

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEWASHINGTOND121410_V01
			<b>4. SCHEDULE NO.</b>

<b>a. NAME (Last, first, middle initial)</b> Estenz, Shannon A. 		<b>b. SOCIAL SECURITY NO.</b> *** - ** - * 	<b>6. PERIOD OF TRAVEL</b>	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199		<b>d. OFFICE TELEPHONE NO.</b> 305-348-1665	<b>a. FROM</b> 12/14/10	<b>b. TO</b> 12/15/10
<b>e. PRESENT DUTY STATION</b> EVERGLADES NP		<b>f. RESIDENCE (City and State)</b> Plantation, FL		<b>7. TRAVEL AUTHORIZATION</b>
				<b>a. NUMBER(S)</b> ORE60M
				<b>b. DATE(S)</b> 02/22/11
				<b>10. CHECK NO.</b>

<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>		<b>11. PAID BY</b>
<b>a. Outstanding</b>	0.00	<b>a. DATE RECEIVED</b>	<b>b. AMOUNT RECEIVED</b>	
<b>b. Amount to be applied</b>	0.00	\$		
<b>c. Amount due Government</b> <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>		<b>c. PAYEE'S SIGNATURE</b>		
<b>D. Balance outstanding</b>				

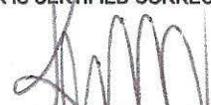
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>				
	<b>AGENT'S VALUATION OF TICKET</b> <small>(a)</small>	<b>ISSUING CARRIER</b> <small>(Initials)</small> (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> <small>(c)</small>	<b>DATE ISSUED</b> <small>(d)</small>	<b>POINTS OF TRAVEL</b>
				<b>FROM</b> <small>(e)</small>	<b>TO</b> <small>(f)</small>
<b>ACCOUNTING CLASSIFICATION:</b> 10 5284L000TXY-2010^2011^07^5284^^TXY^L000^^				738.83	NR- 19.35
<b>COMMENTS:</b> New employee checking in with Human Resources.					

<b>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.</b>		<b>TRAVELER SIGN HERE</b> 	<b>DATE</b> 2/24/11	<b>AMOUNT CLAIMED</b> 738.83
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**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).

<b>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).)</b>		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
<b>APPROVING OFFICIAL SIGN HERE</b> Dawn Armel Executive Assistant  DATE 2/24/11		a. DIFFERENCES, IF ANY (Explain and show amount)	

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b> <small>Certifier's initials:</small>
<b>a. VOUCHER NO.</b>	<b>b. D.O. SYMBOL</b>	<b>c. MONTH &amp; YEAR</b>	

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>		<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> 	<b>DATE</b> 2/25/11	
		<b>d. NET TO TRAVELER</b> \$ 738.83

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



ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-R-211C				329.40
LODGING-211D				207.25
M&IE-211D				106.50
MILEAGE-211P				6.04
OTHER-211I				35.00
PARKING-211I				19.19
TAV EXP -I-211B				15.00
TAXI-211T				35.45
TMC FEE -I-211B				4.35
<hr/>				
10 5284L000TXY	0.00		0.00	758.18

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----				758.18
NON-REIMBURSABLE EXPENSES -----				19.35
				=====
TOTAL AMOUNT CLAIMED -----				738.83
PREV PAYMENTS --	0.00			
GOV'T ADVANCE OUTSTANDING --	0.00			
GOV'T ADVANCE APPLIED -----	0.00			
				----
				0.00
				=====
NET TO TRAVELER (GOVT) -----				738.83
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 -----				738.83

Do not expose to excessive heat or direct sunlight  
STAPLE HERE ATB2  
F56  
INSERT

00 PASSENGER TICKET AND BAGGAGE CHECK  
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY CTE5VN/US 14DEC10 BE1623VA  
ESTENOZ/SHANNONA  
NAME OF PASSENGER (NOT TRANSFERABLE)

700A FT LAUDERDALE FLL US 986 S 14DEC 925A WASHINGTON - DCA  
720P WASHINGTON - DCA US 1947 S 15DEC 955P FT LAUDERDALE FLL

ENDORSEMENTS/RESTRICTIONS  
**TICKETS ARE NON-REFUNDABLE**  
**PENALTY FOR CHG**

FARE CALCULATION  
FP VI\*\*\*\*\* (b) (6) \*\*\*/104010 /FC 14DEC10FLL US WAS143.26SQAONF2US  
FLL143.26SQAONF2USD286.52END ZPFLLDCA XT7.40ZP5.00AY XF9.00FLL4.5DCA4.5

FARE USD 286.52 TAX US 1.48 TAX XT 21.40 TOTAL USD 309.40

DOCUMENT NUMBER 0372412824863

COUPON AIRLINE FORM SERIAL NO. CK

NAME OF PASSENGER  
FROM TO  
FLL DCA  
DCA FLL

CARRIER FLIGHT CLASS DATE TIME  
REVALIDATION  
GATE BOARDING TIME SEAT SMOKE

ADDITIONAL SEAT INFORMATION  
PCS. CK. WT. UNCK. WT. SEQ. NO. PCS. CK. WT. UNCK. WT.

BAGGAGE ID NR.

COUPON AIRLINE FORM SERIAL NO. CK  
THANK YOU FOR FLYING  
US AIRWAYS

Do not expose to excessive heat or direct sunlight  
STAPLE HERE ATB2  
F56  
INSERT

00 PASSENGER TICKET AND BAGGAGE CHECK  
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY CTE5VN/US 14DEC10 BE1623VA  
ESTENOZ/SHANNONA  
NAME OF PASSENGER (NOT TRANSFERABLE)

1100A US SURCHRG FTF US 9958 Y 14DEC 530P FEE FEE

ENDORSEMENTS/RESTRICTIONS  
FP VI\*\*\*\*\* (b) (6) \*\*\*/104020 /FC TICKETING SERVICE FEE USD35.00END

FARE CALCULATION  
FARE USD 35.00 TAX US .00 TAX XT .00 TOTAL USD 35.00

DOCUMENT NUMBER 0372412824870

COUPON AIRLINE FORM SERIAL NO. CK

NAME OF PASSENGER  
FROM TO  
FTF FEE

CARRIER FLIGHT CLASS DATE TIME  
REVALIDATION  
GATE BOARDING TIME SEAT SMOKE

ADDITIONAL SEAT INFORMATION  
PCS. CK. WT. UNCK. WT. SEQ. NO. PCS. CK. WT. UNCK. WT.

BAGGAGE ID NR.

COUPON AIRLINE FORM SERIAL NO. CK  
THANK YOU FOR FLYING  
US AIRWAYS

Do not expose to excessive heat or direct sunlight  
STAPLE HERE ATB2  
F56  
INSERT

00 PASSENGER TICKET AND BAGGAGE CHECK  
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY CTE5VN/US 14DEC10 BE1623VA  
ESTENOZ/SHANNONA  
NAME OF PASSENGER (NOT TRANSFERABLE)

FT LAUDERDALE FLL WASHINGTON - DCA US AIRWAYS I 986 14DEC DEP 700A  
COACH CLASS AIRPORT CHECK-IN ARR 925A

ENDORSEMENTS/RESTRICTIONS  
**\*NOT VALID FOR TRAVEL\***

FARE CALCULATION  
FARE USD 720P TAX US .00 TAX XT .00 TOTAL USD 720P

DOCUMENT NUMBER 03705939722740

COUPON AIRLINE FORM SERIAL NO. CK

NAME OF PASSENGER  
ESTENOZ/SHANNONA

\*\*\*\*\*  
\*\* ITINERARY \*\*  
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CARRIER FLIGHT CLASS DATE TIME  
REVALIDATION  
GATE BOARDING TIME SEAT SMOKE

ADDITIONAL SEAT INFORMATION  
PCS. CK. WT. UNCK. WT. SEQ. NO. PCS. CK. WT. UNCK. WT.

BAGGAGE ID NR.

COUPON AIRLINE FORM SERIAL NO. CK  
Reservations/Info



December 10, 2010

For: SHANNON A ESTENOZ GDOIDOOS

To: NGMSDOI  
SHANNON ESTENOZ  
DOI

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

**Tuesday December 14, 2010**



US Airways Flight Number: 986  
Class of Service: Coach Class T  
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 Confirmation Number: CTE5VN  
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 Confirmation Number: CTE5VN  
Reserved Seat: ESTENOZ/SHANNON A 22A  
DEP-TERMINAL C ARR-TERMINAL 3

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
		388.84USD	29.16US	7.40ZP	14.00XT	439.40
<b>Total Amount:</b>						<b>439.40</b>

\*\* 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



THE RITZ-CARLTON®  
WASHINGTON D.C.

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

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

**INFORMATION INVOICE**

A/R No:  
Folio No:

**The Ritz-Carlton, Washington D.C.**

12/15/10

Date	Description		Charges	Credits
12/14/10	Room Service Dinner	CHECK# 3508	51.52	
12/14/10	Room Charge		181.00	
12/14/10	Occupancy Tax 14.5%		26.25	
<b>Total</b>			<b>258.77</b>	<b>0.00</b>
<b>Balance</b>			<b>258.77</b>	



# TAXICAB RECEIPT

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

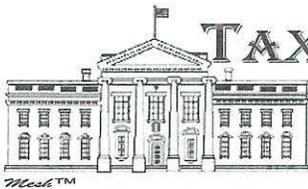
Origin of trip: Reagan Natl

Destination: DOF

Fare: 14.00 Sign: 

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

Booth A 12/15/10 22:01  
Cashier 28  
Receipt 083418

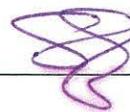


# TAXICAB RECEIPT

Time: 5:00pm  
Date: 12/15/10

Origin of trip: DOJ

Destination: DCA

Fare: 15.00 Sign: 

Short-term parking tkt  
1 - No. 033042  
12/14/10 05:25 -  
12/15/10 22:01 -  
Period 1d16h37'  
(PARKNG) \$18.00

Sub Total \$18.00  
Tax \$1.19

Total \$19.19

Payment Received  
VISA \$19.19

(b) (6)

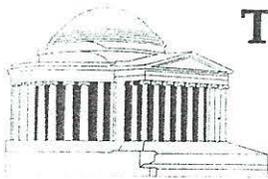
Type: Swiped

Sub Total \$18.00  
FL TAX 6.59% 1.19

All Amounts in USD.

TAX INCLUDED  
\*\*\*Thank You\*\*\*

Signature



# TAXICAB RECEIPT

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

Origin of trip: Ritz Carlton

Destination: DOJ

Fare: 6.45 Sign: 

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEWASHINGTOND011811_VC
	a. NAME (Last, first, middle initial) Estenez, Shannon A.	b. SOCIAL SECURITY NO. ***-**-** (b) (6)	<b>4. SCHEDULE NO.</b>
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	<b>6. PERIOD OF TRAVEL</b> a. FROM 01/18/11 b. TO 01/21/11	
e. PRESENT DUTY STATION EVERGLADES NP	f. RESIDENCE (City and State) Plantation, FL	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 0RE73B b. DATE(S) 02/22/11	
<b>8. TRAVEL ADVANCE</b>		<b>10. CHECK NO.</b>	

**FILE COPY**

<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>		<b>11. PAID BY</b>
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED	
b. Amount to be applied	0.00	\$		
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding				

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	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>Traveler's Initials</i>	
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				FROM (e)	TO (f)	
ACCOUNTING CLASSIFICATION: 10 5284L000TXY-2010^2011^07^5284^^TXYL000^^				1,019.39	NR-	19.00
COMMENTS: Attending meetings with DOI Managers.						

<b>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.</b>		<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b> 2/23/11	<b>AMOUNT CLAIMED</b> ▶ 1019.39
<small>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).</small>				

<b>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).)</b>	<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
	a. DIFFERENCES, IF ANY (Explain and show amount)	\$
<b>APPROVING OFFICIAL SIGN HERE</b> ▶ Dawn Armel Executive Assistant 	<b>DATE</b> 2/23/11	

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>			<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>
a. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:			
b. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			\$ 0.00
<b>18. AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶			<b>DATE</b> 2/23/11
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			\$ 1019.39
d. <b>NET TO TRAVELER</b> ▶			\$ 1019.39

ACCOUNTING CLASSIFICATION  
SEE BLOCK 12 ABOVE



ACCOUNTING CLASS CODE	TRIP 1		
LODGING-211D			621.75
M&IE-211D			248.50
MILEAGE-211P			4.02
OTHER-211I			50.00
PARKING-211I			38.37
TAV EXP -I-211B			15.00
TAXI-211T			56.75
TMC FEE -I-211B			4.00
-----			
10 5284L000TXY	0.00	0.00	1,038.39

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		1,038.39
NON-REIMBURSABLE EXPENSES -----		19.00
		=====
TOTAL AMOUNT CLAIMED -----		1,019.39
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		1,019.39
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 -----		1,019.39



For: SHANNON A ESTENOZ GDOINPS

To: NGMSDOI

Sales Person: 64  
 Locator: FVLADY  
 Customer Number: (b) (6)

**Tuesday January 18, 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 25A  
 DEP-TERMINAL 3

Flight Number: 1218  
 11:55 Am January 18, 2011  
 2:20 Pm January 18, 2011  
 2 Hours 25 Minutes Non-Stop

Confirmation Number: CD79GN

ARR-TERMINAL C

**Friday January 21, 2011**



US Airways  
 Class of Service:Coach Class T  
 Depart: WASHINGTON/NATL,DC  
 Arrive: FT LAUDERDALE, FL  
 Total Flight Time:  
 Equipment: Boeing 737-400  
 Meal Service: None  
 Status: Confirmed  
 Reserved Seat: ESTENOZ/SHANNON A 19B  
 DEP-TERMINAL C

Flight Number: 1947  
 7:25 Pm January 21, 2011  
 10:02 Pm January 21, 2011  
 2 Hours 37 Minutes Non-Stop

Confirmation Number: CD79GN

ARR-TERMINAL 3

<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
		388.84USD	29.16US	7.40ZP	14.00XT	439.40
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

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**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.**



# U.S AIRWAYS

\*ITINERARY PAGE\*  
\*NOT VALID FOR TRAVEL\*



# U.S AIRWAYS

FROM - TO

AIRLINE FLT DATE TIMES

ESTENOZ/SHANNONA

WASHINGTON - DCA  
COACH CLASS

FT LAUDERDALE FLIUS AIRWAYS I 1947  
AIRPORT CHECK-IN

21JAN DEP 725P  
ARR 1002P

\*\*\*\*\*  
\*\* ITINERARY \*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

Bag Check 25.00  
1/18/2011

Reservations/Info



# U.S AIRWAYS



# U.S AIRWAYS

FKE4NM/US 21JAN11 BF0DBCK9  
ESTENOZ/SHANNONA  
1000A EXCESS BAG EBC US 9957 Y

E-TICKET RECEIPT  
ARRIVAL  
21JAN 1130A FEE FEE

FROM TO  
EBC FEE

FP VIXXXXXXXXXX (b) (6) XX/100020 /FC BAGGAGE FEE (1B) 01 0025 (2B) 00  
0000 (3B) 00 0000 (OW) 00 0000 (OZ) 00 0000( SE) 00 0000 USD TTL 025.00E  
ND

Bag Check . 1/21/11

FARE USD 25.00  
TAX US 0.00  
TAX  
TOTAL USD 25.00

DOCUMENT NUMBER 0372417255388

NO CASH VALUE

THANK YOU FOR FLYING  
U.S AIRWAYS



# Washington Hilton

1919 Connecticut Ave. NW • Washington, DC 2000  
 Phone (202) 483-3000 • Fax (202) 232-0438  
 Reservations  
 www.hilton.com or 1 800 HILTONS

Name & Address

STENOZ, SHANNON  
 (b) (6)

Room 8148/D2  
 Arrival Date 1/18/2011 3:30:00PM  
 Departure Date 1/21/2011 8:46:00AM  
 Adult/Child 1/0  
 Room Rate 181.00

RATE PLAN L-GV

HH# (b) (6)  
 AL:  
 CAR:

*Foli*

CONFIRMATION NUMBER : 3404053513



1/21/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
1/18/2011	GUEST ROOM	DIKOSSIE	7235158	\$181.00		
1/18/2011	ROOM TAX	DIKOSSIE	7235158	\$26.25		
1/19/2011	GUEST ROOM	DIKOSSIE	7236413	\$181.00		
1/19/2011	ROOM TAX	DIKOSSIE	7236413	\$26.25		
1/20/2011	GUEST ROOM	DIKOSSIE	7237779	\$181.00		
1/20/2011	ROOM TAX	DIKOSSIE	7237779	\$26.25		
1/21/2011	(b) (6)	AMEHAR	7238179		\$621.75	
	BALANCE					\$0.00

EXPENSE REPORT SUMMARY				
	01/18/11	01/19/11	01/20/11	STAY TOTAL
ROOM & TAX	\$207.25	\$207.25	\$207.25	\$621.75
DAILY TOTAL	\$207.25	\$207.25	\$207.25	\$621.75

You have earned approximately 7193 HHonors points for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family hotels worldwide visit [HiltonHHonors.com](http://HiltonHHonors.com)

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



ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
CARD MEMBER NAME (b) (6)	AUTHORIZATION 01/18/11 3:30:00PM	INITIAL
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT ESTENOZ, SHANNON	PURCHASES & SERVICES 143309	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT



DC TRIP / CAPPED  
INDEPENDENT CAB  
CAB # 1400  
01/19/11 IR 6272  
START END MILE\$  
17:29 17:35 1.3  
FARE FOR EA RATE  
RATE 1 .50  
EXTRA \$ .00  
TOTAL \$ 5.00  
THANKS  
DC TAXICAB COMM  
TEL 202 645-6018



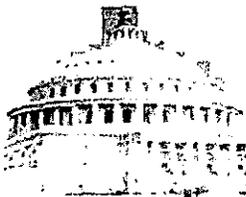
## Taxi Cab Receipts

DATE: 1/18/2011 TIME: 2:30 pm  
TRIP ORIGIN: DCA  
DESTINATION: Hilton  
1919 Connect. Ave  
FARE: \$ 14.00 SIGNATURE [Signature]



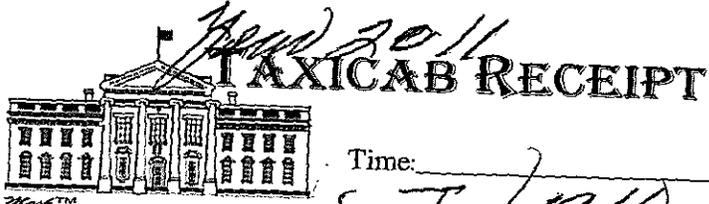
## TAXI CAB RECEIPT

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: \_\_\_\_\_  
 Date: Jan 19 11  
 Origin of trip: Washington Bullhorn  
 Destination: BDA & NWP  
 Fare: \$ 12.00 Sign: [Signature]

# TAXICAB RECEIPT



Time: 4:45  
 Date: 1/21/11  
 Origin of trip: DOI  
 Destination: DCA  
 Fare: 12.00 Sign: [Signature]

SAMUEL ARMSTRONG  
 LICENSE # 56509  
 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. 039813  
01/18/11 09:54 -  
01/21/11 22:32 -  
Period 3d12h39'  
(PARKNG) \$36.00

Sub Total \$36.00  
Tax \$2.37

-----  
Total \$38.37

Payment Received  
VISA \$38.37



Type: Swiped

Sub Total \$36.00  
FL TAX 6.59% 2.37

All Amounts in USD.

TAX INCLUDED  
\*\*\*Thank You\*\*\*

Signature

-----

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  EVERGLADES NP		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. SEWASHINGTOND013111_V(	
a. NAME (Last, first, middle initial)  Estenz, Shannon A.				b. SOCIAL SECURITY NO.  ***-**-*(b)(6)		4. SCHEDULE NO.	
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		6. PERIOD OF TRAVEL a. FROM 01/31/11 b. TO 01/31/11	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0RE797 b. DATE(S) 02/22/11		10. CHECK NO.	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$			
b. Amount to be applied 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign 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) <span style="float: right;">▶ Traveler's Initials</span>					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)	
ACCOUNTING CLASSIFICATION: 10 5284L000TXY-2010^2011^07^5284^^TXY^L000^^					92.86	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.							
TRAVELER SIGN HERE		DATE 2/23/11		AMOUNT CLAIMED ▶		92.86	
<small>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).</small>							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL Dawn Armel Executive Assistant SIGN HERE  DATE 2/23/11				a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		d. NET TO TRAVELER ▶ \$ 92.86	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				AUTHORIZED CERTIFYING OFFICIAL SIGN HERE  DATE 2/23/11			
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							



ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			53.25
MILEAGE-211P			4.02
PARKING-211I			9.59
TAV EXP -I-211B			15.00
TAXI-211T			26.00
TMC FEE -I-211B			4.00
-----			-----
10 5284L000TXY	0.00	0.00	111.86

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		111.86
NON-REIMBURSABLE EXPENSES -----		19.00
		=====
TOTAL AMOUNT CLAIMED -----		92.86
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		92.86
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 -----		92.86

# SatoTravel<sup>®</sup>

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:  
 Equipment: Boeing 737-400  
 Meal Service: None  
 Status: Confirmed  
 Reserved Seat: ESTENOZ/SHANNON A 16C  
 Frequent Flyer Number:  
 DEP-TERMINAL 3

Flight Number: 986  
 7:00 Am January 31, 2011  
 9:25 Am January 31, 2011  
 2 Hours 25 Minutes Non-Stop

Confirmation Number: GJNV CZ  
 (b) (6) ESTENOZ/SHANNON A  
 ARR-TERMINAL C

## Monday January 31, 2011



US Airways  
 Class of Service: Coach Class Y  
 Depart: WASHINGTON/NATL, DC  
 Arrive: FT LAUDERDALE, FL  
 Total Flight Time:  
 Equipment: Boeing 737-400  
 Meal Service: None  
 Status: Confirmed  
 Reserved Seat: ESTENOZ/SHANNON A 19C  
 Frequent Flyer Number:  
 DEP-TERMINAL C

Flight Number: 1947  
 7:25 Pm January 31, 2011  
 10:02 Pm January 31, 2011  
 2 Hours 37 Minutes Non-Stop

Confirmation Number: GJNV CZ  
 (b) (6) ESTENOZ/SHANNON A  
 ARR-TERMINAL 3

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
FOP CAxxxxxxx (b) (6)		878.14USD	65.86US	7.40ZP	14.00XT	965.40
<b>Total Amount:</b>						<b>965.40</b>

\*\* FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM \*\*

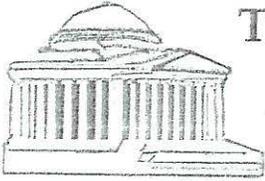
---

**\*\* 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: DOI

Fare: 13.00 Sign: 

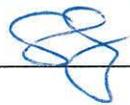


# TAXI CAB RECEIPT

DATE 1/31/11 TIME 4:45pm

ORIGIN DOI CAB # \_\_\_\_\_

DESTINATION DCA

FARE: \$ 13.00 SIGNATURE 

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

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

Short-term parking tkt  
1 - No. 042482  
01/31/11 05:50 -  
01/31/11 22:07 -  
Period 0d16h18'  
(PARKNG) \$9.00

Sub Total \$9.00  
Tax \$0.59

Total \$9.59

Payment Received  
VISA (b) (6) \$9.59

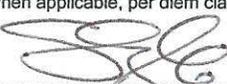
Type: Swiped

Sub Total \$9.00  
FL TAX 6.59% 0.59

All Amounts in USD.

