **CERTIFYING OFFICIAL:**
- **TRAVEL AUTHORIZATION:**
- **TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION:**
- **APPLIED TO TRAVEL ADVANCE:**
- **NET TO TRAVELER:**

*PRESCRIBED BY GSA, FPMR (41 CFR) 101-7*
### INSTRUCTIONS TO TRAVELER
(Unlisted items are self explanatory)

- **Col. (a)** If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children. 

Complete this information if this is a continuation sheet.

#### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
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<td>10/05</td>
<td>12</td>
<td>TMC Fee (GOVC-I)</td>
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<tr>
<td>10/06</td>
<td>12</td>
<td>Airfare (Non Reimbursable)</td>
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<tr>
<td>10/06</td>
<td>12</td>
<td>A: WASHINGTON, DC</td>
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<tr>
<td>10/05</td>
<td>12</td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
</tr>
<tr>
<td>10/06</td>
<td>12</td>
<td>Taxi</td>
</tr>
<tr>
<td>10/06</td>
<td>12</td>
<td>D: WASHINGTON, DC</td>
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<tr>
<td>10/06</td>
<td>12</td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
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<td>12</td>
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<tr>
<td>10/06</td>
<td>12</td>
<td>Subsistence</td>
</tr>
<tr>
<td>10/06</td>
<td>12</td>
<td>Lodging Tax</td>
</tr>
<tr>
<td>10/06</td>
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<td>TAV Fee -I</td>
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<td>12</td>
<td>Taxi</td>
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#### MILEAGE AMOUNT CLAIMED

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**Total amount claimed**: 168.10 |

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11/02/11 ACCOUNTING DETAIL
GovTrip Travel System

ACCOUNTING CLASS CODE
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<tr>
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2011^07^5298^EXY^WM41^=

SPLIT PAY DISBURSEMENTS:

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<td>TOTAL AMOUNT CLAIMED</td>
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<td>PREV PAYMENTS</td>
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<tr>
<td>NET TO TRAVELER (GOVT)</td>
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</table>
For: SHANNON A ESTENOZ GOVINS
To: NGMS E GOV
DEPARTMENT OF INTERIOR
AUTOMATION

Sales Person: GT  
Locator: KPZNUP  
Customer Number: (b)(6)

WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY
DOMESTIC  28.50USD  
INTERNATIONAL  37.75USD  
CAR/HOTEL ONLY 17.75USD  
GOVTRIP AIR  4.35USD  
GOVTRIP HOTEL/CAR ONLY 4.00USD  
FEDEX/DELIVERY 11.50USD

FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE  
1-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Wednesday October 5, 2011

American Airlines  
Class of Service: Coach Class G  
Depart: MIAMI, FL  
Arrive: WASHINGTON/NATL, DC  
Total Flight Time:  
Equipment: Boeing 737-800  
Meal Service: Food For Purchase  
Status: Confirmed  
ARR-TERMINAL B  
ONEWORLD  
Flight Number: 1054  
8:10 Am October 5, 2011  
10:30 Am October 5, 2011  
2 Hours 20 Minutes Non-Stop

Confirmation Number: KPZNUP

Thursday October 6, 2011

American Airlines  
Class of Service: Coach Class Y  
Depart: WASHINGTON/NATL, DC  
Arrive: MIAMI, FL  
Total Flight Time:  
Equipment: Boeing 737-800  
Meal Service: Food For Purchase  
Status: Confirmed  
Reserved Seat: ESTENOZ/SHANNON A 14C  
DEP-TERMINAL B  
ONEWORLD  
Flight Number: 1990  
12:45 Pm October 6, 2011  
3:20 Pm October 6, 2011  
2 Hours 35 Minutes Non-Stop

Confirmation Number: KPZNUP
ESTENCOZ SHANNON A

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Trip Fee: 4.35

Total Amount: 766.75

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ***** U06C*******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

**************************************************
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

Notes:

CWTSATOTRAVEL CAN BOOK YOUR HOTEL ACCOMMODATIONS. WE CAN ASSIST IN KEEPING COSTS
WITHIN PER DIEM AT A FEMA APPROVED PROPERTY, GUARANTEE YOUR RESERVATION FOR
LATE ARRIVAL, AND EVEN CHECK FOR A ROOM AT YOUR FAVORITE HOTEL AT LOW FEDROOM
CWTSATOTRAVEL GOVERNMENT RATES. ALL YOUR RESERVATIONS INCLUDED ON ONE
INHERARY--AIR, CAR, AND HOTEL.

THANKS FROM YOUR CWTSATOTRAVEL TEAM!!!
TAXICAB RECEIPT

Time: ____________________

Date: 10/5/11

Origin of trip: DOJ

Destination: JWM

Fare: $200  Sign: ____________________

TAXICAB RECEIPT

Time: ____________________

Date: 10/5/11

Origin of trip: DCA

Destination: DOJ

Fare: $150  Sign: ____________________

TAXICAB RECEIPT

Time: ____________________

Date: 10/6/11

Origin of trip: JLM

Destination: DOJ

Fare: $200  Sign: ____________________
MIAMI AIRPORT

Customer Service Number:
305-876-7598

Card Account: (D) (6)
Card Type: 0
Authorization: 1228

Cashier: 0  Seq # 13049
License Plate: EL48F
Ent: 06:28 10/05/11 Lane 76
Exit: 15:38 10/06/11 Lane 66
Duration: 1D(s) 9H(s) 10M(s)
Rate Code: 84

FEE $ 34,00
AMOUNT TEND $ 34,00
CASH $ 0,00
CREDIT CARD $ 34,00
CHECK $ 0,00
CHANGE CALC $ 0,00

PAID AT CT $ 34,00
Taxes Included

*** Thank You ***
Dear SHANNON ESTENOZ,

Your reservation #81080597 at the JW Marriott Washington, DC begins soon. We're excited you'll be visiting and are preparing for your stay.

JW Marriott Washington, DC

---

Not a Rewards member? See what you are missing.

There's still time to be rewarded for your upcoming stay! As a Marriott Rewards member, you could earn 2260 points for this stay. Enroll today to begin earning rewards, and you may also qualify for bonus points. Join Marriott Rewards

---

About Your Hotel

Services & Amenities

- High-speed Internet in guest rooms
- Business center
- Fitness center on-site
- Indoor pool
For a complete list of services and amenities, download the hotel fact sheet

- Book with Hertz: Save up to 35% and Earn 500 Rewards Points
- Book Cars, Tours & More - get great rates on local tours and attractions

Join Us, Help Save the Rainforest. Learn More and Donate Now

About Your Destination

Weather
As reported October 3 05:03 PM

October 5  Sunny
Hi: 73F/22C
Low: 51F/10C

October 6  Sunny
Hi: 65F/18C
Low: 49F/9C

October 7  Sunny
Hi: 69F/20C
Low: 51F/10C

View a 10-day forecast

Go Your Own Way
Find everything you need to make your stay go smoothly with local restaurant recommendations, itinerary planning, local maps, weather and travel information.

What's happening in Washington?
You know what you like. We know where you can find it in Washington. Use the links below, proudly provided by wCities, to find things to do and see in Washington.

- City Insider
- Top Pick
- Dining
- Bars & Nightlife
- Things to do
- Business Essentials
- Shopping
- Practical Information

Reservation Details
• Confirmation Number: 81080597
• Your hotel: JW Marriott Washington, DC
• Check-in: Wednesday, October 5, 2011 (04:00 PM)
• Check-out: Thursday, October 6, 2011 (12:00 PM)
• Room type: Guest room, 1 King or 2 Double
• Number of rooms: 1
• Guests per room: 1
• Guest name: SHANNON ESTENOZ
• Reservation confirmed: Tuesday, October 4, 2011 (18:30:00 GMT)
• Guarantee method: Credit card guarantee, Master Card

Special request(s):

• 1 King Bed, Guaranteed

<table>
<thead>
<tr>
<th>Summary of Room Charges</th>
<th>Cost per night per room (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, October 5, 2011 - Thursday, October 6, 2011 (1 night)</td>
<td>226.00</td>
</tr>
<tr>
<td>Govt/military rate, federal government ID required</td>
<td></td>
</tr>
<tr>
<td>Estimated government taxes and fees</td>
<td>32.77</td>
</tr>
<tr>
<td>Total for stay (for all rooms)</td>
<td>258.77</td>
</tr>
</tbody>
</table>

• Valet parking, fee: 47.2 USD daily
• Changes in taxes or fees implemented after booking will affect the total room price.

You may modify or cancel your reservation online (see details below), or call 1-800-228-9290 in the US and Canada. Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation.

Canceling Your Reservation

• You may cancel your reservation for no charge until 06:00 PM hotel time on Wednesday, October 5, 2011.
• Please note that we will assess a fee of 258.77 USD if you must cancel after this deadline.

If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

Modifying Your Reservation

• Please note that a change in the length or dates of your reservation may result in a rate change.

New! Up to 6 Free Nights

Earn 30,000 Bonus Points and 2 Free Night Stays - enough for up to 6 Free Nights - with the Marriott Rewards Credit Card. Reward yourself.

Learn More

Travel Alerts

• There is very limited parking at the hotel. Accessible rooms are sold out for the dates of May 11-17, 2012.
• Introducing the NEW, FREE Marriott Mobile App. Download Today!
• Please Note: All Marriott hotels in the USA and Canada, are committed to a smoke-free policy.

Learn more
• The Responsible Tourist and Traveler
  A practical guide to help you make your trip an enriching experience

Look No Further
You’ve received the best possible rate - guaranteed.

Privacy, Authenticity and Opting Out

Your privacy is important to us. Please visit our Privacy Statement for full details.

This email confirmation is an auto-generated message. Replies to automated messages are not monitored. Our Internet Customer Care team is available to assist you 24 hours per day, 7 days per week. Contact Internet Customer Care.

Promotional email unsubscribe

If you provided us with your email address for the first time, we will send you a follow-up email to welcome you. We will also send you periodic emails with information about your account balance, member status, special offers and promotions. An opt-out link will be included in each of these emails so that you can change your mind at any time.
If you would prefer to opt out of such emails from Marriott International, Marriott Rewards or The Ritz-Carlton Rewards, you may do so here. In addition, you may unsubscribe from The Ritz-Carlton email community here.

Please note: Should you unsubscribe from promotional email, we will continue to send messages for transactions such as reservation confirmation, point redemption, etc.

Confirmation Authenticity

We’re sending you this confirmation notice electronically for your convenience. Marriott keeps an official record of all electronic reservations. We honor our official record only and will disregard any alterations to this confirmation that may have been made after we sent it to you.

If you have received this email in error, please let us know.
To Whom It May Concern:

I am processing the travel reimbursement for Shannon Estenoz and need a copy of the bill for her stay October 5 – 6, 2011. The confirmation number is 81080597.

Thanks for your help.

Dawn

Dawn Armel
Department of Interior
South Florida Ecosystem Restoration Task Force
11200 SW 8 Street, OE Bldg. Room 165
Miami, FL 33199
Phone: 305-348-6027
Fax: 305-348-1667
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   □ TEMPORARY DUTY
   □ PERMANENT CHANGE
   OF STATION

3. VOUCHER NO.
   SEWASHINGTOND101111_V0

4. SCHEDULE NO.

5. SCHEDULE NO.

6. PERIOD OF TRAVEL
   a. FROM 10/12/11
   b. TO 10/14/11

7. TRAVEL AUTHORIZATION
   a. NUMBER(S) ORZBXH
   b. DATE(S) 09/12/11

8. TRAVEL ADVANCE

9. CASH PAYMENT RECEIPT

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).

<table>
<thead>
<tr>
<th>AGENT’S VALUATION OF TICKET</th>
<th>ISSUING CARRIER</th>
<th>MODE CLASS OF SERVICE AND ACCOMMODATIONS</th>
<th>DATE ISSUED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10071121541MC</td>
<td>XD</td>
<td>10/11/11</td>
<td></td>
</tr>
<tr>
<td>MMWD</td>
<td></td>
<td>MIA-Miami, FL</td>
<td></td>
</tr>
<tr>
<td>0018711571320</td>
<td>AA</td>
<td>DCA-Washington, DC</td>
<td></td>
</tr>
</tbody>
</table>

ACCOUNTING CLASSIFICATION: 345.19 NR-1, 313.25 NR-

COMMENTS: Task Force Principals Meeting and SES Briefing.

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, the amount claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER’S SIGNATURE

DATE 10/24/11

AMOUNT CLAIMED 345.19

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

DATE 10/20/11

EXECUTIVE ASSISTANT

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

   a. VOUCHER NO.
   b. D.O. SYMBOL
   c. MONTH & YEAR
   d. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

   b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

   CERTIFIER’S INITIALS

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

   a. APPLIED TO TRAVEL ADVANCE
   b. NET TO TRAVELER

   d. NET TO TRAVELER

ACCOUNTING CLASSIFICATION

SEE BLOCK 12 ABOVE

1012-16

NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)

Prescribed by GSA, FPMR (41 CFR) 101-7
### INSTRUCTIONS TO TRAVELER

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.)

