

KAVANAUGH, BRETT

Box 1785

Screened by NARA (RD-F) 07-30-2018 FOIA # none (URTS 16315) DOCID: 70105250

TVC CLK #01

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE <i>Office of the Independent Counsel</i>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. <i>TV023</i>
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4. a. NAME (Last, first, middle initial) <i>Kavanaugh, Brett M.</i>		b. SOCIAL SECURITY NO. <i>FOIA(b)(6)</i>	5. PERIOD OF TRAVEL a. FROM <i>9/7/94</i> b. TO <i>9/9/94</i>	
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO. <i>202-514-8688</i>		6. TRAVEL AUTHORIZATION DATE(S) <i>#01</i>

e. PRESENT DUTY STATION <i>Washington, DC</i>	f. RESIDENCE (City and State) <i>Washington, DC</i>	9. CHECK NO.
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7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)		8. CASH PAYMENT RECEIPT		10. PAID BY
a. Outstanding	b. Amount to be applied	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 <i>FOIA(b)(4)</i>		
11-1 FOREIGN TRAVEL <input type="checkbox"/>		11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input checked="" type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)		

12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.))

	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)
(g) DINERS GTS OTHER	\$ <i>CTA</i>				<i>Washington DC</i>	<i>Little Rock</i>
(h) CASH	\$				<i>and return</i>	
(i) TOTAL	\$				(m) TRANS. TICKETS (from reverse) (21-1)	\$
(j) COST CENTER/ ACCT CLASS:					(n) MILEAGE (from reverse) (21-2)	\$
(k) DC NUMBER: <i>945TR 0023</i>					(o) SUBSISTENCE (from reverse) (21-4)	\$ <i>164.00</i>
(l) CALL NUMBER:					(p) VEHICLE RENTAL (from reverse) (21-6)	\$
					(q) OTHER (from reverse) (21-7)	\$ <i>28.00</i>

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

Traveler's Initials *BMK*

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 *Brett M. Kavanaugh* DATE *9-12-94* AMOUNT CLAIMED *\$ 192.00*

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 580e).)

APPROVING OFFICIAL SIGN HERE *Justin R. Harris* DATE *9/13/94*

17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
DIFFERENCES (21-1)	\$
IF ANY (21-2)	
(Explain and show amount) (21-4)	
(21-6)	
(21-7)	

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR
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b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: Certifier's Initials:	\$
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16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE *Justin R. Harris* DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	\$
d. NET TO TRAVELER	\$

REQUEST

Traveler's Name Kavanaugh, Brett		Document Number 647STR0023	
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)	
Requested By Signature _____		Organization Office of Independent Counsel	
Title _____ Date _____		Official Duty Station Washington, DC	
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: Washington, DC VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: Little Rock, AR And return <input checked="" type="checkbox"/> Dep. Date 9/7/94 Return Date 9/9/94		Mode of Transportation Authorized (Check applicable box(es)) <input checked="" 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 type="checkbox"/> OTHER _____	
Estimated Cost Transportation \$ 262.00 Actual subsistence or per diem \$ 246.00 Other \$ 150.00 Total \$ 658.00 <input type="checkbox"/> ATM Advance Authorized \$ _____		Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ _____ <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.

2. Use of foreign flag air carrier(s) as shown in justification statement below.

3. Rental of business quarters (hire of room, quarters for conference, etc.)

4. Other. Specify below.

Purpose of Travel

a. Operational/Managerial c. Meetings, Conferences and Speeches e. Other Travel

b. Training d. Relocation Travel (attach Form DOJ-502)

Justification (if appropriate)

Meeting in Office of the Independent Counsel, Little Rock

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature _____ Title **Administrative Officer** Date _____

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

ROOM NO.	RATE	NAME (LAST)	(FIRST)	DEPARTURE
227	52	Kavanaugh, Brett		9/9

FOLIO NO.
47911

AmeriSuites

10920 FINANCIAL CENTER PARKWAY
LITTLE ROCK, ARKANSAS 72211
(501) 225-1075

ADVANCE DEPOSIT
OR BALANCE FUND

FOIA(b)(6)

	1	227	1	0052	9	KAVA	
	2						
I	3	SEP 07	PREV BAL				.00
D	4	217539	ROOM 227-1				.00
	5	SEP 07	PREV BAL				.00
X	6	SEP 07	ROOM CHG	52.00			
	7	317593	ROOM 227-1				52.00
	8	SEP 08	PREV BAL				52.00
	9	SEP 08	ROOM CHG	52.00			
E	10	317811	ROOM 227-1				104.00
X	11						
	12						
E	13						
	14						
M	15						
	16						
P	17						
	18						
I	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						

47911

ROOM NO.	RATE NO.	NO. IN PARTY	
		A C	

FOLIO NO.	DATE	DESCRIPTION	AMOUNT	BALANCE
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TAXICAB RECEIPT

Date: 9/17/94

Time: _____

Cab # _____

Origin of trip _____

Destination _____

Fare _____

Sign. [Signature]

Company [Signature]

ID # _____

*Hope you had a pleasant ride
Thank you for your business*

Taxi Cab Receipts

Date _____ Time: _____

Trip Origin: N AIR PORT

Destination: FOIA(b)(6)

Fare: \$ $\frac{1520}{280}$ Signature *[Signature]*
12.00

R

CHECK DATE: 09/21/94

ADMINISTRATIVE OFFICE
OF THE U.S. COURTS
WASHINGTON, D.C.



CHECK AMOUNT:

\$192.00

VOUCHER	INVOICE	AMOUNT
94TSTRO023		192.00
TRAVEL REIMBURSEMENT	94TSTRO023	

FOIA(b)(4)



Check No.



United States Treasury ¹⁵⁻⁵¹/₀₀₀

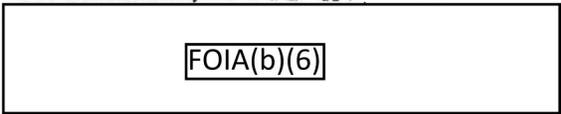


09 21 94

ADMINISTRATIVE OFFICE
OF THE U.S. COURTS
WASHINGTON, D.C.

Pay to
the order of

KAVANAUGH, BRETT M.



FOIA(b)(6)

\$*****192*00

VOID AFTER ONE YEAR

Gloria C. Brown

DISBURSING OFFICER

REF. NO. 579946962



1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE <i>Office of the Independent Counsel</i>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. <i>KAV 02</i>	
4. a. NAME (Last, first, middle initial) <i>Kavanaugh, Brett-M.</i>		b. SOCIAL SECURITY NO. <i>FOIA(b)(6)</i>		5. PERIOD OF TRAVEL a. FROM <i>9/22/94</i> b. TO <i>9/23/94</i>	
e. PRESENT DUTY STATION <i>Washington, DC</i>		f. RESIDENCE (City and State) <i>Washington, DC</i>		6. TRAVEL AUTHORIZATION DATE(S) <i>#02</i>	

7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)		8. CASH PAYMENT RECEIPT		10. PAID BY	
a. Outstanding		a. DATE RECEIVED b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)		11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input checked="" type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)			
d. Balance outstanding		11-1 FOREIGN TRAVEL <input type="checkbox"/>			

12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.))		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				Traveler's Initials <i>BMK</i>	
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL
(g) DINERS GTS (OTHER) AMEX		\$ 265.00					FROM TO <i>Washington, DC Little Rock and return</i>
(h) CASH		\$					
(i) TOTAL		\$ 265.00					(m) TRANS. TICKETS (from reverse) (21-1) \$ 265.00
(j) COST CENTER/ ACCT CLASS							(n) MILEAGE (from reverse) (21-2) \$
(k) DC NUMBER: <i>94 T STR 0048</i>							(o) SUBSISTENCE (from reverse) (21-4) \$ <i>102.50</i>
(l) CALL NUMBER:							(p) VEHICLE RENTAL (from reverse) (21-6) \$
							(q) OTHER (from reverse) (21-7) \$ 10.00

