

TRAVEL VOUCHER <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE Department of Justice Office of the Attorney General		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.													
		5. NAME (Last, first, middle initial) Roberts, John G.		b. SOCIAL SECURITY NO. <div style="background-color: black; width: 100px; height: 20px;"></div>		6. PERIOD OF TRAVEL a. FROM: 10/19/82 b. TO: 11/10/82													
TRAVELER (PAYEE)	c. MAILING ADDRESS (Include ZIP Code) Office of the Attorney General Room 5111 Main Washington, D.C. 20530			d. OFFICE TELEPHONE NO. 633-2001		7. TRAVEL AUTHORIZATION a. NUMBER(S): 174 b. DATE(S): 10/18/82													
	a. PRESENT DUTY STATION Washington, D.C.			f. RESIDENCE (City and State) Washington, D.C.		10. CHECK NO.													
	8. TRAVEL ADVANCE a. Outstanding: 1300.00 b. Amount to be applied: 719.57 c. Amount due Government (Attached: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash): 580.43 d. Balance outstanding:		9. CASH PAYMENT RECEIPT a. DATE RECEIVED: b. AMOUNT RECEIVED \$:		11. PAID BY														
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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET <small>(a)</small></th> <th rowspan="2">ISSUING CARRIER <small>(Initials)</small> <small>(b)</small></th> <th rowspan="2">MODE, CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small></th> <th rowspan="2">DATE ISSUED <small>(d)</small></th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM <small>(e)</small></th> <th>TO <small>(f)</small></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		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>								
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>														
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 ▶ <i>John G. Roberts</i> DATE: 10/19/83 AMOUNT CLAIMED ▶ \$ 719.57		NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).																	
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE ▶ <i>Tex L. L. L.</i> DATE: 11/1/83		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 <i>Certifier's initials:</i>		\$ 719.57															
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE:		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 719.57															
		d. NET TO TRAVELER ▶		\$ None															
18. ACCOUNTING CLASSIFICATION 3A0101																			

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Com- plate 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 waiters, porters, etc. (other than for meals).

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

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

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

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

Complete this PAGE 1 information if this is a continuation OF 4 PAGES

TRAVEL AUTHORIZATION NO. 146

TRAVELER'S LAST NAME Robertts

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE (k)	AMOUNT CLAIMED			
			BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)					MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
10/19	3:30p	LV: Andrews AF Base via Govt. aircraft												
10/20	6:00p 10:50a	AR: Los Angeles LV: Los Angeles via Govt. aircraft			18 00			18 00			18 00		5 12	
	2:15p	AR: Elmendorf, Alaska												
	4:15p	LV: Elmendorf via Govt. aircraft												
10/21	5:50p	AR: Tokyo, Japan												
10/22		TDY Tokyo												
10/23		Taxi-official TDY Tokyo												2 00
10/24	2:00p	LV: Tokyo via Govt. aircraft												2 00
	5:25p	AR: Hong Kong												
10/25		TDY Hong Kong												
10/26		TDY Hong Kong												
10/27	8:00a	LV: Hong Kong via Govt. aircraft												
	11:00a	AR: Bangkok												
10/28		TDY Bangkok	5 15	12 50				18 25			18 25		16 73	
SUBTOTALS											38 58		4 00	
TOTALS											38 58		4 00	

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal, or regulatory investigations of prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

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

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

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

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

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

Col. (i) 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 PAGE 2 information if this is a continuation OF 4 PAGES TRAVEL AUTHORIZATION NO. 174 TRAVELER'S LAST NAME Roberts