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

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

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

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

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

### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12</td>
<td>12:00</td>
<td>D:RES: Plantation</td>
<td><strong>MEALS</strong></td>
<td><strong>MILEAGE RATE: 0.510</strong></td>
<td><strong>AMOUNT CLAIMED</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Airfare (Non Reimbursable)</td>
<td><strong>BREAKFAST</strong></td>
<td><strong>MILEAGE</strong></td>
<td><strong>SUBSISTENCE</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A:WASHINGTON, DC</td>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Misc Expenses</td>
<td><strong>MISCELLANEOUS SUBSISTENCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taxi</td>
<td><strong>LODGING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TMC Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subsistence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taxi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>D:WASHINGTON, DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subsistence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data Services</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TAV Fee -I</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taxi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TAV Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS**: 30160 1771 50 137 09  
**TOTALS**: 30160 1771 50 137 09

---

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 (FPMAR 161.7), E.O. 11599 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9357 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 administrative requirements 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. 9357, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance or 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 (b), (m) and (n), below and in item 13 on the front of this form.

**TOTAL AMOUNT CLAIMED**: 345.19
ACCOUNTING DETAIL

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARR. -I-211C</td>
<td>762.40</td>
</tr>
<tr>
<td>LODGING-211D</td>
<td>452.00</td>
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<tr>
<td>M&amp;IE-211D</td>
<td>177.50</td>
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<tr>
<td>MILEAGE-211P</td>
<td>30.60</td>
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<td>OTHER-211I</td>
<td>44.09</td>
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<tr>
<td>PARKING-211I</td>
<td>51.00</td>
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<td>TAV EXP -I-211B</td>
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<tr>
<td>TAXI-211T</td>
<td>93.00</td>
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<td>TMC FEE -I-211B</td>
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</tbody>
</table>

|  | | |
| 11 5298WM41EXY         | 0.00 | 0.00 | 1,658.44 |

2011^-07^5298^`EXY^WM41^`

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
<tr>
<th>TOTAL EXPENSES</th>
<th>1,658.44</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>1,313.25</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT CLAIMED 345.19

| PREV PAYMENTS | 0.00 |
| GOV’T ADVANCE OUTSTANDING | 0.00 |
| GOV’T ADVANCE APPLIED | 0.00 |

NET TO TRAVELER (GOVT) 345.19

| 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 | 345.19 |
For: SHANNON A ESTENZ GOVINS
To: NGMS GOV DEPARTMENT OF INTERIOR

Sales Person: GT
Locator: MCMMD
Customer Number: (6)(6)

WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/DELIVERY 11.50USD

3S TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE

---

**Wednesday October 12, 2011**

American Airlines
Class of Service: Coach Class G
Depart: MIAMI, FL
Arrive: WASHINGTON/NATL, DC
Total Flight Time:
Equipment: Boeing 737-800
Meal Service: Food For Purchase
Status: Confirmed
ARR-Terminal B
ONeworld

Flight Number: 1054
8:10 Am October 12, 2011
10:30 Am October 12, 2011
2 Hours 20 Minutes Non-Stop

Confirmation Number: MCMMD

**Wednesday October 12, 2011**

WASHINGTON/NATL, DC
WORLD HOTELS AND RESORTS ST
2033 M STREET NW
WASHINGTON DC 20036-3305
Phone Number: 202-530-3600
Fax Number: 202-466-7354
Number of Rooms: 1
Rate: 226.00 USD Per Night
Check In: Oct 12, 2011
Check Out: Oct 14, 2011
Cancellation Policy: Cancel 24 hours prior

Confirmation Number: 56064437

Directions: DIRECTION TO THE PROPERTY FROM EAST - TAKE 95 SOUTH TO THE BALTIMORE WASHINGTON PARKWAY EXIT CONTINUE TO THE WASHINGTON EXIT NEW YORK AVENUE. STAY ON NEW YORK AVENUE WHICH WILL BECOME M STREET STAY ON M STREET UNTIL 21ST AND M. ADDRESS 2033 M STREET, NW WDC

Wednesday October 14, 2011

American Airlines
Flight Number: 735
Class of Service: Coach Class Y
Depart: WASHINGTON/NATL, DC
Arrive: MIAMI, FL
Total Flight Time: 2 Hours 35 Minutes Non-Stop
Equipment: Boeing 737-800
Meals Service: Food For Purchase
Status: Confirmed
DEP-Terminal B
ONEWORLD

<table>
<thead>
<tr>
<th>Name</th>
<th>Invoice / Ticket / Date</th>
<th>Base</th>
<th>Tax1</th>
<th>Tax2</th>
<th>Tax3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTENOZ SHANNON A</td>
<td>444163/JO18715713201/11OCT1</td>
<td>689.31</td>
<td>51.89US</td>
<td>7.40ZP</td>
<td>14.00XT</td>
<td>762.40</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHANNON A ESTENOZ</td>
<td>443243/FEE9999999999/06OCT1</td>
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<td>0.00</td>
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<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount: 766.75

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ****** UO6C*******
\ NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
\ LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-5135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS
******************************************************************************
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
Notes:

***DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**

Page 2 of 2
**Room Number:** 512  
**Daily Rate:** 226.00  
**Room Type:** DDSP  
**No. of Guests:** 1 / 0  

<table>
<thead>
<tr>
<th>DATE</th>
<th>ROOM NO.</th>
<th>DESCRIPTION</th>
<th>REFERENCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/2011</td>
<td>512</td>
<td>ROOM CHARGE</td>
<td>#512 ESTENOZ, SHANNON A</td>
<td>$226.00</td>
</tr>
<tr>
<td>10/13/2011</td>
<td>512</td>
<td>ROOM CHARGE</td>
<td>#512 ESTENOZ, SHANNON A</td>
<td>$226.00</td>
</tr>
<tr>
<td>10/14/2011</td>
<td>512</td>
<td>MASTER CARD</td>
<td></td>
<td>($452.00)</td>
</tr>
</tbody>
</table>

**TOTAL DUE:** $0.00

**Signature:**

**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 PART OR THE FULL AMOUNT OF THESE CHARGES.
ESTENOZ, SHANNON A  
DEPARTMENT OF INTERIOR

<table>
<thead>
<tr>
<th>ARRIVAL</th>
<th>DEPARTURE</th>
<th>CREDIT CARD</th>
<th>RATE PLAN</th>
<th>CATEGORY</th>
<th>ACCOUNT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/2011</td>
<td>10/14/2011</td>
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<td>GOVT</td>
<td>GOVT</td>
<td>20330288677</td>
<td>$12.00</td>
</tr>
<tr>
<td>10/12/2011</td>
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<td>XXXXXXXXX</td>
<td>GOVT</td>
<td>GOVT</td>
<td>20330288677</td>
<td>($12.00)</td>
</tr>
</tbody>
</table>

Room Number: 512  
Daily Rate: 226.00  
Room Type: DDSP  
No. of Guests: 1 / 0

TOTAL DUE: $0.00

Signature: ____________________________
TAXICAB RECEIPT

Time: 11:30
Date: 10/12

Origin of trip: DCA
Destination: St. Gregory
Fare: 15.00
Sign: $8

TAXICAB RECEIPT

Time: 12:40
Date: 10/12

Origin of trip: St. Gregory
Destination: DOJ
Fare: 8-
Sign: $8

-TAXICAB RECEIPT-

TIME 12:00 DATE 10/12

REC'D FROM

FARE AMOUNT $12-

TRIP FROM DOJ
TRIP TO St. Gregory

ASSN. CAB NO.

I.D. NO. TAG NO.

SIGNATURE $8
TAXICAB RECEIPT

Time: 10/13/10
Date: 8:00 am

Origin of trip: St. Gregory
Destination: Ronald Reagan Bldg.
Fare: 10

TAXICAB RECEIPT

Time: 10/13/10
Date: 7:13 pm

Origin of trip: Ronald Reagan
Destination: St. Gregory
Fare: 10

Sign: 

Taxi Cab Receipt

DATE: 10/14/11  TIME: 8:30 a.m.

ORIGIN: St. Gregory  CAB #

DESTINATION: Ronald Reagan

FARE: $10  SIGNATURE

TAXICAB RECEIPT

Time: 8:30
Date: 10/14/11

Origin of trip: Regan Bldg.

Destination: DOT

Fare: $8  Sign: __________

TAXICAB RECEIPT

Time: 4:30
Date: 10/14/11

Origin of trip: DOT

Destination: DCA (3 passengers)

Fare: $20  Sign: __________
MIAMI AIRPORT

Customer Service Number: 305-876-7598
Card Type: [Redacted]
Authorization: [Redacted]
Cashier: O Seq# 14486
License Plate: FEL40P
Ent: 06:25 10/12/11 Lane 76
Exit: 21:04 10/14/11 Lane 66
Duration: 2D(s) 14H(s) 39M(s)
Rate Code: 84

FEE $ 51.00
AMOUNT TEND $ 51.00
CASH $ 0.00
CREDIT CARD $ 51.00
CHECK $ 0.00
CHANGE CALC $ 0.00
PAID AT CT $ 51.00

Taxes Included

*** Thank You ***

RETURN POLICY
Retail merchandise may be returned for a period of thirty days (30) from the date of purchase, provided it is accompanied by the original transaction receipt, and the original packaging is complete. Movies, CC, music and games must be unopened. Non-refundable items include prepaid cell phones, SIM cards, phone cards, all chargers, batteries and memory cards/sticks.
## Travel Voucher

**1. Department or Establishment**
- Bureau Division or Office: EVERGLADES NP

**2. Type of Travel**
- Temporary Duty

**3. Voucher No.**
- SEMIAM1PL101911_V01

**4. Schedule No.**
- 052838

**5. Voucher Date**
- 10/13/11

**6. Period of Travel**
- From 10/19/11 To 10/20/11

**7. Travel Authorization**
- Name: Estenoz, Shannon A.
- ID: T E M P O R A R Y D U T Y
- PERMANENT CHANGE OF STATION
- Voucher No. 501911 Vol

**8. Travel Advance**
- Account Number: 115298WM41EX
- Valuation Service Date: 129.60
- Points of Travel: 284.00

**9. Cash Payment Receipt**
- Amount Received: $129.60

**10. Check No.**
- 129.60

**11. Traveler's Initials**
- Dawn R. Armel

**12. Goverment Transportation Requests, or Transportation Tickets, if Purchased with Cash**
- Airline: Society of Environmental Journalists Conference
- Remarks: NOTING THE PURPOSE FOR MY LODGING CHARGES

**13. Certification**
- Date: 10/25/11
- Certifier's Initials: Dawn R. Armel

**14. Approval**
- Date: 11/2/11
- Certified: 129.60

**15. Last Preceding Voucher Paid Under Same Travel Authorization**
- Voucher No.
- B.O. Symbol
- Month & Year

**16. This Voucher is Certified Correct and Proper for Payment Authorized Certifying Official Sign Here**
- Date
- Appropriation Symbol:
- Applied to Travel Advance
- Net to Traveler

**17. For Finance Office Use Only Computation**
- Differences, If Any

**18. Accounting Classification**
- Standard Form 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

---

**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).
### INSTRUCTIONS TO TRAVELER

(Unless noted, items are self-explanatory)

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

- **Col. (b)**: Show amount incurred for each meal, including tax and tips, and daily total meal cost.

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

- **Col. (e)**: Show total subsistence expense incurred for actual expense travel.

- **Col. (f)**: Show subsistence other than lodging and travel per diem, such as taxicab/limousine fares, airfare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

- **Col. (g)**: Show expenses for per diem and actual expense travel.

- **Col. (h)**: Show expenses, such as travel, subsistence, etc.

- **Col. (i)**: Show expenses for per diem and actual expense travel.

- **Col. (j)**: Show expenses, such as per diem amount, limited to maximum rate, or travel on actual expense, show AMOUNTS claimed.

- **Col. (k)**: Show expenses, such as taxicab/limousine fares, airfare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE EXPENSE</th>
<th>MILEAGE</th>
<th>AMOUNT Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19</td>
<td>11:20</td>
<td>D: RUS Plantation</td>
<td>49.50</td>
<td>229.00</td>
<td>49.50</td>
<td>30.00</td>
<td>49.50</td>
<td></td>
</tr>
<tr>
<td>10/19</td>
<td>TAV Fee -1</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/20</td>
<td>10/20</td>
<td>POV-No GVT VHC AVL/AIRPORT, TMC Fee</td>
<td>49.50</td>
<td>49.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/20</td>
<td>D: MIAMI, FL</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10/20</td>
<td>POV-No GVT VHC AVL/AIRPORT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10/20</td>
<td>A: RUS Plantation, Subsistence</td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### MILEAGE CLAIMED

- **MILEAGE**
- **SUBSISTENCE**
- **OTHER**

- **SUBTOTALS**
- **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 1017). E.O. 8387 of July 22, 1977, E.O. 11012 of March 27, 1962, E.O. 8397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authority and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil service 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. 8397, 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 expenses unless, 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 (i), (m) and (n), below and in item 13 on the front of this form.