TAX INCLUDED  
\*\*\*Thank You\*\*\*

Signature

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SEATLANTACOB020811_VC</b>	
a. NAME (Last, first, middle initial) <b>Estenz, Shannon A.</b>		b. SOCIAL SECURITY NO. ***-**-*(b)(6)		6. PERIOD OF TRAVEL a. FROM <b>02/08/11</b> b. TO <b>02/08/11</b>		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0RE7D4</b> b. DATE(S) <b>02/22/11</b>		10. CHECK NO.	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		11. PAID BY		8. TRAVEL ADVANCE	
a. Outstanding <b>0 00</b>		b. Amount to be applied <b>0 00</b>		c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	
D. Balance outstanding		12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign 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)		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.	
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL FROM (e)		TO (f)	
ACCOUNTING CLASSIFICATION: <b>10 5284L000TXY-2010^2011^07^5284^^TXY^L000^^</b>				<b>65.52</b>		<b>NR- 19.00</b>	
COMMENTS: <b>Meeting with EPA.</b>							
TRAVELER SIGN HERE 		DATE <b>2/23/11</b>		AMOUNT CLAIMED <b>65.52</b>		NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).	
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE <b>Dawn R. Armel</b> Executive Assistant		DATE <b>2/23/11</b>		17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ <b>0 00</b>		d. NET TO TRAVELER \$ <b>65.52</b>	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE 		DATE <b>2/23/11</b>		ACCOUNTING CLASSIFICATION <b>SEE BLOCK 12 ABOVE</b>			

FILE COPY

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
ORE7D4

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.190 NO. OF MILES	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL								
(e)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
02/08		D-:RES: Plantation												
02/08		A-:ATLANTA (COBB C				42.00			42.00			42.00		
02/08		POV-Available Govt	Vhr							10.60	2	01		
02/08		POV-Available Govt	Vhr							10.60	2	01		
02/08		D-:ATLANTA (COBB C												
02/08		A:RES: Plantation,												
02/08		Parking												15.00
02/08		Metro Subway												4.50
02/08		TAV Fee -I												
02/08		TMC Fee												
									<b>SUBTOTALS</b>		4.02	42.00	19.50	
									<b>TOTALS</b>		4.02	42.00	19.50	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 65.52

ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			42.00
MILEAGE-211P			4.02
PARKING-211I			15.00
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
TOLLS-211I			4.50
<hr/>			
10 5284L000TXY	0.00	0.00	84.52

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		84.52
NON-REIMBURSABLE EXPENSES -----		19.00
		=====
TOTAL AMOUNT CLAIMED -----		65.52
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		65.52
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 -----		65.52

# SatoTravel<sup>®</sup>

For: SHANNON A ESTENOZ GDOIDOOS

To: NGMSDOI  
SHANNON A ESTENOZ

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

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

## Tuesday February 8, 2011



Delta Airlines Flight Number: 2326  
Class of Service: Coach Class L  
Depart: FT LAUDERDALE, FL 9:05 Am February 8, 2011  
Arrive: ATLANTA, GA 11:00 Am February 8, 2011  
Total Flight Time: 1 Hour 55 Minutes Non-Stop  
Equipment: Boeing 757  
Meal Service: None  
Status: Confirmed Confirmation Number: HKTC4P  
Reserved Seat: ESTENOZ/SHANNON A 42F  
DEP-TERMINAL 2 ARR-SOUTH TERMINAL

## Tuesday February 8, 2011



Delta Airlines Flight Number: 1527  
Class of Service: Coach Class L  
Depart: ATLANTA, GA 5:15 Pm February 8, 2011  
Arrive: FT LAUDERDALE, FL 7:10 Pm February 8, 2011  
Total Flight Time: 1 Hour 55 Minutes Non-Stop  
Equipment: Boeing 757  
Meal Service: None  
Status: Confirmed Confirmation Number: HKTC4P  
Reserved Seat: ESTENOZ/SHANNON A 39F  
DEP-SOUTH TERMINAL ARR-TERMINAL 2

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
FOP CAxxxxxx (b) (6)		260.46USD	19.54US	7.40ZP	14.00XT	301.40
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.itsmarta.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

CX 09 44 0001 0769 5484 6371 4566

FT. LAUD-FLWD  
INT'L AIRPORT  
954-359-0200

EXIT H112

PRO NO. 3867  
ET: 020811 07:28  
EX: 020811 19:22  
AMOUNT: \$ 15.00  
TAX INCLUDED

VI

XXXXXXXXXXXX

(b) (6)

XXXX

AUTH. CODE 112225

ENTRY 13

RATE

RC9

VAL \$ 0.00

THANK YOU  
FOR YOUR VISIT





ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D			155.00
M&IE-211D			91.50
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
10 5284L000TXY	0.00	0.00	265.50

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		265.50
NON-REIMBURSABLE EXPENSES -----		174.00
		=====
TOTAL AMOUNT CLAIMED -----		91.50
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		91.50
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		91.50



5111 Tamiami Trail North • Naples, FL 34103  
 Phone (239) 430-4900 • Fax (239) 430-4901  
 Reservations  
 www.naples.hilton.com or 1 800 HILTONS

Name & Address

ENOZ, SHANNON  
 (b) (6)

Room 433/K1T  
 Arrival Date 2/17/2011 10:17:00AM  
 Departure Date 2/18/2011

Adult/Child 1/0  
 Room Rate \$155.00

RATE PLAN C-SFE  
 HH# (b) (6)  
 AL  
 BONUS AL CAR

Confirmation: 3420005470

2/18/2011 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/17/2011	1485997	GUEST ROOM EXEMPT	\$155.00
		WILL BE SETTLED TO MC (b) (6)	\$155.00
		EFFECTIVE BALANCE OF	\$0.00
 Hilton HHonors® World's Best Value			
ESTIMATED CURRENCY TOTAL			

T  
H  
A  
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K  
Y  
O  
U

**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.

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

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	302953 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  EVERGLADES NP		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. SEWASHINGTOND030111_VO	
a. NAME (Last, first, middle initial)  Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-**** (b) (6)		6. PERIOD OF TRAVEL a. FROM 03/01/11 b. TO 03/03/11		4. SCHEDULE 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		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0RE6VE b. DATE(S) 02/22/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding 0.00		b. Amount to be applied 0.00		c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		a. DATE RECEIVED	
D. Balance outstanding						b. AMOUNT RECEIVED \$	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				11. PAID BY	
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL		TRAVELER'S INITIALS	
				FROM (e)		TO (f)	
ACCOUNTING CLASSIFICATION: 10 5284L000TXY-2010^2011^07^5284^^TXY^L000^^				349.27		NR- 524.13	
COMMENTS: Attending meeting with Congressman David Rivera / Deputies mtg.							
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 4/5/11		AMOUNT CLAIMED 349.27	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL Dawn Armel Executive Assistant				a. DIFFERENCES, IF ANY (Explain and show amount)			
SIGN HERE  4/5/11							
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE				DATE			
				d. NET TO TRAVELER \$ 349.27			
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru only for actual expense travel

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.

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

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

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

**TRAVEL AUTHORIZATION NO.**  
ORE6VE

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.190 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
03/01		D-:RES: Plantation												
03/01		A-:WASHINGTON, DC				53.25			211.00	53.25			53.25	
03/01		POV-Available Govt Vhc									10.60		2.01	
03/01		TMC Fee												
03/01		Lodging Tax												
03/01		Taxi												36.00
03/01		Baggage Fee												25.00
03/02		Subsistence				71.00			211.00	71.00			71.00	
03/02		Lodging Tax												
03/02		Metro Subway												24.00
03/03		D-:WASHINGTON, DC												
03/03		POV-Available Govt Vhc									10.60		2.01	
03/03		A:RES: Plantation, Subsistence				53.25				53.25			53.25	
03/03		Parking												
03/03		Baggage Fee												25.00
03/03		TAV Fee -I												
03/03		Taxi												57.75
									<b>SUBTOTALS</b>			4.02	177.50	167.75
									<b>TOTALS</b>			4.02	177.50	167.75

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 349.27

ACCOUNTING CLASS CODE				TRIP 1
LODGING-211D				483.20
M&IE-211D				177.50
MILEAGE-211P				4.02
OTHER-211I				50.00
PARKING-211I				21.58
TAV EXP -I-211B				15.00
TAXI-211T				93.75
TMC FEE -I-211B				4.35
TOLLS-211I				24.00
-----				-----
10 5284L000TXY	0.00	0.00		873.40

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

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
	----
	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 GDOIDOOS

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

Flight Number: 986  
7:00 Am March 1, 2011  
9:25 Am March 1, 2011  
2 Hours 25 Minutes Non-Stop

Confirmation Number: C6TY1W  
(b) (6) ESTENOZ/SHANNON A  
ARR-TERMINAL C

## 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

Cancelled. Cancellation # E02W8368516

## 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  
7:25 Pm March 3, 2011  
10:02 Pm March 3, 2011  
2 Hours 37 Minutes Non-Stop

Confirmation Number: C6TY1W

Reserved Seat: ESTENOZ/SHANNON A 9B

Frequent Flyer Number:

(b) (6)

ESTENOZ/SHANNON A

DEP-TERMINAL C

ARR-TERMINAL 3

<u>ne</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
	(b) (6)	545.12USD	40.88US	7.40ZP	14.00XT	607.40
FOP CAxxxxxxxx	(b) (6)					
					<b>Total Amount:</b>	<b>607.40</b>

\*\* 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.



CLXTN2/US 3MAR11 BF0DBCK9 E-TICKET RECEIPT  
 ESTENOZ/SHANNONA ARRIVAL  
 1000A EXCESS BAG EBC US 9957 Y 03MAR 1130A FEE FEE

FROM TO  
 EBC FEE

FP CAXXXXXXXXXX [REDACTED] /FC BAGGAGE FEE (1B) 01 0025 (2B) 00  
 0000 (3B) 00 0000 (0W) 00 0000 (0Z) 00 0000 (SE) 00 0000 USD TTL 025.00E  
 ND

*3/1/11 Paid 25.00 bag fee with personal credit card*

FARE USD 25.00 DOCUMENT NUMBER 0372422020892  
 TAX US 0.00  
 TAX NO CASH VALUE  
 TOTAL USD 25.00

THANK YOU FOR FLYING

*3/3/11 \$25.00 bag fee paid with personal card  
 lost receipt.*

**Dawn Armel**

David  
417 Cannon HOB

**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



Washington Marriott Wardman Park 2660 Woodley Road NW,  
Washington, District Of Columbia 20008 USA Phone: 1-202-328-2000 Fax: 1-202-234-0015

Steve J. Sandler  
Hector Arguilla  
Luisa/Rivera  
Eric Bereman



**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)

[View hotel website](#)    [Driving Directions](#)  
[Modify or Cancel reservation](#)    [Maps & Transportation](#)

Reservation Confirmation

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

Summary of Room Charges	Cost per night per room (USD)
Tuesday, March 1, 2011 - Thursday, March 3, 2011 ( 2 nights )	211.00
Gov/military rate, federal government ID required	
Estimated government taxes and fees	30.60
<b>Total for stay (for all rooms)</b>	<b>483.19</b>
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.



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

**Apply Now**

**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.

#### **Internet 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.

If you prefer to unsubscribe by mail, please send your request to the postal address below and be sure to include your name and email address, so that we can process your request.

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

Marriott does not share email addresses with third parties for their use.

#### **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.

Your privacy is important to us. For details, please visit our [Internet Privacy Statement](#).

8010 ZZ/ESTENOZ/SHANNON/ 211.00 03/03/11 12:00 24542  
 Room Name Rate Depart Time ACCT#  
 NSDB 03/01/11 16:17  
 Type Arrive Time  
 243

MRW# :

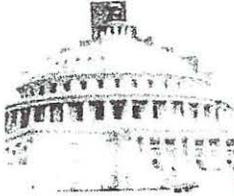
Room Clerk	Address	Payment
DATE	REFERENCE	CHARGES
03/01	ROOM	8010, 1 211.00
03/01	ROOM TAX	8010, 1 30.60
03/02	ROOM	8010, 1 211.00
03/02	ROOM TAX	8010, 1 30.60
03/03	MC CARD	\$483.20

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 X \_\_\_\_\_



# TAXICAB RECEIPT

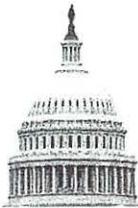
Time: 10:45

Date: 3/1/11

Origin of trip: Senate Hart

Destination: DOI

Fare: 10.00 Sign: 



# TAXI CAB RECEIPT

Time: 9:50

Date: 3/1/11

Origin of trip: H.OO DCA

Destination: Senate Hart

Fare: 11:00 Sign: 



# TAXICAB RECEIPT

Time: 4:30

Date: 3/1/10

Origin of trip: DOI

Destination: Woodley Park

Fare: 15.00 Sign: 

Personal Card

03/02/11 07:52:13

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

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

AN: (b) (6)

007-31-31133  
21337918326  
145927

DEBIT PURCHASE

QUANTITY SELECTED: 1

CO. \$9.00 PER

ONE PASS

S/N: 511330667918330

TOTAL AMOUNT: \$9.00

THANK YOU  
FOR RIDING METRORAIL

THE FUTURE IS  
RIDING ON METRO

Personal Card

03/02/11 07:54:00

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

2600 Blk. Conn. Ave. NW  
MEZZANINE 7  
MACHINE 32

AN: (b) (6)

007-32-11826  
21337918434  
145927

DEBIT PURCHASE

QUANTITY SELECTED: 1

\$15.00 PER

FARE CARD

S/N: 5250667918437

TOTAL AMOUNT: \$15.00

THANK YOU  
FOR RIDING METRORAIL

THE FUTURE IS  
RIDING ON METRO

WASHINGTON TAXI  
MERITT CAB Co.  
MERITT#13  
03/03/11 03:38P  
03/03/11 03:48P  
TRIP # 4713  
2.24 mi  
\$ 7.25  
\$ 7.50  
\$ 14.75  
AIR CALL  
6913  
-M

WASHINGTON TAXI  
MERITT CAB Co.  
MERITT#13  
03/03/11 04:51P  
03/03/11 05:03P  
TRIP # 4717  
DIST 5.23 mi  
Rate 1 \$ 11.00  
EXTRAS \$ 4.00  
TOTAL \$ 15.00  
AIR CALL  
202 64 4918  
BLESS OF , CA

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

Booth A 03/03/11 22:07  
Cashier 28  
Receipt 011476

Short-term parking tkt  
1 - No. 048606  
03/01/11 06:01 -  
03/03/11 22:07 -  
Period 2d16h7'  
(PARKNG) \$27.00  
Micha 2374 \$( 6.75)

Sub Total \$20.25  
Tax \$1.33  
-----  
Total \$21.58

Payment Received  
MC \$21.58

(b) (6)

Auth:015648  
Type: Swiped

Sub Total \$20.25  
FL TAX 6.59% 1.33

All Amounts in USD.

TAX INCLUDED  
\*\*\*Thank You\*\*\*

Signature  
\_\_\_\_\_

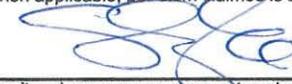


## TAXI CAB RECEIPT

DATE 3/3/11 TIME 9:00 am  
ORIGIN Woodley P. CAB # \_\_\_\_\_  
DESTINATION DOI  
FARE: \$ 18- SIGNATURE [Signature]

### Taxi Cab Receipt

Date: 3/3/11 Time: 2:45  
Trip Origin: DOI  
Destination: Hart  
Fare: \$ 10.00  
Signature: [Signature]

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SETALLAHASSEEE031511_V</b>	
a. NAME (Last, first, middle initial) <b>Estenoz, Shannon A.</b>		b. SOCIAL SECURITY NO. ***-**-**** <b>(b) (6)</b>		6. PERIOD OF TRAVEL a. FROM <b>03/15/11</b> b. TO <b>03/16/11</b>		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE <b>305-348-1665</b>		TRAVEL AUTHORIZATION a. NUMBER(S) <b>ORFNRI</b>		b. DATE(S) <b>03/08/11</b>	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		10. CHECK NO.		11. PAID BY	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		b. AMOUNT RECEIVED		b. AMOUNT RECEIVED			
c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>		c. PAYEE'S SIGNATURE		b. AMOUNT RECEIVED			
D. Balance outstanding				b. AMOUNT RECEIVED			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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>Traveler's Initials</i>	
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
						FROM <small>(e)</small>	TO <small>(f)</small>
526216056686		347.40	WN		03/10/11	FLL-Fort Lauder	JAX-Jacksonville,
8							
0310111421PV		4.35	XD		03/10/11	FLL-Fort Lauder	JAX-Jacksonville,
XS							
ACCOUNTING CLASSIFICATION:							
10 5284L000TXY-2010^2011^07^5284^^TXY^L000^^						73.02	NR- 671.16
COMMENTS: Meeting with secretary Vinyard.							
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	4/18/11	AMOUNT CLAIMED ▶	73.02
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶  Dawn R. Armel Executive Assistant		DATE	4/5/11	17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
						a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION					
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's Initials:		\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):				\$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		d. NET TO TRAVELER ▶		\$ 73.02	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**

ORFNRI

**TRAVELER'S LAST NAME**

Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.190 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
03/15		D-:RES: Plantation												
03/15		Airfare (Non Reimbursable)												
03/15		A-:TALLAHASSEE, FL				34.50		87.00	34.50				34.50	
03/15		POV-Available Govt Vhc								10.60	2.01			
03/15		TMC FEE (GOVCC-I)												
03/15		Rental Car												
03/15		TMC Fee												
03/16		D-:TALLAHASSEE, FL												
03/16		POV-Available Govt Vhc								10.60	2.01			
03/16		A:RES: Plantation,												
03/16		Subsistence				34.50			34.50				34.50	
03/16		TAV Fee -I												
03/16		Gasoline												
									<b>SUBTOTALS</b>	4.02	69.00	0.00		
									<b>TOTALS</b>	4.02	69.00	0.00		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 73.02

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			347.40
GASOLINE-211I			32.85
LODGING-211D			87.00
M&IE-211D			69.00
MILEAGE-211P			4.02
RENTAL CAR-211R			156.06
TAV EXP -I-211B			15.00
TMC FEE -I-211B			32.85
-----			-----
10 5284L000TXY	0.00	0.00	744.18

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		744.18
NON-REIMBURSABLE EXPENSES -----		671.16
		=====
TOTAL AMOUNT CLAIMED -----		73.02
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		73.02
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

For: SHANNON A ESTENOZ GDOIFWS

To: NGMSDOI  
 OFC OF THE EXEC DIRECTOR  
 SHANNON ESTENOZ  
 11200 SW 8TH ST  
 MIAMI FL 33199

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

FEEES 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:  
 Equipment: 73G  
 Meal Service: None  
 Status: Confirmed  
 DEP-TERMINAL 1

Flight Number: 3577  
 7:40 Am March 15, 2011  
 8:55 Am March 15, 2011  
 1 Hour 15 Minutes Non-Stop  
 Confirmation Number: XK5ELF

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
SHANNON A ESTENOZ	370596/5262160734533/11MAR1 1	151.63	11.37US	3.70ZP	7.00XT	173.70
					Trip Fee	28.50
FOP CAxxxxxxx (b) (6)						
<b>Total Amount:</b>						<b>202.20</b>

\*\* 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.