DATE	TIME	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES						AMOUNT CLAIMED				
			BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/29		TDY Bangkok	5.75	15.00	5.00	25.75			25.75			16.73	
10/30		TDY Bangkok							17.00			16.73	
10/31		TDY Bangkok	6.80	10.00	53.00	69.80	24.40		24.40			16.73	
11/1	2:00	LV: Bangkok via Govt. aircraft											
11/2	3:45p	AR: Islamabad											
11/2	2:20p	LV: Islamabad via Govt. aircraft											
11/3	1:00p	AR: Peshawar											
11/3	8:50a	LV: Peshawar via Govt. aircraft											
11/4		Taxi-official											3.00
11/5	6:50p	AR: Paris											
11/5	9:00a	LV: Paris via Govt. aircraft											
11/7	1:05a	AR: Rome											
11/7		TDY Rome											
11/8		TDY Rome											
			SUBTOTALS						38.58		4.00		
			TOTALS						88.77		7.00		

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

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

TOTAL AMOUNT CLAIMED

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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Complete this PAGE 3 if this is a continuation OF 4 PAGES

TRAVEL AUTHORIZATION NO. 174

TRAVELER'S LAST NAME Roberts

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE	AMOUNT CLAIMED							
			BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
11/9		TDY Rome															
11/10	2:00p	Tip - official baggage LV: Rome via Govt. aircraft															10 00
	8:30p	AR: Andrews Air Force Base															
10/19		PER DIEM															
10/20		Subsistence															
		1/2 @ 50															
		1/2 @ 6															\$28.00
10/21		1/4 @ 6															
		3/4 @ 42.07 = \$33.05															
10/22		1 @ 42.07 = \$42.07															
10/23		1 @ 42.07 = \$42.07															
10/24		3/4 @ 42.07															
		1/4 @ 34.27 = \$40.12															
10/25		1 @ 34.27 = \$34.27															
10/26		1 @ 34.27 = \$34.27															
10/27		Subsistence															
10/28		Subsistence															
10/29		Subsistence															
10/30		Subsistence															
10/31		Subsistence															
											SUBTOTALS ▶		88 77	7 00			
											TOTALS ▶				17 00		

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TOTAL AMOUNT CLAIMED ▶

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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Complete this PAGE 4
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 TRAVEL AUTHORIZATION NO. 174
 TRAVELER'S LAST NAME Roberts

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE NO. OF MILES (k)	AMOUNT CLAIMED						
			BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
11/1		1 @ 20.73 = \$20.73															
11/2		1/2 @ 20.73															
11/3		1/2 @ 37.33 = \$29.04															
11/4		1 @ 37.33 = \$37.33															
11/4		1/2 @ 37.33 = \$21.67															
11/5		1 @ 34.61 = \$34.61															
11/6		1/2 @ 34.61															
11/6		1/2 @ 46.53 = \$40.58															
11/7		1 @ 46.53 = \$46.53															
11/8		1 @ 46.53 = \$46.53															
11/9		1 @ 46.53 = \$46.53															
11/10		3/4 @ 46.53 = \$36.40															
		1/4 @ 6 = \$613.80															
										SUBTOTALS ▶		88.77			17.00		
										TOTALS ▶		702.57			17.00		