**TOTAL AMOUNT CLAIMED**: 129.60
## ACCOUNTING DETAIL

**GovTrip Travel System**

### ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>Code</th>
<th>Amount</th>
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<tr>
<td>M&amp;IE-211D</td>
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<tr>
<td>MILEAGE-211P</td>
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<tr>
<td>PARKING-211I</td>
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<tr>
<td>TAV EXP -I-211B</td>
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<td>TMC FEE -I-211B</td>
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### SPLIT PAY DISBURSEMENTS:

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<tr>
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<tr>
<td><strong>NON-REIMBURSABLE EXPENSES</strong></td>
<td>284.00</td>
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<tr>
<td><strong>TOTAL AMOUNT CLAIMED</strong></td>
<td>129.60</td>
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<tr>
<td><strong>GOV’T ADVANCE OUTSTANDING</strong></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>GOV’T ADVANCE APPLIED</strong></td>
<td>0.00</td>
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<tr>
<td><strong>NET TO TRAVELER (GOVT)</strong></td>
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<tr>
<td><strong>GOV’T CHARGE CARD EXPENSES</strong></td>
<td>0.00</td>
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<tr>
<td><strong>GOV’T CHARGE CARD ATM ADV</strong></td>
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<tr>
<td><strong>ADD’L GOV’T CHARGE CARD PYMT</strong></td>
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</tr>
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<td><strong>TOTAL GOV’T CHARGE CARD AMT</strong></td>
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<tr>
<td><strong>PAY TO GOV’T CHARGE CARD</strong></td>
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<tr>
<td><strong>PAY TO TRAVELER</strong></td>
<td>129.60</td>
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### Shannon Estenoz

<table>
<thead>
<tr>
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<th>Description</th>
<th>Charges</th>
<th>Credits</th>
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<td>State Tax</td>
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<tr>
<td>10-19-11</td>
<td>City Tax</td>
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<tr>
<td>10-20-11</td>
<td>Parking</td>
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</tr>
<tr>
<td>10-20-11</td>
<td>State Tax - Adj</td>
<td>tax exempt</td>
<td>-16.03</td>
</tr>
<tr>
<td>10-20-11</td>
<td>City Tax - Adj</td>
<td>tax exempt</td>
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</tr>
<tr>
<td>10-20-11</td>
<td>Mastercard</td>
<td>XXXXXXXXXX</td>
<td>265.00</td>
</tr>
</tbody>
</table>

**Total** 265.00 265.00

**Balance** 0.00

**Guest Signature:**

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.
Memorandum

To: Pam Haze  
Deputy Assistant Secretary for Budget, Finance, Performance and Acquisition

Through: Acting Assistant Secretary for Fish and Wildlife and Parks

From: Shannon Estenoz  
Director, Everglades Restoration Initiatives

Subject: Request for TDY authorization in Miami, FL on October 19-20, 2011 for travel that is less than 50 miles from office and residence

I have recently been requested to provide executive staff support to Secretary Salazar on his upcoming October 19-20, 2011 trip to Miami, Florida. I will be accompanying and driving the Secretary to various locations which will require me to remain present in Miami both very early in the morning and until very late in the evening. As such I would like to request your authorization for overnight travel and TDY status either in or in close proximity to the Miami area hotel where the Secretary will be overnighting during his stay.

Thank you for your kind consideration in this matter.

Approved: Pam Haze  
Deputy A/S for Budget, Finance, Performance and Acquisition

Date: 10-12-11

11200 SW 8th Street, Florida International University  
OE Building- Room 165- Miami, Florida 33199  
Phone: 305-348-1665-Fax: 305-348-1667
NOTE

TO: Shannon Esenoz
    c/o Roslyn Gray

SUBJECT: TDY Authorization

I am approving the attached waiver for the following reasons. According to the Department's Travel Management Policy (347 DM 301-11: DOI FTR Implementing Instructions), section 301-11.1 states the following:

"You will not receive per diem if your temporary duty is within 50 miles of your duty station or your residence, unless the travel conditions are so severe returning to your residence would endanger your health and safety or you are attending a conference. If your travel involves severe conditions or you are attending training or a conference, the official designated by your bureau may approve per diem for duty in excess of 12 hours that is at least 30 miles from both the residence and permanent duty station. Per diem will not be paid for TDY performed, training or conference attendance within 30 miles of your permanent duty station or residence."

Considering that the everglades coordinator will be required to travel with the Secretary during extended work hours (early in the mornings and late into the evenings), approval of an overnight stay would be reasonable to ensure her safety & that of the Secretary's as she escorts him during his visit in Miami. Since, she is only request lodging allowance, & not meals, she is not asking for full per diem. She should, however, attach the approved memo to her travel voucher & notate the purpose for her lodging charges on her travel authorization & travel voucher as well.

Attachments
1. **Department or Establishment, Bureau, Division or Office**
   - Office of the Executive Director, South Florida Ecosystem Restoration Task Force

2. **Voucher Number**
   - LT5284N0001

3. **Schedule Number**
   - LT5284N0001

4. **Claimant**
   - **Name:** Estenoz, Shannon A.
   - **Mailing Address:** 11200 SW 8 Street, OE 148, Miami, Florida 33199
   - **Social Security No.:** (b) (6)
   - **Telephone Number:** 305-348-1665

5. **Paid By**
   - **To:** AOC 12/12/11

---

### 6. Expenditures

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Mileage</th>
<th>Fare or Toll</th>
<th>Additional Persons</th>
<th>Tips and Miscellaneous</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/21/11</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.00</td>
</tr>
</tbody>
</table>

**Subtotal Carried Forward from the Back:**

**Amount Claimed Total:**

- **Total:** $10.00

---

**Justification:**
- Parking while at meeting with Acting Assistant Secretary for Fish, Wildlife and Parks.

---

**SignOriginal Only**

**Claimant Sign Here**

**Authorized Certifying Officer Sign Here**

**Accounting Classification:** 5298-WN41-EXY

---

**DoD Overprint 4/2002**

**STANDARD FORM 1164 (Rev. 11-77)**
Prescribed by GSA, FPMR (CFR 41) 101-7
Marriott Harbor Beach
3030 Hilday Drive
Ft. Lauderdale, FL 33316
954-525-4000

Full Statement

P/S #01   A Payment No. 00000038
T/D #02   Ticket No. 000030
Entry Time  10/21/2011 (Fri) 13:23
Exit Time   10/21/2011 (Fri) 15:36
Parking Time 2:12
Parking Fee Rate A $10.00

Account #       ********
Slip #          (b)(6)
Authority #     
Credit Card Amount  $10.00
Cash Amount    $0.00
================================
Total               $10.00

Thank You for Your Visit.
## TRAVEL VOUCHER

(Read Privacy Act Statement below)

### 1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE
EVERGLADES NP

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

### 3. VOUCHER NO.
SEKEYWESTFL102311 V01

### 4. SCHEDULE NO.

### 5. TRAVEL AUTHORIZATION

<table>
<thead>
<tr>
<th>a. NUMBER(S)</th>
<th>b. DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18/11</td>
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</tbody>
</table>

### 6. PERIOD OF TRAVEL

<table>
<thead>
<tr>
<th>a. FROM</th>
<th>b. TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/22/11</td>
<td>10/24/11</td>
</tr>
</tbody>
</table>

### 7. TRAVELER

- NAME: Estenoz, Shannon A.
- **SOCIAL SECURITY NO.** (b) (6)
- MAILING ADDRESS:
  - 11200 SW 8 Street
  - FIU OE Building Room 165
  - Miami, FL 33199
- OFFICE TELEPHONE NO.:
  - 305-348-1665

### 8. TRAVEL ADVANCE

<table>
<thead>
<tr>
<th>a. OUTSTANDING</th>
<th>b. AMOUNT TO BE APPLIED</th>
<th>c. AMOUNT DUE GOVERNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
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### 9. CASH PAYMENT RECEIPT

<table>
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<tr>
<th>a. DATE RECEIVED</th>
<th>b. AMOUNT RECEIVED</th>
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</thead>
<tbody>
<tr>
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<td>$100.00</td>
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### 10. CHECK NO.

- 8100K7

### 11. BALANCE OUTSTANDING

- 10/18/11

### 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)

### ACCOUNTING CLASSIFICATION:

- 11 5298WM41EXY-2011^07^5298^EXY^WM41^ - 356.15 NR-34.00

### COMMENTS:

- Fort Jefferson NM Tour

### 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'S INITIALS

- **Traveler's Initials**

### NOTE:

- Falsification of an item in an expenditure 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).


### 15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

<table>
<thead>
<tr>
<th>a. VOUCHER NO.</th>
<th>b. D.O. SYMBOL</th>
<th>c. MONTH &amp; YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### 16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

<table>
<thead>
<tr>
<th>a. VOUCHER NO.</th>
<th>b. D.O. SYMBOL</th>
<th>c. MONTH &amp; YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 17. FOR FINANCE OFFICE USE ONLY

- a. DIFFERENCES, IF ANY (EXPLAIN AND SHOW AMOUNT)
- b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
- c. APPLIED TO TRAVEL ADVANCE (APPROPRIATION SYMBOL):
- d. NET TO TRAVELER

### ACCOUNTING CLASSIFICATION

- SEE BLOCK 12 ABOVE

---

**NOTE:** The form includes various fields for tracking expenses, travel details, and financial transactions, all of which are critical for maintaining accurate records and ensuring compliance with government regulations.
**INSTRUCTIONS TO TRAVELER**

(Unlisted items are self-explanatory)

- Col. (a) If the voucher includes per diem allowances for members of employee's immediate family, show for actual expense travel.
- Col. (b) Complete only if the voucher includes lodging and/or subsistence for members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization).
- Col. (c) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- Col. (d) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- Col. (e) Complete for per diem and actual expense travel.
- Col. (f) Show total subsistence expense incurred for actual expense travel.
- Col. (g) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.
- Col. (h) Show expenses, such as tax/taxi/limosine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

**ITEMIZED SUBSISTENCE EXPENSES**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE EXPENSE</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
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<tr>
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</tr>
</tbody>
</table>

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ACCOUNTING DETAIL

GovTrip Travel System

10/25/11 ACCOUNTING DETAIL | Auth No: SEKEYWESTFL102311 V01
Estenco, Shann ***-**-*

ACCOUNTING CLASS CODE

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</tr>
<tr>
<td>PARKING-211I</td>
<td></td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td></td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td></td>
</tr>
</tbody>
</table>

| 11 5298WM41EXY         | 0.00   |
|                       | 0.00   |
|                       | 390.15 |

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
<tr>
<th>TOTAL EXPENSES</th>
<th>390.15</th>
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</thead>
<tbody>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>34.00</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>356.15</td>
</tr>
</tbody>
</table>

| PREV PAYMENTS   | 0.00 |
| GOV’T ADVANCE OUTSTANDING | 0.00 |
| GOV’T ADVANCE APPLIED       | 0.00 |

| NET TO TRAVELER (GOVT) | 356.15 |

| 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          | 356.15 |
Sale

Entry Method: Swiped

10/22/11  10:24:56
Inv #: 000001  Apvr Code: 06/035
Apvrvd: Online  Batch#: 295001

Total:  $ 15.00

Customer Copy
**TRAVEL VOUCHER**

1. **DEPARTMENT OR ESTABLISHMENT**: EVERGLADES NP
2. **TYPE OF TRAVEL**: TEMPORARY DUTY
3. **VOUCHER NO.**: SEWESTPALMBEA102711_VC
4. **SCHEDULE NO.**

<table>
<thead>
<tr>
<th>a. NAME (Last, first, middle initial)</th>
<th>b. SOCIAL SECURITY NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estenoz, Shannon A.</td>
<td><em><strong>-</strong>-</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. MAILING ADDRESS (Include ZIP Code)</th>
<th>d. OFFICE TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11200 SW 8 Street</td>
<td>305-348-1665</td>
</tr>
<tr>
<td>FIU OE Building Room 165</td>
<td></td>
</tr>
<tr>
<td>Miami, FL 33199</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. PRESENT DUTY STATION</th>
<th>f. RESIDENCE (City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVERGLADES NP</td>
<td>Plantation, FL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. TEMPORARY DUTY STATION</th>
<th>h. PERMANENT CHANGE STATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. VOUCHER NO.</th>
<th>j. TRAVEL VOUCHER BUREAU DIVISION OR OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k. TRAVEL VOUCHER BUREAU DIVISION OR OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. TRAVEL ADVANCE</th>
<th>m. CASH PAYMENT RECEIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Outstanding</td>
<td>b. AMOUNT RECEIVED</td>
</tr>
<tr>
<td>0.00</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. TRAVEL ADVANCE</th>
<th>o. PAID BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. OUTSTANDING</td>
<td>b. DATE</td>
</tr>
<tr>
<td>0.00</td>
<td>10/12/11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>p. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List by number below and attach passenger</td>
</tr>
<tr>
<td>coupon; if cash is used show claim on reverse</td>
</tr>
<tr>
<td>side)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. ACCOUNTING CLASSIFICATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 5298M41EXY-2012^^07^5298^EXY^WN41^^^^</td>
</tr>
<tr>
<td>155.56 NR- 101.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r. COMMENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Force Meeting</td>
</tr>
</tbody>
</table>

| s. TRAVELER SIGN HERE ▶                      |
| DATE 12/17/11 AMOUNT CLAIMED ▶ 155 56       |

<table>
<thead>
<tr>
<th>t. FOR FINANCE OFFICE USE ONLY COMPUTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. DIFFERENCES</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

| u. APPROVING OFFICIAL SIGN HERE ▶        |
| DATE 12/7/11 EXECUTIVE ASSISTANT          |

<p>| v. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION |</p>
<table>
<thead>
<tr>
<th>a. VOUCHER NO.</th>
<th>b. D.O. SYMBOL</th>
<th>c. MONTH &amp; YEAR</th>
</tr>
</thead>
</table>

| w. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT |
| a. CERTIFYING OFFICIAL SIGN HERE ▶                        |
| DATE 12/17/11 AMOUNT CLAIMED ▶ 155 56                     |

<table>
<thead>
<tr>
<th>x. ACCOUNTING CLASSIFICATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE BLOCK 12 ABOVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>y. STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1012-16 NSN 7540-00-634-4180</td>
</tr>
</tbody>
</table>

**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, 1d. 1001).

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.