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

TRAVELER SIGN HERE *Brett M. Kavanaugh* DATE *9-30-94* AMOUNT CLAIMED *\$ 377.50*

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)			17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE <i>Cunningham</i> DATE <i>10/6/94</i>			DIFFERENCES (21-1) \$		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			IF ANY (21-2)		
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	(21-4)		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			(21-6)		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE			(21-7)		
			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: Certifier's Initials: \$		
			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) \$		
			d. NET TO TRAVELER \$		

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

- Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)
- Complete only for actual expense travel
- Col. (d) Show amount incurred for each meal including tax and tips and daily total meal cost.
- Col. (g) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (n) 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.
- (p) Show expenses, such as: taxi/limousine fares, local or long distance telephone calls for Government business, relocation on other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE _____ OF _____ PAGES

TRAVELER'S AUTHORIZATION NO. _____

TRAVELER'S LAST NAME
Kavanaugh

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	TRANSPORTATION TICKETS	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	MILEAGE			SUBSISTENCE	VEHICLE RENTAL	OTHER			
			BREAK-FAST	LUNCH	DINNER	TOTAL												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)			
19 94 September 22	2:10pm	Taxi from downtown to airport (National)													10 00			
22		Lodging - Marriott Countryard Little Rock (\$52 + tax)						52 50		150 00				52 50				
22-23		Temporary duty in Little Rock, Arkansas from September 22 2:10 pm to September 23 at 11:50 pm (when arrived home) ME (1 1/2 days @ \$30)								37 50				37 50				
22-23		Airfare from Washington to Little Rock and return									265 00							
											SUBTOTALS ▶							
											TOTALS ▶		265 00			102 50		10 00

If additional space is required, continue on another Form DOJ-534 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 performances of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions.

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

(21-1) (21-2) (21-4) (21-6) (21-7)

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

TOTAL AMOUNT CLAIMED ▶ 377.50

REQUEST

Traveler's Name Brett Kavanaugh		Document Number 94 FSR 0048
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)
Requested By Signature _____		Organization Office of Independent Counsel
Title _____ Date _____		Official Duty Station Washington, DC
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: Washington, DC VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: Little Rock, AR And return <input checked="" type="checkbox"/> Dep. Date 9/22/94 Return Date 9/23/94		Mode of Transportation Authorized (Check applicable box(es)) <input checked="" 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 type="checkbox"/> OTHER _____ GSA (BOAC)
Estimated Cost Transportation \$ 265 Actual subsistence or per diem \$ 150 Other \$ 100 Total \$ 515 <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____		Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ 52+tax/night 30/M&IE <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 2. Use of foreign flag air carrier(s) as shown in justification statement below.

3. Rental of business quarters (hire of room, quarters for conference, etc.)
 4. Other. Specify below.

Purpose of Travel

a. Operational/Managerial
 b. Training
 c. Meetings, Conferences and Speeches
 d. Relocation Travel (attach Form DOJ-502)
 e. Other Travel

Justification (if appropriate)

Meeting in Office of the Independent Counsel, Little Rock

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature *J. W. P. Harris* Title Administrative Officer Date 10/5/94

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

USAir Boarding Pass
BOARDING PASS 01 OF 02

NAME OF PASSENGER KAVANAUGH/BRETT			
FROM X/O	WASHINGTON/NATL		
TO X/O	CHARLOTTE NC		
CARRIER	USAIR		
CODE	FLIGHT	CLASS	DATE TIME
US0831	K		22SEP250P
GATE H3	BOARDING TIME	SEAT 10E	SMOKING

USAir Boarding Pass
BOARDING PASS 02 OF 02

NAME OF PASSENGER KAVANAUGH/BRETT			
FROM X/O	CHARLOTTE NC		
TO X/O	LITTLE ROCK AR		
CARRIER	USAIR		
CODE	FLIGHT	CLASS	DATE TIME
US0875	K		22SEP440P
GATE A6	BOARDING TIME CONNECTION	SEAT 90	SMOKING

ISSUED BY **American Airlines**
BOARDING PASS

NAME OF PASSENGER KAVANAUGH/BRETT			
X/O FROM	LITTLE ROCK		
X/O TO	NASHVILLE		
CARRIER	FLIGHT	CLASS	DATE DEPARTURE TIME
A	580	K	23SEP 510P
GATE 1	SEAT 13B	SMOKING NO	

PCS OKD WT CKD WT UNCKD A/L CODE BAGGAGE NUMBER

 CPN AIRLINE FORM AND SERIAL NUMBER CK

 CODE
 IDENT ISS CARRIER/AGENT
001/42A

ISSUED BY **American Airlines**
BOARDING PASS

NAME OF PASSENGER KAVANAUGH/BRETT			
X/O FROM	NASHVILLE		
X/O TO	WASHINGTON NATL		
CARRIER	FLIGHT	CLASS	DATE DEPARTURE TIME
AA	1188	Y	23SEP 812P
GATE C10	SEAT 8D	SMOKING NO	

PCS OKD WT CKD WT UNCKD A/L CODE BAGGAGE NUMBER

 CPN AIRLINE FORM AND SERIAL NUMBER CK

 CODE
 IDENT ISS CARRIER/AGENT
001/45W

Carlson Travel Network

SALES PERSON: 55
CUSTOMER NBR: 317901

ITINERARY/INVOICE NO. 0245482
RBHRUT

DATE: 21 SEP 94
PAGE: 01

TO: CONSOLIDATED ADMIN OFF
1001 PENN AVE#490NORTH
202-514-8688
DELIVER 21SEP PM

CARLSON TRAVEL NETWORK
10TH AND CONSTITUTION AVE
ROOM 1409
WASHINGTON DC 20530
703-836-9585

FOR: KAVANAUGH/BRETT

REF: A02770101

22 SEP 94 - THURSDAY

AIR USAIR FLT:831 ECONOMY
LV WASHINGTON NATL 250P EQP: 737-300
AR CHARLOTTE 408P NON-STOP

OTHER WASHINGTON NATL
ADVANCE SEATING NOT AVAILABLE AIRPORT CHECKIN REQUIRED

AIR USAIR FLT:875 ECONOMY
LV CHARLOTTE 440P EQP: FOKKER F28
AR LITTLE ROCK 535P NON-STOP

OTHER CHARLOTTE
ADVANCE SEATING NOT AVAILABLE AIRPORT CHECKIN REQUIRED

23 SEP 94 - FRIDAY

AIR AMERICAN AIRLINES FLT:580 ECONOMY
LV LITTLE ROCK 510P EQP: FOKKER 100
AR NASHVILLE 616P NON-STOP

KAVANAUGH/BRETT SEAT-10E
NO AISLE/WINDOW SEAT AVAILABLE
PLEASE CHECK AT AIRPORT FOR FURTHER AVAILABILITY

AIR AMERICAN AIRLINES FLT:1022 ECONOMY SNACK
LV NASHVILLE 650P EQP: SUPER 80
AR WASHINGTON NATL 921P NON-STOP

KAVANAUGH/BRETT SEAT-14E
NO AISLE/WINDOW SEAT AVAILABLE
PLEASE CHECK AT AIRPORT FOR FURTHER AVAILABILITY

22 DEC 94 - THURSDAY

OTHER WASHINGTON
THANK YOU FROM CARLSON TRAVEL NETWORK

AIR TICKET US1128631924

KAVANAUGH BRETT

BILLED TO FOIA(b)(6)