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

TOTAL AMOUNT CLAIMED ▶ \$719.57

OFFICIAL TRAVEL REQUEST AND AUTHORIZATION

REQUEST

TRAVELER'S NAME <u>John G. Roberts</u>		ACCOUNTING CLASSIFICATION <u>3A0101</u>	DOCUMENT NUMBER <u>174</u>
REQUESTED BY		ORGANIZATION <u>Office of the Attorney General</u>	
SIGNATURE _____		OFFICIAL DUTY STATION <u>Washington, D.C.</u>	
TITLE _____ DATE _____		MODE OF TRANSPORTATION AUTHORIZED (CHECK APPLICABLE BOXES) <input type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input checked="" type="checkbox"/> OTHER <u>Govt aircraft</u>	MODE OF SUBSISTENCE AUTHORIZED (CHECK TYPE) <input checked="" type="checkbox"/> ACTUAL SUBSISTENCE, UP TO \$ <u>75</u> PER DAY <u>Los Angeles</u> ACTUAL SUBSISTENCE OTHER THAN HRGA REQUIRES APPROVAL BY AGENCY HEAD, PARA. 2.4a, OBD 2200.1A. <input type="checkbox"/> PER DIEM BASED ON LODGING PLUS METHOD NTE. \$ _____ <input checked="" type="checkbox"/> PER DIEM OF \$ <u>based on State Dept rates</u> PER DAY
PLANNED ITINERARY FOREIGN TRAVEL MUST BE APPROVED AS REQUESTED BY PARA. 2. 4C(2), OBD 2200.1A FROM: <u>Washington, DC</u> VIA: <u>Los Angeles</u> VIA: <u>Tokyo</u> VIA: <u>Hong Kong</u> VIA: <u>Bangkok</u> TO: <u>Islamabad</u> AND RETURN <input checked="" type="checkbox"/> See below DEP. DATE <u>10/19/82</u> RETURN DATE <u>11/10/82</u>	ESTIMATED COST TRANSPORTATION \$ _____ SUBSISTENCE OR PER DIEM \$ <u>700.00</u> OTHER \$ <u>50.00</u> TOTAL \$ <u>750.00</u>		

OTHER AUTHORIZATIONS (WHEN THE FOLLOWING TYPE(S) OF EXPENSE(S) CAN BE ANTICIPATED. CHECK THE APPROPRIATE BOX(ES))

- | | |
|--|--|
| <input type="checkbox"/> 1. USE OF HIGHER COST SERVICE WHEN LOWER COST SERVICE IS AVAILABLE ON SAME MODE OF TRANSPORTATION. IF FIRST CLASS AIR IS TO BE AUTHORIZED FORWARD TO APPROPRIATE AUTHORIZING OFFICIAL PER ORDER DOJ 2200.8.

<input type="checkbox"/> 2. USE OF FOREIGN FLAG AIR CARRIER(S) AS SHOWN IN JUSTIFICATION STATEMENT BELOW. (CHAPTER 3, ORDER OBD 22001.A) | <input type="checkbox"/> 3. USE OF PRIVATELY OWNED VEHICLE WHEN USE OF COMMON CARRIER IS MOST ADVANTAGEOUS TO THE GOVERNMENT.
<input type="checkbox"/> 4. USE OF PRIVATELY OWNED VEHICLE WHEN USE OF GOVERNMENT VEHICLE WOULD BE ADVANTAGEOUS TO THE GOVERNMENT.
<input type="checkbox"/> 5. RENTAL OF BUSINESS QUARTERS (HIRE OF ROOM, QUARTERS FOR CONFERENCE, ETC.) |
|--|--|

PURPOSE OF TRAVEL (FOR RELOCATION ATTACH FORM DJ-10A) JUSTIFICATIONS (IF APPROPRIATE)

Itinerary Continued

Peshawar
Paris
Rome

To pursue narcotics law enforcement and immigration reform and to address the problem of international terrorism.

YOU ARE AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE IN ACCORDANCE WITH THE REGULATIONS CONTAINED IN OBD 2200.1A, UNDER THE CONDITIONS OUTLINED IN THIS AUTHORIZATION. YOU ARE ALSO AUTHORIZED TO MAKE LONG DISTANCE TELEPHONE CALLS WHEN THEY ARE NECESSARY AND IN THE INTEREST OF THE CALLS.

SIGNATURE Kenneth W. Stau
 TITLE Counselor to the Attorney General DATE 10/18/82

AUTHORIZATION OF ACTUAL SUBSISTENCE AND FOREIGN TRAVEL IS LIMITED BY OBD 2200.1A

1 - ORIGINAL - EMPLOYEE TO SUBMIT WITH VOUCHER

FORM OBD-1
SEP 1978

Folder: AG-Trip (Fall 1982) Vouchers
 Series: Correspondence Files of Ken Starr, 1981-83
 Acc. #60-88-0498 Box 9
 RG 60 Department of Justice