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).)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

17. FOR FINANCE OFFICE USE ONLY

18. ACCOUNTING CLASSIFICATION: SEE BLOCK 12 ABOVE
### INSTRUCTIONS TO TRAVELER

<table>
<thead>
<tr>
<th>Col. (a)</th>
<th>Col. (b)</th>
<th>Col. (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Completeness</td>
<td>Only</td>
</tr>
</tbody>
</table>

### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/27</td>
<td>D-.:RES: Plantation</td>
<td>COL.</td>
<td>(g)</td>
<td>(h)</td>
<td>(i)</td>
</tr>
<tr>
<td>10/27</td>
<td>A-.:WEST PALM BEACH</td>
<td>TMC Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/27</td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28</td>
<td>D-.:WEST PALM BEACH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28</td>
<td>POV-NO GVT VHC AVL/AIRPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28</td>
<td>A:RES: Plantation,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28</td>
<td>Subsistence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/28</td>
<td>TAV Fee</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS**

- **Breakfast** (a)
- **Lunch** (b)
- **Dinner** (c)
- **Total** (d)
- **Miscellaneous Subsistence** (e)
- **Lodging** (f)
- **Total Subsistence Expense** (g)
- **Total MILES** (h)
- **MILEAGE** (i)
- **SUBSISTENCE** (j)
- **OTHER** (k)

**INFORMATION**

- **AMOUNT CLAIMED**
- **SUBTOTALS**
- **TOTALS**
- **TOTAL AMOUNT CLAIMED**

**EIN**

**TRAVEL AUTHORIZATION NO.**

**TRAVELER'S LAST NAME**

**Account Number**

**TRAVEL AUTHORIZATION NO.**

**STANDARD FORM 1012 BACK (10-77)**

---

**In Compliance with the Privacy Act of 1974, the following information is provided:**

- **Social Security Number:** Disclosure of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 1017). E.O. 11092 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 8011(b) and 8106. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil service agencies. The disclosure of the Social Security Account Number (SSN) is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delays or loss of reimbursement.

---

**EIN**

**TRAVEL AUTHORIZATION NO.**

**TRAVELER'S LAST NAME**

**Account Number**

**TRAVEL AUTHORIZATION NO.**

**STANDARD FORM 1012 BACK (10-77)**
<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>LODGING-211D</td>
<td>82.00</td>
</tr>
<tr>
<td>M&amp;IE-211D</td>
<td>106.50</td>
</tr>
<tr>
<td>MILEAGE-211P</td>
<td>49.06</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.00</td>
</tr>
</tbody>
</table>

11 5298WM41EXY 0.00 0.00 256.56

2012^07^5298^EXY^WN41^^

SPLIT PAY DISBURSEMENTS:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>256.56</td>
</tr>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>101.00</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT CLAIMED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
</tbody>
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NET TO TRAVELER (GOVT)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>GOV’T CHARGE CARD EXPENSES</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD ATM ADV</td>
<td>0.00</td>
</tr>
<tr>
<td>ADD’L GOV’T CHARGE CARD PYMT</td>
<td>0.00</td>
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</table>

TOTAL GOV’T CHARGE CARD AMT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>155.56</td>
</tr>
</tbody>
</table>
**CONTRIBUTION NUMBER:** 3449711837

**10/28/2011 PAGE 1**

---

**This Hotel is A 100% Smoke-Free Facility**

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>ID</th>
<th>REF. NO.</th>
<th>CHARGES</th>
<th>CREDITS</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/28/2011</td>
<td>GUEST ROOM EXEMPT</td>
<td>JLLABRES</td>
<td>472383</td>
<td>$82.00</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>10/28/2011</td>
<td>MC (b) (6)</td>
<td>JLLABRES</td>
<td>472385</td>
<td></td>
<td>$82.00</td>
<td></td>
</tr>
</tbody>
</table>

---

You have earned approximately 100% Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.

Hilton Garden Inn is opening locations all over the world. Look for us in Canada, Costa Rica, Germany, India, Italy, Mexico, Saudi Arabia, Turkey, United Kingdom and throughout the USA. www.hgi.com
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

2. TYPE OF TRAVEL
   □ TEMPORARY DUTY
   □ PERMANENT CHANGE
   OF STATION

3. VOUCHER NO.
   SENAPLESFL101711_V01

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   FROM
   b. TO
   11/16/11
   11/17/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S)
   b. DATE(S)
   052JBS
   10/13/11

7. Mailing Address
   11200 SW 8 Street
   FIU OE Building Room 165
   Miami, FL 33199

8. PRESENT DUTY STATION
   EVERGLADES NP

9. Residence
   Plantation, FL

10. TRAVEL ADVANCE

   a. Name (Last, first, middle initial)
      Estenoz, Shannon A.

   b. Social Security No.
      (b) (6)

   c. Mailing Address (Include ZIP Code)
      11200 SW 8 Street
      FIU OE Building Room 165
      Miami, FL 33199

   d. Office Telephone No.
      305-348-1665

   e. Office Telephone No.
      052JBS

11. Paid By

   a. Date received
   b. Amount received

   Traveler's Initials

12. GoVernment

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

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

   Traveler's Initials

   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. 890a).)

   Approving Official
   Sign Here

   Dawn Armel
   Executive Assistant

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
   Authorized Certifying Official
   Sign Here

   DATE

   NET TO TRAVELER
   $236.35

16. ACCOUNTING CLASSIFICATION
   See BLOCK 12 ABOVE

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

   1012-16
   NSN 7540-00-634-4180

   236.35 NR-172.67

   12/7/11

   236.35

   10/13/11

   00

   12/7/11

   236.35

   236.35

   00
### INSTRUCTIONS TO TRAVELER

(All items are self explanatory)

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

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

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

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

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

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

---

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/16 20</td>
<td>(a) (e)</td>
<td>D: RES: Plantation</td>
<td></td>
</tr>
<tr>
<td>11/16</td>
<td>(b)</td>
<td>A: NAPLES, FL</td>
<td>154.75</td>
</tr>
<tr>
<td>11/16</td>
<td>(b)</td>
<td>Lodging Tax</td>
<td></td>
</tr>
<tr>
<td>11/16</td>
<td>(b)</td>
<td>Gasoline</td>
<td></td>
</tr>
<tr>
<td>11/16</td>
<td>(b)</td>
<td>Data Services</td>
<td></td>
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<tr>
<td>11/17</td>
<td>(b)</td>
<td>RENTAL CAR</td>
<td>25.90</td>
</tr>
<tr>
<td>11/17</td>
<td>(b)</td>
<td>D: RES: Plantation</td>
<td></td>
</tr>
<tr>
<td>11/17</td>
<td>(b)</td>
<td>Subsistence</td>
<td></td>
</tr>
<tr>
<td>11/17</td>
<td>(b)</td>
<td>TAV Fee -I</td>
<td></td>
</tr>
<tr>
<td>11/17</td>
<td>(b)</td>
<td>TMC Fee</td>
<td></td>
</tr>
</tbody>
</table>

**ITEMIZED SUBSISTENCE EXPENSES**

<table>
<thead>
<tr>
<th>MEALS</th>
<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
<th>TOTAL SUBSISTENCE EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAKFAST</td>
<td>LUNCH</td>
<td>DINNER</td>
<td>TOTAL</td>
</tr>
<tr>
<td>45.75</td>
<td></td>
<td></td>
<td>109.50</td>
</tr>
</tbody>
</table>

**MILEAGE**

- MILEAGE: 0.000
- SUBTOTALS: 0.100
- TOTALS: 0.100

**OTHER**

- AMOUNT CLAIMED: 0.50

---

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 31 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPR 1017), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, 26 U.S.C. 931(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement 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, military, or Federal security; or required by law. In accordance with the requirements of the Privacy Act of 1974, the information 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 (b), (m) and (n), below and in item 13 on the front of this form.

**TOTAL AMOUNT CLAIMED**: 236.35
**ACCOUNTING DETAIL**

GovTrip Travel System

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASOLINE-211I</td>
<td>38.18</td>
</tr>
<tr>
<td>LODGING-211D</td>
<td>134.90</td>
</tr>
<tr>
<td>M&amp;IE-211D</td>
<td>91.50</td>
</tr>
<tr>
<td>OTHER-211I</td>
<td>9.95</td>
</tr>
<tr>
<td>RENTAL CAR-211R</td>
<td>115.49</td>
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<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.00</td>
</tr>
<tr>
<td>11 5298WM41EXY</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**SPLIT PAY DISBURSEMENTS:**

<p>| | |</p>
<table>
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<tr>
<td>TOTAL EXPENSES</td>
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<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
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<td>TOTAL AMOUNT CLAIMED</td>
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<tr>
<td>PREV PAYMENTS</td>
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<tr>
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<tr>
<td>GOV'T ADVANCE APPLIED</td>
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<tbody>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>236.35</td>
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<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
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<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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</table>

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<tbody>
<tr>
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<p>| | |</p>
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<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>236.35</td>
</tr>
</tbody>
</table>
Rate 2A/C  1 DY 17 HR
17 MI $ .00 =
0 HR @ 38.25 =
2 DY @ 47.99 =
0 WK @ 233.95 =

ESTENDZ, SHANNON
WIZ# = 1JL26S WND# = B169422

Out PLANTATION 16NOV1/1611
In PLANTATION 18NOV1/0855
Miles-Out 179 Miles-In 496
Miles Driven 317 Fuel In B/B
Method of pay = CLUB
Mastercard XXXXXXXX

The amount that appears in "Amount Due" has been billed to your Master Card.
All charges are subject to audit and change if any errors are found.
For local inquiries call 954-916-9511. Thank you for renting from Avis.

SDE4/BAF9/11322/08:55/0
INVOICE
Folio No: 313251

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>11/16/11</td>
<td>Guest Tek</td>
<td>9.95</td>
<td></td>
</tr>
<tr>
<td>11/16/11</td>
<td>In Room Dining Dinner</td>
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<td></td>
</tr>
<tr>
<td>11/16/11</td>
<td>Group Room Charge</td>
<td>259.00</td>
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</tr>
<tr>
<td>11/16/11</td>
<td>Florida Tax 6%</td>
<td>15.54</td>
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</tr>
<tr>
<td>11/16/11</td>
<td>Collier Tax 4%</td>
<td>10.36</td>
<td></td>
</tr>
<tr>
<td>11/17/11</td>
<td>In Room Dining Brkfst</td>
<td>15.10</td>
<td></td>
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<tr>
<td>11/17/11</td>
<td>In Room Dining Brkfst Grts</td>
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<tr>
<td>11/17/11</td>
<td>Visa</td>
<td>XXXXXXXXXX5085</td>
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</tr>
</tbody>
</table>

Total                          | 343.67 | 343.67 |
Balance                        | 0.00   |        |

Your rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online statement for updates activity.

Room at Ritz was booked by mistake (goal rate was not available). See attached e-mail string, and could not be cancelled without forfeiting the charge. Therefore, to minimize the cost of this error to the goal, I paid $150.00 out of my pocket toward the hotel room charge. (See voucher.)
Plantation, "FL"
STN 00047251

11/18/11 08:44:25

E/MCFLEET  

Invoice#  

Auth#  

Pump#: 1

10.728G  $3.559/G

UNLE(Self)  $38.18

Total  $38.18

Earn 10 cents/gal
fuel credits with
the Chevron and
Texaco Visa Card!
Call 1.800.373.3277

THANK YOU FOR
CHOOSING CHEVRON
Voucher SENAPLESFL101711_V01 for OS2JBS has just been marked PAYMENT SUBMITTED
THIS PAID VOUCHER FOR YOUR OFFICIAL TRAVEL FROM 11/16/11 to 11/17/11 WILL BE PROCESSED BY YOUR FINANCE OFFICE AND FORWARDED TO TREASURY FOR A DIRECT DEPOSIT OF 236.35 TO YOUR BANK ACCOUNT RECORDED IN THE FINANCIAL SYSTEM.

YOUR FINANCIAL INSTITUTION SHOULD RECEIVE THE ELECTRONIC FUNDS TRANSFER (EFT) WITHIN 3 TO 4 BUSINESS DAYS AFTER THE PROCESSED DATE INDICATED ABOVE. PLEASE UNDERSTAND THAT A FEDERAL OR BANKING HOLIDAY COULD EXTEND THE LENGTH OF TIME INVOLVED IN MAKING YOUR DEPOSIT. IF YOU HAVE NOT PROVIDED YOUR DIRECT DEPOSIT INFORMATION TO YOUR FINANCE OFFICE, PAYMENT WILL BE DELAYED BY SEVERAL BUSINESS DAYS.

You may access GovTrip @ http://www.govtrip.com/govtrip/site/index.jsp

Note: If this payment is for an amended voucher the amount above represents the cumulative total of all payments, to date, that have been made for this trip.
From: Dawn Armel
To: Estenoz, Shannon A
Cc: Burger, Kevin
Subject: RE: Naples today
The Everglades Foundation group rate is $259.00 a night.