265.00*

TOTAL BASE 235.45

TOTAL TAX 29.55

NET CC BILLING 265.00*

TOTAL AMOUNT DUE 0.00

34 PASSENGER TICKET AND BAGGAGE CHECK A02770101
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

317901 0245482 A55
X BOARDING PASS

PASSENGER RECEIPT

ISSUED BY USAIR
NAME OF ISSUING AGENT CARLSON TRAVEL
NAME OF PASSENGER KAVANAUGH/BRETT
XO FROM **NOT VALID FOR**
XO TO **TRANSPORTATION**
ENDORSEMENTS/RESTRICTIONS

ARC AIR RIGHT COUPON
XXXKX
WASHINGTON DC
REHRUT/AA MULTI
FARE BASIS/TICKET DESIGNATOR
CLASS DATE
TIME
STATUS
NOT VALID BEFORE
NOT VALID AFTER

AGENT CODE A09864326
PLACE OF ISSUE ISOTIX DATE OF ISSUE
6 0011/

ISSUING AGENT ID RR00*03

NAME OF PASSENGER KAVANAUGH/BRETT
DCA
XCLT US831 K 22SEPKDG9D
OLIT US875 K 22SEPKDG9D
XBNA AA580 K 23SEPKDGCA
DCA AA1022 K 23SEPKDGCA

FP [FOIA(b)(6)] 000030 /PCWAS US X/CLT
IIS I.ITL.L7.P7KDG9D AA X/RNA AA WASL.A.LARDGCA 235.
45 END XFDCA3BNA3

CARRIER *****
CARRIER FLIGHT CLASS DATE TIME *****

GATE SEAT SMOKE *****

FARE USD 235.45
TAX US 23.55
TAX XF 6.00
TOTAL USD 265.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK
30169231890

ALLOW PCS WT UNCKD *****
DOCUMENT NUMBER CK
0 037 1128631924 1

NOT VALID FOR TRAVEL
0 037 1128631924 1
AA09864326

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.



LITTLE ROCK (LITCHEST CHARGES SUMMARY)
 10900 FINANCIAL CTR PKY
 LITTLE ROCK, AR, 72211
 (501)227-6000

Toll Free Reservations (800) 321- 2211

THANK YOU FOR SELECTING COURTYARD BY MARRIOTT FOR YOUR TRIP. WE TRUST THAT YOUR EXPERIENCE WITH US HAS INCLUDED WARM AND GRACIOUS SERVICE, AND THE TYPE OF ACCOMMODATIONS EXPECTED.

WE LOOK FORWARD TO SERVING YOU AGAIN ON FUTURE TRIPS. FOR ADDITIONAL RESERVATIONS, CALL OUR TOLL FREE RESERVATION NUMBER, (800) 321-2211.

WE LOOK FORWARD TO YOUR NEXT VISIT.

BRETT KAVANAUGH
 NO ADDRESS GIVEN
 NO ADDRESS GIV XX 00000
 GOVERNMENT EMP

ROOM 309 GOVA
 ROOM TYPE GENR
 1
 NO. OF GUESTS 52.00
 RATE 52.00
 CLERK

ARRIVE 09/22/94 TIME 06:26PM DEPART 09-23-94 TIME 01:23A FOLIO # P6-68227

DATE	REFERENCE NUMBER	DESCRIPTION	CHARGES	CREDITS
09/22/94	RB309	ROOM CHARGE	52.00	
09/22/94	RT309	ROOM TAX	5.20	
09/22/94	AX309	AMERICAN EXPRESS		57.20-

*	CARD #:	FOIA(b)(6)	*	
*	AMOUNT:	57.20	AUTH: 25	*
*	**	SIGNATURE ON FILE	**	*

	**	BALANCE	**	.00

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement, it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month (annual rate of 18%), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

SIGNATURE

Brett M. Kavanagh

U.S. Department of Justice

Official Travel Request and Authorization
(Privacy Act Statement on Reverse of Last Part)

REQUEST

Traveler's Name Brett Kavanaugh		Document Number 95TSTR 0379	
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)	
Requested By Signature		Organization Office of Independent Counsel	
Title _____ Date _____		Official Duty Station Washington, DC	
Planned Itinerary		Mode of Transportation Authorized (Check applicable box(es))	
<input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations		<input checked="" type="checkbox"/> BY COMMON CARRIER	
From: Washington, DC		<input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO	
VIA: _____		<input checked="" type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE	
VIA: _____		<input type="checkbox"/> BY PRIVATELY OWNED VEHICLE	
VIA: _____		<input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT	
VIA: _____		<input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER	
To: Little Rock, AR		<input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO	
And return <input checked="" type="checkbox"/> 7/1/95		<input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED	
Dep. Date 9/30/95		<input type="checkbox"/> OTHER	
Return Date _____		GSA (BOAC)	
Estimated Cost		Mode of Subsistence Authorized (Check type)	
Transportation \$ _____		<input checked="" type="checkbox"/> Actual subsistence up to \$ 60 + tax per day	
Actual subsistence or per diem \$ 5,000.00		Actual subsistence requires approval by appropriate authorizing official	
Other \$ 1,000.00		<input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ 30/MEAL	
Total \$ 6,000.00		<input type="checkbox"/> Per diem of \$ _____ per day	
<input type="checkbox"/> ATM Advance Authorized \$ _____		<input type="checkbox"/> Extended TDY (Reduced Rate)	

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet.)

2. Use of foreign flag air carrier(s) as shown in justification statement below.

3. Rental of business quarters (hire of room, quarters for conference, etc.)

4. Other. Specify below.

Purpose of Travel

a. Operational/Managerial c. Meetings, Conferences and Speeches e. Other Travel

b. Training d. Relocation Travel (attach Form DOJ-502)

Justification (if appropriate)

Bi-weekly trips for meetings in Office of Independent Counsel, Little Rock, AR are authorized for about 2-3 nights each trip.

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature *J. Michael...* Title **Administrative Officer** Date 7/1/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

3-79

REQUEST

Traveler's Name <u>Brett Kavanaugh</u>		Document Number <u>95TSIR 0379</u>	
Social Security Account Number <u>FOIA(b)(6)</u>		Accounting Classification <u>FOIA(b)(4)</u>	
Requested By Signature _____		Organization <u>Office of Independent Counsel</u>	
Title _____ Date _____		Official Duty Station <u>Washington, DC</u>	
Planned Itinerary		Mode of Transportation Authorized	
<input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations. From: <u>Washington, DC</u> VIA: _____ VIA: _____ VIA: _____ To: <u>Little Rock, AR</u> And return <input checked="" type="checkbox"/> Dep. Date <u>7/1/95</u> Return Date <u>9/30/95</u>		(Check applicable box(es)) <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)	
Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ <u>5,000.00</u> Other \$ <u>1,000.00</u> Total \$ <u>6,000.00</u> <input type="checkbox"/> ATM Advance Authorized <input checked="" type="checkbox"/>		Mode of Subsistence Authorized (Check type) <input checked="" type="checkbox"/> Actual subsistence up to \$ <u>60 + tax</u> per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <u>30/M&IE</u> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

<input type="checkbox"/> 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet). <input type="checkbox"/> Upgrade to premium class at no extra cost.	<input type="checkbox"/> 3. Rental of business quarters (hire of room, quarters for conference, etc.)
<input type="checkbox"/> 2. Use of foreign flag air carrier(s) as shown in justification statement below.	<input type="checkbox"/> 4. Other. Specify below.

Purpose of Travel

<input type="checkbox"/> a. Operational/Managerial	<input type="checkbox"/> c. Meetings, Conferences and Speeches	<input checked="" type="checkbox"/> e. Other Travel
<input type="checkbox"/> b. Training	<input type="checkbox"/> d. Relocation Travel (attach Form DOJ-502)	

Justification (if appropriate)

Bi-weekly trips for meetings in Office of Independent Counsel, Little Rock, AR are authorized for about 2-3 nights each trip.