Welcome to Gate  
Store # 1194  
208 N Magnolia Dr  
Tallahassee  
FL 32301  
850-389-0412

Receipt #49655  
03/16/2011  
13:35

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

SALE - Card Swiped  
TOTAL SALE \$ 32.85

(b) (6)

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 :

03-16-11 03:41:59 AM

Date	Text	Charges	Credits
03-15-11	Room	87.00	
03-16-11	Mastercard		87.00
Room GST	0.00	Other PST 0.00	Other GST 0.00
Net Amount	87.00	Liquor Tax 0.00	CAD
<b>Total</b>		<b>87.00</b>	<b>87.00</b>
<b>Balance</b>			<b>0.00</b>

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

Rental Location Out

DTG OPERATIONS dba DOLLAR RENT A CAR  
2400 YANKEE CLIPPER RD

JACKSONVILLE, FL 32218  
866-434-2226

Rental Closed At

OPERATIONS dba DOLLAR RENT A CAR  
CAPITAL CIRCLE SW

TALLAHASSEE, FL 32310

Customer Information

ESTENOZ, SHANNON A  
424 FARMINGTON DR

PLANTATION, FL 33317  
5150 FL 1/15/2019

7863509401

Additional Drivers : None

Vehicle Information

Veh.# W664473 Cls: CDAR  
Lic.# 507LAV Color RED  
2011 KIA SOULPLUS  
Govt Rate: GOVD Cls:CCAR 4491  
Fuel Level Out: FULL  
Fuel Level In: FULL  
Mileage In: 6806  
Mileage Out: 6571  
Total Mls Driven: 235

Rental Expires On Rental Agreement #

3/16/2011  
8:00:00 AM

EY093185-1

Date/Time Out Date/Time In  
3/15/2011 9:16:00 AM 3/16/2011 1:00:00 PM

\*\* Charges\*\*

Hourly	3 @ 19.00	57.00
Daily	1 @ 62.00	62.00
Total Time & Mileage		119.00
DROP	1 @ 68.80/Itm	68.80
CONFEEECCHG	11.11%	22.20
GARS	2 @ 5.00/Day	10.00
VEH LIC FEE	2 @ 0.59/Day	1.18
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

Credit Card and Cash Payments

(b) (6)

156.06/ Pmt/3/16/2011  
72.06/ Pmt/3/16/2011

DS  
LHOSES/239 TRUSSD/249  
ID: TB2830

## 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](mailto:shannon_estenoz@ios.doi.gov)

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Executive Director, South Florida Ecosystem Restoration Task Force	2. VOUCHER NUMBER 528411M10
		3. SCHEDULE NUMBER

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

4. CLAIMANT	a. NAME (Last, first, middle initial) Estenoz, Shannon A.	b. SOCIAL SECURITY NO. (b) (6)
	c. MAILING ADDRESS (Include ZIP Code) FIU 11200 SW 8 Street, OE 148 Miami, Florida 33199	d. OFFICE TELEPHONE NUMBER 305-348-1665

5. PAID BY  
To AOC 5/24/11

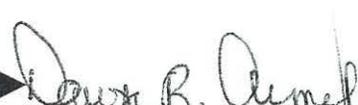
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	C O D E	Show appropriate code in col. (b):		MILEAGE RATE \$ .19	AMOUNT CLAIMED			
		A - Local travel	D - Funeral Honors Detail		MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
2011		(Explain expenditures in specific detail.)		NO. OF MILES				
04/21/11	A	Plantation, Florida	Vero Beach, Florida	262.36				
		JUSTIFICATION:	Everglades Restoration Program meeting with FWS.					
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i.))	\$ 49.85	TOTALS	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. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE  DATE 5/24/11

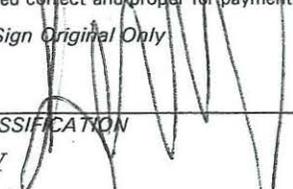
10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE  DATE 5/24/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE  DATE 5/24/11

11. CASH PAYMENT RECEIPT

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

12. PAYMENT MADE BY CHECK NO. DIRECT DEPOSIT

ACCOUNTING CLASSIFICATION  
5298-WM41-EXY  
Dawn Armel 305-348-6027  
darmel@sfrestore.org

## Dawn Armel

---

**From:** Estenoz, Shannon A [Shannon\_Estenoz@ios.doi.gov]  
**Sent:** Monday, April 25, 2011 11:24 AM  
**To:** Dawn Armel  
**Subject:** Vero trip

Dawn,

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

4/21/11

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](mailto:shannon_estenoz@ios.doi.gov)

<b>TRAVEL VOUCHER</b>  <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b>  EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEWESTPALMBEA050311_VC  <b>4. SCHEDULE NO.</b>														
<b>a. NAME (Last, first, middle initial)</b>  Esteno, Shannon A.		<b>b. SOCIAL SECURITY NO.</b>  *** - ** - * (b) (6)	<b>6. PERIOD OF TRAVEL</b> a. FROM 05/04/11 b. TO 05/04/11														
<b>c. MAILING ADDRESS (Include ZIP Code)</b> 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199		<b>d. OFFICE TELEPHONE NO.</b>  305-348-1665	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) ORIZPX b. DATE(S) 04/11/11														
<b>e. PRESENT DUTY STATION</b> EVERGLADES NP		<b>f. RESIDENCE (City and State)</b> Plantation, FL															
<b>8. TRAVEL ADVANCE</b> a. Outstanding 0 00 b. Amount to be applied 0 00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		<b>9. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE															
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float:right">▶ <i>Traveler's Initials</i></span>															
<b>ACCOUNTING CLASSIFICATION:</b> 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^ -		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (a)</th> <th rowspan="2">ISSUING CARRIER (Initials) (b)</th> <th rowspan="2">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th rowspan="2">DATE ISSUED (d)</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM (e)</th> <th>TO (f)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">70.81 NR-</td> <td style="text-align: center;">19.00</td> </tr> </tbody> </table>		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		FROM (e)	TO (f)					70.81 NR-	19.00
AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)					POINTS OF TRAVEL									
				FROM (e)	TO (f)												
				70.81 NR-	19.00												
<b>COMMENTS:</b> WG/SCG Meeting																	
<b>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.</b> <b>TRAVELER SIGN HERE</b> ▶		DATE 5/24/11	<b>AMOUNT CLAIMED</b> ▶ 70.81														
<b>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).)</b> <b>APPROVING OFFICIAL SIGN HERE</b> ▶ Dawn R. Armel Executive Assistant DATE 5/24/11		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b> a. DIFFERENCES, IF ANY (Explain and show amount)															
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$ c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0 00															
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶  DATE 5/24/11		d. <b>NET TO TRAVELER</b> ▶ \$ 70.81															
<b>18. ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE																	

FILE COPY

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. **ORIZPX**

TRAVELER'S LAST NAME **Estenoz**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: 0.190 NO. OF MILES (k)	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)		SUBSISTENCE (m)	OTHER (n)				
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)											
05/04	11	D-:RES: Plantation															
05/04		A-:WEST PALM BEACH				53	25			53.25				53	25		
05/04		D-:WEST PALM BEACH															
05/04		A:RES: Plantation,															
05/04		POV-Available Govt	Vhc								46.20		8	8			
05/04		POV-Available Govt	Vhc								46.20		8	8			
05/04		TMC Fee															
05/04		TAV Fee -I															
											<b>SUBTOTALS</b>	17	56	53	25	0	00
											<b>TOTALS</b>	17	56	53	25	0	00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil

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

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

**TOTAL AMOUNT CLAIMED** **70.81**

ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			53.25
MILEAGE-211P			17.56
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
11 5298WM41EXY	0.00	0.00	89.81

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		89.81
NON-REIMBURSABLE EXPENSES -----		19.00
		=====
TOTAL AMOUNT CLAIMED -----		70.81
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		70.81
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		70.81

<b>TRAVEL VOUCHER</b>  <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b>  EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEWESTPALMBEA051711_VO  <b>4. SCHEDULE NO.</b>						
<b>a. NAME (Last, first, middle initial)</b> Estenez, Shannon A.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*(b)(6)	<b>6. PERIOD OF TRAVEL</b> a. FROM: 05/17/11 b. TO: 05/17/11						
<b>c. MAILING ADDRESS (Include ZIP Code)</b> 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199		<b>d. OFFICE TELEPHONE</b> 305-348-1665	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): ORNCLR b. DATE(S): 05/23/11						
<b>e. PRESENT DUTY STATION</b> EVERGLADES NP		<b>f. RESIDENCE (City and State)</b> Plantation, FL							
<b>8. TRAVEL ADVANCE</b> a. Outstanding: 0.00 b. Amount to be applied: 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding:		<b>9. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float:right;">▶ <b>Traveler's Initials</b></span>							
<b>ACCOUNTING CLASSIFICATION:</b> 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^ -		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM (e)</th> <th>TO (f)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">70.81 NR-</td> <td style="text-align: center;">19.00</td> </tr> </tbody> </table>		POINTS OF TRAVEL		FROM (e)	TO (f)	70.81 NR-	19.00
POINTS OF TRAVEL									
FROM (e)	TO (f)								
70.81 NR-	19.00								
<b>COMMENTS:</b> CISRERP Meeting									
<b>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.</b> When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>TRAVELER SIGN HERE</b> </td> <td style="width:20%;"><b>DATE</b> 5/24/11</td> <td style="width:20%;"><b>AMOUNT CLAIMED</b> ▶ 70.81</td> </tr> </table>		<b>TRAVELER SIGN HERE</b>	<b>DATE</b> 5/24/11	<b>AMOUNT CLAIMED</b> ▶ 70.81			
<b>TRAVELER SIGN HERE</b>	<b>DATE</b> 5/24/11	<b>AMOUNT CLAIMED</b> ▶ 70.81							
<b>NOTE:</b> 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).									
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government.</b> (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).)		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b> a. DIFFERENCES, IF ANY (Explain and show amount)							
<b>APPROVING OFFICIAL SIGN HERE</b> Dawn Armel Executive Assistant DATE 5/24/11		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$ c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00							
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		d. <b>NET TO TRAVELER</b> ▶ \$ 70.81							
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> DATE 5/26/11									
<b>ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE</b>									

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER**

*(Unlisted items are self explanatory)*

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

Complete only for actual expense travel

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

**TRAVEL AUTHORIZATION NO.**

**ORNCLR**

**TRAVELER'S LAST NAME**

**Estenoz**

DATE 11 20	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.190 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
05/17		D-:RES: Plantation													
05/17		A-:WEST PALM BEACH				53.25			53.25			53.25			
05/17		POV-Available Govt	Vhc							46.20	8.78				
05/17		POV-Available Govt	Vhc							46.20	8.78				
05/17		D-:WEST PALM BEACH													
05/17		A:RES: Plantation,													
05/17		TAV Fee -I													
05/17		TMC Fee													
									<b>SUBTOTALS</b>	17.56	53.25	0.00			
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requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

**TOTAL AMOUNT CLAIMED**

**70.81**

ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			53.25
MILEAGE-211P			17.56
TAV EXP -I-211B			15.00
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11 5298WM41EXY	0.00	0.00	89.81

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		89.81
NON-REIMBURSABLE EXPENSES -----		19.00
		=====
TOTAL AMOUNT CLAIMED -----		70.81
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		70.81
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		70.81

## 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:**

<b>TRAVEL VOUCHER</b>  <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT</b> BUREAU DIVISION OR OFFICE EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEPENSACOLAF1053111_V0  <b>4. SCHEDULE NO.</b>																
<b>a. NAME</b> (Last, first, middle initial) Estenez, Shannon A.		<b>b. SOCIAL SECURITY NO.</b> *** - ** - * (b) (6)	<b>6. PERIOD OF TRAVEL</b> a. FROM 05/31/11    b. TO 06/01/11																
<b>c. MAILING ADDRESS</b> (Include ZIP Code) 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199	<b>d. OFFICE TELEPHONE NO.</b> 305-348-1665	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) ORNR81    b. DATE(S) 05/26/11																	
<b>e. PRESENT DUTY STATION</b> EVERGLADES NP	<b>f. RESIDENCE</b> (City and State) Plantation, FL		<b>10. CHECK NO.</b>																
<b>8. TRAVEL ADVANCE</b> a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		<b>9. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED    b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE																	
<b>11. PAID BY</b>																			
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	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) <span style="float: right;">▶ <b>Traveler's Initials</b></span>																		
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AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL															
				FROM <small>(e)</small>	TO <small>(f)</small>														
73.02	NR-			73.02	948.83														
<b>COMMENTS:</b> Gulf Coast Task Force Meeting																			
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<small>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).</small>																			
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<b>APPROVING OFFICIAL SIGN HERE</b> ▶ Dawn Armel Executive Assistant  DATE 6/21/11	a. DIFFERENCES, IF ANY (Explain and show amount)																		
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> a. VOUCHER NO.    b. D.O. SYMBOL    c. MONTH & YEAR	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$																		
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶  DATE 6/22/11	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00																		
<b>ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE	d. <b>NET TO TRAVELER</b> ▶ \$ 73.02																		

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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Complete only for actual expense travel

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

**TRAVEL AUTHORIZATION NO.**  
ORNR81

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: 0.190 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)		SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
05/31		D-:RES: Plantation													
05/31		A-:PENSACOLA, FL				34.50			103.00	34.50				34.50	
05/31		Rental Car													
05/31		POV-Available Govt Vhc									10.60		2.01		
05/31		Airfare (Reimbursable)													
05/31		TMC Fee													
06/01		D-:PENSACOLA, FL													
06/01		POV-Available Govt Vhc									10.60		2.01		
06/01		A:RES: Plantation, Subsistence				34.50				34.50				34.50	
06/01		TAV Fee -I													
06/01		Gasoline													
06/01		Parking													
										<b>SUBTOTALS</b>	4.02	69.00	0.00		
										<b>TOTALS</b>	4.02	69.00	0.00		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 73.02

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-R-211C				643.90
GASOLINE-211I				46.38
LODGING-211D				103.00
M&IE-211D				69.00
MILEAGE-211P				4.02
PARKING-211I				28.02
RENTAL CAR-211R				84.03
TAV EXP -I-211B				15.00
TMC FEE -I-211B				28.50
<hr/>				
11 5298WM41EXY	0.00	0.00		1,021.85

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		1,021.85
NON-REIMBURSABLE EXPENSES -----		948.83
		=====
TOTAL AMOUNT CLAIMED -----		73.02
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		73.02
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

RENTAL NUMBER      CAR NUMBER      CAR GROUP  
 262940112      52277890      C

GAS

ESTENOZ, SHANNON A

BCD = T788300

CV - CMXXXXXXXXXXXX5368

OUT MSY 31MAY11/0855 MI = 10786

IN MSY 01JUN11/1658 MI = 11213

\* Please check your car for personal effects. \*

427 MI@ .00 =  
 HR@ 16.51 =  
 2 DY@ 22.00 = 44 00  
 \*\*11 11% FEE = 6.15  
 \$ 6.20 /DY CFC = 12 40  
 \$ 0.66 /DY ERF = 1 32  
 \$ 5.00 /DY GTS = 10 00  
 TAXABLE SUBT = 73 87  
 TAX 10.750% = 7 94  
 # 3% EXCISE TAX = 2 22  
 FUEL SERVICE =  
 TOTAL CHARGES 84.03  
 \*\*CONCESSION RECOVERY FEE  
 #LOUISIANA EXCISE TAX  
 CUST FACILITY CHG  
 ENERGY RECOVERY FEE  
 GOVT ADMIN SURCHARGE

\* Please check your car for personal effects. \*

Thanks For Shopping  
 Store #0096  
 1290 Airport Blvd  
 Pensacola FL  
 32504  
 Term: 000380350960  
 Appr: 092043

Unld\_Regular  
 PUMP 03  
 VOLUME 4.980  
 PRICE/G \$3.679  
 GAS TOTAL \$18.32

TAX \$0.00  
 TOTAL \$18.32  
 MastercardFleet

(b) (6)

06/01/2011 13:06:37

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  
 GREINA, LA 70056  
 504-469-0903

TERMINAL ID.: 002

MASTERCARD

XXXXXXXXXXXX368

SALE

BATCH: 000301

DATE: Jun 01, 11

INU: 000047

TIME: 15:52

AUTH: 091687

TOTAL

\$28.06

THANK YOU FOR  
 YOUR BUSINESS!

For: SHANNON A ESTENOZ GDOIDOOS

To: NGMSDOI  
OFC OF THE EXEC DIRECTOR  
SHANNON ESTENOZ  
11200 SW 8TH ST  
MIAMI FL 33199

Sales Person: 8D  
Locator: DGBVWE  
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  
DEP-TERMINAL 1

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

Confirmation Number: W7HCJW

**Tuesday May 31, 2011**



BUDGET  
Pick Up: May 31, 2011 8:45 Am  
Return: June 1, 2011 6:55 Pm  
Daily Rate: 22.00 USD  
Unlimited Free Miles  
Approximate Total: 84.74 2Days 0Hours 41.00Mandatory Charge  
Confirmation Number: 32749105US4

Intermediate Car  
Location: NEW ORLEANS, LA  
NEW ORLEANS, LA  
Extra Days: 22.00 Extra Hours: 17.00

**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  
ARR-TERMINAL 1

Flight Number: 131  
6:55 Pm June 1, 2011  
9:45 Pm June 1, 2011  
1 Hour 50 Minutes Non-Stop

Confirmation Number: W7HCJW

<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
SHANNON A ESTENOZ	397668/5262176700332/26MAY1 1	552.56	41.44US	7.40ZP	14.00XT	615.40
					Trip Fee	28.50
<b>Total Amount:</b>						<b>643.90</b>

\*\* 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'  
(PARKNG) \$20.00

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

Payment Received  
MC \$23.02

(b) (6)

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](http://www.pnf.com)  
Go to [www.pnf.com](http://www.pnf.com)

Sign:

---

KC PARKING

PAID

\$ 5.00

6-1-11



# CROWNE PLAZA®

HOTELS & RESORTS

111

06-01-11

<b>Shannon Estenoz</b> <b>11200 S W 8th St</b> <b>Miami FL 33199</b> <b>US</b>	Folio No. :	Room No. :	<b>0901</b>
	A/R Number :	Arrival :	<b>05-31-11</b>
	Group Code :	Departure :	<b>06-01-11</b>
	Company :	Conf. No. :	<b>64956341</b>
	Membership No. :	Rate Code :	<b>IMGOV</b>
	Invoice No. :	Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
05-31-11	*Accommodation	103.00	
<b>Total</b>		<b>103.00</b>	<b>0.00</b>
<b>Balance</b>		<b>103.00</b>	

**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.

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SEOKEECHOBEEF063011_VC</b>	
						4. SCHEDULE NO.	
a. NAME (Last, first, middle initial) <b>Estenez, Shannon A.</b>		b. SOCIAL SECURITY NO. *** - ** - (b) (6)		6. PERIOD OF TRAVEL		FROM <b>06/30/11</b>	
						b. TO <b>06/30/11</b>	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION			
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		a. NUMBER(S) <b>ORNCTL</b>		b. DATE(S) <b>05/23/11</b>	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		b. AMOUNT RECEIVED		\$			
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE					
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign 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) <span style="float:right;">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL			
				FROM (e)		TO (f)	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-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.		TRAVELER SIGN HERE		DATE		AMOUNT CLAIMED	
						34.50	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION					
APPROVING OFFICIAL SIGN HERE		Executive Assistant		DATE			
				8/9/11			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION					
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):				\$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE					
		8/9/11					
ACCOUNTING CLASSIFICATION: SEE BLOCK 12 ABOVE		d. NET TO TRAVELER				\$ 34.50	



ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			34.50
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
11 5298WM41EXY	0.00	0.00	53.50

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		53.50
NON-REIMBURSABLE EXPENSES		19.00
TOTAL AMOUNT CLAIMED		34.50
PREV PAYMENTS	--	0.00
GOV'T ADVANCE OUTSTANDING	--	0.00
GOV'T ADVANCE APPLIED	-----	0.00
		0.00
NET TO TRAVELER (GOVT)	-----	34.50
GOV'T CHARGE CARD EXPENSES	-	0.00
GOV'T CHARGE CARD ATM ADV	--	0.00
ADD'L GOV'T CHARGE CARD PYMT		0.00
TOTAL GOV'T CHARGE CARD AMT	=====	0.00
PAY TO GOV'T CHARGE CARD	-----	0.00
PAY TO TRAVELER	-----	34.50

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEWASHINGTOND071811_VI	
a. NAME (Last, first, middle initial) Estenoz, Shannon A.		b. SOCIAL SECURITY NO. *** - ** - (b) (6)		6. PERIOD OF TRAVEL a. FROM 07/18/11 b. TO 07/19/11		4. SCHEDULE NO.	
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		7. TRAVEL AUTHORIZATION a. NUMBER(S) ORSN8X b. DATE(S) 07/13/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		11. PAID BY			
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>					
a. Outstanding 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$			
b. Amount to be applied 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float:right">▶ <b>Traveler's Initials</b></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b> FROM (e) TO (f)	
0713111306PT HRUH 037866782120		4.35	XD		07/15/11		
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^07^5298^EXY^WM41^ -		439.40	US		07/15/11	FL-L-Fort Lauderdale	DCA-Washington, DC
COMMENTS: Meetings in DC						147.32	NR- 663.00
<b>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.</b>		<b>TRAVELER SIGN HERE</b>		<b>DATE</b> 8/12/11		<b>AMOUNT CLAIMED</b> 147.32	
<small>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).</small>							
<b>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).)</b>		<b>APPROVING OFFICIAL SIGN HERE</b> Dawn Armel Executive Assistant		<b>DATE</b> 8/12/11		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
						a. DIFFERENCES, IF ANY (Explain and show amount) \$	
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		d. NET TO TRAVELER ▶ \$ 147.32	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>		DATE 8/12/11					
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

FILE COPY

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. ORSN8X

TRAVELER'S LAST NAME Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
07/18		D-:RES: Plantation											
07/18		TMC FEE (GOVCC-I)											
07/18		Airfare (Non Reimbursable)											
07/18		A-:WASHINGTON, DC				53.25		196.25	53.25		53.25		
07/18		POV-NO GVT VHC AVL/AIRPORT								10.60	5.41		
07/18		Taxi										30.00	
07/18		Parking											
07/19		D-:WASHINGTON, DC											
07/19		POV-No Gvt Vhc Avl/Airpdr								10.60	5.41		
07/19		A:RES: Plantation,											
07/19		Subsistence				53.25			53.25		53.25		
07/19		TAV Fee -I											
									<b>SUBTOTALS</b>	101.82	106.50	30.00	
									<b>TOTALS</b>	101.82	106.50	30.00	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 147.32

ACCOUNTING CLASS CODE	TRIP 1		
JOM. CARR.-I-211C			439.40
LODGING-211D			196.25
M&IE-211D			106.50
MILEAGE-211P			10.82
PARKING-211I			8.00
TAV EXP -I-211B			15.00
TAXI-211T			30.00
TMC FEE -I-211B			4.35
<hr/>			
11 5298WM41EXY	0.00	0.00	810.32
2011^^07^5298^^EXY^WM41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		810.32
NON-REIMBURSABLE EXPENSES -----		663.00
		=====
TOTAL AMOUNT CLAIMED -----		147.32
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		147.32
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 -----		147.32

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: PTHRUH  
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  
;-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Monday July 18, 2011



US Airways Flight Number: 986  
Class of Service: Coach Class T  
Depart: FT LAUDERDALE, FL 7:00 Am July 18, 2011  
Arrive: WASHINGTON/NATL,DC 9:26 Am July 18, 2011  
Total Flight Time: 2 Hours 26 Minutes Non-Stop  
Equipment: Boeing 737-400  
Meal Service: None  
Status: Confirmed Confirmation Number: BW4FZ6  
Reserved Seat: ESTENOZ/SHANNON A 23F  
Frequent Flyer Number: (b) (6) ESTENOZ/SHANNON A  
DEP-TERMINAL 3 ARR-TERMINAL C

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:  
Equipment: Boeing 737-400  
Meal Service: None  
Status: Confirmed  
Reserved Seat: ESTENOZ/SHANNON A 22D  
Frequent Flyer Number:  
DEP-TERMINAL C

Flight Number: 1703  
8:30 Am July 19, 2011  
11:02 Am July 19, 2011  
2 Hours 32 Minutes Non-Stop

Confirmation Number: BW4FZ6  
(b) (6) STENOZ/SHANNON A  
ARR-TERMINAL 3

<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
ESTENOZ SHANNON A	415635/0378667821201/15JUL11	388.84	29.16US	7.40ZP	14.00XT	439.40
					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.