From: Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]
Sent: Wednesday, November 16, 2011 10:18 AM
To: Dawn Armel
Cc: Burger, Kevin
Subject: RE: Naples today

Ok great. What is the rate?

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199
Phone: (305) 348-1665
Direct Line: (305) 348-1660
Cell Phone: (786) 350-9401
Fax: (305) 348-1667
shannon_estenoz@ios.doi.gov

From: Dawn Armel [darmel@sfrestore.org]
Sent: Wednesday, November 16, 2011 9:43 AM
To: Estenoz, Shannon A
Cc: Burger, Kevin
Subject: RE: Naples today

Shannon:
You have a reservation at the Ritz Carlton. I was able to book you at the Everglades Foundation group rate. There will also be a $25.00 parking charge. You can use your government credit card to pay for the parking. The confirmation number is 81738887. The confirmation email should be coming through shortly. I'll forward it when it comes in.

D

From: Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]
Sent: Wednesday, November 16, 2011 8:51 AM
To: Dawn Armel
Cc: Burger, Kevin
Subject: Naples today

Dawn,
I need to be in Naples tonight no later than 8 pm, and stay over night. I have a 9:30 pm meeting tonight and a 7:30 am meeting and then 10 am presentation tomorrow. I will need to change my rental car to a 4 pm pick up today (in case I decide to try to drive over before dark), and I need a room in Naples.
The 7:30 am meeting and 10 am presentation are at the Ritz Carlton - I suppose we could see if there is a government rate there. The other option is a place called "Pelican Bay" or something like that. Let's see if they have a government rate. Bottom line is that I want to try to stay as close to the Ritz as possible.

Thanks!

S

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199
Phone: (305) 348-1665
Direct Line: (305) 348-1660
Cell Phone: (786) 350-9401
Fax: (305) 348-1667
shannon_estenoz@ios.doi.gov
Hi Shannon:

Prices for three hotels within 5 to 7 miles of Ritz Carlton, Vanderbilt Beach Road are Ritz Carlton Golf Resort at $599.00 a night, LaPlaya Beach Resort at $269.00 a night, and Naples Beach Hotel at $254.00 a night. Would you like me to check farther out for other hotels?

D
**CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS**

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
   Office of the Executive Director, South Florida Ecosystem Restoration Task Force

2. VOUCHER NUMBER
   LT5284N0006

3. SCHEDULE NUMBER
   5.

4. CLAIMANT
   Estenoz, Shannon A.

5. PAID BY
   To Acx 12/12/11

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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>CODE</th>
<th>D - Funeral Honors Detail</th>
<th>MILEAGE</th>
<th>FARE OR TOLL</th>
<th>ADD PERSONS</th>
<th>TIPS AND MISCELLANEOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/05/11</td>
<td>A</td>
<td>Local travel</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Telephone or telegraph, or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>Other expenses (itemized)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>Specialty Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) $24.48

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).)

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

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

11. CASH PAYMENT RECEIPT
   a. PAYEE (Signature)
   b. DATE RECEIVED
   c. AMOUNT
   d. DIRECT DEPOSIT

   Sign Original Only

12. PAYMENT MADE
   SIGNATURE
   b. CHECK NO.

   Sign Original Only

DoD Overprint 4/2002

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

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEKEYLARGOFLL120811_VOL

4. SCHEDULE NO.

5. TRAVEL VOUCHER
   (Read Privacy Act Statement below)

6. PERIOD OF TRAVEL
   FROM 12/08/11 TO 12/08/11

7. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

8. TYPE OF TRAVEL
   ☐ TEMPORARY DUTY
   ☐ PERMANENT CHANGE
   OF STATION

9. VOUCHER NO.
   SEKEYLARGOFLL120811_VOL

10. PERIOD OF TRAVEL
    FROM 12/08/11 TO 12/08/11

11. PAID BY
    a. NUMBER(S)
    b. DATE(S)

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)

13. TRAVEL ADVANCE
    a. OUTSTANDING
    b. AMOUNT TO BE APPLIED
    c. AMOUNT DUE GOVERNMENT
       (Attached Check Cash)
    d. PAYEE'S SIGNATURE

14. CASH PAYMENT RECEIPT
    a. DATE RECEIVED
    b. AMOUNT RECEIVED

15. TRAVELER'S Initials

16. ACCOUNTING CLASSIFICATION:
    5298WN41EXY-2012^0^5298^EXY^WN41^-
    71.74 NR-91.09

17. FOR FINANCE OFFICE USE ONLY
    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
       $71.74

18. COMMENTS:
    Climate Change Summit

19. TRAVELER SIGN HERE

20. DATE
    12/08/11

21. AMOUNT CLAIMED
    71.74

22. FILE COPY

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; T.D. 1001).

23. FOR FINANCE OFFICE USE ONLY
    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
       $71.74

24. APPROVING OFFICIAL SIGN HERE
    Dawn Armel
    Executive Assistant
    12/22/11

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

26. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
    a. CERTIFYING OFFICIAL SIGN HERE
    b. DATE
    c. APPLIED TO TRAVEL ADVANCE
       (Appropriation symbol):
    d. NET TO TRAVELER
       $71.74

ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

1012-16

NSN 7540-00-634-1180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE AMOUNT CLAIMED</th>
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<tbody>
<tr>
<td>12/08</td>
<td>12/08</td>
<td>D-. RES: Plantation, TMC FEE (GOVCC-I)</td>
<td><strong>MEALS</strong></td>
<td><strong>MILEAGE RATE: 0.500</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A-. KEY LARGO, FL, RENTAL CAR</td>
<td>(d) BREAKFAST</td>
<td>(f) LUNCH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D-. KEY LARGO, FL, A:. RES: Plantation, Gasoline, TAV Fee -I</td>
<td></td>
<td>(c) 53.25</td>
</tr>
</tbody>
</table>

**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. 75 as implemented by the Federal Travel Regulations (FPMR 1017). E.O. 11609 of July 22, 1971, E.O. 11012 of March 13, 1962, E.O. 937 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authority and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil service 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. 937, November 22, 1943, for use as a tax payer and/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 (b), (m) and (n), below and in item 13 an the front of this form.

**TOTAL AMOUNT CLAIMED**

71.74
<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
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<tbody>
<tr>
<td>JASOLINE-211I</td>
<td>18.49</td>
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<tr>
<td>M&amp;IE-211D</td>
<td>53.25</td>
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<tr>
<td>RENTAL CAR-211R</td>
<td>72.09</td>
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<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.00</td>
</tr>
<tr>
<td>12 5298WN41EXY</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**SPLIT PAY DISBURSEMENTS:**

<table>
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<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
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<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>91.09</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>71.74</td>
</tr>
<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>71.74</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD EXPENSES</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T CHARGE CARD ATM ADV</td>
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<tr>
<td>ADD’L GOV’T CHARGE CARD PYMT</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL GOV’T CHARGE CARD AMT</td>
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</tr>
<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>71.74</td>
</tr>
</tbody>
</table>
The amount that appears in "Amount Due" has been billed to your Master Card. All charges are subject to audit and change if any errors are found. For local inquiries call 954-916-9511. Thank you for renting from Avis.

SDE4/8AF7/11349/09/12/0
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

Office of the Executive Director, South Florida Ecosystem Restoration Task Force

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
2. VOUCHER NUMBER
   LT5284N0007
3. SCHEDULE NUMBER
4. CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>CODE</th>
<th>MILEAGE</th>
<th>FARE OR TOLL</th>
<th>ADD. PERSONS</th>
<th>TIPS AND MISCELLANEOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/16/11</td>
<td>A</td>
<td>92.6</td>
<td>47.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   JUSTIFICATION: Central Everglades Planning Project Workshop.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) **$47.22**

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 certify (31 U.S.C. 6806).)

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

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

11. CASH PAYMENT RECEIPT

   a. PAYEE (Signature) _
   b. DATE RECEIVED _
   c. AMOUNT _

12. PAYMENT MADE BY CHECK NO. DIRECT DEPOSIT

   5298-WN41-EXT

DoD Overprint 4/2002

STANDARD FORM 1164 (Rev. 11-77)
Prescribed by OMB, PFMR (CFR 41) 101-7
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SECREWISTONFL122011_V0

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   FROM 12/20/11 TO 12/20/11

6. TRAVEL AUTHORIZATION
   a. NUMBER(S) 087547
   b. DATE(S) 12/15/11

7. TRAVELER
   Estenoz, Shannon A.

8. TRAVEL ADVANCE
   a. OUTSTANDING 0.00
   b. AMOUNT TO BE APPLIED 0.00
   c. AMOUNT DUE GOVERNMENT
      (Attached Check Cash)
   d. PAYEE'S SIGNATURE

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED $0.00

10. PAID BY
    [ ] OUTSTANDING
    [ ] CASH

11. 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)

   12151111405KQ
   XEUQ

   ACCOUNTING CLASSIFICATION:
   5298WN41EXY-2012^75298^EXY^WN41^7
   121.20 NR-19.00

   COMMENTS:
   NRCS/DOI/The Nature Conservancy Tour of Graham Marsh

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.

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. 660a)).

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
    a. VOUCHER NO.
    b. D.O. SYMBOL
    c. AMOUNT CLAIMED $121.20

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES
       IF ANY
       (EXPLAIN AND SHOW AMOUNT)

Certifier's initials:

Traveler's initials:

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).

18. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
    a. VOUCHER NO.
    b. D.O. SYMBOL
    c. AMOUNT CLAIMED $121.20

19. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES
       IF ANY
       (EXPLAIN AND SHOW AMOUNT)

Certifier's initials:

Traveler's initials:

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).

1012-16

NSN 7540-00-634-4180

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

(Unless items are self explanatory)

<table>
<thead>
<tr>
<th>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</th>
<th>(Unlisted items are self explanatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Col. (c) If the voucher includes</td>
<td>Com. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.</td>
</tr>
<tr>
<td>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.)</td>
<td>Col. (e) Only for actual per diem expense travel.</td>
</tr>
<tr>
<td>Col. (f) Complete for per diem and actual expense travel.</td>
<td>Col. (g) Show total subsistence expense incurred for actual expense travel.</td>
</tr>
<tr>
<td>Col. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).</td>
<td>Col. (i) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (g) or maximum rate.</td>
</tr>
<tr>
<td>Col. (j) 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.</td>
<td>Col. (k) Complete this template.</td>
</tr>
</tbody>
</table>

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 1017), E.O. 11659 of July 25, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 28 U.S.C. 601(10) 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, military, or legal matters. Disclosure of information to individuals other than Government employees is governed by the Privacy Act of 1974, 5 U.S.C. 522. 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. The 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. Expansion of any of these systems is authorized by E.O. 11603 of July 22, 1969, E.O. 11609 of September 26, 1971, E.O. 11796 of August 10, 1973, and 28 U.S.C. 601(1) 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, military, or legal matters. Disclosure of information to individuals other than Government employees is governed by the Privacy Act of 1974, 5 U.S.C. 522. 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. The 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.

**DATE**

<table>
<thead>
<tr>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>MEALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
</tr>
<tr>
<td>12/19</td>
<td>No Lodge Record Found</td>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
<tr>
<td>12/20</td>
<td>D: RES: Plantation</td>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
<tr>
<td></td>
<td>12/20 A: CLEWISTON, FL</td>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
<tr>
<td>12/20</td>
<td>POV-NO GVT VHC AVL AIRPORT</td>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
<tr>
<td>12/20</td>
<td>D: CLEWISTON, FL</td>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
<tr>
<td>12/20</td>
<td>A: RES: Plantation, TAV Fee -I</td>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
</tbody>
</table>

**ITEMIZED SUBSISTENCE EXPENSES**

<table>
<thead>
<tr>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
<td>COL. (i) Breakfast (d) Lunch (e) Dinner (f) Total (g)</td>
</tr>
</tbody>
</table>

**MILEAGE**

<table>
<thead>
<tr>
<th>MILEAGE RATE</th>
<th>TOTAL MILES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.510</td>
<td></td>
</tr>
</tbody>
</table>

**AMOUNT CLAIMED**

<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>861.70</td>
<td>341.50</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT CLAIMED**

| 121.20 |

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

GovTrip Travel System

 Auth No: SECLEWISTONFL122011 V01
 Estenoz, Shann ***-**-**

03/30/12 ACCOUNTING DETAIL

ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>a&amp;IE-211D</td>
<td>34.50</td>
</tr>
<tr>
<td>MILEAGE-211P</td>
<td>86.70</td>
</tr>
<tr>
<td>TAV EXP -I-211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.00</td>
</tr>
</tbody>
</table>

12 5298WN41EXY 0.00 0.00 140.20

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
<tr>
<th>TOTAL EXPENSES</th>
<th>140.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>19.00</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>121.20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAY TO GOV'T CHARGE CARD</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY TO TRAVELER</td>
<td>121.20</td>
</tr>
</tbody>
</table>
### Travel Voucher