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature Quiana R. Harris Title Administrative Officer Date 7/5/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

Kavanaugh Travel Claims
 1/ 1/94 Through 6/16/95

STARR-STARR AOUSC
 6/16/95

Date	Num	Description	Memo	Category	Clr	Amount
9/30/94	TV023S	Kavanaugh, Brett Tvl Claim #01	940023 Kavanaugh 01	--SPLIT--	X	-192.00
9/30/94	KAV02S	Kavanaugh, Brett Tvl Claim #02	940048 Kavanaugh 02	--SPLIT--		-377.50
12/30/94	5080AS	Kavanaugh, Brett Tvl Claim #03	950080 Kavanaugh 03	--SPLIT--	X	-518.82
4/13/95	KAV04S	Kavanaugh, Brett Tvl Claim #04	950293 Kavanaugh 04	--SPLIT--		-300.50
5/ 9/95	5566	Kavanaugh, Brett	taxi receipt, 4/11/95	2120 TVL Exp:212004 Tvl Othe		-5.00
5/18/95	5647 S	Kavanaugh, Brett Tvl Claim #05	950307 Kavanaugh 05	--SPLIT--		-775.51
TOTAL 1/ 1/94 - 6/16/95						-2,169.33
TOTAL INFLOWS						0.00
TOTAL OUTFLOWS						-2,169.33
NET TOTAL						-2,169.33

REQUEST

Traveler's Name Brett Kavanaugh		Document Number 95TSTR0022
Social Security Account Number		Accounting Classification FOIA(b)(4)
Requested By Signature		Organization Office of Independent Counsel
Title _____ Date _____		Official Duty Station Washington, DC
Planned Itinerary	Estimated Cost	Mode of Transportation Authorized
<input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations	Transportation \$ 1590	<input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
From: Washington, DC	Actual subsistence or per diem \$ 1476	
VIA: _____	Other \$ 1000	
VIA: _____	Total \$ 4066	
VIA: _____		
To: Little Rock, AR	<input checked="" type="checkbox"/> ATM Advance Authorized	Mode of Subsistence Authorized
And return <input checked="" type="checkbox"/>	\$ _____	<input type="checkbox"/> Actual subsistence up to \$ _____ per day
Dep. Date 10/1/94		Actual subsistence requires approval by appropriate authorizing official
Return Date 12/31/94		<input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$52 +tax/night 30/M&IE
		<input type="checkbox"/> Per diem of \$ _____ per day
		<input type="checkbox"/> Extended TDY (Reduced Rate)

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

- 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet.)
- 2. Use of foreign flag air carrier(s) as shown in justification statement below.
- 3. Rental of business quarters (hire of room, quarters for conference, etc.)
- 4. Other. Specify below.

Purpose of Travel

- a. Operational/Managerial
- b. Training
- c. Meetings, Conferences and Speeches
- d. Relocation Travel (attach Form DOJ-502)
- e. Other Travel

Justification (if appropriate)

Bi-weekly trips for meetings in Office of Independent Counsel, Little Rock, AR for about 2 nights each trip.

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature Justin R. Harris Title Administrative Officer Date 10/5/94

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

Greg,

Here are the reimbursement forms for my trip to Little Rock on 9/22 - 9/23. Remind me to ask you re: (1) reimbursement for the Dashes' dinner; and (2) advance travel authorization form, which I never received.

Thanks,
Brett

REQUEST

Traveler's Name Kavanaugh, Brett		Document Number 95TSTR0080
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)
Requested By Signature _____		Organization Office of Independent Counsel
Title _____ Date _____		Official Duty Station _____
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: Washington, DC area VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: Little Rock, AR And return <input checked="" type="checkbox"/> Dep. Date 11/30/94 Return Date 12/2/94	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ 400.00 Other \$ 150.00 Total \$ 550.00 <input checked="" type="checkbox"/> ATM Advance Authorized \$ 100	Mode of Transportation Authorized (Check applicable box(es)) <input type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
		Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ 52 + tax/night lodging 30/day M&IE <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

- 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.
- 2. Use of foreign flag air carrier(s) as shown in justification statement below.
- 3. Rental of business quarters (hire of room, quarters for conference, etc.)
- 4. Other. Specify below.

Purpose of Travel

- a. Operational/Managerial
- b. Training
- c. Meetings, Conferences and Speeches
- d. Relocation Travel (attach Form DOJ-502)
- e. Other Travel

Justification (if appropriate)

Investigative services

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes

or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature *James R. Harris* Title **Administrative Officer** Date 12/2/94

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

REQUEST

Traveler's Name Kavanaugh, Brett		Document Number 95TSR 0293
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)
Requested By Signature _____		Organization Office of Indep. Counsel-Starr
Title _____ Date _____		Official Duty Station Washington, DC
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: Washington, DC VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: Little Rock, AR And return <input checked="" type="checkbox"/> Dep. Date 1/25/95 Return Date 1/25/95	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ 265.00 Other \$ 50.00 Total \$ 315.00 <input type="checkbox"/> ATM Advance Authorized \$ _____	Mode of Transportation Authorized (Check applicable box(es)) <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
	Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ 30/day M&IE <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

- 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet.)
- 2. Use of foreign flag air carrier(s) as shown in justification statement below.
- 3. Rental of business quarters (hire of room, quarters for conference, etc.)
- 4. Other. Specify below.

Purpose of Travel

- a. Operational/Managerial
- b. Training
- c. Meetings, Conferences and Speeches
- d. Relocation Travel (attach Form DOJ-502)
- e. Other Travel

Justification (if appropriate)

Investigative services.

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature *Julius R. Harris* Title Administrative Officer Date 1/13/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

REQUEST

Traveler's Name Kavanaugh, Brett		Document Number 95TSTR0307
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)
Requested By Signature _____		Organization Office of Indep. Counsel-Starr
Title _____ Date _____		Official Duty Station Washington, DC
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: Washington, DC VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: Little Rock, AR And return <input checked="" type="checkbox"/> Dep. Date 5/1/95 Return Date 5/4/95 5/5/95	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ 500.00 Other \$ 100.00 Total \$ 600.00 <input type="checkbox"/> ATM Advance Authorized \$ _____	Mode of Transportation Authorized (Check applicable box(es)) <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
	Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$30/day M&IE \$52 + tax/night <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

- 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.
- 2. Use of foreign flag air carrier(s) as shown in justification statement below.
- 3. Rental of business quarters (hire of room, quarters for conference, etc.)
- 4. Other. Specify below.