**Hilton  
Garden Inn®**  
Washington DC Downtown

815 14th Street NW • Washington, DC 20005  
 Phone (202) 783-7800 • Fax (202) 783-7801  
 Reservations  
 www.hiltongardeninn.com or 1 800 STAY HGI

Name & Address

ENOZ, SHANNON  
 (b) (6)

Room 712/K1  
 Arrival Date 7/18/2011 5:57:00PM  
 Departure Date 7/19/2011

Adult/Child 1/0  
 Room Rate 196.25

RATE PLAN L-G3  
 HH# (b) (6)  
 AL:  
 BONUS AL: CAR:

CONFIRMATION NUMBER : 3439121300

7/19/2011 PAGE 2

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/18/2011	2971232	GUEST ROOM EXEMPT	\$196.25
		WILL BE SETTLED TO MC (b) (6) EFFECTIVE BALANCE OF	\$196.25 \$0.00
EXPENSE REPORT SUMMARY			
		11 00:00:00 STAY TOTAL	
ROOM & TAX		\$196.25 \$196.25	
DAILY TOTAL		\$196.25 \$196.25	

T  
H  
A  
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K  
Y  
O  
U

### 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.

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.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	545694 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

## Dawn Armel

---

**From:** Estenoz, Shannon A [Shannon\_Estenoz@ios.doi.gov]  
**Sent:** Thursday, August 11, 2011 2:30 PM  
**To:** Dawn Armel  
**Subject:** RE: 7/18/11 - 7/19/11 Travel to Washington, DC

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](mailto:shannon_estenoz@ios.doi.gov)

---

**From:** Dawn Armel [darmel@sfrestore.org]  
**Sent:** Thursday, August 11, 2011 2:29 PM  
**To:** Estenoz, Shannon A  
**Subject:** RE: 7/18/11 - 7/19/11 Travel to Washington, DC

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,

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

---

**From:** Estenoz, Shannon A [[mailto:Shannon\\_Estenoz@ios.doi.gov](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

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](mailto:shannon_estenoz@ios.doi.gov)

---

**From:** Dawn Armel [darmel@sfrestore.org]  
**Sent:** Thursday, August 11, 2011 2:17 PM  
**To:** Estenoz, Shannon A  
**Subject:** FW: 7/18/11 - 7/19/11 Travel to Washington, DC

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

---

**From:** Dawn Armel  
**Sent:** Tuesday, August 09, 2011 3:01 PM  
**To:** 'shannon estenoz'  
**Subject:** 7/18/11 - 7/19/11 Travel to Washington, DC

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

**REVISED**  
10/13/11

updates parking charge to \$20.72

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEWASHINGTOND071811_VC	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-*(b)(6)		6. PERIOD OF TRAVEL FROM 07/18/11 TO 07/19/11		4. SCHEDULE NO.	
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		7. TRAVEL AUTHORIZATION a. NUMBER(S) ORSN8X		b. DATE(S) 07/13/11	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		10. CHECK NO.		11. PAID BY	
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>		a. DATE RECEIVED		b. AMOUNT RECEIVED	
a. Outstanding		0.00		b. Amount to be applied		0.00	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							

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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
					FROM (e)	TO (f)	
0713111306PT HRUH	4.35	XD		07/15/11			
037866782120	439.40	US		07/15/11	FLL-Fort Lauderdale	DCA-Washington, DC	
<b>ACCOUNTING CLASSIFICATION:</b> 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^ -					147.32	NR-	675.72

COMMENTS:  
Meetings in DC

**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 10/7/11 **AMOUNT CLAIMED** ▶ 147.32

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

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

**APPROVING OFFICIAL SIGN HERE** ▶ Dawn Armel Executive Assistant DATE 10/3/11

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

a. DIFFERENCES, IF ANY (Explain and show amount)	\$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	\$
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$ 0.00
d. <b>NET TO TRAVELER</b> ▶	\$ 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**

**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE** ▶  DATE 10/12/11

ACCOUNTING CLASSIFICATION  
SEE BLOCK 12 ABOVE

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER**

*(Unlisted items are self explanatory)*

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
**ORSN8X**

**TRAVELER'S LAST NAME**  
**Estenoz**

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES <i>(k)</i>	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE <i>(h)</i>	LODGING <i>(i)</i>	TOTAL SUBSISTENCE EXPENSE <i>(j)</i>		MILEAGE <i>(l)</i>	SUBSISTENCE <i>(m)</i>	OTHER <i>(n)</i>	
			BREAK-FAST <i>(d)</i>	LUNCH <i>(e)</i>	DINNER <i>(f)</i>	TOTAL <i>(g)</i>								
07/18		D-:RES: Plantation												
07/18		TMC FEE (GOVCC-I)												
07/18		Airfare (Non Reimbursable)												
07/18		A-:WASHINGTON, DC				53.25		196.25	53.25			53.25		
07/18		POV-NO GVT VHC AVL/AIRPORT								10.60	5.41			
07/18		Taxi											30.00	
07/18		Parking												
07/19		D-:WASHINGTON, DC												
07/19		POV-No Gvt Vhc Avl/Airport								10.60	5.41			
07/19		A:RES: Plantation,												
07/19		Subsistence				53.25			53.25			53.25		
07/19		TAV Fee -I												
									<b>SUBTOTALS</b>	10.82	106.50	30.00		
									<b>TOTALS</b>	10.82	106.50	30.00		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 147.32

ACCOUNTING CLASS CODE	TRIP 1		
JOM. CARR.-I-211C			439.40
LODGING-211D			196.25
M&IE-211D			106.50
MILEAGE-211P			10.82
PARKING-211I			20.72
TAV EXP -I-211B			15.00
TAXI-211T			30.00
TMC FEE -I-211B			4.35
11 5298WM41EXY	0.00	0.00	823.04
2011^^07^5298^^EXY^WM41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		823.04
NON-REIMBURSABLE EXPENSES		675.72
TOTAL AMOUNT CLAIMED		147.32
PREV PAYMENTS	--	0.00
GOV'T ADVANCE OUTSTANDING	--	0.00
GOV'T ADVANCE APPLIED	-----	0.00
		0.00
NET TO TRAVELER (GOVT)	-----	147.32
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	-----	147.32

Lost parking receipt. Correct parking charge is \$20.72.

# SatoTravel

July 13, 2011

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION

Sales Person: GT  
Locator: PTHRUH  
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  
\*\*\*\*\*

Monday July 18, 2011



US Airways Flight Number: 986  
Class of Service: Coach Class T  
Depart: FT LAUDERDALE, FL 7:00 Am July 18, 2011  
Arrive: WASHINGTON/NATL,DC 9:26 Am July 18, 2011  
Total Flight Time: 2 Hours 26 Minutes Non-Stop  
Equipment: Boeing 737-400  
Meal Service: None  
Status: Confirmed Confirmation Number: BW4FZ6  
Reserved Seat: ESTENOZ/SHANNON A 23F  
Frequent Flyer Number: (b) (6) ESTENOZ/SHANNON A  
DEP-TERMINAL 3 ARR-TERMINAL C

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:  
 Equipment: Boeing 737-400  
 Meal Service: None  
 Status: Confirmed  
 Reserved Seat: ESTENOZ/SHANNON A 22D  
 Frequent Flyer Number:  
 DEP-TERMINAL C

Flight Number: 1703  
 8:30 Am July 19, 2011  
 11:02 Am July 19, 2011  
 2 Hours 32 Minutes Non-Stop

Confirmation Number: BW4FZ6  
 (b) (6) ESTENOZ/SHANNON A  
 ARR-TERMINAL 3

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
		388.84USD	29.16US	7.40ZP	14.00XT	439.40
Total Amount:						439.40

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.

**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.*

5. PAID BY

To AOC  
9/9/11

4. CLAIMANT

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

b. SOCIAL SECURITY NO.

(b) (6)

c. MAILING ADDRESS (Include ZIP Code)  
FIU  
11200 SW 8 Street, OE 148  
Miami, Florida 33199

d. OFFICE TELEPHONE NUMBER

305-348-1665

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

DATE	CODE	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)	D - Funeral Honors Detail E - Specialty Care	MILEAGE RATE \$ .51	AMOUNT CLAIMED			
					MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS
(a)	(b)	(c) FROM (d) TO (Explain expenditures in specific detail.)		NO. OF MILES (e)	(f)	(g)	(h)	(i)
08/03/11	A	Plantation, Florida	West Palm Beach, Florida	94	47.94			
08/04/11	A	Plantation, Florida	West Palm Beach, Florida	94	47.94			
		JUSTIFICATION:	Meetings with Governing Board members at the South Florida Water Management District.					
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				

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

TOTALS 95.88 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).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE

*Daisy R. Carmel*

DATE 8/9/11

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

*[Signature]*

DATE 8/9/11

ACCOUNTING CLASSIFICATION  
5298-WM41-EXY

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

Sign Original Only

CLAIMANT SIGN HERE

*[Signature]*

DATE 8/9/11

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT  
\$ 95.88

12. PAYMENT MADE BY CHECK NO. DIRECT DEPOSIT

darmel@sfrestore.org 305-348-6027

## 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](mailto:shannon_estenoz@ios.doi.gov)

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SETALLAHASSEE081511_VO</b>	
a. NAME (Last, first, middle initial) <b>Estenez, Shannon A.</b>		<b>FILE COPY</b>		b. SOCIAL SECURITY NO. *** - ** - * <b>(b) (6)</b>		4. SCHEDULE 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		6. PERIOD OF TRAVEL a. FROM <b>08/15/11</b> b. TO <b>08/17/11</b>	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding		b. Amount to be applied		c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>		10. CHECK NO.	
D. Balance outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED		11. PAID BY	
c. PAYEE'S SIGNATURE		12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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)		▶ <b>Traveler's Initials</b>	
		<b>AGENT'S VALUATION OF TICKET</b> <small>(a)</small>		<b>ISSUING CARRIER</b> <small>(Initials) (b)</small>		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> <small>(c)</small>	
		<b>DATE ISSUED</b> <small>(d)</small>		<b>POINTS OF TRAVEL</b>			
				<b>FROM</b> <small>(e)</small>		<b>TO</b> <small>(f)</small>	
526219323506 4 037867439890		188.70 WN		08/12/11		FLL-Fort Lauder JAX-Jacksonville,	
		569.60 US		08/12/11		FLL-Fort Lauder JAX-Jacksonville,	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^07^5298^^EXY^WM41^^ -				212.57 NR-		1,191.54	
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 <b>9/12/11</b>		AMOUNT CLAIMED ▶ <b>212.57</b>	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).		14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶ <b>Dawn R. Armel</b> Executive Assistant		DATE <b>9/9/11</b>		a. DIFFERENCES, IF ANY (Explain and show amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE <b>9/13/11</b>		d. NET TO TRAVELER ▶ \$ <b>212.57</b>	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
ORVO1I

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED						
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)											
08/15		D-:RES: Plantation															
08/15		Airfare (Non Reimbursable)															
08/15		A-:TALLAHASSEE, FL				34	50		82	00	34.50			34	50		
08/15		POV-NO GVT VHC AVL/AIRPORT										10.60	5	41			
08/15		RENTAL CAR															
08/15		Lodging Tax															
08/16		D-:TALLAHASSEE, FL															
08/16		Airfare (Non Reimbursable)															
08/16		A-:WASHINGTON, DC				71	00		157	00	71.00			71	00		
08/16		Taxi													43	00	
08/16		Gasoline															
08/17		D-:WASHINGTON, DC															
08/17		POV-NO GVT VHC AVL/AIRPORT										10.60	5	41			
08/17		A:RES: Plantation,															
08/17		Subsistence				53	25				53.25			53	25		
08/17		TAV Fee -I															
08/17		TMC Fee															
08/17		Parking															
									<b>SUBTOTALS</b>			10	82	158	75	43	00
									<b>TOTALS</b>			10	82	158	75	43	00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 212.57

ACCOUNTING CLASS CODE	TRIP 1		
COM. CARR.-I-211C			758.30
GASOLINE-211I			70.78
LODGING-211D			272.43
M&IE-211D			158.75
MILEAGE-211P			10.82
PARKING-211I			31.08
RENTAL CAR-211R			39.60
TAV EXP -I-211B			15.00
TAXI-211T			43.00
TMC FEE -I-211B			4.35
<hr/>			
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	
		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 ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: NCPEUG  
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  
\*\*\*\*\*

nday August 15, 2011



Southwest Airlines Flight Number: 2500  
Class of Service: Coach Class Y  
Depart: FT LAUDERDALE, FL 8:15 Am August 15, 2011  
Arrive: JACKSONVILLE, FL 9:25 Am August 15, 2011  
Total Flight Time: 1 Hour 10 Minutes Non-Stop  
Equipment: 73G  
Meal Service: None  
Status: Confirmed Confirmation Number: WS7P9T  
DEP-TERMINAL 1

Monday August 15, 2011



ENTERPRISE Compact  
Pick Up: August 15, 2011 9:30 Am Location: JACKSONVILLE, FL  
JACKSONVILLE, FL  
904-741-6390  
Return: August 16, 2011 5:00 Pm  
Daily Rate: 24.00 USD Extra Days: 24.00 Extra Hours: 4.00  
Unlimited Free Miles  
Approximate Total: 77.06 2Days 0Hours 29.06Mandatory Charge  
Confirmation Number: 986086832COUNT

Monday August 15, 2011



JACKSONVILLE, FL  
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

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
SHANNON A ESTENOZ	425018/5262193235064/12AUG1 1	165.58	12.42US	3.70ZP	7.00XT	188.70
FOP CAxxxxxxx	(b) (6)					
Total Amount:						188.70

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: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: IZCYQF  
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  
E-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

## Tuesday August 16, 2011



US Airways  
Class of Service: Coach Class T  
Depart: JACKSONVILLE,FL  
Arrive: WASHINGTON/NATL,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  
(b) (6) ESTENOZ/SHANNON A

## Wednesday August 17, 2011



US Airways  
Class of Service: Coach Class T  
Depart: WASHINGTON/NATL,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  
(b) (6) ESTENOZ/SHANNON A

## Wednesday August 17, 2011



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  
 (b) (6) STENOZ/SHANNON A

<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
ESTENOZ SHANNON A	425019/0378674398904/12AUG1 1	504.19	37.81US	11.10ZP	16.50XT	569.60
					Trip Fee	4.35
FOP CAxxxxxx (b) (6)						
					<b>Total Amount:</b>	<b>573.95</b>

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  
 ^LL OTHER FARES MAY REQUIRE ADVANCE PURCHASE  
 ID 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.

Name &amp; Address

ENOZ, SHANNON A

(b) (6)

US

Room 221/K1  
Arrival Date 8/15/2011 7:09:00PM  
Departure Date 8/16/2011

Adult/Child 1/0  
Room Rate \$82.00

RATE PLAN L-FJ  
HH#  
AL  
BONUS AL CAR

Confirmation: 3438517852

8/16/2011 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
8/15/2011	1078835	GUEST ROOM	\$82.00
8/15/2011	1078835	STATE SALES TAX	\$5.74
8/15/2011	1078835	OCCUPANCY TAX	\$4.92
		WILL BE SETTLED TO MO (b) (6)	\$92.66
		EFFECTIVE BALANCE OF	\$0.00
			
ESTIMATED CURRENCY TOTAL			

**Zip-Out Check-Out®**

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

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	295401 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

T

H

A

N

K

Y

O

U

lost receipt for Hilton Washington \$179.77

Lodging Tax \$22.77

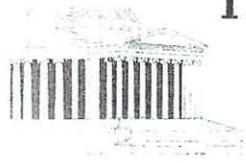
Lost receipt for Enterprise Rent A Car \$39.60

Lost receipt for fuel \$1.24 fuel tax

\$38.46 fuel

\$31.08 fuel

# TAXICAB RECEIPT



Time: \_\_\_\_\_

Date: 8/16

Origin of trip: DCA

Destination: DOF

Fare: 15<sup>00</sup> Sign: 

# TAXICAB RECEIPT



Time: \_\_\_\_\_

Date: 8/16

Origin of trip: DOF

Destination: EPA

Fare: 13<sup>00</sup> Sign: 

# TAXICAB RECEIPT



Time: \_\_\_\_\_

Date: 8/17

Origin of trip: DOF

Destination: DCA

Fare: 15<sup>00</sup> Sign: 

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'  
(PARKNG) \$27.00

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

Payment Received  
MC \$31.08

(b) (6)

Type: Swiped

Sub Total	\$27.00
FLL Fee 8%	2.16
FL Tax 6.59%	1.92

Tell us how we are doing  
For a chance to win \$1000  
Info at [www.pnfcare.com](http://www.pnfcare.com)  
No Purchase Necessary

Signature

---

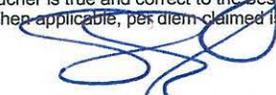
FILE COPY

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEFTMYERSFL082611_V01	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-** (b) (6)		6. PERIOD OF TRAVEL a. FROM 08/26/11 b. TO 08/26/11		4. SCHEDULE NO.	
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		7. TRAVEL AUTHORIZATION a. NUMBER(S) ORVPCO b. DATE(S) 08/09/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		11. PAID BY			

<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>	
a. Outstanding	0 00	a. DATE RECEIVED	b. AMOUNT RECEIVED
b. Amount to be applied	0 00	\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE	
D. Balance outstanding			

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	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) <span style="float: right;">▶ <i>Traveler's Initials</i></span>				
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b> FROM (e) TO (f)
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^ -					76.27 NR- 107.07
<b>COMMENTS:</b> Meeting with Governing Board Member Mr. DeLisi.					

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

TRAVELER SIGN HERE  DATE 10/7/11 AMOUNT CLAIMED 76.27

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

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)	<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
	a. DIFFERENCES, IF ANY (Explain and show amount)	\$
APPROVING OFFICIAL SIGN HERE Dawn Armel Executive Assistant DATE 10/3/11		

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0 00
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE 	DATE 10/18/11		d. NET TO TRAVELER \$ 76.27

ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

- Col. (d) 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). Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO. **ORVPCO**

TRAVELER'S LAST NAME **Estenez**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
08/26		D-:RES: Plantation												
08/26		A-:FT. MYERS, FL				42.00			42.00			42.00		
08/26		RENTAL CAR												
08/26		D-:FT. MYERS, FL												
08/26		A:RES: Plantation,												
08/26		Tolls												
08/26		TAV Fee -I												
08/26		TMC Fee												
08/26		Gasoline												34.27
									<b>SUBTOTALS</b>	0.00	42.00	34.27		
									<b>TOTALS</b>	0.00	42.00	34.27		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 76.27

ACCOUNTING CLASS CODE			TRIP 1
GASOLINE-211I			34.27
M&IE-211D			42.00
RENTAL CAR-211R			83.07
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
TOLLS-211I			5.00
11 5298WM41EXY	0.00	0.00	183.34

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		183.34
NON-REIMBURSABLE EXPENSES -----		107.07
		=====
TOTAL AMOUNT CLAIMED -----		76.27
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		76.27
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 -----		76.27

Lost Rental Car Receipt \$ 83.07

Avis Rent A Car

Avis Rent A Car tolls \$5.00

Wash  
Edward Blvd  
33324

Debit/ATM Sale  
#XXXXXXXXXXXX5085  
Auth. # 194832  
Inv. # 0A03659  
1425974  
Date 08/26/11 10:45  
BIZAMBOU, INC  
PLANTATI FL  
Pump # 4 Regular  
Gallons : 8.500  
Price/Gal : \$ 3.679  
Fuel Sale : \$ 31.27

LEE COUNTY 2ND ST  
FT MYERS FL  
2ND ST  
Rcpt# 2596  
08/26/11 12:46 L# 1 A# 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

THANK YOU FOR  
USING MOBIL  
HAVE A NICE DAY

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SEWASHINGTOND090611_V0</b>	
a. NAME (Last, first, middle initial) <b>Estenz, Shannon A.</b>		<b>FILE COPY</b>		b. SOCIAL SECURITY NO. ***-**-** (b) (6)		6. PERIOD OF TRAVEL a. FROM <b>09/06/11</b> b. TO <b>09/07/11</b>	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>				d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0RY597</b> b. DATE(S) <b>08/31/11</b>	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		10. CHECK NO.		11. PAID BY	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		1		c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign 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) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
0902111104HD ULLK 037867900438	4.35 XD 721.60 US		09/02/11 09/02/11	FL-L-Fort Lauder DCA-Washington, DC			
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^07^5298^EXY^WM41^ -				160.32 NR-		998.65	
COMMENTS: Meeting with HPA.							
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.				DATE <b>9/12/11</b> AMOUNT CLAIMED ▶		160.32	
TRAVELER SIGN HERE ▶							
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION					
APPROVING OFFICIAL SIGN HERE ▶ <b>Dawn R. Armel</b> Executive Assistant <b>9/9/11</b>		a. DIFFERENCES, IF ANY (Explain and show amount)				\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION				\$	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):				\$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE <b>9/13/11</b>		d. NET TO TRAVELER ▶		\$ 160.32	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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). Complete for per diem and actual expense travel.