**1. Department or Establishment**
BUREAU DIVISION OR OFFICE
EVERGLADES NP

**2. Type of Travel**
- Temporary Duty
- Permanent Change of Station

**3. Voucher No.**
SEHUTCHINSON010512_V0

**4. Schedule No.**

**5. Period of Travel**
- From: 01/05/12
- To: 01/08/12

**6. Travel Authorization**
- Number(s): OBJ5PBZ
- Date(s): 11/15/11

**7. Residence**
City and State: Plantation, FL

**8. Travel Advance**
- Amount due Government:
- Amount to be applied:
- Payee’s Signature:

**9. Cash Payment Receipt**
- Date Received:
- Amount Received:

**10. Paid By**

**11. 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)

### Accounting Classification:

<table>
<thead>
<tr>
<th>Agent's Valuation of Ticket</th>
<th>Issuing Carrier (Initials)</th>
<th>Mode of Service and Accommodations</th>
<th>Date Issued (a)</th>
<th>From (c)</th>
<th>To (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>125298WN41EXY-2012^07^5298^EXY^WN41^</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**13. Comments:**
2011 Everglades Coalition Conference

**14. Traveled’s Initials**

**15. Approved By**
Dawn Armel 
Executive Assistant

**16. This Voucher is Certified Correct and Proper for Payment**

**17. For Finance Office Use Only**
Computation

---

**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)

**13. Comments:**
2011 Everglades Coalition Conference

**14. Traveled’s Initials**

**15. Approved By**
Dawn Armel 
Executive Assistant

**16. This Voucher is Certified Correct and Proper for Payment**

**17. For Finance Office Use Only**
Computation
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05</td>
<td>1200</td>
<td>D-RES: Plantation</td>
<td>Meals (Breakfast: 0, Lunch: 34.50, Dinner: 119.00)</td>
<td>0.00</td>
<td>34.50</td>
</tr>
<tr>
<td>01/05</td>
<td>1200</td>
<td>A-: HUTCHINSON ISLA</td>
<td>Misc. Subsistence (Total: 34.50)</td>
<td>0.00</td>
<td>34.50</td>
</tr>
<tr>
<td>01/05</td>
<td>1200</td>
<td>RENTAL CAR</td>
<td>Subsistence</td>
<td>0.00</td>
<td>46.00</td>
</tr>
<tr>
<td>01/05</td>
<td>1200</td>
<td>Gasoline</td>
<td>Subsistence</td>
<td>0.00</td>
<td>46.00</td>
</tr>
<tr>
<td>01/08</td>
<td>1200</td>
<td>TAV Fee</td>
<td>Subsistence</td>
<td>0.00</td>
<td>34.50</td>
</tr>
</tbody>
</table>

Subtotals: 0.00 161.00 0.00

Grand total: 161.00

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### ACCOUNTING DETAIL

**GovTrip Travel System**

**02/17/12 ACCOUNTING DETAIL**

**Auth No: SEHUTCISIONI010512 V01**

**Estenoz, Sham**

---

**ACCOUNTING CLASS CODE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASOLINE</td>
<td>211I</td>
<td>23.60</td>
</tr>
<tr>
<td>LODGING</td>
<td>211D</td>
<td>357.00</td>
</tr>
<tr>
<td>M&amp;IE</td>
<td>211D</td>
<td>161.00</td>
</tr>
<tr>
<td>RENTAL CAR</td>
<td>211R</td>
<td>166.23</td>
</tr>
<tr>
<td>TAV EXP -I</td>
<td>211B</td>
<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I</td>
<td>211B</td>
<td>4.00</td>
</tr>
</tbody>
</table>

**TRIP 1**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 5298WN41EXY</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**2012^07^5298^^EXY^WN41^^**

---

**SPLIT PAY DISBURSEMENTS:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>726.83</td>
</tr>
<tr>
<td>NON-REIMBURSABLE EXPENSES</td>
<td>565.83</td>
</tr>
<tr>
<td>TOTAL AMOUNT CLAIMED</td>
<td>161.00</td>
</tr>
<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV'T ADVANCE OUTSTANDING</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV'T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>161.00</td>
</tr>
<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV'T CHARGE CARD ATM ADV</td>
<td>0.00</td>
</tr>
<tr>
<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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</tr>
<tr>
<td>TOTAL GOV'T CHARGE CARD AMT</td>
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</tr>
<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>161.00</td>
</tr>
</tbody>
</table>
1236 ESTENOZ/SHANNON/MRS 119.00 01/08/12 10:20 9938 13660
NSKG DEPARTMENT OF INTERI 01/05/12 15:23
11200 SW 8 STREET PASSPORT:
OE BUILDING ROOM 165 MCI XXXXXXXX5368
MIAMI MRW#: FL 33199

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Amount</th>
<th>Credits</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05</td>
<td>ROOM REV</td>
<td>119.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/05</td>
<td>STATETAX</td>
<td>7.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/05</td>
<td>LOCALTAX</td>
<td>4.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/06</td>
<td>ROOM REV</td>
<td>119.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/06</td>
<td>STATETAX</td>
<td>7.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/06</td>
<td>LOCALTAX</td>
<td>4.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/07</td>
<td>STATETAX</td>
<td></td>
<td>21.42</td>
<td>AD</td>
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<tr>
<td>01/07</td>
<td>LOCALTAX</td>
<td></td>
<td>14.28</td>
<td>AD</td>
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<td>01/07</td>
<td>ROOM REV</td>
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<td></td>
</tr>
<tr>
<td>01/07</td>
<td>STATETAX</td>
<td>7.14</td>
<td></td>
<td></td>
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<tr>
<td>01/07</td>
<td>LOCALTAX</td>
<td>4.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/08</td>
<td>CCARD-MC</td>
<td></td>
<td>357.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SETTLED TO:</td>
<td></td>
<td></td>
<td>MASTERCARD</td>
</tr>
</tbody>
</table>

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

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

Signature X

Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com
SERVATION # 25950409-US-2C
CAK# 5 6 9 4 8 5 0 Car Group B /C
BLK DODG AVEN 4DR FL 556KUW

ESTENOZZ, SHANNON

Out PLANTATION 04JAN12/1020
In STUART FL 05JAN12/1023
Miles-Out 7529 Miles-In 7733
Miles Driven 204 Fuel In 8/8

Method of pay = CLUB
Mastercard XXXXXXXXXXXX

Rate M /C 1 DY 7 HR
204 MI @ .00 =
0 HR @ 43.50 =
2 DY @ 57.99 = 115.98
0 WK @ 289.95 =

TIME & MILEAGE = 115.98
$ .60/DY ERF + = 1.20
$ 2.00/DY SSU + = 4.00
$ .02/DY TBS + = .04
$ .78/DY VLF + = 1.56
" 8.00% FEE + = 11.42
Subtotal = 134.20
Tax 6.000% + = 8.05
PDW + = 23.98
Total Charges = 166.23

AMOUNT DUE CV USD = 166.23

ENERGY RECOVERY FEE
$ 2.00/DY SSU
$ .02/DY TBS
$ .78/DY VEH LIC FEE
" CONCESSION RECOVERY FEE

The amount that appears in "Amount Due" has been billed to your Master Card. All charges are subject to audit and change if any errors are found. For local inquiries call 954-916-9511. Thank you for renting from Avis.

9B/D1OC/12005/17:03/0

Lost fuel receipt.
Sunoco $23.40
**TRAVEL VOUCHER**

1. **DEPARTMENT OR ESTABLISHMENT**  
   BUREAU DIVISION OR OFFICE  
   EVERGLADES NP  

2. **TYPE OF TRAVEL**  
   A. TEMPORARY DUTY  
   B. PERMANENT CHANGE OF STATION

3. **VOUCHER NO.**  
   SETALLAHASSEE011712

4. **SCHEDULE NO.**

5. **PERIOD OF TRAVEL**  
   a. FROM  
   01/17/12  
   b. TO  
   01/18/12

6. **TRAVEL AUTHORIZATION**  
   a. NUMBER(S)  
   0885LM  
   b. DATE(S)  
   01/09/12

7. **MAILING ADDRESS**  
   (Include ZIP Code)  
   11200 SW 8 Street  
   FIU OE Building Room 165  
   Miami, FL 33199

8. **TRAVEL ADVANCE**

9. **CASH PAYMENT RECEIPT**

10. **PAID BY**

11. **GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH**

<table>
<thead>
<tr>
<th>AGENT'S VALUATION OF TICKET</th>
<th>ISSUING CARRIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>526241391189</td>
<td>361.60 WN</td>
</tr>
<tr>
<td>0109121435BS</td>
<td>4.35 XD</td>
</tr>
</tbody>
</table>

   12. **ACCOUNTING CLASSIFICATION**

   13. **COMMENTS:**
   Everglades Water Supply Summit

14. **FOR FINANCE OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>ACCOUNTING CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 5298WN41EXY-2012<strong>07</strong>5298<strong>EXY^WN41</strong></td>
</tr>
</tbody>
</table>

   15. **LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION**

   16. **THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL**

   17. **FOR FINANCE OFFICE USE ONLY COMPUTATION**

<table>
<thead>
<tr>
<th>a. DIFFERENCES, IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

   **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).
### INSTRUCTIONS TO TRAVELER

(All items are self-explanatory)

#### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME (Hour and am/pm)</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>01/17</td>
<td>12:00</td>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/17</td>
<td>12:00</td>
<td>Lunch</td>
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</tr>
<tr>
<td>01/17</td>
<td>12:00</td>
<td>Dinner</td>
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<td>TOTAL</td>
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<tr>
<td>01/18</td>
<td>12:00</td>
<td>Breakfast</td>
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<td>12:00</td>
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<td>Dinner</td>
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<td>12:00</td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. 11669 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 solicitation of the 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 reimbursement to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, or military 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 (i), (m) and (n), below and in item 13 on the front of this form.

**TOTAL AMOUNT CLAIMED** 69.00
### ACCOUNTING DETAIL

**GovTrip Travel System**

<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
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<tbody>
<tr>
<td>CARR.-I-211C</td>
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<td>M&amp;IE-211D</td>
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<td>RENTAL CAR-211R</td>
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<td>15.00</td>
</tr>
<tr>
<td>TMC FEE -I-211B</td>
<td>4.35</td>
</tr>
</tbody>
</table>

**12 5298WN41EXY**

#### SPLIT PAY DISBURSEMENTS:

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<tr>
<td>GOV'T ADVANCE APPLIED</td>
<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
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</tr>
<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
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<td>0.00</td>
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<tr>
<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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</tr>
<tr>
<td>TOTAL GOV'T CHARGE CARD AMT</td>
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<tr>
<td>PAY TO GOV'T CHARGE CARD</td>
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<tr>
<td>PAY TO TRAVELER</td>
<td>69.00</td>
</tr>
</tbody>
</table>

2012^07^5298^EXY^WN41^
For: SHANNON A ESTENZ GOVERNMENT  
To: NGMS GOVERNMENT DEPARTMENT OF INTERIOR AUTOMATION AUTOMATION

Sales Person: GT  
Locator: BSSCNR  
Customer Number: *********  

***************   
WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK RESERVATIONS WILL APPLY  
DOMESTIC 28.50USD  
INTERNATIONAL 37.75USD  
CAR/HOTEL ONLY 17.75USD  
GOVTRIP AIR 4.35USD  
GOVTRIP HOTEL/CAR ONLY 4.00USD  
FEDEX/Delivery 11.50USD  
***************  
FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE  
5-USD$4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Tuesday January 17, 2012  
Southwest Airlines  
Class of Service: Coach Class Y  
Depart: FT LAUDERDALE, FL  
Arrive: JACKSONVILLE, FL  
Total Flight Time:  
Equipment: Boeing 737-300  
Meal Service: None  
Status: Confirmed  
DEP-TERMINAL 1  
Flight Number: 469  
7:10 Am January 17, 2012  
8:25 Am January 17, 2012  
1 Hour 15 Minutes Non-Stop  
Confirmation Number: IT7K6H

Tuesday January 17, 2012  
ALAMO  
Pick Up: January 17, 2012 8:30 Am  
Return: January 18, 2012 2:00 Pm  
Daily Rate: 17.00 USD  
Unlimited Free Miles  
Approximate Total: 60.42 2Days 0Hours 26.42Mandatory Charge  
Confirmation Number: 373737022COUNT

Tuesday January 17, 2012  
TALLAHASSEE, FL  
STAYBRIDGE SUITES TALLAHASSEE  
1600 SUMMIT LAKE DRIVE  
TALLAHASSEE FL 32317
Phone Number: 1-850-219-7000  
Fax Number: 1-850-219-7001  
Number of Rooms: 1  
Rate: 85.00 USD Per Night  
Check In: Jan 17, 2012  
Check Out: Jan 18, 2012  
Confirmation Number: 65631618  
Cancellation Policy: Cancel by 6PM  
Directions: DIRECTION TO THE PROPERTY FROM AIRPORT TLH - EXIT AIRPORT AND TAKE HIGHWAY 319 EAST APPROXIMATELY 15 MILES TO HIGHWAY 90 EAST 5 MILES HOTEL ON THE RIGHT.