Purpose of Travel

- a. Operational/Managerial
- b. Training
- c. Meetings, Conferences and Speeches
- d. Relocation Travel (attach Form DOJ-502)
- e. Other Travel

Justification (if appropriate)

Investigative Services

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes

or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature J. P. Harris Title Administrative Officer Date 4/28/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

SALES PERSON: 90
CUSTOMER NBR: 030177

ITINERARY
RZXZOH

DATE: 25 APR 95
PAGE: 01

TO: OFFICE OF THE INDEPENDENT COUNSEL
1001 PENNSYLVANIA AVENUE, N.W.
SUITE 490-NORTH
WASHINGTON, D.C. 20004

FOR: KAVANAUGH/BRETT

04 MAY 95 - THURSDAY

AIR NORTHWEST AIRLINES FLT:1049 COACH
LV LITTLE ROCK 615P
AR MEMPHIS 700P

EQP: DC-9 STRETCH
NON-STOP

KAVANAUGH/BRETT SEAT- 8D

AIR NORTHWEST AIRLINES FLT:1030 COACH
LV MEMPHIS 800P
AR WASHINGTON NATL 1059P

EQP: AIRBUS A320
NON-STOP

KAVANAUGH/BRETT SEAT- 8D

SALES PERSON: 90
CUSTOMER NBR: 030177

ITINERARY
SCKERS

DATE: 25 APR 95
PAGE: 01

Handwritten notes:
4/25
Kavanaugh
Brett
PK

TO: OFFICE OF THE INDEPENDENT COUNSEL
1001 PENNSYLVANIA AVENUE, N.W.
SUITE 490-NORTH
WASHINGTON, D.C. 20004

FOR: KAVANAUGH/BRETT

01 MAY 95 - MONDAY

AIR	AMERICAN AIRLINES	FLT:1027	ECONOMY	
	LV WASHINGTON NATL		755A	EQP: SUPER 80
	AR LITTLE ROCK		1031A	1-STOP
	KAVANAUGH/BRETT	SEAT-20A		
CAR	LITTLE ROCK	NATIONAL CAR RENTAL		CORP ID-5000300
	PICK UP-1031A	1-COMPACT CAR AUTO AC		
	RETURN-04MAY/6P			
	RATE IS SUBJECT TO CHANGE			
	DAILY RATE-USD27.00	UNLIMITED MILEAGE		
	CONFIRMATION NUMBER	1057410373COUNT		

LeOenta 581-225-1075

*Ranni/
Sabrina -*

*Please prepare travel ~~and~~ authorization
for each of these. COST = Subisten.*

Star

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel 1001 Pennsylvania Ave., N.W., #490N Washington, D.C. 20004	2. VOUCHER NUMBER 95STR0890
		3. SCHEDULE NUMBER

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

CLAIMANT 4.	a. NAME (Last, first, middle initial) KAVANAUGH, Brett	b. SOCIAL SECURITY NO. FOIA(b)(6)	5. PAID BY
	c. MAILING ADDRESS (Include ZIP Code) Office of the Independent Counsel 1001 Pennsylvania Avenue, N.W., Suite 490N Washington, D.C. 20004	d. OFFICE TELEPHONE NUMBER 202-514-8688	

FVL CLM # 06

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 19 95	CODE	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		MILEAGE RATE ¢	AMOUNT CLAIMED			
		(Explain expenditures in specific detail.)			NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)
(a)	(b)	(c) FROM	(d) TO					
5/26	A	Taxi from OIC-WDC (cost is for three passengers)	New EOB			6.00	+2	
5/30	A	Taxi from OIC-WDC (cost is for two passengers)	15th & Pennsylvania Ave.			4.45	+1	.55
6/7	A	Taxi from OIC-WDC	New EOB			4.00		
6/7	A	Taxi from New EOB	to OIC-WDC			4.00		
6/12	A	Taxi from OIC-WDC (cost is for two people)	New EOB			6.00	+1	
6/12	A	Taxi from New EOB	to OIC-WDC			5.00		
6/14	A	Taxi from D.C Courthouse	to OIC-WDC			4.00		
6/21	A	Taxi from OIC-WDC	to D.C. Courthouse			3.00		
	A	Taxi from D.C. Courthouse	to OIC-WDC			3.00		
	A	Taxi from OIC-WDC	to D.C. Courthouse			3.00		
	A	Taxi from D.C. Courthouse	to OIC-WDC			3.00		
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) \$ 46.00	TOTALS	45.45	.55
--	--------	-------	-----

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE *Gregory Dejen* DATE 4/27/95

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE *Quentin R. Harris* DATE 6/28/95

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 *Brett M. Kavanaugh* DATE 6-22-95

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
FOIA(b)(4)

TAXI CAB RECEIPT

DATE: 5-26-98

CAB FARE FROM _____ TO _____

No. OF PASSENGERS 3 TOTAL FARE \$ 6.00

RENT MUST BE PAID IN ADVANCE.

Date 5-20 1998 No. 20004

Received of Fran Metro Taxi Co. #68893

Fare \$4.45 (TIPS) \$5.00

For ~~Rate~~ of 2 passengers

From 1001 Penn. Ave to W & Penn. Ave.

SAVE YOUR RECEIPTS	HOW PAID
	<u>Cash</u>
REDIFORM 8K861	By <u>D. Williams #5079</u>

-TAXICAB RECEIPT-

Wed. 6/7 \$4 incl. tip
10:00 AM office to NEOB

TIME _____ DATE _____ 19__

REC'D _____
FROM _____

FARE AMOUNT - \$ _____

TRIP FROM _____

TRIP TO _____

ASSN. _____ CAB NO. _____

I.D. NO. _____ TAG NO. _____

SIGNATURE _____
37

Taxi Cab Receipts

Date 06/07/96 Time: _____

Trip Origin: _____

Destination _____

Fare: \$ 4.00 Signature [Signature]



GENERAL OFFICE: 546 - 7900

YELLOW CAB

COMPANY OF D.C., INC.

\$5 from NEOB
6-12-95

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

[Signature]
DRIVER

TIME _____ DATE _____

FROM _____

TO _____

FARE \$ _____

Date _____ Time: _____

Trip Origin: _____

Destination _____

Fare: \$ _____ Signature _____

\$8 to NEOB 6-12-95

Taxi Cab Receipts

6-14 \$4
TAXI CAB RECEIPT

Date: _____ Time: _____
Trip Origin: _____
Destination: _____
Fare: _____ Driver's Signature _____

Holiday Inn on The Hill
415 New Jersey Avenue, NW, Washington D.C. 20001
202-638-1616 or 1-800-HOLIDAY

Taxi Cab Receipts

Date 6/21/95 Time: to Court from office
Trip Origin: _____
Destination _____
Fare: \$ 3.00 Signature Tesfay

-TAXICAB RECEIPT-

6-21 Courthouse
to Office 11:45 AM
TIME _____ DATE _____ 19__

REC'D FROM _____
\$3 incl. tip

FARE AMOUNT \$ _____

TRIP FROM _____

TRIP TO _____

ASSN. _____ CAB NO. _____

I.D. NO. _____ TAG NO. _____

SIGNATURE _____
17

TAXI DRIVER'S CUSTOMER RECEIPT

6-21 Courthouse
to Office P.M.
Company / Ass'n. _____
Time _____ Date _____ 19__ \$3
Cab# _____ ID# _____
Origin of Trip _____
Destination _____ Fare \$ _____
Signature _____

- TAXICAB RECEIPT -

Office to Courthouse
6/21 P.M.

TIME _____ DATE _____ 19__
REC'D FROM _____
\$3

FARE AMOUNT \$ _____

TRIP FROM _____

TRIP TO _____

ASSN. _____ CAB NO. _____

ID. NO. _____ TAG NO. _____

SIGNATURE _____
44

U.S. Department of Justice

Washington, DC 20530

Travel Voucher

(Read the Privacy Act Statement on the back)