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
ORY597

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
09/06	11	D-:RES: Plantation											
09/06		TMC FEE (GOVCC-I)											
09/06		Airfare (Non Reimbursable)											
09/06		A-:WASHINGTON, DC				53 25		211 00	53.25		53 25		
09/06		POV-NO GVT VHC AVL/AIRPORT								10.60	5 41		
09/06		Parking											
09/06		Taxi										43 00	
09/06		Lodging Tax											
09/07		D-:WASHINGTON, DC											
09/07		POV-NO GVT VHC AVL/AIRPORT								10.60	5 41		
09/07		A:RES: Plantation,											
09/07		Subsistence				53 25			53.25		53 25		
09/07		TAV Fee -I											
									<b>SUBTOTALS</b>		10 82	106 50	43 00
									<b>TOTALS</b>		10 82	106 50	43 00

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

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

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

**TOTAL AMOUNT CLAIMED** 160.32

ACCOUNTING CLASS CODE	TRIP 1		
JOM. CARR.-I-211C			721.60
LODGING-211D			241.60
M&IE-211D			106.50
MILEAGE-211P			10.82
PARKING-211I			16.10
TAV EXP -I-211B			15.00
TAXI-211T			43.00
TMC FEE -I-211B			4.35
<hr/>			
11 5298WM41EXY	0.00	0.00	1,158.97
2011^^07^5298^^EXY^WM41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		1,158.97
NON-REIMBURSABLE EXPENSES -----		998.65
		=====
TOTAL AMOUNT CLAIMED -----		160.32
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		160.32
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 -----		160.32

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: HDULLK  
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  
\*\*\*\*\*

esday September 6, 2011



US Airways Flight Number: 986  
Class of Service: Coach Class Y  
Depart: FT LAUDERDALE, FL 7:00 Am September 6, 2011  
Arrive: WASHINGTON/NATL,DC 9:26 Am September 6, 2011  
Total Flight Time: 2 Hours 26 Minutes Non-Stop  
Equipment: Boeing 737-400  
Meal Service: None  
Status: Confirmed Confirmation Number: EP74XY  
Reserved Seat: ESTENOZ/SHANNON A 7B  
Frequent Flyer Number: (b) (6) STENOZ/SHANNON A  
DEP-TERMINAL 3 ARR-TERMINAL C

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: 1-202-232-0438  
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

Wednesday September 7, 2011



US Airways  
Class of Service: Coach Class T  
Depart: WASHINGTON/NATL,DC  
Arrive: FT LAUDERDALE, FL  
Total Flight Time:  
Equipment: 319  
Meal Service: None  
Status: Confirmed  
Frequent Flyer Number:  
DEP-TERMINAL C

Flight Number: 1703  
8:30 Am September 7, 2011  
11:04 Am September 7, 2011  
2 Hours 34 Minutes Non-Stop

Confirmation Number: EP74XY  
(b) (6) ESTENOZ/SHANNON A  
ARR-TERMINAL 3

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
ESTENOZ SHANNON A	431449/0378679004387/01SEP1 1	642.79	78.81			721.60
(b) (6)					Trip Fee	4.35
FOP CAXXXXXX					Total Amount:	725.95

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  
 VANCE 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\*\*

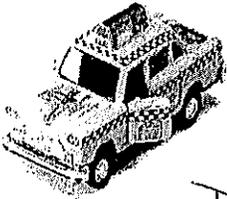
**ALEXANDRIA UNION CAB**  
 (703)683-1200 - 24 Hr. Dispatch Service

FROM DOE 6pm  
 TO Hilton (1919 Commert)  
 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: DOE  
 Fare: 15.00 Sign: [Signature]

**TAXICAB RECEIPT**



Time: 10:45am  
 Date: 9/17/11

Origin of trip: Hilton  
 Destination: DCA  
 Fare: 17.00 Sign: [Signature]

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 1d5h46'  
 (PARKNG) \$20.00  
 SJRN 5582 \$( 6.02)

Sub Total \$13.98  
 [Fees + Tax] \$2.12  
 -----  
 Total \$16.10

Payment Received  
 MC \$16.10

(b) (6)  
 [Redacted]

Type: Swiped

Sub Total \$13.98  
 FLL 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.pnfcare.com](http://www.pnfcare.com)  
 No Purchase Necessary

Signature  
 \_\_\_\_\_



# Washington Hilton

1919 Connecticut Ave. NW • Washington, DC 20009  
 Phone (202) 483-3000 • Fax (202) 232-0438  
 Reservations  
 www.hilton.com or 1 800 HILTONS

Name & Address

ENOZ, SHANNON A

(b) (6)

Room 6104/K1RRC  
 Arrival Date 9/6/2011 5:51:00PM  
 Departure Date 9/7/2011 6:40:00AM  
 Adult/Child 1/0  
 Room Rate 211.00

RATE PLAN L-FJ

HH#  
 AL:  
 CAR:

*Folio*

CONFIRMATION NUMBER : 3436357205

9/7/2011 PAGE 1

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	
	BALANCE					\$0.00
EXPENSE REPORT SUMMARY						
	09/06/11 STAY TOTAL			\$241.60		\$241.60
	ROOM & TAX			\$241.60		\$241.60
	DAILY TOTAL			\$241.60		\$241.60

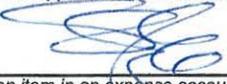
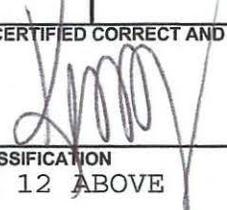


Official Sponsor

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
CARD NUMBER NAME (b) (6)	AUTHORIZATION 09/06/11 5:51:00PM	1304569 A INITIAL
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT ESTENOZ, SHANNON A	PURCHASES & SERVICES 033513	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEWASHINGTOND091311_V(	
a. NAME (Last, first, middle initial) Estenez, 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 305-348-1665	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		6. PERIOD OF TRAVEL a. FROM 09/13/11 b. TO 09/15/11		7. TRAVEL AUTHORIZATION a. NUMBER(S) ORY5RZ b. DATE(S) 08/31/11	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$			
b. Amount to be applied 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign 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) <span style="float: right;">▶ Traveler's Initials</span>					
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL			
		FROM (e)		TO (f)			
0909111552GC JVKI 037868119565		4.35		XD		09/09/11	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^ -		721.60		US		09/09/11	
COMMENTS: Principals Meeting		246.32		NR-		1,238.23	
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 9/19/11		AMOUNT CLAIMED 246.32	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE Dawn Armel Executive Assistant DATE 9/20/11		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
				a. DIFFERENCES, IF ANY (Explain and show amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		Certifier's initials: \$			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE 		DATE 9/22/11		d. NET TO TRAVELER \$ 246.32	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

FILE COPY

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER**

*(Unlisted items are self explanatory)*

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. **ORV5RZ**

TRAVELER'S LAST NAME **Estenez**

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES <i>(k)</i>	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE <i>(h)</i>	LODGING <i>(i)</i>	TOTAL SUBSISTENCE EXPENSE <i>(j)</i>		MILEAGE <i>(l)</i>	SUBSISTENCE <i>(m)</i>	OTHER <i>(n)</i>
			BREAK-FAST <i>(d)</i>	LUNCH <i>(e)</i>	DINNER <i>(f)</i>	TOTAL <i>(g)</i>							
11 20													
09/13		D-:RES: Plantation											
09/13		TMC FEE (GOVCC-I)											
09/13		Airfare (Non Reimbursable)											
09/13		A-:WASHINGTON, DC				53.25		233.10	53.25		53.25		
09/13		POV-NO GVT VHC AVL/AIRPORT							10.60	5.41			
09/13		Taxi										31.00	
09/13		Parking											
09/14		Subsistence				71.00		233.10	71.00		71.00		
09/14		Taxi										11.00	
09/15		D-:WASHINGTON, DC											
09/15		POV-NO GVT VHC AVL/AIRPORT							10.60	5.41			
09/15		A:RES: Plantation,											
09/15		Subsistence				53.25			53.25		53.25		
09/15		Taxi										16.00	
09/15		TAV Fee -I											
									<b>SUBTOTALS</b>	10.82	177.50	58.00	
									<b>TOTALS</b>	10.82	177.50	58.00	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil

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

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

**TOTAL AMOUNT CLAIMED** 246.32

ACCOUNTING CLASS CODE	TRIP 1		
COM. CARR.-I-211C			721.60
LODGING-211D			466.20
M&IE-211D			177.50
MILEAGE-211P			10.82
PARKING-211I			31.08
TAV EXP -I-211B			15.00
TAXI-211T			58.00
TMC FEE -I-211B			4.35
11 5298WM41EXY	0.00	0.00	1,484.55

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		1,484.55
NON-REIMBURSABLE EXPENSES -----		1,238.23
		=====
TOTAL AMOUNT CLAIMED -----		246.32
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		246.32
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 -----		246.32

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: GCJVKI  
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 28.50PP CHARGED IN ADDITION TO TKT PRICE  
1-USD28.50PP-AIR/RAIL/BUS AGENT ASSISTED  
\*\*\*\*\*EXCHANGE TICKET INFORMATION\*\*\*\*\*  
EXCHANGED TKT 0378680820861 RESIDUAL VALUE 721.60  
NEW TICKET 0378681195656 TOTAL VALUE 439.40  
ADDITIONAL AMOUNT CHARGED.....0.00  
REFUND DUE.....-282.20  
\*\*\*\*\*

Tuesday September 13, 2011



US Airways Flight Number: 986  
Class of Service: Coach Class T  
Depart: FT LAUDERDALE, FL 7:00 Am September 13, 2011  
Arrive: WASHINGTON/NATL,DC 9:23 Am September 13, 2011  
Total Flight Time: 2 Hours 23 Minutes Non-Stop  
Equipment: Boeing 737-400  
Meal Service: None  
Status: Confirmed Confirmation Number: EPQ5FZ  
Reserved Seat: ESTENOZ/SHANNON A 6B (b) (6)  
Frequent Flyer Number: ESTENOZ/SHANNON A  
DEP-TERMINAL 3 ARR-TERMINAL C

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

Rate: 233.10 USD Per Night  
 Check In: Sep 13, 2011  
 Check Out: Sep 15, 2011  
 Confirmation Number: 3440822820  
 Cancellation Policy: Cancel 1 day prior  
 Directions: - REAGAN NATIONAL AIRPORT.....6.0MI / 9.7KM

Thursday September 15, 2011



US Airways Flight Number: 1703  
 Class of Service: Coach Class T  
 Depart: WASHINGTON/NATL,DC 8:30 Am September 15, 2011  
 Arrive: FT LAUDERDALE, FL 11:04 Am September 15, 2011  
 Total Flight Time: 2 Hours 34 Minutes Non-Stop  
 Equipment: 319  
 Meal Service: None  
 Status: Confirmed  
 Frequent Flyer Number: (b) (6)  
 DEP-TERMINAL C ARR-TERMINAL 3  
 Confirmation Number: EPQ5FZ  
 ESTENOZ/SHANNON A

Name	invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
ESTENOZ SHANNON A	435168/0378681195656/09SEP1 1	0.00				0.00
ESTENOZ SHANNON A	434414/0378680820861/08SEP1 1	642.79	48.21US	11.10ZP	Trip Fee 19.50XT	28.50 721.60
FOP CAxxxxxxx (b) (6)					Exchange Ticket:	-E-0378680
					Total Amount:	

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\*\*

(b) (6)

02/11 - 02/14  
SHANNON A ESTENOZ  
TAX EXEMPT ID 140001849

SIGN HERE

X

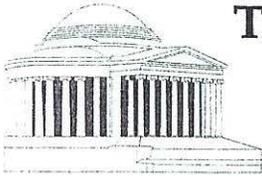


The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

QTY.	CLASS	DESCRIPTION	PRICE	AMOUNT
				27 00
				4 08
DATE		AUTHORIZATION		SUB TOTAL
REFERENCE NO.			SERVER	TAX
ID-FOLIO/CHECK NO./LIC. NO. STATE	REG./DEPT.	CLERK	TIP	MISC.
(b) (6)				TOTAL 31 08

SALES SLIP  
CUSTOMER COPY

CUSTOMER: RETAIN THIS COPY FOR YOUR RECORDS



# TAXICAB RECEIPT

Time: 9:45  
Date: 9/13

Origin of trip: DCA

Destination: DOJ

Fare: 15.00 Sign: [Signature]



# TAXICAB RECEIPT

Time: 6:30  
Date: 9/13

Origin of trip: E Capital

Destination: Hilton

Fare: 16.00 Sign: \_\_\_\_\_



# TAXICAB RECEIPT

Time: 9:30  
Date: 9/14

Origin of trip: Hilton

Destination: DOJ

Fare: 11.00 Sign: [Signature]

## ALEXANDRIA UNION CAB (703)683-1200 - 24 Hr. Dispatch Service

FROM Hilton

TO DCA

DATE 9/16/11 FARE\$ 16.00

DRIVER'S NAME \_\_\_\_\_ CAB# \_\_\_\_\_

*By Request, We Accept*



**Each Cab Independently Owned & Operated**



# Washington Hilton

1919 Connecticut Ave. NW • Washington, DC 20009  
 Phone (202) 483-3000 • Fax (202) 232-0438  
 Reservations  
 www.hilton.com or 1 800 HILTONS

Name & Address

(b) (6) TENCZ, SHANNON  
 [Redacted Address]

Room 7112/D2  
 Arrival Date 9/13/2011 7:49:00PM  
 Departure Date 9/15/2011  
 Adult/Child 1/0  
 Room Rate 233.10

RATE PLAN L-G3

HH# 209208059 SILVER  
 AL:  
 CAR:

*Folic*

CONFIRMATION NUMBER : 3440822820

9/15/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
9/13/2011	GUEST ROOM	IYEMANE	7793552	\$233.10		
9/14/2011	GUEST ROOM	IYEMANE	7796599	\$233.10		
	BALANCE					\$466.20
EXPENSE REPORT SUMMARY						
		09/13/11	09/14/11	STAY TOTAL		
ROOM & TAX		\$233.10	\$233.10	\$466.20		
DAILY TOTAL		\$233.10	\$233.10	\$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!*

The Hilton Family



Hilton Garden Inn

Hilton Grand Vacations Club



Official Sponsor

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
CARD MEMBER NAME	AUTHORIZATION 1304633 A	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

**FILE COPY**

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SEWASHINGTOND092711_V</b>	
a. NAME (Last, first, middle initial) <b>Estenoz, Shannon A.</b>		b. SOCIAL SECURITY NO. <b>(b) (6)</b>		4. SCHEDULE NO.		6. PERIOD OF TRAVEL a. FROM <b>09/27/11</b> b. TO <b>09/27/11</b>	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0RY6B7</b> b. DATE(S) <b>08/31/11</b>		10. CHECK NO.	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		11. PAID BY			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE		b. AMOUNT RECEIVED			
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				b. AMOUNT RECEIVED			
D. Balance outstanding				b. AMOUNT RECEIVED			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET		ISSUING CARRIER		MODE CLASS OF SERVICE AND ACCOMMODATIONS	
		(a)		(b)		(c)	
		DATE ISSUED		POINTS OF TRAVEL			
		(d)		FROM (e)		TO (f)	
0831111531GI HXYU 001868433634		4.35 601.40		XD AA		09/27/11 09/27/11	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^07^5298^EXY^WM41^ -		132.45		NR-		650.75	
COMMENTS: Civil Works Review Board for the Biscayne Bay Coastal Wetlands Final Project Implementation Report.							
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 <b>10/11/11</b>		AMOUNT CLAIMED <b>132.45</b>	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE <b>Dawn Armel</b> Executive Assistant		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
		DATE <b>10/11/11</b>		a. DIFFERENCES, IF ANY (Explain and show amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE <b>10/12/11</b>		d. NET TO TRAVELER <b>\$ 132.45</b>	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE <b>10/12/11</b>		d. NET TO TRAVELER <b>\$ 132.45</b>	
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16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE <b>10/12/11</b>		d. NET TO TRAVELER <b>\$ 132.45</b>	
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16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE <b>10/12/11</b>		d. NET TO TRAVELER <b>\$ 132.45</b>	
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**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO. ORY6B7**

**TRAVELER'S LAST NAME Estenoz**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
09/27		D-:RES: Plantation													
09/27		TMC FEE (GOVCC-I)													
09/27		A-:WASHINGTON, DC													
09/27		Airfare (Non Reimbursable)				53.25				53.25			53.25		
09/27		POV-NO GVT VHC AVL/AIRPORT								120.00		61.20			
09/27		D-:WASHINGTON, DC													
09/27		A:RES: Plantation,													
09/27		Parking													
09/27		Taxi												18.00	
09/27		TAV Fee -I													
										<b>SUBTOTALS</b>	61.20	53.25	18.00		
										<b>TOTALS</b>	61.20	53.25	18.00		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 132.45

ACCOUNTING CLASS CODE			TRIP 1
COM. CARR.-I-211C			601.40
M&IE-211D			53.25
MILEAGE-211P			61.20
PARKING-211I			30.00
TAV EXP -I-211B			15.00
TAXI-211T			18.00
TMC FEE -I-211B			4.35
-----			
11 5298WM41EXY	0.00	0.00	783.20

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

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	
		-----
		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 ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION

Sales Person: GT  
Locator: GIHXYU  
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  
\*\*\*\*\*

Tuesday September 27, 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: 1156  
9:35 Am September 27, 2011  
11:55 Am September 27, 2011  
2 Hours 20 Minutes Non-Stop  
Confirmation Number: GIHXYU

Tuesday September 27, 2011



WASHINGTON/NATL,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  
 Depart: WASHINGTON/NATL,DC  
 Arrive: MIAMI, FL  
 Total Flight Time:  
 Equipment: Boeing 737-800  
 Meal Service: Food For Purchase  
 Status: Confirmed  
 DEP-TERMINAL B  
 ONEWORLD

Flight Number: 1269  
 7:05 Am September 28, 2011  
 9:40 Am September 28, 2011  
 2 Hours 35 Minutes Non-Stop  
 Confirmation Number: GIHXYU

<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
FOP CAxxxxxxxx	(b) (6)	539.54USD	40.46US	7.40ZP	14.00XT	601.40
<b>Total Amount:</b>						<b>601.40</b>

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  
 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\*\*



# TAXI CAB RECEIPT

DATE 9/27/11 TIME \_\_\_\_\_

ORIGIN DCA CAB # \_\_\_\_\_

DESTINATION Corps

FARE: \$ 18<sup>00</sup> SIGNATURE 

Parking machine was broken and not printing receipts.  
Parking charge was \$30.00.

## Dawn Armel

---

**From:** Estenoz, Shannon A <Shannon\_Estenoz@ios.doi.gov>  
**Sent:** Thursday, September 29, 2011 5:11 PM  
**To:** Dawn Armel  
**Subject:** Re: Travel Receipts

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.

---

**From:** Dawn Armel [mailto:darmel@sfrestore.org]  
**Sent:** Thursday, September 29, 2011 04:38 PM  
**To:** Estenoz, Shannon A  
**Subject:** RE: Travel Receipts

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

Thanks

---

**From:** Estenoz, Shannon A [Shannon\_Estenoz@ios.doi.gov]  
**Sent:** Thursday, September 29, 2011 4:36 PM  
**To:** Dawn Armel  
**Subject:** Re: Travel Receipts

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

---

**From:** Dawn Armel [mailto:darmel@sfrestore.org]  
**Sent:** Thursday, September 29, 2011 04:20 PM  
**To:** Estenoz, Shannon A  
**Subject:** Travel Receipts

Hi Shannon:

Don't forget your travel receipts tomorrow.

Thanks,

D

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. <b>SEWASHINGTOND100511_V0</b>
a. NAME (Last, first, middle initial) <b>Estenez, Shannon A.</b>		b. SOCIAL SECURITY NO. ***-**-*(b)(6)	4. SCHEDULE NO.
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	6. PERIOD OF TRAVEL a. FROM <b>10/05/11</b> b. TO <b>10/06/11</b>
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL	7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>OS1HRW</b> b. DATE(S) <b>10/04/11</b>
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED
b. Amount to be applied	0.00	\$	
c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>		c. PAYEE'S SIGNATURE	
D. Balance outstanding			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float:right">▶ <i>Traveler's Initials</i></span>	
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>
		DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small> TO <small>(f)</small>
1004111359KP ZNUP 001868727232	4.35	XD	10/04/11
	762.40	AA	10/04/11
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^		168.10	NR-
COMMENTS: DOI Meetings			1,103.02
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 <b>11/2/11</b> AMOUNT CLAIMED <b>168.10</b>
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).			
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL <b>Dawn Armel</b> Executive Assistant SIGN HERE  DATE <b>11/2/11</b>		a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	\$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		Certifier's initials: \$	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE  DATE <b>11/15/11</b>		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ <b>0.00</b>	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE		d. NET TO TRAVELER \$ <b>168.10</b>	

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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.

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

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

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

TRAVEL AUTHORIZATION NO. OS1HRW

TRAVELER'S LAST NAME Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
10/05		D-:RES: Plantation											
10/05		TMC FEE (GOVCC-I)											
10/05		Airfare (Non Reimbursable)											
10/05		A-:WASHINGTON, DC				53.25		226.00	53.25		53.25		
10/05		POV-NO GVT VHC AVL/AIRPORT								30.00	15.30		
10/05		TMC Fee											
10/05		Taxi											23.00
10/06		D-:WASHINGTON, DC											
10/06		POV-NO GVT VHC AVL/AIRPORT								30.00	15.30		
10/06		A:RES: Plantation,											
10/06		Subsistence				53.25			53.25			53.25	
10/06		Lodging Tax											
10/06		Parking											
10/06		TAV Fee -I											
10/06		Taxi											8.00
									<b>SUBTOTALS</b>	30.60	106.50	31.00	
									<b>TOTALS</b>	30.60	106.50	31.00	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 168.10

ACCOUNTING CLASS CODE	TRIP 1		
COM. CARR.-I-211C			762.40
LODGING-211D			258.77
M&IE-211D			106.50
MILEAGE-211P			30.60
PARKING-211I			34.00
TAV EXP -I-211B			15.00
TAXI-211T			31.00
TMC FEE -I-211B			32.85
11 5298WM41EXY	0.00	0.00	1,271.12

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		1,271.12
NON-REIMBURSABLE EXPENSES -----		1,103.02
		=====
TOTAL AMOUNT CLAIMED -----		168.10
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		168.10
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 -----		168.10

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
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

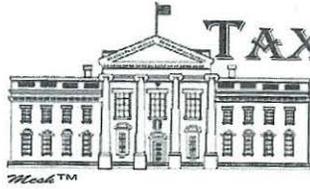
<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
ESTENOZ SHANNON A	442245/0018687272323/04OCT1 1	689.31	51.69US	7.40ZP	14.00XT	762.40
					Trip Fee	4.35
FOP CAxxxxxxxxx	(b) (6)					
					Total Amount:	766.75

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:

.  
 CWTSAOTRAVEL CAN BOOK YOUR HOTEL ACCOMODATIONS. 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  
 CWTSAOTRAVEL GOVERNMENT RATES. ALL YOUR RESERVATIONS INCLUDED ON ONE  
 ITINERARY--AIR, CAR, AND HOTEL.

.  
 THANKS FROM YOUR CWTSAOTRAVEL TEAM!!!