Wednesday January 18, 2012  
Southwest Airlines  
Class of Service: Coach Class Y  
Depart: JACKSONVILLE, FL  
Arrive: FT LAUDERDALE, FL  
Total Flight Time: 1 Hour 20 Minutes Non-Stop  
Equipment: Boeing 737-300  
Meal Service: None  
Status: Confirmed  
Confirmation Number: IT7K VH

<table>
<thead>
<tr>
<th>Name</th>
<th>Invoice / Ticket / Date</th>
<th>Base</th>
<th>Tax 1</th>
<th>Tax 2</th>
<th>Tax 3</th>
<th>Total</th>
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<tbody>
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<td>316.28</td>
<td>23.72US</td>
<td>7.60ZP</td>
<td>14.00XT</td>
<td>361.60</td>
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</tr>
</tbody>
</table>

**TO WWW.TSA.GOV**

YOUR LOCAL OFFICE IS ***** U06C*****

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

************************************************************

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE  
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED.  
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.  
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.  
Notes:

***DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS***
Zip-Out Check-Out®

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

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

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

---

**Confirmation Number:** 3455428941

**Date:** 1/18/2012

**Room:** 414/Q2

**Arrival Date:** 1/17/2012

**Departure Date:** 1/18/2012

**Adult/Child:** 1/0

**Room Rate:** 199.00

**Rate Plan:** LV1

**Confirmation Number:** 3455428941

**Date of Charge:** 1/17/2012

**Folio No./Check No.:** 136386 A

**Total Amount Payable Upon Receipt:**

You have earned approximately 2288 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio.

Hilton Garden Inn is opening locations all over the world. Look for us in Canada, Costa Rica, Germany, India, Italy, Mexico, Saudi Arabia, Turkey, United Kingdom and throughout the USA. www.hgi.com

---

**Date of Charge** | **Folio No./Check No.** | **Payment Due Upon Receipt**
---|---|---
136386 A | | 

---

**Authorization:**

**Initial:**

**Purchases & Services:**

**Taxes:**

**Tips & Misc.:**

**Total Amount:**

---

**Hilton Garden Inn**

Tallahassee Central

1330 S. Blair Stone Road • Tallahassee, FL 32301
Phone (850) 893-8300 • Fax (850) 656-2633
Reservations www.StayHGI.com or 1 877 STAY HGI
Rental car receipt lost.
Avis $85.94
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SESTUARTFL012612 V01

4. SCHEDULE NO.

5. PERIOD OF TRAVEL
   FROM 01/26/12 TO 01/26/12

6. RESIDENCE (City and State)
   Plantation, FL

7. TRAVEL VOUCHER
   (Read Privacy Act
   Statement below)

8. TRAVEL ADVANCE
   a. NAME (Last, first, middle initial)
      Estenoz, Shannon A.
   b. SOCIAL SECURITY NO.
      ***-**-**
   c. MAILING ADDRESS (Include ZIP Code)
      11200 SW 8 Street
      FIU OE Building Room 165
      Miami, FL 33199
   d. OFFICE TELEPHONE
      305-348-1665
   e. PRESENT DUTY STATION
      EVERGLADES NP
   f. RESIDENCE
      (City and State)
      Plantation, FL

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

10. 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)

   12221112220F 4.00 XD 01/20/12
   TBTM

   ACCOUNTING CLASSIFICATION:
   5298WN41EXY-2012**07*5298**EXY*WN41** - 38.25 NR- 88.94

   COMMENTS:
   Rivers Coalition

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)

   AGENT'S
   ISSUING
   VALUATION OF TICKET
   CARRIER
   (Initials)
   MODE
   OF SERVICE
   AND ACCOMMODATIONS
   DATE ISSUED
   POINTS OF TRAVEL
   FROM TO
   a. NUMBER(S)
   b. DATE(S)

13. 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)

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. 660a).)

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
   a. DIFFERENCES:
   b. TOTAL VERIFIED CORRECT FOR
      CHARGE TO APPROPRIATION
   c. APPLIED TO TRAVEL ADVANCE
      (Appropriation symbol):
      $ 0.00
   d. NET TO TRAVELER
      $ 38.25

17. FOR FINANCE OFFICE USE ONLY
    a. ACCOUNTING CLASSIFICATION
    b. DATE
    c. AMOUNT CLAIMED
      $ 38.25

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

SIGN HERE

APPROVING OFFICIAL

DATE

ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

01/26/12

STANDARD FORM 1012 (REV. 10-77)

Prescribed by GSA, FPMR (41 CFR) 101-7

NSN 7540-00-634-4180

1012-16
**INSTRUCTIONS TO TRAVELER**

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

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

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

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

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

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

Col. (n) Show expenses, such as: taxicab, railroad, car rental, relocation other than
subsistence, etc.

**ITEMIZED SUBSISTENCE EXPENSES**

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<th>MEALS</th>
<th>SUBTOTALS</th>
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</thead>
<tbody>
<tr>
<td>BREAKFAST</td>
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<tr>
<td>LUNCH</td>
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</tr>
<tr>
<td>DINNER</td>
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<td>TOTAL</td>
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<tr>
<td>MISCェL-LANCE</td>
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<tr>
<td>SUBSISTENCE</td>
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<tr>
<td>LODGING</td>
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<tr>
<td>TOTAL SUBSISTENCE EXPENSE</td>
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<tr>
<td>NO. OF MILES</td>
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<td>OTHER</td>
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**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DESCRIPTION</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
<th>MILEAGE</th>
<th>AMOUNT CLAIMED</th>
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<tr>
<td>01/26</td>
<td>12</td>
<td>D:RES: Plantation</td>
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</tr>
<tr>
<td>01/26</td>
<td>20</td>
<td>A:STUART, FL</td>
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<tr>
<td>01/26</td>
<td>12</td>
<td>D:STUART, FL</td>
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<td></td>
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<tr>
<td>01/26</td>
<td>20</td>
<td>A:RES: Plantation</td>
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<tr>
<td>01/26</td>
<td>12</td>
<td>GASOLINE</td>
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<tr>
<td>01/26</td>
<td>20</td>
<td>TAV Fee -I</td>
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</tr>
</tbody>
</table>

**TOTAL AMOUNT CLAIMED**

38.25

**INFORMATION**

The Federal Traveler's Personal Information Form (SF 1012) is mandatory for submission of travel and/or relocation expenses. Failure to provide required information may result in delay or loss of reimbursement.
ACCOUNTING DETAIL

GovTrip Travel System

ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>Code</th>
<th>Amount</th>
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<td>27.21</td>
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<tr>
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<td>RENTAL CAR-211R</td>
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<td>TAV EXP -I-211B</td>
<td>15.00</td>
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<td>TMC FEE -I-211B</td>
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TRIP 1

12 5298WN41EXY  0.00  0.00  127.19

SPLIT PAY DISBURSEMENTS:

<table>
<thead>
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<th>Description</th>
<th>Amount</th>
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<tbody>
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<tr>
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<tr>
<td>PREV PAYMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE OUTSTANDING</td>
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<tr>
<td>GOV’T ADVANCE APPLIED</td>
<td>0.00</td>
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<tr>
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<td>0.00</td>
</tr>
<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>38.25</td>
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<tr>
<td>GOV’T CHARGE CARD EXPENSES</td>
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</tr>
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<td>PAY TO GOV’T CHARGE CARD</td>
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2012^^07^5298^^EXY^WN41^^
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<td>0 DY @ 30.99</td>
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<td>$ 5.00/DY GARS</td>
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<td>$ 2.00/DY SSU</td>
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<td>$ .02/DY TBS</td>
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<td>** 8.00% FEE</td>
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<tr>
<td>ENERGY RECOVERY FEE</td>
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<tr>
<td>$ 5.00 /DY GARS</td>
<td>$5.00</td>
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<tr>
<td>$ 2.00/DY SSU</td>
<td>$2.00</td>
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<tr>
<td>$ .02/DY TBS</td>
<td>$0.02</td>
</tr>
<tr>
<td>$ .78/DY VEH LIC FEE</td>
<td>$0.78</td>
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</table>

Fuel tax: $2.44
Fuel: $24.77
Total: $27.21
## TRAVEL VOUCHER

1. **DEPARTMENT OR ESTABLISHMENT**
   - EVERGLADES NP

2. **TYPE OF TRAVEL**
   - TEMPORARY DUTY
   - PERMANENT CHANGE OF STATION

3. **VOUCHER NO.**
   - SEJACKSONVILL022912_VC

4. **SCHEDULE NO.**

5. **TRAVELER**
   - Estenoz, Shannon A.
   - 11200 SW 8 Street
   - FIU OE Building Room 165
   - Miami, FL 33199

6. **RESIDENCE**
   - Plantation, FL

7. **PERIOD OF TRAVEL**
   - FROM 02/29/12
   - TO 02/29/12

8. **TRAVEL ADVANCE**

9. **CASH PAYMENT RECEIPT**

10. **PAID BY**

11. **GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH**

12. **POINTS OF TRAVEL**

13. **COMMENTS:**
   - QAT Meeting.

14. **APPROVING OFFICIAL**
   - Dawn Armel
   - Executive Assistant

15. **LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION**

16. **THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT**

---

**AGENT'S VALUATION OF TICKET**

- **ISSUING CARRIER (INITIALS):**
  - 180.80 WN
  - 28.50 XD

**MODE CLASS OF SERVICE AND ACCOMMODATIONS**

- **DATE ISSUED:**
  - 02/24/12
  - 02/24/12

**AGENTS' SIGNATURE**

- **POINTS OF TRAVEL:**
  - FLL-Fort Lauderdale
  - JAX-Jacksonville, FL
  - IL

**COUNTING CLASSIFICATION:**

- 12 5298WN41EXY-2012^07^5298^EXY^WN41^-

**COMMENTS:**

- QAT Meeting.

**DATE**

- 01/25/12

**AMOUNT CLAIMED**

- 48.51

**STANDARD FORM 1012 (REV. 10-77)**

Prescribed by GSA, FPMR (41 CFR) 101-7
**INSTRUCTIONS TO TRAVELER**

(All shaded items are self-explanatory)

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME (Hour and am/pm)</th>
<th>DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)</th>
<th>ITEMIZED SUBSISTENCE EXPENSES</th>
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</thead>
<tbody>
<tr>
<td>02/29</td>
<td>12:00</td>
<td>D: RES: Plantation, TMC Fee (GOVCC-I)</td>
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</tr>
<tr>
<td>02/29</td>
<td>12:00</td>
<td>Airfare (Non Reimbursable)</td>
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<tr>
<td>02/29</td>
<td>12:00</td>
<td>A: JACKSONVILLE (D)</td>
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</tr>
<tr>
<td>02/29</td>
<td>12:00</td>
<td>POV-NO GVT VHC AVL/RENTAL CAR</td>
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<tr>
<td>02/29</td>
<td>12:00</td>
<td>D: RES: Plantation, Parking, TMC Fee</td>
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<tr>
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<td>12:00</td>
<td>Misc Expenses</td>
<td></td>
</tr>
<tr>
<td>02/29</td>
<td>12:00</td>
<td>TAV Fee -I</td>
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<tr>
<td>02/29</td>
<td>12:00</td>
<td>TMC Fee</td>
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**MEALS**

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<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
<th>TOTAL</th>
<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
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<tbody>
<tr>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
<td>(h)</td>
<td>(i)</td>
<td>(j)</td>
<td>(k)</td>
<td>(l)</td>
<td>(m)</td>
</tr>
</tbody>
</table>

| SC-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|

**ITEMIZED SUBSISTENCE EXPENSES**

Subtotal: 101.26

Total: 101.26

**INFORMATION**

- **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 for per diem and actual expense travel.**
- **Show total subsistence expense incurred for actual expense travel.**
- **Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.**
- **Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).**
- **Complete for per diem and actual expense travel.**
- **Show expenses, such as: taxi/lime, airfare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.**

**INFORMATION**

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

**TOTAL AMOUNT CLAIMED**

**48.51**
### ACCOUNTING CLASS CODE

<table>
<thead>
<tr>
<th>CODE</th>
<th>TRIP 1</th>
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<tbody>
<tr>
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<tr>
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#### SPLIT PAY DISBURSEMENTS:

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<td>PREV PAYMENTS</td>
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<td>GOV'T ADVANCE OUTSTANDING</td>
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<tr>
<td>GOV'T ADVANCE APPLIED</td>
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<tr>
<td>NET TO TRAVELER (GOVT)</td>
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<tr>
<td>GOV'T CHARGE CARD EXPENSES</td>
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<tr>
<td>ADD'L GOV'T CHARGE CARD PYMT</td>
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<tr>
<td>TOTAL GOV'T CHARGE CARD AMT</td>
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<td>PAY TO GOV'T CHARGE CARD</td>
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<tr>
<td>PAY TO TRAVELER</td>
<td>48.51</td>
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</tbody>
</table>
Trip on Feb 29, 2012

Traveler: SHANNON A ESTENOZ - GDOINPS
NGMS E GOV
DEPARTMENT OF INTERIOR
AUTOMATION
AUTOMATION
AUTOMATION

Customer Number: (b) (6)...
Agent: GT

******************************************************************************
WHEN TICKETED THE FOLLOWING NON REFUNDABLE
TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK
RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD
GOVTRIP HOTEL/CAR ONLY 4.00USD
FEDEX/Delivery 11.50USD
******************************************************************************
FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, ONLINE

Wednesday, February 29, 2012

Flight Southwest Airlines 1863

DEPARTURE
FT LAUDERDALE, FL
7:00 AM, Feb 29, 2012

ARRIVAL
JACKSONVILLE, FL
8:20 AM, Feb 29, 2012

Status: Confirmed
Class: Coach Class - Y
Duration: 01:20 (Non-stop)
Equipment: Boeing 737-700 Jet
Meal Service: None
Notes: DEP-Terminal 1

Name: SHANNON A ESTENOZ
Invoice / Ticket / Date: 480142/5282423764807/24FEB12
Base: USD 158.14
Tax 1: 11.60US
Tax 2: 3.80ZP
Tax 3: 7.00XT
Total: 180.80

Trip Fee: 28.50

Total Amount: 209.30

Form of Payment: CAXXXXXXXXXX

GENERAL INFORMATION
GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ***** UO6C*****
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS
******************************************************************************
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE
ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRANL CONTACT CWTSATOTRANL 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.VIRTUALLYHERE.COM ***................
ADD YOUR SABRE RESERVATION CODE AND NAME IN THE APPROPRIATE BOXES AND ENTER.

***DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**
Trip on Feb 29, 2012

Traveler: SHANNON A ESTENÖZ - GDOIOS
NGMSDOI
OFC OF THE EXEC DIRECTOR
SHANNON ESTENÖZ
11200 SW 8TH ST
MIAMI FL 33199

Customer Number: 5321BGK
Agent: 28

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Wednesday, February 29, 2012

Flight Southwest Airlines 204

DEPARTURE: JACKSONVILLE, FL
6:00 PM, Feb 29, 2012

ARRIVAL: FT LAUDERDALE, FL
7:10 PM, Feb 29, 2012

Status: Confirmed
Class: Coach Class - Y
Duration: 01:10 (Non-stop)
Equipment: Boeing 737-700 Jet
Meal Service: None
Notas: ARR-TERMINAL 1

Name: SHANNON A ESTENÖZ

Invoice / Ticket / Date: 460061/5262423654831/23FEB12
Base: USD 158.14
Tax 1: 11.86US
Tax 2: 3.80ZP
Tax 3: 7.00XT
Total: 180.80

Trip Fee: 28.50
Total Amount: 209.30

Form of Payment: CA XXXXXXXXX

GENERAL INFORMATION

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **
** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSAOTRavel
CONTACT CWTSATrAVEL 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.VIRTUALLYTHE.COM ***.............
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

******************************************************************************

PLEASE VISIT WWW.CARLSONWAGONLIT.COM/AIRLINEBAGGAGEFEES
FOR INFORMATION ON FREE BAGGAGE ALLOWANCES AND/OR
APPLICABLE FEES FOR CARRY-ON AND CHECKED BAGGAGE
RELATED TO YOUR FLIGHT.
******************************************************************************

***DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS***
RECEIPT

Rental Agreement Number: 292867149
Vehicle Number: 1926550

YOUR INFORMATION

TENNANT: SHANNON
WIZARD NUMBER: 1JL265
AVIS DISC: US GOVER
PAYMENT METHOD: DRAFT 1926550

YOUR RENTAL

RENTAL NUMBER: CAR NUMBER: CAR GROUP
Pickup: JAX
Date/Time: FEB 29, 2012 @ 01:06 AM
Returned: JAX
Date/Time: FEB 29, 2012 @ 02:47 PM
Vehicle Group: Intermediate
Vehicle: HYUNDAI ELANTRA

Fuel Out: 3331
Fuel In: 3339

YOUR VEHICLE CHARGES

MINIMUM CHARGE: 62.00
MILEAGE: 62.00
TAXABLE FEES: 7.66
TAX: 0.00

YOUR SUBTOTAL: 91.99
TOTAL DUE: 91.99
PAID ON MASTER: 0.00

Thank you for renting with Avis.

Toll Free inquiries, visit www.avis.com or call 1-800-852-8686.
Other inquiries or e-receipt visit www.avis.com or call 904-741-2327.

Signature

Address: Park 'N Fly Ft Lauderdale
2200 NE 7TH AVE
USA-33004 Dania

Booth A 02/29/12 19:24
Cashier 28
Receipt 07-039847
PARKING TICKET
1 - NO. 032050
02/29/12 05:38 - 02/29/12 19:24
Period 02/13/47'
(PARKING) $9.00

Sub Total $9.00
[FEES + TAX] $1.36
Total $10.36

Payment Received
MC (b)(6)
Vendor: 36
March: 02/29/12
Auth: A0000000
Type: SWIPED

Sub Total $9.00
FILL Fee 8% .72
FL Tax 6.55% .64

Tell us how we are doing
For a chance to win $1000
Info at www.pmfcare.com
No Purchase Necessary
oh, ok. No, we ended up not having time to put gas in the car so there should be fuel charge on the rental receipt.

Shannon Estenoz, Director  
Office of Everglades Restoration Initiatives  
United States Department of the Interior  
Florida International University  
11200 SW 8th Street, OE 165  
Miami, FL 33199  
Phone: (305) 348-1665  
Direct Line: (305) 348-1660  
Cell Phone: (786) 350-9401  
Fax: (305) 348-1667  
shannon_estenoz@ios.doi.gov

Right. You gave me the rental car receipt and parking receipt but no gas receipt. Did you end up putting gas in the car? If you did get gas and don’t have the receipt I can wait until we get the March credit card statement and get the gas amount off of it.

Dawn Armel  
South Florida Ecosystem Restoration Task Force  
11200 SW 8 Street, OE Bldg. Room 165  
Miami, FL 33199  
Phone: 305-348-6027  
Fax: 305-348-1667

I didn’t give you that receipt already? When you were in my office I remember saying that I ended up renting the car because Dave’s rental was offsite.
From: Dawn Armel [darmel@sfrestore.org]
Sent: Friday, March 16, 2012 2:02 PM
To: Estenoz, Shannon A
Subject: QAT Meeting 02/29/12

Shannon:

Do you have gas receipts for the rental car you rented in Jacksonville?

Thanks,

D

Dawn Armel
South Florida Ecosystem Restoration Task Force
11200 SW 8 Street, OE Bldg. Room 165
Miami, FL 33199
Phone: 305-348-6027
Fax: 305-348-1667
TRAVEL VOUCHER

1. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

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

3. VOUCHER NO.
   SEWASHINGTOND030112_V

4. SCHEDULE NO.
   03/01/12

5. PERIOD OF TRAVEL
   FROM 03/01/12
   TO 03/01/12

6. TRAVEL AUTHORIZATION
   a. NUMBER(S) 022312
   b. DATE(S) 02/23/12

7. DEPARTMENT OR ESTABLISHMENT
   BUREAU DIVISION OR OFFICE
   EVERGLADES NP

8. TRAVEL ADVANCE
   a. OUTSTANDING 0.00
   b. AMOUNT TO BE APPLIED 0.00
   c. AMOUNT DUE GOVERNMENT
      (ATTACHED) 0.00
      (CHECKED) 0.00
      (CASH) 0.00

9. CASH PAYMENT RECEIPT
   a. DATE RECEIVED
   b. AMOUNT RECEIVED

10. MAILING ADDRESS
    (Include Zip Code)
    11200 SW 8 Street
    FIU OE Building Room 165
    Miami, FL 33199

11. PRESENT DUTY STATION
    EVERGLADES NP

12. RESIDENCE (City and State)
    Plantation, FL

13. TRAVELER
    SIGN HERE


15. APPROVING OFFICIAL
    SIGN HERE

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

17. FOR FINANCE OFFICE USE ONLY
    a. DIFFERENCES, IF ANY
       (Explain and show amount)
    b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
       (Certifier's initials)
    c. APPLIED TO TRAVEL ADVANCE
       (Appropriation symbol)
    d. NET TO TRAVELER
       $ 93.51

ACCOUNTING CLASSIFICATION:
12 5298WN41EXT-2012**07^5298^'EXY^WN41^'** - 93.51 NR- 905.60

COMMENTS:
Task Force Briefing Meeting.

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

Certifier's Initials: 93.51

Date: 3/24/12

1012-16

NSN 7540-00-634-4180

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

(All items are self-explanatory)

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<th>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>03/01</td>
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## ITEMIZED SUBSISTENCE EXPENSES

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<th>MISCELLANEOUS SUBSISTENCE</th>
<th>LODGING</th>
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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. 11012 of July 22, 1967, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 9011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such 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, military, or national security matters.

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. 9011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and 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.

**TOTAL AMOUNT CLAIMED**: 93.51
<table>
<thead>
<tr>
<th>ACCOUNTING CLASS CODE</th>
<th>TRIP 1</th>
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<tr>
<td>OTHER-211I</td>
<td>826.10</td>
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<td>PARKING-211I</td>
<td>36.00</td>
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<td>TAV EXP -I-211B</td>
<td>15.00</td>
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<td>TAXI-211T</td>
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**12 5298WN41EXY**

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<td>PREV PAYMENTS --</td>
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<td>GOV’T ADVANCE OUTSTANDING--</td>
<td>0.00</td>
</tr>
<tr>
<td>GOV’T ADVANCE APPLIED</td>
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<tr>
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<tr>
<td>NET TO TRAVELER (GOVT)</td>
<td>93.51</td>
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<tr>
<td>GOV’T CHARGE CARD EXPENSES -</td>
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<tr>
<td>GOV’T CHARGE CARD ATM ADV --</td>
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<tr>
<td>ADD’L GOV’T CHARGE CARD PYMT</td>
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<td>TOTAL GOV’T CHARGE CARD AMT</td>
<td>0.00</td>
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<td></td>
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<tr>
<td>PAY TO GOV’T CHARGE CARD</td>
<td>0.00</td>
</tr>
<tr>
<td>PAY TO TRAVELER</td>
<td>93.51</td>
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</table>

2012^07^5298^EXY^WN41^
Parking: $3.00
Parking machine gave no receipt. There was no attendant available to provide a receipt.

-TAXICAB RECEIPT-

TIME 4:00 pm
DATE 3/11/12

REC'D FROM

FARE AMOUNT $15.00

TRIP FROM

TRIP TO

ASSN.

CAB NO.

I.D. NO.

TAG NO.

SIGNATURE

TAXICAB RECEIPT

Time: 9:30
Date: 3/11/12

Origin of trip: DCA

Destination: DOT

Fare: 1500

Sign: [Signature]
Trip on Mar 01, 2012

Traveler: SHANNON A ESTENOZ - GDOIFWS
NGMSDO1
OFC OF THE EXEC DIRECTOR
SHANNON ESTENOZ
11200 SW 8TH ST
MIAMI FL 33199

Customer Number: [**](6)
Agent: [**]

FEES TOTALING $28.50PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Thursday, March 01, 2012

Flight US Airways 986
DEPARTURE
FT LAUDERDALE, FL
7:00 AM, Mar 01, 2012
ARRIVAL
WASHINGTON/NATL, DC
9:26 AM, Mar 01, 2012

Status: Confirmed
Class: Coach Class - 5
Duration: 02:26 (Non-stop)
Equipment: Boeing 737-400
Meal Service: None
Reserved Seats: 22C
Frequent Flyer: US50022474022
Notes: DEP-TERMINAL 3
ARR-TERMINAL C

Thursday, March 01, 2012

Flight US Airways 1947
DEPARTURE
WASHINGTON/NATL, DC
6:00 PM, Mar 01, 2012
ARRIVAL
FT LAUDERDALE, FL
8:46 PM, Mar 01, 2012

Status: Confirmed
Class: Coach Class - Q
Duration: 02:46 (Non-stop)
Equipment: Boeing 737-400
Meal Service: None
Reserved Seats: 24C
Frequent Flyer: US50022474022
Notes: DEP-TERMINAL C
ARR-TERMINAL C

Name | Invoice / Ticket / Date | Base | Tax 1 | Tax 2 | Tax 3 | Total
---|---|---|---|---|---|---
ESTENOZ SHANNON A | 475956/0378743210323/09FEB12 | 755.35 | 78.25 | | | 833.60

Trip Fee: 26.50
Total Amount: 862.10

Form of Payment: CAXXXXXXXX

** GENERAL INFORMATION **

** 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.VIRTUALLY THERE.COM ***...........

ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

CWTSATOTRAVEL CAN BOOK YOUR HOTEL ACCOMMODATIONS. WE CAN ASSIST IN KEEPING COSTS
WITHIN PER DIEM AT A FEMA APPROVED PROPERTY, GUARANTEE YOUR RESERVATION FOR
LATE ARRIVAL, AND EVEN CHECK FOR A ROOM AT YOUR FAVORITE HOTEL AT LOW FEDROOM
OR CWTSATOTRAVEL GOVERNMENT RATES. ALL YOUR RESERVATIONS INCLUDED ON ONE
ITINERARY--AIR, CAR, AND HOTEL.

THANKS FROM YOUR CWTSATOTRAVEL TEAM!!!
**Claim for Reimbursement for Expenditures on Official Business**

---

**Claimant:**

- **Name:** Estenoz, Shannon A.
- **Mailing Address:** FIU
  - 11200 SW 8 Street, OE 148
  - Miami, Florida 33199

---

**Expenses:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Mileage</th>
<th>Rate</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/07/12</td>
<td>Plantation, Florida to Coral Springs, Florida</td>
<td>37</td>
<td>$0.51</td>
<td>18.87</td>
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<td>03/08/12</td>
<td>Coral Springs, Florida to Clewiston, FL</td>
<td>253.66</td>
<td>$0.51</td>
<td>129.37</td>
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</tbody>
</table>

**Justification:**

- Task Force meeting 03/07/12
- Aleico tour 03/08/12

---

**Amount Claimed:**

- Total: $290.66
- Local Travel: $148.24

---

**Certification:**

- **Sign Here:**
- **Date:** 3/22/12

---

**Accounting Classification:**

- 5298-WM41-EXY

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**Notes:**

- 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**

**Date:** 3/22/12

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**Payment Made:**

- **Date Received:**
- **Amount:**
- **Direct Deposit**