TVC CLM #03

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 5080A	
4. a. NAME (Last, first, middle initial) Kavanaugh, Brett - M.		b. SOCIAL SECURITY NO. FOIA(b)(6)		5. PERIOD OF TRAVEL a. FROM 11/30 b. TO 12/2/94	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		6. TRAVEL AUTHORIZATION DATE(S) #3	
7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)		8. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$		10. PAID BY	
a. Outstanding		c. PAYEE'S SIGNATURE			
b. Amount to be applied		11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input checked="" type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)					
d. Balance outstanding					
11-1 FOREIGN TRAVEL <input type="checkbox"/>					
12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one).)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)			
		Traveler's Initials BMK			
		POINTS OF TRAVEL			
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)	
		MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)		DATE ISSUED (d)	
		FROM (e)		TO (f)	
(g) DINERS GTS OTHER AMEX		\$ 258.00		Washington, DC	
(h) CASH		\$		and return	
(i) TOTAL		\$ 258.00			
(j) COST CENTER/ ACCT CLASS: FOIA(b)(4)		(m) TRANS. TICKETS (from reverse) (21-1)		\$ 258.00	
(k) DC NUMBER: (94) TSTR 0080		(n) MILEAGE (from reverse) (21-2)		\$	
(l) CALL NUMBER: 2. (95)		(o) SUBSISTENCE (from reverse) (21-4)		\$ 165.60	
		(p) VEHICLE RENTAL (from reverse) (21-6)		\$ 70.72	
		(q) OTHER (from reverse) (21-7)		\$ 2100	
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.				24 50	
TRAVELER SIGN HERE Brett M. Kavanaugh		DATE 12-5-94		AMOUNT CLAIMED \$ 518.82	
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).				\$ 515.30	
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. 660a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE Courney Steyer 12/7/94		DIFFERENCES (21-1)		\$	
		IF ANY (21-2)			
		(Explain and show amount) (21-4)			
		(21-6)			
		(21-7)			
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		d. NET TO TRAVELER		\$	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

- Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)
- Complete only for actual expense travel
- Col. (d) 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).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (n) 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.
- (p) Show expenses, such as: taxi/limousine fares, local or long distance telephone calls for Government business, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE _____ OF _____ PAGES

TRAVELER'S AUTHORIZATION NO. _____

TRAVELER'S LAST NAME _____

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	TRANSPORTATION TICKETS	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	NO. OF MILES			MILEAGE	SUBSISTENCE	VEHICLE RENTAL	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	
November 30	2:00pm	Taxi from downtown to Washington National													10 00	
November 30 - DEC 2		Lodgings - Hilton (2 nights) Little Rock						105 60					105 60			
November 30 - DEC 20		Temporary duty in Little Rock from November 30				60 00			60 00				60 00			
		2:00 pm to December 2 5:30pm, Official phone													3 50	
November 30 - DEC 2		Airfare from Washington to Little Rock + return									258 00					
November 30 - DEC 2		Rental car in Little Rock												70 72		
DEC 2		Taxi from National to downtown DC													11 00	

If additional space is required, continue on another Form DOJ-534 BACK, leaving the front blank.

SUBTOTALS ▶ 24 50
TOTALS ▶ 358 00 165 60 70 72 21 00

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

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.

(21-1) (21-2) (21-4) (21-6) (21-7)
 Enter grand total of columns (l), (m), (n), (o) and (p) below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 518.82
~~515.32~~

REQUEST

Traveler's Name Kavanaugh, Brett		Document Number 95 TSTR 00 80
Social Security Account Number FOIA(b)(6)		Accounting Classification FOIA(b)(4)
Requested By Signature		Organization Office of Independent Counsel
Title _____ Date _____		Official Duty Station
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: Washington, DC area VIA: _____ VIA: _____ VIA: _____ To: Little Rock, AR And return <input checked="" type="checkbox"/> Dep. Date 11/30/94 Return Date 12/2/94	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ 400.00 Other \$ 150.00 Total \$ 550.00 <input checked="" type="checkbox"/> ATM Advance Authorized \$ 100	Mode of Transportation Authorized (Check applicable box(es)) <input type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
		Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ 52 + tax/night lodging 30/day M&IE <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.

2. Use of foreign flag air carrier(s) as shown in justification statement below.

3. Rental of business quarters (hire of room, quarters for conference, etc.)

4. Other. Specify below.

Purpose of Travel

a. Operational/Managerial
 b. Training
 c. Meetings, Conferences and Speeches
 d. Relocation Travel (attach Form DOJ-502)
 e. Other Travel

Justification (if appropriate)

Investigative services

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes

or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature Justin R. Harris Title Administrative Officer Date 12/1/94

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 15th workday of the following month for persons in a continuous travel status who file monthly vouchers.

USAir Passenger Ticket and
Baggage Check

ISSUED BY USAIR NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

USAir Boarding
Pass
BOARDING PASS 01 of 02

NAME OF PASSENGER KAVANAUGH/BRETT			
FROM X/O WASHINGTON/NATL			
TO X/O CHARLOTTE NC			
CARRIER USAIR COACH CLASS CODE FLIGHT CLASS DATE TIME US0811 K 30NOV24SP			
DATE 5	BOARDING TIME	SEAT 220	SMOKING <input checked="" type="checkbox"/>

REV. 11-93
PRINTED IN U.S.A. BY RAND McNALLY

PASSENGER NAME
X/O FROM **KAVANAUGH/BRETT**
X/O TO **WASHINGTON/NATL**
X/O TO **CHARLOTTE NC**
ENDORSEMENTS/RESTRICTIONS

FLIGHT COUPON OF TOUR CODE AIRLINE CODE FCI
PLACE OF ISSUE ISO CODE DATE OF ISSUE
PNR CODE CARRIER FARE BASIS/TICKET DESIGNATOR
CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
US0811 K 30NOV24SP **220**

**
** **COACH CLASS** **
**
** **BOARDING PASS** **
**

EQUIVALENT FARE PAID ALLOW PCS WT UNCKD

FARE
TAX
TAX
TOTAL

CPN DOCUMENT NUMBER CK
03451266501
STOCK CONTROL NUMBER TX037



NO SMOKING

FIRST CLASS WORLD BUSINESS CLASS ECONOMY CLASS DEPARTURE GATE SEAT NUMBER DESTINATION
FLIGHT/DATE DESTINATION POINT OF ISSUE SPECIAL SERVICE

Boarding Pass



PASSENGER'S NAME
KAVANAUGH/BRETT

See reverse side for important check-in information.

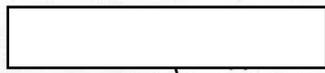


LITTLE ROCK LICENSEE 501-376-7221
 RENTAL: 11/30/94 1812 8040300
 RETURN: 12/02/94 1148 LITTLE ROCK 8040300
 U S GOVERNMENT - OFF 5000300

RETURN RA LR11298-6

FINAL CHARGES
 RATE CHG \$ 64.00
 *TOTAL T&M \$ 64.00
 NET DUE \$ 64.00
 TAX@0.500% \$ 6.72
 AMT DUE \$ 70.72

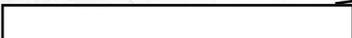
OWN 80403 VEH LR38690 BRETT KAVANAUGH
 LIC MI FXB721T
 MILES IN: 3656 OUT: 3617 DRIVEN: 39



RATE SIMS RATE CLASS M MIN RENTAL DAYS 1
 \$32.00/DLY \$170.00/WK \$10.50/HR \$695.00/SPCL
 \$64.00/ 2

FOIA(b)(6)

\$ 2.640/GAL NT REFUEL SC \$.120/MI

PAID BY  AUTH:#000031 \$ 64 11/30/94

YOUR SATISFACTION IS IMPORTANT TO ALL OF US AT NATIONAL
 THANK YOU FOR CHOOSING NATIONAL

COPY ONE
 * TAXABLE CHARGES



925 S. University Avenue
Little Rock, Arkansas 72204

FOIA(b)(6)

Name: LAVANAUGH, BRETT MR. 11/30-12/02/94 109225
 Address: US COURTS 1001 PENNSYLVANIA AVE NW WASHINGTON, DC 20004
 Rate 48.00 PAGE 1 Room 130

TRAVEL AGENCY

Date	Description	ID	Ref. No.	Charges	Credits	Balance
11/30/94	202-514-8662 39	XAD	18:44	.50	✓	
11/30/94	202-307-8987 42	XAD	18:52	.50	✓	
11/30/94	202-265-7252 46	XAD	18:53	.50		
11/30/94	202-232-2959 48	XAD	18:58	.50		
11/30/94	202-232-2959 60	XAD	21:10	.50		
11/30/94	202-514-4137 71	XAD	21:14	.50		
11/30/94	212-365-4475 74	XAD	21:19	.50	✓	
11/30/94	202-232-2959 13	XAD	21:57	.50		
11/30/94	213-357-1353 68	XAD	22:17	.50		
11/30/94	202-265-7252 69	XAD	22:39	.50		
11/30/94	202-232-2959 86	XAD	22:41	.50		
11/30/94	ROOM TAX	XAF	138	4.80		
12/01/94	202-307-8987 40	XAD	22:24	.50	✓	
12/01/94	301-493-9671 45	XAD	22:26	.50		
12/01/94	202-307-8987 51	XAD	22:37	.50	✓	
12/01/94	202-265-7252 53	XAD	22:38	.50		
12/01/94	202-232-2959 57	XAD	22:40	.50		
12/01/94	202-265-7252 69	XAD	22:18	.50		
12/01/94	ROOM TAX	XAF	138	4.80		
12/02/94	221-6700 74	XAD	8:45	.50	✓	
12/02/94	221-6700 75	XAD	8:47	.50	✓	
12/02/94	CASH	CYM				115.10

Rates do not include applicable sales, occupancy or other taxes.