# TAXICAB RECEIPT

Time: \_\_\_\_\_

Date: 10/5/11

Origin of trip: DOJ

Destination: JWm

Fare: 8.00 Sign: [Signature]



# TAXICAB RECEIPT

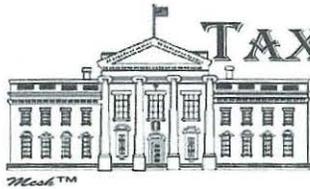
Time: \_\_\_\_\_

Date: 10/5/11

Origin of trip: DCA

Destination: DOJ

Fare: 15.00 Sign: [Signature]



# TAXICAB RECEIPT

Time: \_\_\_\_\_

Date: 10/6/11

Origin of trip: JWm

Destination: DOJ

Fare: 8.00 Sign: \_\_\_\_\_

MIAMI AIRPORT

Customer Service Number:  
305-876-7598

Card Account (b) (6)  
Card Type :  
Authorization

Cashier : 0 Seq # 13049  
License Plate : EL48P  
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 \*\*\*

LAST HOTEL RECEIPT

**Dawn Armel**

**From:** 'JW Marriott Hotels & Resorts Reservation' <reservations@jwmarriott.com>  
**Sent:** Tuesday, October 04, 2011 2:32 PM  
**To:** Dawn Armel  
**Subject:** Reminder: Your stay at JW Marriott Washington, DC begins Wednesday, October 5, 2011

mbs.folio@marriott.com



JW Marriott Washington, DC 1331 Pennsylvania Avenue NW,  
Washington, District Of Columbia 20004 USA Phone: 1-202-393-2000 Fax: 1-202-626-6991



**Reservation for SHANNON ESTENOZ**

- **Confirmation Number: 81080597**
- **Check-in:** Wednesday, October 5, 2011 (04:00 PM)
- **Check-out:** Thursday, October 6, 2011 (12:00 PM)

[View hotel website](#)      [Driving Directions](#)  
[Modify or Cancel reservation](#)      [Maps & Transportation](#)

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.com 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

Summary of Room Charges	Cost per night per room (USD)
Wednesday, October 5, 2011 - Thursday, October 6, 2011 ( 1 night )	226.00
Gov/military rate, federal government ID required	
Estimated government taxes and fees	32.77
<b>Total for stay (for all rooms)</b>	<b>258.77</b>
<ul style="list-style-type: none"> <li>• Valet parking, fee: 47.2 USD daily</li> <li>• Changes in taxes or fees implemented after booking will affect the total room price.</li> </ul>	

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.

## Dawn Armel

---

**From:** Dawn Armel  
**Sent:** Monday, October 24, 2011 5:05 PM  
**To:** 'mbs.folio@marriott.com'  
**Cc:** Shannon Estenoz (Shannon\_Estenoz@ios.doi.gov)  
**Subject:** Copy of bill for confirmation number 81080597

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

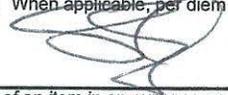
Dawn Armel  
Department of Interior  
South Florida Ecosystem Restoration Task Force  
11200 SW 8 Street, OE Bldg. Room 165  
Miami, FL 33199  
Phone: 305-348-6027  
Fax: 305-348-1667

FILE COPY

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEWASHINGTOND101111_VO	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-**** (b) (6)		6. PERIOD OF TRAVEL a. FROM 10/12/11 b. TO 10/14/11		4. SCHEDULE NO.	
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		7. TRAVEL AUTHORIZATION a. NUMBER(S) ORZBXH b. DATE(S) 09/12/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding 0.00		b. Amount to be applied 0.00		c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		a. DATE RECEIVED	
D. Balance outstanding		b. AMOUNT RECEIVED \$		c. PAYEE'S SIGNATURE		11. PAID BY	

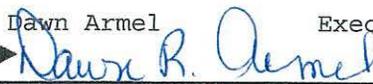
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						▶ <b>Traveler's Initials</b>	
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL			
				FROM (e)	TO (f)			
1007111541MC MMWD	4.35	XD	10/11/11					
001871571320	762.40	AA	10/11/11	MIA-Miami, FL	DCA-Washington, DC			
<b>ACCOUNTING CLASSIFICATION:</b> 11 5298WM41EXY-2011^07^5298^EXY^WM41^ -				345.19	NR-	1,313.25		
<b>COMMENTS:</b> 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, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

**TRAVELER SIGN HERE**  **DATE** 10/24/11 **AMOUNT CLAIMED** 345.19

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

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

**APPROVING OFFICIAL SIGN HERE** Dawn Armel Executive Assistant  **DATE** 10/20/11

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

a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

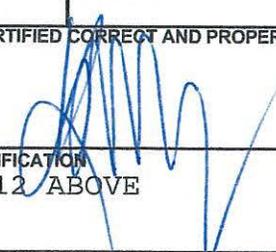
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION  
Certifier's initials: \$

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00

d. **NET TO TRAVELER** \$ 345.19

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE**  **DATE** 10/25/11

17. ACCOUNTING CLASSIFICATION  
SEE BLOCK 12 ABOVE



ACCOUNTING CLASS CODE	TRIP 1		
COM. CARR.-I-211C			762.40
LODGING-211D			452.00
M&IE-211D			177.50
MILEAGE-211P			30.60
OTHER-211I			44.09
PARKING-211I			51.00
TAV EXP -I-211B			15.00
TAXI-211T			93.00
TMC FEE -I-211B			32.85
<hr/>			
11 5298WM41EXY	0.00	0.00	1,658.44

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		1,658.44
NON-REIMBURSABLE EXPENSES -----		1,313.25
		=====
TOTAL AMOUNT CLAIMED -----		345.19
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		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 ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: MCMWWD  
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  
\*\*\*\*\*

ES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE  
EE-USD4.35PP-AIR/RAIL/BUS UNASSISTED

### 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: MCMWWD

### 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  
Confirmation Number: 56064437  
Cancellation Policy: Cancel 24 hours prior

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

Friday, October 14, 2011



American Airlines Flight Number: 735  
 Class of Service: Coach Class Y  
 Depart: WASHINGTON/NATL,DC 6:00 Pm October 14, 2011  
 Arrive: MIAMI, FL 8:35 Pm October 14, 2011  
 Total Flight Time: 2 Hours 35 Minutes Non-Stop  
 Equipment: Boeing 737-800  
 Meal Service: Food For Purchase  
 Status: Confirmed Confirmation Number: MCMWWD  
 DEP-TERMINAL B  
 ONEWORLD

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
ESTENOZ SHANNON A	444163/0018715713201/11OCT1 1	689.31	51.69US	7.40ZP	14.00XT	762.40
					Trip Fee	4.35
SHANNON A ESTENOZ	443243/FEE9999999999/06OCT1 1	0.00				0.00
FOP CAxxxxxxxxxx5368						
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 866-486-6135 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\*\*



LUXURY HOTEL & SUITES  
"ALWAYS WORKING TOWARD YOUR NEXT VISIT"  
2033 M STREET NW • WASHINGTON, DC 20036  
302/530-3600 • FAX 302/466-6770 • 1-800-829-5034  
Member



ESTENOZ, SHANNON A  
DEPARTMENT OF INTERIOR



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

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/12/2011	10/14/2011	XXXXXXXXXXXX5368	GOVT	GOVT	20330288677

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
10/12/2011	512	ROOM CHARGE	#512 ESTENOZ, SHANNON A	\$226.00
10/13/2011	512	ROOM CHARGE	#512 ESTENOZ, SHANNON A	\$226.00
10/14/2011	512	MASTERCARD	MASTERCARD	(\$452.00)

TOTAL DUE:                      \$0.00

Signature: \_\_\_\_\_

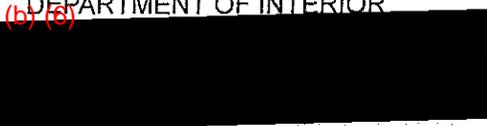
TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY PART OR THE FULL AMOUNT OF THESE CHARGES



LUXURY HOTEL & SUITES  
"ALWAYS WORKING TOWARD YOUR NEXT VISIT"  
2023 M STREET NW • WASHINGTON, DC 20036  
202/530-3600 • FAX 202/466-6770 • 1-800/829-5094  
Member



ESTENOZ, SHANNON A  
DEPARTMENT OF INTERIOR



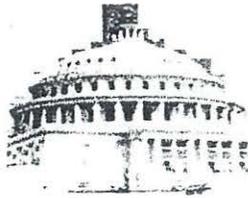
Room Number: 512  
Daily Rate: 226.00  
Room Type: DDSP  
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/12/2011	10/14/2011	XXXXXXXXXX (b) (6)	GOVT	GOVT	20330288677
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
10/12/2011	512	HIGH SPEED INTERNET	512/1/18:08/HIGH SPEED INTERNET	\$12.00	
10/14/2011	512	VISA	VISA	(\$12.00)	

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



# TAXICAB RECEIPT

Time: 11:30

Date: 10/12

Origin of trip: DCA

Destination: St. Gregory

Fare: 15.00 Sign: 



# TAXICAB RECEIPT

Time: 12:40

Date: 10/12

Origin of trip: St. Gregory

Destination: DOJ

Fare: 8- Sign: 

## -TAXICAB RECEIPT-

TIME 6:00 DATE 10/12

REC'D FROM \_\_\_\_\_

FARE AMOUNT \$ ~~12.00~~ 12-

TRIP FROM DOJ

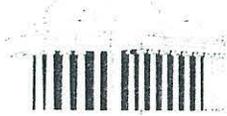
TRIP TO St. Gregory

ASSN. \_\_\_\_\_ CAB NO. \_\_\_\_\_

I.D. NO. \_\_\_\_\_ TAG NO. \_\_\_\_\_

SIGNATURE 

# TAXICAB RECEIPT



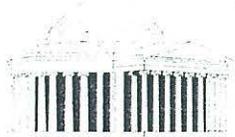
Time: 10/13/10  
Date: 8:00am

Origin of trip: St. Gregory

Destination: Ronald Reagan Bldg.

Fare: 10- Sign: \_\_\_\_\_

# TAXICAB RECEIPT



Time: 10/13/10  
Date: 7:30pm

Origin of trip: Ronald Reagan

Destination: St. Gregory

Fare: 10- Sign: [Signature]



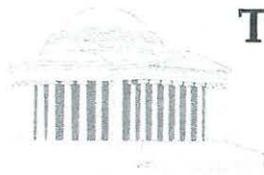
# Taxi Cab Receipt

DATE: 10/14/11 TIME: 8:30 am

ORIGIN: St. Gregory CAB # \_\_\_\_\_

DESTINATION: Ronald Reyer

FARE: \$ 10- SIGNATURE \_\_\_\_\_



# TAXICAB RECEIPT

Time: 8:30

Date: 10/14/11

Origin of trip: Reyer 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: SS

MIAMI AIRPORT

Customer Service Number:  
305-876-7598

Card Account  
Card Type : M  
Authorization



Cashier : 0 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 \*\*\*

**soundbalance**  
electronics with a green horizon

**\*4010035486\***

October 12, 2011

Page 1

Trans No. 39020

Sales Person Yasmile

Slip No. 4010035486

Location Soundbalance (MIA-SB1)

**Soundbalance (MIA-SB1)** Phone No. 305-526-5301

Miami Intl Airport North Ter

420 NW 21 St Street

Miami, FL 32827

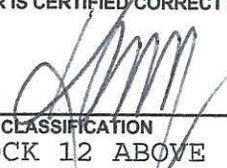
No.	Description	Qty.	Unit Price	Amount
886063136030	D*BUD 3.5MM 83XV6130/	1	29.99	29.99
	<b>Subtotal</b>			<b>29.99</b>
	<b>Sales Tax</b>			<b>2.10</b>
	<b>Total</b>			<b>32.09</b>
Visa	**** * 5085			32.09
	Swiped			

*Blackberry Headphones*

Signature

**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, CD, music and games must be unopened. Non-refundable items include prepaid cell phones, sim cards, phone cards, all chargers, batteries and memory cards/sticks.

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEMIAMIFL101911 V01	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-*(b)(6)		4. SCHEDULE NO.		6. PERIOD OF TRAVEL a. FROM 10/19/11 b. TO 10/20/11	
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		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0S2H3S b. DATE(S) 10/13/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding 0.00		b. Amount to be applied 0.00		c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		a. DATE RECEIVED	
D. Balance outstanding		c. PAYEE'S SIGNATURE		b. AMOUNT RECEIVED \$		11. PAID BY	
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float: right;">▶ <i>Traveler's Initials</i></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)		<b>ISSUING CARRIER</b> (Initials) (b)		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	
		<b>DATE ISSUED</b> (d)		<b>POINTS OF TRAVEL</b>			
				FROM (e)		TO (f)	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^07^5298^^EXY^WM41^^ -				129.60 NR-		284.00	
COMMENTS: Society of Environmental Journalists Conference (See ATTACHED MEMOS NOTATING THE PURPOSE for my lodging charges)							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE 		DATE		AMOUNT CLAIMED ▶ 129.60	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL Dawn Armel Executive Assistant SIGN HERE  10/25/11		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
				a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION					
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):				\$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE 		DATE 11/2/11		d. NET TO TRAVELER ▶		\$ 129.60	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. **OS2H3S**

TRAVELER'S LAST NAME **Estenoz**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
10/19		D-:RES: Plantation													
10/19		A-:MIAMI, FL				49.50			229.00	49.50			49.50		
10/19		POV-NO GVT VHC AVL/AIRPORT									30.00	15.30			
10/19		TMC Fee													
10/20		D-:MIAMI, FL													
10/20		POV-NO GVT VHC AVL/AIRPORT									30.00	15.30			
10/20		A:RES: Plantation, Subsistence				49.50				49.50			49.50		
10/20		Parking													
10/20		TAV Fee -I													
										<b>SUBTOTALS</b>	301.60	99.00	0.00		
										<b>TOTALS</b>	301.60	99.00	0.00		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 129.60

ACCOUNTING CLASS CODE	TRIP 1		
LODGING-211D			229.00
M&IE-211D			99.00
MILEAGE-211P			30.60
PARKING-211I			36.00
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
11 5298WM41EXY	0.00	0.00	413.60

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		413.60
NON-REIMBURSABLE EXPENSES -----		284.00
		=====
TOTAL AMOUNT CLAIMED -----		129.60
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		129.60
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		129.60



# INTERCONTINENTAL

MIAMI

100 Chopin Plaza, Miami, Florida 33131-2305 USA

Tel: (305) 577-1000 Fax: (305) 577-0384 www.icmiamihotel.com • miami@interconti.com

10-20-11

<b>Shannon Estenoz</b> (b) (6)	Folio No. :	918574	Room No. :	1823
	A/R Number :		Arrival :	10-19-11
	Group Code :		Departure :	10-20-11
	Company :		Conf. No. :	65277337
	Membership No. :		Rate Code :	LOS
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
10-19-11	*Accommodation	229.00	
10-19-11	State Tax	16.03	
10-19-11	City Tax	13.74	
10-20-11	Parking Transferred from Donald Jodret	36.00	
10-20-11	State Tax - Adj tax exempt	-16.03	
10-20-11	City Tax - Adj tax exempt	-13.74	
10-20-11	Mastercard XXXXXXXXXXXX (b) (6)		265.00
<b>Total</b>		<b>265.00</b>	<b>265.00</b>
<b>Balance</b>		<b>0.00</b>	

**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.



U.S. Department of the Interior  
Office of the Secretary  
South Florida Ecosystem Restoration Task Force

October 11, 2011

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 *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 overnighing during his stay.

Thank you for your kind consideration in this matter.

Approved: *Pamela Haze* Date: 10-12-11  
Deputy A/S for Budge, Finance, Performance  
and Acquisition



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
DAS-Budget, Finance,  
Performance and Acquisition

October 12, 2011

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

*Sam Hoge*



PREP. (R) T F  
Marriott

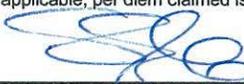
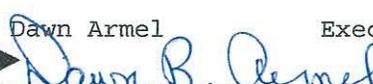
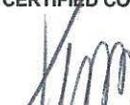
Marriott Harbor Beach  
3030 Hliday Drive  
Ft. Lauderdale, FL 33316  
954-525-4000

**Full Statement**

P/S #01      A Payment No. 00000033  
T/D #02      Ticket No. 009030  
Entry Time 10/21/2011 (Fri) 13:23  
Exit Time 10/21/2011 (Fri) 15:35  
Parking Time                      2:12  
Parking Fee      Rate A      \$10.00

Account #                      \*\*\*\*\* (b) (6)  
Slip #  
Authority #  
Credit Card Amount                      \$10.00  
Cash Amount                              \$0.00  
=====

**Total**                              **\$10.00**  
Thank You for Your Visit

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEKEYWESTFL102311 V01	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. *** - ** (b) (6)		<b>4. SCHEDULE NO.</b>			
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		<b>6. PERIOD OF TRAVEL</b> FROM 10/22/11 TO 10/24/11		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) OS30K7 b. DATE(S) 10/18/11	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		<b>10. CHECK NO.</b>			
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>		<b>11. PAID BY</b>			
a. Outstanding 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$			
b. Amount to be applied 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)		<b>ISSUING CARRIER</b> (Initials) (b)		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	
				<b>DATE ISSUED</b> (d)		<b>POINTS OF TRAVEL</b>	
						FROM (e) TO (f)	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^07^5298^^EXY^WM41^^ -						356.15 NR- 34.00	
COMMENTS: Fort Jefferson NM Tour							
<b>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.</b>		<b>TRAVELER SIGN HERE</b> 		<b>DATE</b>		<b>AMOUNT CLAIMED</b> 356.15	
<small>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).</small>							
<b>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).)</b>		<b>APPROVING OFFICIAL SIGN HERE</b> Dawn Armel Executive Assistant  10/25/11		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>			
				a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		Certifier's initials: \$			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>		<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>  DATE 11/2/11		d. NET TO TRAVELER		\$ 356.15	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0S30K7

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED								
			MEALS				MISCELLANEOUS SUBSISTENCE (f)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)						
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)													
10/22		D-:RES: Plantation																	
10/22		A-:KEY WEST, FL					53.25			53.25					53.25				
10/22		POV-NO GVT VHC AVL/AIRPORT																	
10/22		Parking									162.00		82.62						
10/23		Subsistence					71.00			71.00				71.00					
10/23		TMC Fee																	
10/24		POV-NO GVT VHC AVL/AIRPORT									188.30		96.03						
10/24		D-:KEY WEST, FL																	
10/24		A:RES: Plantation, Subsistence					53.25			53.25				53.25					
10/24		TAV Fee -I																	
										<b>SUBTOTALS</b>		178.65	177.50	0.00					
										<b>TOTALS</b>		178.65	177.50	0.00					

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 356.15

ACCOUNTING CLASS CODE	TRIP 1		
M&IE-211D			177.50
MILEAGE-211P			178.65
PARKING-211I			15.00
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
11 5298WM41EXY	0.00	0.00	390.15
2011^^07^5298^^EXY^WM41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		390.15
NON-REIMBURSABLE EXPENSES -----		34.00
		=====
TOTAL AMOUNT CLAIMED -----		356.15
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		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

*Valid Card Sale*

685901300073  
INTERCONTINENTALHOTEL#73  
100 CHOPIN PLAZA  
MIAMI, FL 33121  
(305) 372-4422

Term ID: 002

Ref #: 001

**Sale**

(b) (6)

XXXXXXXXXXXX

MASTERCARD

Entry Method: Swiped

10/22/11

10:24:56

Inv #: 000001

Appr Code: 064935

Apprvd: Online

Batch#: 295001

Total:

\$

15.00

Customer Copy

FILE COPY

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEWESTPALMBEA102711_VC	
a. NAME (Last, first, middle initial) Estenoz, Shannon A.		b. SOCIAL SECURITY NO. ***-**-**** (b) (6)		6. PERIOD OF TRAVEL a. FROM 10/27/11 b. TO 10/28/11		4. SCHEDULE 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		7. TRAVEL AUTHORIZATION a. NUMBER(S) OS2DJY b. DATE(S) 10/12/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding 0.00		b. Amount to be applied 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		D. Balance outstanding		c. PAYEE'S SIGNATURE		11. PAID BY	

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	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	
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>			
				FROM (e)		TO (f)		
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2012^07^5298^EXY^WM41^				155.56	NR-	101.00		
<b>COMMENTS:</b> Task Force Meeting								

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

**TRAVELER SIGN HERE**  **DATE** 12/17/11 **AMOUNT CLAIMED** 155.56

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

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

**APPROVING OFFICIAL SIGN HERE** Dawn Armel Executive Assistant  **DATE** 12/7/11

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

a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE**  **DATE** 12/18/11

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION \$

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00

d. **NET TO TRAVELER** \$ 155.56

ACCOUNTING CLASSIFICATION  
SEE BLOCK 12 ABOVE

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
0S2DJY

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
10/27		D-:RES: Plantation												
10/27		A-:WEST PALM BEACH				53.25			82.00	53.25			53.25	
10/27		POV-NO GVT VHC AVL/AIRPORT									48.10	24.53		
10/27		TMC Fee												
10/28		D-:WEST PALM BEACH												
10/28		POV-NO GVT VHC AVL/AIRPORT									48.10	24.53		
10/28		A:RES: Plantation, Subsistence				53.25				53.25			53.25	
10/28		TAV Fee -I												
									<b>SUBTOTALS</b>		491.06	1061.50	0.00	
									<b>TOTALS</b>		491.06	1061.50	0.00	

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

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

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

**TOTAL AMOUNT CLAIMED** 155.56

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D			82.00
M&IE-211D			106.50
MILEAGE-211P			49.06
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
11 5298WM41EXY	0.00	0.00	256.56

2012^^07^5298^^EXY^WN41^^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		256.56
NON-REIMBURSABLE EXPENSES -----		101.00
		=====
TOTAL AMOUNT CLAIMED -----		155.56
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		0.00
		=====
NET TO TRAVELER (GOVT) -----		155.56
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 -----		155.56


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Reservations  
www.StayHGI.com or 1 877 STAY HGI

Name & Address

(b) (6) ENOZ, SHANNON  
[Redacted Address]

Room 119/K1RRU1  
Arrival Date 10/27/2011 6:27:00PM  
Departure Date 10/28/2011  
Adult/Child 1/0  
Room Rate 82.00

RATE PLAN C-DOI  
HH# (b) (6)  
AL:  
BONUS AL: CAR:

*Folio*

CONFIRMATION NUMBER : 3449711837

**HHONORS**  
HILTON WORLDWIDE

10/28/2011 PAGE 1

**This Hotel is A 100% Smoke-Free Facility**

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
10/28/2011	GUEST ROOM EXEMPT	JLLABRES	472383	\$82.00		
10/28/2011	MC (b) (6) BALANCE	JLLABRES	472385		\$82.00	\$0.00

*You have earned approximately 1008 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*

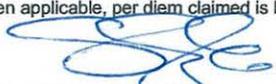
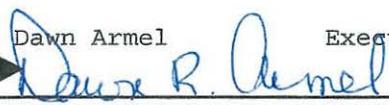
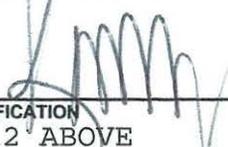
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ACCOUNT NO. MC *5368	DATE OF CHARGE 10/27/2011	FOLIO NO./CHECK NO. 108634 A
CARD MEMBER NAME ESTENOZ, SHANNON	AUTHORIZATION 018262	INITIAL
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE <b>X</b>	TOTAL AMOUNT	

- 
- 

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SENAPLESFL101711 V01</b>	
a. NAME (Last, first, middle initial) <b>Estenez, Shannon A.</b>		b. SOCIAL SECURITY NO. ***-**-**** (b) (6)		6. PERIOD OF TRAVEL FROM <b>11/16/11</b> TO <b>11/17/11</b>		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0S2JBS</b>		b. DATE(S) <b>10/13/11</b>	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		10. CHECK NO.		11. PAID BY	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE		b. AMOUNT RECEIVED			
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				b. AMOUNT RECEIVED			
D. Balance outstanding				b. AMOUNT RECEIVED			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <i>Traveler's Initials</i></span>					
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL			
				FROM (e)		TO (f)	
ACCOUNTING CLASSIFICATION: 11 5298WM41EXY-2011^^07^5298^^EXY^WM41^^ -				236.35 NR-		172.67	
COMMENTS: Everglades Foundation Meeting							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE 		DATE <b>12/7/11</b>		AMOUNT CLAIMED <b>236.35</b>	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE  Dawn R. Armel Executive Assistant		DATE <b>12/7/11</b>		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
						a. DIFFERENCES, IF ANY (Explain and show amount)	
						\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION					
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials: \$	
						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ <b>0.00</b>	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE 		DATE <b>12/12/11</b>		d. NET TO TRAVELER <b>\$ 236.35</b>	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

- Col. (d) 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). Complete for per diem and actual expense travel.
- (i) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

0S2JBS

TRAVELER'S LAST NAME

Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
11/16		D-:RES: Plantation													
11/16		A-:NAPLES, FL				45.75			109.00	154.75			154.75		
11/16		Lodging Tax													25.00
11/16		Gasoline													
11/16		Data Services													9.95
11/17		RENTAL CAR													
11/17		D-:NAPLES, FL													
11/17		A:RES: Plantation,													
11/17		Subsistence				45.75				45.75			45.75		
11/17		TAV Fee -I													
11/17		TMC Fee													
										<b>SUBTOTALS</b>	01.00	2001.50	35.85		
										<b>TOTALS</b>	01.00	2001.50	35.85		

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil

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

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

**TOTAL AMOUNT CLAIMED**

236.35

ACCOUNTING CLASS CODE				TRIP 1
GASOLINE-211I				38.18
LODGING-211D				134.90
M&IE-211D				91.50
OTHER-211I				9.95
RENTAL CAR-211R				115.49
TAV EXP -I-211B				15.00
TMC FEE -I-211B				4.00
11 5298WM41EXY	0.00	0.00		409.02

2011^^07^5298^^EXY^WM41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----			409.02
NON-REIMBURSABLE EXPENSES -----			172.67
			=====
TOTAL AMOUNT CLAIMED -----			236.35
PREV PAYMENTS --	0.00		
GOV'T ADVANCE OUTSTANDING --	0.00		
GOV'T ADVANCE APPLIED -----	0.00		
			0.00
			=====
NET TO TRAVELER (GOVT) -----			236.35
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 -----			236.35

>>Return<< RA Document 264077015	Rate 2A/C	1 DY 17 HR	
RESERVATION # 22348152-US-1C	17 MI @	.00	=
CAR# 5 7 0 7 1 1 2 5Car Group B /C	0 HR @	38.25	=
BLK DODG AVEN 4DR FL 374JPN	2 DY @	47.99	=
	0 WK @	233.95	=
ESTENDZ, SHANNON	2A/C	300FM	
	TIME & MILEAGE		= 95.98
WIZ# = 1JL26S AWD# = B163422	\$ .60/DY ERF		+ = 1.20
	\$ 2.00/DY SSU		+ = 4.00
Out PLANTATION 16NOV11/1611	** 8.00% FEE		+ = 7.77
In PLANTATION 18NOV11/0855	Subtotal		= 108.95
Miles-Out 179 Miles-In 496	Tax 6.000%		+ = 6.54
Miles Driven 317 Fuel In 8/8	Total Charges		= 115.49
Method of pay = CLUB	AMOUNT DUE CV USD		= 115.49
Mastercard XXXXXXXX 	ENERGY RECOVERY FEE		
	\$ 2.00/DY SSU		
	**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.

SDE4/BAF9/11322/08:55/0



Ms. Shannon Estenoz  
11200 Sw 8th St  
Miami, FL 33199 2516

Room Number: 0706  
Arrival Date: 11/16/11  
Departure Date: 11/17/11  
CRS Number: (b) (6)  
Rewards No:  
Page No: 1 of 1

**INVOICE**

Folio No: 313251

11/17/11

Date	Description		Charges	Credits
11/16/11	Guest Tek	INTERNET	9.95	
11/16/11	In Room Dining Dinner	CHECK# 5558	31.97	
11/16/11	Group Room Charge		259.00	
11/16/11	Florida Tax 6%		15.54	
11/16/11	Collier Tax 4%		10.36	
11/17/11	In Room Dining Brkfst	CHECK# 5570	15.10	
11/17/11	In Room Dining Bkfst Grats	CHECK# 5580	1.75	
11/17/11	Visa	XXXXXXXXXXXXXXXX5085 XX/XX		343.67
<b>Total</b>			<b>343.67</b>	<b>343.67</b>
<b>Balance</b>			<b>0.00</b>	

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 (govt 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 govt, 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  
XXXXXXXXXXXX (b) (6)  
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

**Dawn Armel**

---

**From:** GovTrip.eTravel.System@etsproext01.govtrip.com  
**Sent:** Friday, December 23, 2011 8:56 AM  
**To:** shannon\_estenoz@ios.doi.gov; Dawn Armel  
**Subject:** GovTrip Travel - PAID DOCUMENT

PAID.LTR

12/23/11  
Shannon A Estenoz  
GDOINPS  
[shannon\\_estenoz@ios.doi.gov](mailto:shannon_estenoz@ios.doi.gov)

Voucher SENAPLESFL101711\_V01 for 0S2JBS 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**

**Date** Wednesday, November 16, 2011 11:46:25 AM

**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](mailto: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

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**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](mailto:shannon_estenoz@ios.doi.gov)

 **Naples Hotels**

**From** Dawn Armel

**Date** Wednesday, November 16, 2011 2:34:33 PM

**To** Estenoz, Shannon A

**Cc**

**Subject** Naples Hotels

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



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  EVERGLADES NP		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. SEKEYLARGOFL120811 V01	
		4. SCHEDULE NO.		6. PERIOD OF TRAVEL		b. TO	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. *** - ** - *** (b) (6)		FROM 12/08/11		12/08/11	
c. MAILING ADDRESS (Include ZIP Code) 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199		d. OFFICE TELEPHONE 305-348-1665		TRAVEL AUTHORIZATION		a. NUMBER(S) OS6T2T	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		b. DATE(S) 12/07/11		10. CHECK NO.	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign 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) <span style="float:right">▶ Traveler's Initials</span>					
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL			
		FROM (e)		TO (f)			
120711117MD FFGQ ACCOUNTING CLASSIFICATION: 5298WN41EXY-2012^^07^5298^^EXY^WN41^^ -		4.00		XD		12/07/11	
COMMENTS: Climate Change Summit						71.74 NR- 91.09	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE		DATE 1/3/12		AMOUNT CLAIMED 71.74	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE Dawn Armel Executive Assistant DATE 12/22/11		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
				a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE 1/3/12		d. NET TO TRAVELER \$ 71.74	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

- Col. (d) 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).
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- (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
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Complete this information if this is a continuation sheet. **PAGE 2**  
**TRIP # 1 PAGES**

**TRAVEL AUTHORIZATION NO.**  
 OS6T2T

**TRAVELER'S LAST NAME**  
 Estenz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)										
11/20		D--RES: Plantation														
		TMC FEE (GOVCC-I)														
		A--KEY LARGO, FL				53	25			53.25			53	25		
		RENTAL CAR														
		D--KEY LARGO, FL														
		A:RES: Plantation,														
		Gasoline												18		
		TAV Fee -I												49		
										<b>SUBTOTALS</b>	0	00	53	25	18	49
										<b>TOTALS</b>	0	00	53	25	18	49

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

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

**TOTAL AMOUNT CLAIMED** 71.74

ACCOUNTING CLASS CODE			TRIP 1
JASOLINE-211I			18.49
M&IE-211D			53.25
RENTAL CAR-211R			72.09
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
-----			-----
12 5298WN41EXY	0.00	0.00	162.83
2012^^07^5298^^EXY^WN41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		162.83
NON-REIMBURSABLE EXPENSES -----		91.09
		=====
TOTAL AMOUNT CLAIMED -----		71.74
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		71.74
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 -----		71.74

SIN U0047251

12/09/11 09:01:58

E/VISA (b) (6)  
XXXXXXXXXXXX  
Invoice#  
Auth#

Pump#: 4  
5.284G @ \$ 3.499/G  
UNLE/Self \$ 18.49

Total \$ 18.49

Earn 10 cents/gal  
fuel credits with  
the Chevron and  
Texaco Visa Card!  
Call 1.800.373.3277

THANK YOU FOR  
CHOOSING CHEVRON  
Personal credit  
card

>>Return<< RA Document 296015215  
RESERVATION # 28121607-US-3C  
CAR# 5 2 4 5 3 4 6 1 Car Group B  
BLU NISS SENT 4DR FL 323JPL

ESTEN02,SHANNON A

AWD# = A555500

Out PLANTATION 08DEC11/1125  
In PLANTATION 09DEC11/0912  
Miles-Out 27246 Miles-In 27424  
Miles Driven 178 Fuel In 8/8  
Method of pay = CLUB  
Mastercard XXXXXXXXXXXX (b) (6)

Rate 8D/B	0 DY 22 HR	
28 MI @	.00	=
22 HR @	43.50	=
0 DY @	57.99	=
0 WK @	289.95	=
MIN 1DY/8D/B	150FM	= 57.99
Discount 5.0%		= 2.70
TIME & MILEAGE		= 55.09
\$ .60/DY ERF		+ = .60
\$ 5.00/DY GARS		+ = 5.00
\$ 2.00/DY SSU		+ = 2.00
\$ .02/DY TBS		+ = .02
\$ .78/DY VLF		+ = .78
** 8.00% FEE		+ = 4.52
Subtotal		= 68.01
Tax 6.000%		+ = 4.08
Total Charges		= 72.07
AMOUNT DUE CV USD		= 72.09
ENERGY RECOVERY FEE		
\$ 5.00 /DY GARS		
\$ 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.

SDE4/BAF9/11343/09:12/0



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SECLEWISTONFL122011_V0</b>		
a. NAME (Last, first, middle initial) <b>Estenez, Shannon A.</b>		b. SOCIAL SECURITY NO. *** - ** (b) (6)		6. PERIOD OF TRAVEL FROM <b>12/20/11</b> TO <b>12/20/11</b>		4. SCHEDULE NO.		
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0S7AXQ</b> b. DATE(S) <b>12/15/11</b>		10. CHECK NO.		
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		11. PAID BY		8. TRAVEL ADVANCE		
a. Outstanding		b. Amount to be applied		c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>		9. CASH PAYMENT RECEIPT		
D. Balance outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED		c. PAYEE'S SIGNATURE		
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH		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) <span style="float:right;">▶ <b>Traveler's Initials</b></span>						
<small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small> <b>1215111405KQ XEUQ ACCOUNTING CLASSIFICATION: 5298WN41EXY-2012^^07^5298^^EXY^WN41^^ -</b>		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <b>XD</b>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small> <b>12/15/11</b>	POINTS OF TRAVEL		
				FROM <small>(e)</small> <b>121.20 NR-</b>	TO <small>(f)</small> <b>19.00</b>			
COMMENTS : <b>NRCS/DOI/The Nature Conservancy Tour of Graham Marsh</b>								
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 <b>4/2/12</b> AMOUNT CLAIMED ▶ <b>121.20</b>		
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).								
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION				
APPROVING OFFICIAL SIGN HERE ▶ <b>Dawn R. Armel</b> <small>Executive Assistant</small> DATE <b>3/30/12</b>				a. DIFFERENCES, IF ANY (Explain and show amount)				
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION				
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials: \$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):				
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE <b>4/10/12</b>				d. NET TO TRAVELER ▶ \$ <b>121.20</b>				
ACCOUNTING CLASSIFICATION <b>SEE BLOCK 12 ABOVE</b>								

FILE COPY

Stamped and approved 4/10/12

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**

057AXQ

**TRAVELER'S LAST NAME**

Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
12/19		No Lodge Record Found Please Check Per Diem													
12/20		D-:RES: Plantation													
12/20		A-:CLEWISTON, FL				34	150			34.50				34	50
12/20		POV-NO GVT VHC AVL/AIRPORT									170.00	86	70		
12/20		D-:CLEWISTON, FL													
12/20		A:RES: Plantation,													
12/20		TAV Fee -I													
									<b>SUBTOTALS</b>	86	70	34	50	0	00
									<b>TOTALS</b>	86	70	34	50	0	00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED**

121.20

ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			34.50
MILEAGE-211P			86.70
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
12 5298WN41EXY	0.00	0.00	140.20
2012^^07^5298^^EXY^WN41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		140.20
NON-REIMBURSABLE EXPENSES		19.00
TOTAL AMOUNT CLAIMED		121.20
PREV PAYMENTS	--	0.00
GOV'T ADVANCE OUTSTANDING	--	0.00
GOV'T ADVANCE APPLIED	-----	0.00
		0.00
NET TO TRAVELER (GOVT)	-----	121.20
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	-----	121.20

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SEHUTCHINSONI010512_V0	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-*(b)(6)		4. SCHEDULE NO.		6. PERIOD OF TRAVEL a. FROM 01/05/12 b. TO 01/08/12	
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		7. TRAVEL AUTHORIZATION a. NUMBER(S) 055FBZ b. DATE(S) 11/15/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding 0.00		b. Amount to be applied 0.00		c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		d. Balance outstanding	
a. DATE RECEIVED		b. AMOUNT RECEIVED \$		c. PAYEE'S SIGNATURE		11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ Traveler's Initials</span>					
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)		TO (f)
ACCOUNTING CLASSIFICATION: 12 5298WN41EXY-2012^^07^5298^^EXY^WN41^^ -					161.00 NR-		565.83
COMMENTS: 2011 Everglades Coalition Conference							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶		DATE		AMOUNT CLAIMED ▶		161.00	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶ Dawn Armel Executive Assistant DATE 2/17/12				a. DIFFERENCES, IF ANY (Explain and show amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		d. NET TO TRAVELER ▶	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		\$ 0.00	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶			
DATE				\$ 161.00			
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**FILE COPY**

<b>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</b>	<b>INSTRUCTIONS TO TRAVELER</b> <i>(Unlisted items are self explanatory)</i> Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.) Complete only for actual expense travel Col. (d) 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). Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	Complete this information if this is a continuation sheet. <b>TRIP # 1</b> <b>PAGES 2</b> <hr/> <b>TRAVEL AUTHORIZATION NO.</b> OS5FBZ <hr/> <b>TRAVELER'S LAST NAME</b> Estenoz
---	--	--

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
01/05		D-:RES: Plantation											
01/05		A-:HUTCHINSON ISLA				34.50		119.00	34.50			34.50	
01/05		RENTAL CAR											
01/05		Gasoline											
01/05		TMC Fee											
01/06		Subsistence				46.00		119.00	46.00			46.00	
01/07		Subsistence				46.00		119.00	46.00			46.00	
01/08		D-:HUTCHINSON ISLA											
01/08		A:RES: Plantation,											
01/08		Subsistence				34.50			34.50			34.50	
01/08		TAV Fee -I											
									<b>SUBTOTALS</b>		0.00	161.00	0.00
									<b>TOTALS</b>		0.00	161.00	0.00

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

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

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

**TOTAL AMOUNT CLAIMED** 161.00

ACCOUNTING CLASS CODE			TRIP 1
JASOLINE-211I			23.60
LODGING-211D			357.00
M&IE-211D			161.00
RENTAL CAR-211R			166.23
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
12 5298WN41EXY	0.00	0.00	726.83

2012^^07^5298^^EXY^WN41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		726.83
NON-REIMBURSABLE EXPENSES -----		565.83
		=====
TOTAL AMOUNT CLAIMED -----		161.00
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		161.00
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		161.00



~~1236 ESTENOZ/SHANNON/MRS 119.00 01/08/12 10:20 9938 13660~~  
ACCT# GROUP

NSKG DEPARTMENT OF INTERI Rate Depart 01/05/12 15:23

Type 16 11200 SW 8 STREET PASSPORT: Time  
OE BUILDING ROOM 165 MCXXXXXXXXXXXX5368  
MIAMI FL 33199 MRW#:

Room Clerk	Address	Payment		
DATE	ROOM REV	REFERENCE	1236, 1	CHARGES
01/05	STATETAX	1236, 1		119.00
01/05	LOCALTAX	1236, 1		7.14
01/06	ROOM REV	1236, 1		4.76
01/06	STATETAX	1236, 1		119.00
01/06	LOCALTAX	1236, 1		7.14
01/06	STATETAX	1236, 1		4.76
01/07	LOCALTAX	TAXEXEMP		21.42
01/07	ROOM REV	TAXEXEMP		14.28
01/07	STATETAX	1236, 1		AD
01/07	LOCALTAX	1236, 1		AD
01/07	ROOM REV	1236, 1		119.00
01/07	STATETAX	1236, 1		7.14
01/07	LOCALTAX	1236, 1		4.76
01/08	CCARD-MC			357.00
	SETTLED TO:	MASTERCARD		XXXXXXXXXX (b) (6)
				.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
DARMELO@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 \_\_\_\_\_

Return<< RA Document 296018225  
SERVATION # 25950409-US-2C  
CAR# 5 6 9 4 8 5 0 @Car Group B /C  
BLK DODG AVEN 4DR FL 556KUW

ESTENOZ, SHANNON

Out PLANTATION 04JAN12/1020  
In STUART FL 05JAN12/1703  
Miles-Out 7529 Miles-In 7733  
Miles Driven 204 Fuel In 8/8  
Method of pay = CLUB  
Mastercard XXXXXXXXXXXX (b) (6)

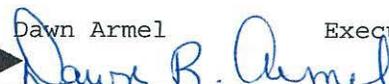
Rate M /C	1 DY	7 HR	
204 MI @		.00	=
0 HR @		43.50	=
2 DY @		57.99	=
0 WK @		289.95	=
			115.98
TIME & MILEAGE			=
\$ .60/DY ERF			+ = 1.20
\$ 2.00/DY SSU			+ = 4.00
\$ .02/DY TBS			+ = .04
\$ .78/DY VLF			+ = 1.56
** 8.00% FEE			+ = 11.42
Subtotal			= 134.20
Tax 6.000%			+ = 8.05
PDW			+ = 23.98
Total 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.

DB/D1DC/12005/17:03/O

Lost fuel receipt.

SUNOCO \$23.60

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE <b>EVERGLADES NP</b>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <b>SETALLAHASSE011712_V0</b>	
a. NAME (Last, first, middle initial) <b>Estenoz, Shannon A.</b>		b. SOCIAL SECURITY NO. ***-**-**** <b>(b) (6)</b>		6. PERIOD OF TRAVEL a. FROM <b>01/17/12</b> b. TO <b>01/18/12</b>		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) <b>11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199</b>		d. OFFICE TELEPHONE NO. <b>305-348-1665</b>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <b>0S8HLM</b> b. DATE(S) <b>01/09/12</b>		10. CHECK NO.	
e. PRESENT DUTY STATION <b>EVERGLADES NP</b>		f. RESIDENCE (City and State) <b>Plantation, FL</b>		11. PAID BY		8. TRAVEL ADVANCE	
a. Outstanding		b. Amount to be applied		c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float:right;">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small> TO <small>(f)</small>	
526241391189 9		361.60	WN		01/18/12	FLL-Fort Lauderdale	JAX-Jacksonville,
0109121435BS NR		4.35	XD		01/18/12	FLL-Fort Lauderdale	JAX-Jacksonville,
ACCOUNTING CLASSIFICATION: 12 5298WN41EXY-2012^^07^5298^^EXY^WN41^^						69.00 NR-	728.71
COMMENTS: Everglades Water Supply Summit							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE 		DATE		AMOUNT CLAIMED ▶	
						69.00	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE  Dawn Armel Executive Assistant		DATE <b>2/17/12</b>		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
						a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE 		DATE		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$	
						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
						d. NET TO TRAVELER ▶ \$ 69.00	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
 0S8HLM

**TRAVELER'S LAST NAME**  
 Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.00	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL								
(e)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
12														
01/17		D-:RES: Plantation												
01/17		TMC FEE (GOVCC-I)												
01/17		Airfare (Non Reimbursable)												
01/17		A-:TALLAHASSEE, FL				34.50		199.00	34.50			34.50		
01/17		RENTAL CAR												
01/17		Parking												
01/17		Lodging Tax												
01/18		D-:TALLAHASSEE, FL												
01/18		A:RES: Plantation,												
01/18		Subsistence				34.50			34.50			34.50		
01/18		TAV Fee -I												
01/18		Gasoline												
									<b>SUBTOTALS</b>		0.00	69.00	0.00	
									<b>TOTALS</b>		0.00	69.00	0.00	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,

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

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

**TOTAL AMOUNT CLAIMED** 69.00

ACCOUNTING CLASS CODE				TRIP 1
COM. CARR.-I-211C				361.60
GASOLINE-211I				17.20
LODGING-211D				223.88
M&IE-211D				69.00
PARKING-211I				20.72
RENTAL CAR-211R				85.96
TAV EXP -I-211B				15.00
TMC FEE -I-211B				4.35
<hr/>				
12 5298WN41EXY	0.00		0.00	797.71
2012^^07^5298^^EXY^WN41^^				

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----			797.71
NON-REIMBURSABLE EXPENSES -----			728.71
			=====
TOTAL AMOUNT CLAIMED -----			69.00
PREV PAYMENTS --	0.00		
GOV'T ADVANCE OUTSTANDING --	0.00		
GOV'T ADVANCE APPLIED -----	0.00		
			----
			0.00
			=====
NET TO TRAVELER (GOVT) -----			69.00
GOV'T CHARGE CARD EXPENSES -	0.00		
GOV'T CHARGE CARD ATM ADV --	0.00		
ADD'L GOV'T CHARGE CARD PYMT	0.00		
			=====
TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD-----			0.00
PAY TO TRAVELER -----			69.00

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV  
DEPARTMENT OF INTERIOR  
AUTOMATION  
AUTOMATION

Sales Person: GT  
Locator: BSSCNR  
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  
3-USD4.35PP-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: IT7KVH
--	--	---

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	Compact Location: JACKSONVILLE, FL JACKSONVILLE, FL Extra Days: 17.00 Extra Hours: 5.00
--	---	--

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 Flight Number: 261  
 Class of Service: Coach Class Y  
 Depart: JACKSONVILLE,FL 2:05 Pm January 18, 2012  
 Arrive: FT LAUDERDALE, FL 3:25 Pm January 18, 2012  
 Total Flight Time: 1 Hour 20 Minutes Non-Stop  
 Equipment: Boeing 737-300  
 Meal Service: None  
 Status: Confirmed Confirmation Number: IT7KVH  
 ARR-TERMINAL 1

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
SHANNON A ESTENOZ	467214/5262413911899/11JAN12	316.28	23.72US	7.60ZP	14.00XT	361.60
					Trip Fee	4.35
FOP CAxxxxxxxxx	(b) (6)					
					Total Amount:	365.95

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\*\*



**Hilton  
Garden Inn®**  
Tallahassee Central

1330 S. Blair Stone Road • Tallahassee, FL 32301  
Phone (850) 893-8300 • Fax (850) 656-2033  
Reservations  
www.StayHGI.com or 1 877 STAY HGI

Name & Address

(b) (6)

TENOZ, SHANNON

Room 414/Q2  
Arrival Date 1/17/2012 6:06:00PM  
Departure Date 1/18/2012  
Adult/Child 1/0  
Room Rate 199.00

RATE PLAN LV1

HH# (b) (6)

BONUS AL CAR

Confirmation Number : 3455428941

1/18/2012 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
1/17/2012	GUEST ROOM	PAX	504895	\$199.00		
1/17/2012	ROOM TAXES	PAX	504895	\$24.88		
	WILL BE SETTLED TO M	(b) (6)				\$223.88
	EFFECTIVE BALANCE OF					\$0.00

*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*

**Zip-Out Check-Out®**

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

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

or request an updated statement be mailed to you within 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.