Transfer to credit ledger

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

Guest _____
 Firm _____ Address _____
 City _____ State _____ Zip _____

Guest Signature _____



925 S. University Avenue
Little Rock, Arkansas 72204

FOIA(b)(6)

Name: KAVAROUGH, BRETT

MR

In 11/30-12/02/94 Out Folio 109729
Rate 48.00 PAGE 2 A
Room 138

Address: US COURTS
1001 PENNSYLVANIA AVE NW
WASHINGTON, DC 20004
LITTLEROCKARIZONA 804

TRAVEL AGENCY

Date	Description	ID	Ref. No.	Charges	Credits	Balance
11/30/94	C/O TIME 09:09	KYM		.00		.00
Checked in 08:57 PM KTC				Checked out 09:09 AM KYM		
Rate 48.00				150.00		

Rates do not include applicable sales, occupancy or other taxes.

Transfer to credit ledger

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

Guest		
Firm	Address	
City	State	Zip

Guest Signature

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel - <i>Starr</i>			2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. KAV 04																																																												
4. a. NAME (Last, first, middle initial) Kavanaugh, Brett			b. SOCIAL SECURITY NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		5. PERIOD OF TRAVEL a. FROM 1/25/95 b. TO 1/25/95																																																												
c. MAILING ADDRESS (Include ZIP Code) <div style="border: 1px solid black; width: 100%; height: 30px; margin: 5px;"></div>			d. OFFICE TELEPHONE NO. (202) 514-8688		6. TRAVEL AUTHORIZATION DATE(S) 1/25/95-1/26/95																																																												
e. PRESENT DUTY STATION Washington, D.C.			f. RESIDENCE (City and State) Washington, D.C.		9. CHECK NO. 11																																																												
7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check) a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding			8. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		10. PAID BY																																																												
11-1 FOREIGN TRAVEL <input type="checkbox"/>			11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)																																																														
12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD <small>(List below and attach passenger coupon; if credit card is used, show type of credit card (circle one).)</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)				Traveler's Initials																																																											
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:15%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="text-align: center;">POINTS OF TRAVEL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <th style="width:20%;">FROM (e)</th> <th style="width:20%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>(g) DINERS GTS OTHER</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(h) CASH</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(i) TOTAL</td> <td>\$</td> <td></td> <td></td> <td>(m) TRANS. TICKETS (from reverse) (21-1)</td> <td>\$ 265.00</td> </tr> <tr> <td>(j) COST CENTER/ ACCT CLASS:</td> <td></td> <td style="border: 1px solid black; padding: 2px;">FOIA(b)(4)</td> <td></td> <td>(n) MILEAGE (from reverse) (21-2)</td> <td>\$</td> </tr> <tr> <td>(k) DC NUMBER:</td> <td></td> <td style="border: 1px solid black; padding: 2px;">95TSR0293</td> <td></td> <td>(o) SUBSISTENCE (from reverse) (21-4)</td> <td>\$ 22.50</td> </tr> <tr> <td>(l) CALL NUMBER:</td> <td></td> <td></td> <td></td> <td>(p) VEHICLE RENTAL (from reverse) (21-6)</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>(q) OTHER (from reverse) (21-7)</td> <td>\$ 13.00</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)	(g) DINERS GTS OTHER	\$						\$					(h) CASH	\$					(i) TOTAL	\$			(m) TRANS. TICKETS (from reverse) (21-1)	\$ 265.00	(j) COST CENTER/ ACCT CLASS:		FOIA(b)(4)		(n) MILEAGE (from reverse) (21-2)	\$	(k) DC NUMBER:		95TSR0293		(o) SUBSISTENCE (from reverse) (21-4)	\$ 22.50	(l) CALL NUMBER:				(p) VEHICLE RENTAL (from reverse) (21-6)	\$					(q) OTHER (from reverse) (21-7)	\$ 13.00		
AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																																																													
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				(q) OTHER (from reverse) (21-7)	\$ 13.00																																																												
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.																																																																	
TRAVELER SIGN HERE <i>Brett M. Kavanaugh</i>			DATE		AMOUNT CLAIMED <i>\$ 300.50</i>																																																												
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).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION																																																													
APPROVING OFFICIAL SIGN HERE <i>Gregory Rogers</i>				DATE <i>4/13/95</i>																																																													
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: Certifier's Initials: \$																																																													
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) \$ d. NET TO TRAVELER \$																																																													

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

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

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

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

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

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

(n) Show expenses, such as: taxi/limousine fares, local or long distance telephone calls for Government business, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 1 OF 1 PAGES

TRAVELER'S AUTHORIZATION NO.

TRAVELER'S LAST NAME
Kavanaugh

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	TRANS-PORTATION TICKETS	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	NO. OF MILES			MILEAGE	SUBSISTENCE	VEHICLE RENTAL	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	
1/25	6:00 a.m.	taxi to National airport														13 00
	6:45 a.m.	roundtrip airfare WDC - Little Rock - WDC									265 00					
	9:00 p.m.	3/4 day per diem					22 50		22 50				22 50			

94 REV. PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

PASSENGER RECEIPT

ISSUED BY **ARC** FLIGHT COUPON **XXXXX** TOUR CODE

NAME OF ISSUING AGENT **CARLSON TRAVEL** WASHINGTON DC US 24 JAN 95

NAME OF PASSENGER **KAVANAUGH/BRETT** SCVTCX/AA KDG DCA

ISSUING AGENT ID **RR00*03**

****NOT VALID FOR** THIS IS YOUR RECEIPT**

ENDORSEMENTS/RESTRICTIONS

317901 0259587 A10

~~WASHINGTON~~

NAME OF PASSENGER **KAVANAUGH/BRETT**

FROM **DCA**

TO **DCA**

CARRIER **XCVG DL925 K 25JANKDGDCA**

CARRIER **DLIT DL253 K 25JANKDGDCA**

CARRIER **XCVG DL1214 K 26JANKDGDCA**

CARRIER **DCA DL1022 K 26JANKDGDCA**

FP [FOIA(b)(6)] 000022 /FCWAS DL X/CVG

DL LIT116.36 DL X/CVG DL WAS116.36KDG DCA 232.72 EN

D XFDC A3CVG3CVG3

FARE **USD 232.72** EQUIV. FARE PD.

TAX **US 23.28** STOCK CONTROL NO. TX 889 CK

TAX **XF 9.00** 37215006463

TOTAL **USD 265.00** 0 006 1148787857 3

NOT VALID FOR TRAVEL

0 006 1148787857 3

AA09864326

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENT.