DATE OF CHARGE	FOLIO NO./CHECK NO. 136386 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

PAYMENT DUE UPON RECEIPT

T

H

A

N

K

Y

O

U

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

Booth A 01/18/12 15:26  
Cashier 64  
Receipt 07- 028221

Parking Ticket  
1 - No. 022785  
01/17/12 06:01 -  
01/18/12 15:26 -  
Period 1d9h26'  
(PARKNG) \$18.00

Sub Total \$18.00  
[Fees + Tax] \$2.72  
-----  
Total \$20.72

Payment Received  
MC (b) (6) \$20.72  
XXXXXX  
Merch  
Auth:  
Type: Swiped

Sub Total \$18.00  
FLL Fee 8% 1.44  
FL Tax 6.59% 1.28

Tell us how we are doing  
For a chance to win \$1000  
Info at [www.pnfcare.com](http://www.pnfcare.com)  
No Purchase Necessary

Signature

CIRCLE K #5170  
(850) 877-9822

57 542 529300  
SHELL  
3211 MAHAN DR  
TALLAHASSEE  
FL 32308

Invoice # 892661  
Date 01-18-12  
Time 10:44AM  
Auth # 051323

MC FLEET Acct #  
XXXX XXXX XXXX (b) (6)  
ESTENOZ/SHANNO

Pump	Gallons	Price
02	5.060	\$3.399

Product	Amount
UNL REG 87	\$17.20
Total Sale	\$17.20

THANKS FOR SHOPPING  
AT CIRCLE K!  
PLEASE COME AGAIN!

Rental Car receipt lost.  
Avis \$85.94

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> SESTUARTFL012612 V01	
a. NAME (Last, first, middle initial) Estenez, Shannon A.		b. SOCIAL SECURITY NO. ***-**-**** (b) (6)		6. PERIOD OF TRAVEL FROM 01/26/12 TO 01/26/12		4. SCHEDULE 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		7. TRAVEL AUTHORIZATION a. NUMBER(S) OS7N8R b. DATE(S) 12/22/11		10. CHECK NO.	
e. PRESENT DUTY STATION EVERGLADES NP		f. RESIDENCE (City and State) Plantation, FL		8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00		c. PAYEE'S SIGNATURE		\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		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) <span style="float: right;">▶ <i>Traveler's Initials</i></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)		<b>ISSUING CARRIER</b> (Initials) (b)		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	
				<b>DATE ISSUED</b> (d)		<b>POINTS OF TRAVEL</b>	
						FROM (e) TO (f)	
1222111222OF TBTM ACCOUNTING CLASSIFICATION: 5298WN41EXY-2012^^07^5298^^EXY^WN41^^		4.00		XD		01/20/12	
COMMENTS: Rivers Coalition						38.25 NR- 88.94	
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 3/12/12		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; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶ Dawn Armel Executive Assistant 		DATE 3/14/12		17. FOR FINANCE OFFICE USE ONLY <b>COMPUTATION</b>	
						a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ 		DATE 3/2/12		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE						d. NET TO TRAVELER ▶ \$ 38.25	

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.  
**0S7N8R**

TRAVELER'S LAST NAME  
**Estenoz**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
12/20		No Lodge Record Found Please Check Per Diem													
01/26		D-:RES: Plantation													
01/26		A-:STUART, FL				38	25			38.25			38	25	
01/26		D-:STUART, FL													
01/26		A:RES: Plantation,													
01/26		GASOLINE													
01/26		TAV Fee -I													
									<b>SUBTOTALS</b>	0	00	38	25	0	00
									<b>TOTALS</b>	0	00	38	25	0	00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil

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

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

**TOTAL AMOUNT CLAIMED** 38.25

ACCOUNTING CLASS CODE			TRIP 1
GASOLINE-211I			27.21
M&IE-211D			38.25
RENTAL CAR-211R			42.73
TAV EXP -I-211B			15.00
TMC FEE -I-211B			4.00
12 5298WN41EXY	0.00	0.00	127.19
2012^^07^5298^^EXY^WN41^^			

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		127.19
NON-REIMBURSABLE EXPENSES -----		88.94
		=====
TOTAL AMOUNT CLAIMED -----		38.25
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		38.25
GOV'T CHARGE CARD EXPENSES -	0.00	
GOV'T CHARGE CARD ATM ADV --	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
		=====
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD-----		0.00
PAY TO TRAVELER -----		38.25

Fuel tax: \$2.44  
 Fuel: \$24.77  
            
 \$27.21

>>Return<< RA Document 296020686	Rate 2A/C	0 DY 23 HR	
RESERVATION # 29447594-US-1A	32 MI @	.00 =	
CAR# 5 7 2 0 6 7 2 6Car Group B /C	23 HR @	23.25 =	
RED CHEV SON5 SDR FL R357UL	0 DY @	30.99 =	
	0 WK @	154.95 =	
ESTENQZ,SHANNON A	MIN 1DY/2A/C	150FM =	30.99
	Discount 5.0%	- =	1.55
AMD# = A555500	TIME & MILEAGE	=	29.44
	\$ .60/DY ERF	+ =	.60
Out PLANTATION 25JAN12/1746	\$ 5.00/DY GARS	+ =	5.00
In PLANTATION 26JAN12/1700	\$ 2.00/DY SSU	+ =	2.00
Miles-Out 5343 Miles-In 5525	\$ .02/DY TBS	+ =	.02
Miles Driven 182 Fuel In 8/8	\$ .78/DY VLF	+ =	.78
Method of pay = 	** 8.00% FEE	+ =	2.47
Mastercard XXXXXX	Subtotal	=	40.31
	Tax 6.000%	+ =	2.42
	Total Charges	=	42.73
	AMOUNT DUE CV USD	=	42.73
	ENERGY RECOVERY FEE		
	\$ 5.00 /DY GARS		
	\$ 2.00/DY SSU		
	\$ .02/DY TBS		
	\$ .78/DY VEH LIC FEE		

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT</b> BUREAU DIVISION OR OFFICE EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEJACKSONVILL022912_VC
	a. NAME (Last, first, middle initial) Estenoz, Shannon A.	b. SOCIAL SECURITY NO. ***-**-*(b)(6)	<b>4. SCHEDULE NO.</b>
c. MAILING ADDRESS (Include ZIP Code) 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199	d. OFFICE TELEPHONE NUMBER 305-348-1665	<b>6. PERIOD OF TRAVEL</b> a. FROM 02/29/12 b. TO 02/29/12	
e. PRESENT DUTY STATION EVERGLADES NP	f. RESIDENCE (City and State) Plantation, FL	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) OS9TDT b. DATE(S) 01/25/12	
<b>8. TRAVEL ADVANCE</b>		<b>10. CHECK NO.</b>	

<b>8. TRAVEL ADVANCE</b>	<b>9. CASH PAYMENT RECEIPT</b>		<b>11. PAID BY</b>
a. Outstanding 0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$	
b. Amount to be applied 0.00	c. PAYEE'S SIGNATURE		
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)			
D. Balance outstanding			

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	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) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				FROM (e)	TO (f)	
5262423784807	180.80	WN	02/24/12	FLL-Fort Lauder	JAX-Jacksonville,	
0209121139BJIL	28.50	XD	02/24/12	FLL-Fort Lauder	JAX-Jacksonville,	
<b>ACCOUNTING CLASSIFICATION:</b> 12 5298WN41EXY-2012^07^5298^EXY^WN41^ -						
				48.51 NR-	540.30	
<b>COMMENTS:</b> QAT Meeting.						

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

**TRAVELER SIGN HERE**  **DATE** 4/2/12 **AMOUNT CLAIMED** 48.51

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

**14.** This voucher is approved. Long distance 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** Dawn Armel Executive Assistant **DATE** 3/30/12

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

a. DIFFERENCES, IF ANY (Explain and show amount)

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

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

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

**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE**  **DATE** 4/16/12

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION  
Certifier's initials: \$

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00

d. **NET TO TRAVELER** \$ 48.51

**ACCOUNTING CLASSIFICATION**  
SEE BLOCK 12 ABOVE

Stamped Approved 4/16/12

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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.

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0S9TDT

**TRAVELER'S LAST NAME**  
Estenoz

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)										
02/29		D-:RES: Plantation														
02/29		TMC FEE (GOVCC-I)														
02/29		Airfare (Non Reimbursable)														
02/29		A-:JACKSONVILLE (D				38	25			38.25			38	25		
02/29		POV-NO GVT VHC AVL/AIRPORT									20.12	10	26			
02/29		RENTAL CAR														
02/29		D-:JACKSONVILLE (D														
02/29		A:RES: Plantation,														
02/29		Parking														
02/29		TMC Fee														
02/29		Misc Expenses														
02/29		TAV Fee -I														
02/29		TMC FEE														
									<b>SUBTOTALS</b>		10	26	38	25	0	00
									<b>TOTALS</b>		10	26	38	25	0	00

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil

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

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

**TOTAL AMOUNT CLAIMED** 48.51

ACCOUNTING CLASS CODE			TRIP 1
JOM. CARR.-I-211C			180.80
M&IE-211D			38.25
MILEAGE-211P			10.26
OTHER-211I			180.80
PARKING-211I			10.36
RENTAL CAR-211R			91.99
TAV EXP -I-211B			15.00
TMC FEE -I-211B			61.35
-----			-----
12 5298WN41EXY	0.00	0.00	588.81

2012^^07^5298^^EXY^WN41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		588.81
NON-REIMBURSABLE EXPENSES -----		540.30
		=====
TOTAL AMOUNT CLAIMED -----		48.51
PREV PAYMENTS --	0.00	
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		48.51
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 -----		48.51

Trip on Feb 29, 2012

Locator: BJSWIL

Date: Feb 24, 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

Confirmation I2FL98



**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	Invoice / Ticket / Date	Base	Tax 1	Tax 2	Tax 3	Total
SHANNON A ESTENOZ	480142/5262423784807/24FEB12	USD 158.14	11.86US	3.80ZP	7.00XT	180.80
				Trip Fee		28.50
				<b>Total Amount</b>		<b>209.30</b>

Form of Payment: CAXXXXXXXXXX (b) (6)

**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 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.

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

Trip on Feb 29, 2012

Locator: ILLJHJ

Date: Feb 23, 2012

Traveler **SHANNON A ESTENOZ - GDOIOS**  
 NGMSDOI  
 OFC OF THE EXEC DIRECTOR  
 SHANNON ESTENOZ  
 11200 SW 8TH ST  
 MIAMI FL 33199

Customer Number S321BGK

Agent 28

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

Wednesday, February 29, 2012

Confirmation ILBP9H



**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  
 Notes ARR-TERMINAL 1

Name	Invoice / Ticket / Date	Base	Tax 1	Tax 2	Tax 3	Total
SHANNON A ESTENOZ	480061/5262423654831/23FEB12	USD 158.14	11.86US	3.80ZP	7.00XT	180.80
					Trip Fee	28.50
					<b>Total Amount</b>	<b>209.30</b>

Form of Payment: CAXXXXXXXXXX



**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.VIRTUALLYTHERE.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: 292867142  
Vehicle Number:

YOUR INFORMATION

NAME: MR. SHANNON  
WIZARD NUMBER: 1JL26S  
AVIS DISC: US GOVER  
PAYMENT METHOD: MASTER XX5368

YOUR RENTAL

RENTAL NUMBER	CAR NUMBER	CAR GROUP
Picked up:	JAX	
Date/Time:	FEB 29, 2012@10:06AM	
Returned:	JAX	
Date/Time:	FEB 29, 2012@04:47PM	
Veh Group:	Intermediate	
Veh Charged:	Intermediate	
Vehicle:	HYUNDAI ELANTRA SEDAN	
Odometer Out:	3301	
Odometer In:	3333	
Fuel Reading:		

Please check your car for personal effects

Please check your car for personal effects

YOUR VEHICLE CHARGES

MINIMUM CHARGE	62.00
YOUR TIME AND MILEAGE:	62.00
TAXABLE FEES	
1.11% FEE	7.60
SALES SERVICE	13.99
SECURITY FEE \$ 2.00/RNT	2.00
NOISE RECOVERY \$ 0.60/D	6.00
*AIR \$ 5.00/DY	5.00
1100 BATTERY \$ 0.02/DY	.02
VEH LIC RECOUP \$ 0.78/DY	.78

YOUR SUBTOTAL	
TAXABLE SUBTOT	91.99
TAX .000%	.00

YOUR NON TAXABLE ITEMS

TOTAL CHARGES	91.99
NET CHARGES	91.99
TOTAL DUE:	0.00

PAID ON MASTER (b) (6)  
\*\*CONCESSION RECOVERY FEE

RENTAL NUMBER CAR NUMBER CAR GROUP  
THANK YOU FOR RENTING WITH AVIS

Toll Pass inquiries,  
visit [www.htalrc.com](http://www.htalrc.com)  
or call HTA at 1-866-285-6050  
Other enquiries or e-receipt visit  
[www.avis.com](http://www.avis.com)

or call 904 741-2327

\*ects.

\* Please

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. 032060  
02/29/12 05:38 -  
02/29/12 19:24 -  
Period 0d13h47'  
(PARKNG) \$9.00

Sub Total \$9.00  
[Fees + Tax] \$1.36

Total \$10.36

Payment Received

MC (b) (6) 36  
XXXXXX  
Merch:  
Auth:0  
Type: Swiped

Sub Total \$9.00  
FLL Fee 8% 0.72  
FL Tax 6.59% 0.64

Tell us how we are doing  
For a chance to win \$1000  
Info at [www.pnfcares.com](http://www.pnfcares.com)  
No Purchase Necessary

Signature

## Dawn Armel

---

**From:** Estenoz, Shannon A <Shannon\_Estenoz@ios.doi.gov>  
**Sent:** Friday, March 16, 2012 2:18 PM  
**To:** Dawn Armel  
**Subject:** RE: QAT Meeting 02/29/12

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](mailto:shannon_estenoz@ios.doi.gov)

---

**From:** Dawn Armel [[darmel@sfrestore.org](mailto:darmel@sfrestore.org)]  
**Sent:** Friday, March 16, 2012 2:15 PM  
**To:** Estenoz, Shannon A  
**Subject:** RE: QAT Meeting 02/29/12

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

---

**From:** Estenoz, Shannon A [[mailto:Shannon\\_Estenoz@ios.doi.gov](mailto:Shannon_Estenoz@ios.doi.gov)]  
**Sent:** Friday, March 16, 2012 2:09 PM  
**To:** Dawn Armel  
**Subject:** RE: QAT Meeting 02/29/12

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.

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](mailto:shannon_estenoz@ios.doi.gov)

---

**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

FILE COPY

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> EVERGLADES NP	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> SEWASHINGTOND030112_V
			<b>4. SCHEDULE NO.</b>

<b>a. NAME (Last, first, middle initial)</b> Estenz, Shannon A.	<b>b. SOCIAL SECURITY NO.</b> *** - ** - * (b) (6)	<b>6. PERIOD OF TRAVEL</b> FROM 03/01/12 TO 03/01/12
<b>c. MAILING ADDRESS (Include ZIP Code)</b> 11200 SW 8 Street FIU OE Building Room 165 Miami, FL 33199	<b>d. OFFICE TELEPHONE</b> 305-348-1665	<b>TRAVEL AUTHORIZATION</b> a. NUMBER(S) OSCA6I b. DATE(S) 02/23/12
<b>e. PRESENT DUTY STATION</b> EVERGLADES NP	<b>f. RESIDENCE (City and State)</b> Plantation, FL	<b>10. CHECK NO.</b>

<b>8. TRAVEL ADVANCE</b>	<b>9. CASH PAYMENT RECEIPT</b>	<b>11. PAID BY</b>	
a. Outstanding 0.00	a. DATE RECEIVED		b. AMOUNT RECEIVED \$
b. Amount to be applied 0.00	c. PAYEE'S SIGNATURE		
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)			
D. Balance outstanding			

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

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

AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
				FROM <small>(e)</small>	TO <small>(f)</small>
ACCOUNTING CLASSIFICATION: 12 5298WN41EXY-2012^^07^5298^^EXY^WN41^^ -				93.51 NR-	905.60

**COMMENTS:**  
Task Force Briefing Meeting.

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

**TRAVELER SIGN HERE**  **DATE** 3/27/12 **AMOUNT CLAIMED** 93.51

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

**14. This voucher is approved. Long distance 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** Dawn Armel Executive Assistant **DATE** 3/14/12

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

a. DIFFERENCES, IF ANY (Explain and show amount)	\$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	\$
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$ 0.00
<b>d. NET TO TRAVELER</b>	\$ 93.51

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

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR
----------------	----------------	-----------------

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

**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE**  **DATE** 3/22/12

**ACCOUNTING CLASSIFICATION**  
SEE BLOCK 12 ABOVE



ACCOUNTING CLASS CODE			TRIP 1
M&IE-211D			53.25
MILEAGE-211P			10.26
OTHER-211I			826.10
PARKING-211I			36.00
TAV EXP -I-211B			15.00
TAXI-211T			30.00
TMC FEE -I-211B			28.50
12 5298WN41EXY	0.00	0.00	999.11

2012^^07^5298^^EXY^WN41^^

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES		999.11
NON-REIMBURSABLE EXPENSES		905.60
TOTAL AMOUNT CLAIMED		93.51
PREV PAYMENTS	0.00	
GOV'T ADVANCE OUTSTANDING	0.00	
GOV'T ADVANCE APPLIED	0.00	
		0.00
NET TO TRAVELER (GOVT)		93.51
GOV'T CHARGE CARD EXPENSES	0.00	
GOV'T CHARGE CARD ATM ADV	0.00	
ADD'L GOV'T CHARGE CARD PYMT	0.00	
TOTAL GOV'T CHARGE CARD AMT	0.00	
PAY TO GOV'T CHARGE CARD		0.00
PAY TO TRAVELER		93.51



# TAXICAB RECEIPT

Time: 9:30  
Date: 3/1/12

Origin of trip: DCA

Destination: DOI

Fare: 15.00 Sign: [Signature]

Parking: \$36.<sup>1</sup>  
Parking machine gave no receipt.  
There was no attendant available to provide a receipt.

## -TAXICAB RECEIPT-

TIME 4:00 pm DATE 3/1/12

REC'D FROM [Signature]

FARE AMOUNT \$ 15.00

TRIP FROM DOI

TRIP TO DCA

ASSN. \_\_\_\_\_ CAB NO. \_\_\_\_\_

I.D. NO. \_\_\_\_\_ TAG NO. \_\_\_\_\_

SIGNATURE [Signature]

Trip on Mar 01, 2012

Locator: DDTFHF

Date: Feb 23, 2012

Traveler **SHANNON A ESTENOZ - GDOIFWS**  
 NGMSDOI  
 OFC OF THE EXEC DIRECTOR  
 SHANNON ESTENOZ  
 11200 SW 8TH ST  
 MIAMI FL 33199

Customer Number (b) (6)

Agent

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

Thursday, March 01, 2012

Confirmation **DY4KBW**



**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 - S  
 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

Confirmation **DY4KBW**



**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 3

Name	Invoice / Ticket / Date	Base	Tax 1	Tax 2	Tax 3	Total
ESTENOZ SHANNON A	475956/0378743210323/09FEB12	755.35	78.25			833.60
	(b) (6)				Trip Fee	28.50
<b>Total Amount</b>						<b>862.10</b>

Form of Payment: CAXXXXXXXXXX

**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.VIRTUALLYTHERE.COM \*\*.....  
ADD YOUR SABRE RESERVATION CODE AND NAME IN  
THE APPROPRIATE BOXES AND ENTER.

CWTSATOTRAVEL CAN BOOK YOUR HOTEL ACCOMODATIONS. 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!!!