265 00 (21-1)

22 50 (21-2)

13 00 (21-4)

(21-6) (21-7)

ing ice (N) (9) ion ion of ver, may

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

TOTAL AMOUNT CLAIMED ▶ \$300.50

REQUEST

Traveler's Name <u>Kavanaugh, Brett</u>		Document Number <u>95TSTR 0293</u>
Social Security Account Number <u>FOIA(b)(6)</u>		Accounting Classification <u>FOIA(b)(4)</u>
Requested By Signature _____		Organization <u>Office of Indep. Counsel-Starr</u>
Title _____ Date _____		Official Duty Station <u>Washington, DC</u>
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <u>Washington, DC</u> VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: <u>Little Rock, AR</u> And return <input checked="" type="checkbox"/> Dep. Date <u>1/25/95</u> Return Date <u>1/25/95</u>	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ <u>265.00</u> Other \$ <u>50.00</u> Total \$ <u>315.00</u> <input type="checkbox"/> ATM Advance Authorized \$ _____	Mode of Transportation Authorized (Check applicable box(es)) <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
	Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <u>30/day</u> M&IE <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

- Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))
- 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.
 - 2. Use of foreign flag air carrier(s) as shown in justification statement below.
 - 3. Rental of business quarters (hire of room, quarters for conference, etc.)
 - 4. Other. Specify below.

- Purpose of Travel
- a. Operational/Managerial
 - b. Training
 - c. Meetings, Conferences and Speeches
 - d. Relocation Travel (attach Form DOJ-502)
 - e. Other Travel

Justification (if appropriate)

Investigative services.

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes

or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature Judith R. Harris Title Administrative Officer Date 1/13/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

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U.S. Department of Justice

Travel Voucher

TVL ccm #05

Washington, DC 20530

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel - Starr.		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 95STR0647	
4. a. NAME (Last, first, middle initial) Kavanaugh, Brett		b. SOCIAL SECURITY NO. FOIA(b)(6)		5. PERIOD OF TRAVEL a. FROM 5/1/95 b. TO 5/5/95	
c. MAILING ADDRESS (Include ZIP Code) Suite 490 North 1001 Pennsylvania Avenue, N.W. Washington, D.C. 20004		d. OFFICE TELEPHONE NO. (202) 514-8778		6. TRAVEL AUTHORIZATION DATE(S) #05	
e. PRESENT DUTY STATION Washington, D.C.		f. RESIDENCE (City and State) 2727 29th St NW #134, WDC 20008		9. CHECK NO.	
7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)		8. CASH PAYMENT RECEIPT		10. PAID BY	
a. Outstanding		a. DATE RECEIVED b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)		11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3)			
d. Balance outstanding		<input type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)			
11-1 FOREIGN TRAVEL <input type="checkbox"/>		12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials	
		AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)	
		MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)		DATE ISSUED (d)	
		FROM (e)		TO (f)	
(g) DINERS GTS OTHER		\$			
(h) CASH		\$			
(i) TOTAL		\$		(m) TRANS. TICKETS (from reverse) (21-1) \$ 236.00	
(j) COST CENTER/ ACCT CLASS: FOIA(b)(4)				(n) MILEAGE (from reverse) (21-2) \$	
(k) DC NUMBER: 95STR0307				(o) SUBSISTENCE (from reverse) (21-4) \$ 377.00	
(l) CALL NUMBER:				(p) VEHICLE RENTAL (from reverse) (21-6) \$ 120.96	
				(q) OTHER (from reverse) (21-7) \$ 41.55	
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>Brett M. Kavanaugh</i>		DATE 5-15-95	
				AMOUNT CLAIMED ▶ \$ 775.51	
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 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).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE <i>Gregory Adams</i>		DATE 5/18/95		DIFFERENCES (21-1) \$	
				IF ANY (21-2)	
				(21-4)	
				(21-6)	
				(21-7)	
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. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) \$	
c. MONTH & YEAR				d. NET TO TRAVELER ▶ \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE	

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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 relationship to employee and marital status of children (unless information is shown on the travel authorization.) Complete only for actual expense travel
- Col. (d) Show amount incurred for each meal including tax and tips and daily total meal cost. thru (g)
- (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.
- (n) 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.
- (p) Show expenses, such as: taxi/limousine fares, local or long distance telephone calls for Government business, relocation on other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 1 OF 1 PAGES

TRAVELER'S AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	TRANSPORTATION TICKETS	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	MILEAGE			SUBSISTENCE	VEHICLE RENTAL	OTHER	
			BREAKFAST	LUNCH	DINNER	TOTAL										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	
5/1/95	7:40 a.m.	R/T flight DC-LR-DC									23600					
5/1/95	6:00 a.m.	taxi to airport													15 00	
5/1/95	3/4 day	per diem							22 50				22 50			
5/2,3,4/95		3 days per diem							90 00				90 00			
5/5/95	7:23 a.m.	hotel						242 00					242 00			
	8:00 a.m.	rental car												120 96		
		gas for rental													10 55	
5/5/95	3/4 day	per diem							22 50				22 50			

If additional space is required, continue on another Form DOJ-534 BACK, leaving the front blank.

SUBTOTALS ▶
TOTALS ▶ 236 00 377 00 120 96 41 55

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by 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 performances of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions,

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

(21-1) (21-2) (21-4) (21-6) (21-7)
Enter grand total of columns (l), (m), (n), (o) and (p) below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ \$775.51

REQUEST

Traveler's Name <u>Kavanaugh, Brett</u>		Document Number <u>95TSTRO307</u>
Social Security Account Number <u>FOIA(b)(6)</u>		Accounting Classification <u>FOIA(b)(4)</u>
Requested By Signature _____		Organization <u>Office of Indep. Counsel-Starr</u>
Title _____ Date _____		Official Duty Station <u>Washington, DC</u>
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <u>Washington, DC</u> VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: <u>Little Rock, AR</u> And return <input checked="" type="checkbox"/> Dep. Date <u>5/1/95</u> Return Date <u>5/4/95 5/5/95</u>	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ <u>500.00</u> Other \$ <u>100.00</u> Total \$ <u>600.00</u> <input type="checkbox"/> ATM Advance Authorized \$ _____	Mode of Transportation Authorized (Check applicable box(es)) <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
	Mode of Subsistence Authorized (Check type) <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$30/day M&IE \$52 + tax/night <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

- Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))
- 1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.
 - 2. Use of foreign flag air carrier(s) as shown in justification statement below.
 - 3. Rental of business quarters (hire of room, quarters for conference, etc.)
 - 4. Other. Specify below.

- Purpose of Travel
- a. Operational/Managerial
 - b. Training
 - c. Meetings, Conferences and Speeches
 - d. Relocation Travel (attach Form DOJ-502)
 - e. Other Travel

Justification (if appropriate)

Investigative Services

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes

or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature Jessie R. Harris Title Administrative Officer Date 4/28/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

PASSENGER RECEIPT

ISSUED BY **ARC** FLIGHT COURSE
AMERICAN AIRLINES XX0000 TOUR CODE
NAME OF ISSUING AGENT
RESEARCH TRAVEL
NAME OF PASSENGER
KAVANAUGH/BRETT
XO FROM
NOT VALID FOR
**TRANSPORTATION*
ENDORSEMENTS/RESTRICTIONS
SCKERS/AA WDGCA
ROCKVILLE
FARE BASIS/TICKET DESIGNATOR
MD US27APR95
PLACE OF ISSUE ISO CODE DATE OF ISSUE
AGENT CODE A21841293
FBI SERVICARR ID
7 0011/
STATUS NOT VALID BEFORE NOT VALID AFTER
ISSUING AGENT ID
L9Y0*90

FP [REDACTED] 000025 /FCWAS AA LIT10
5.45WDGCA 105.45 END XFDCA3

FARE USD 105.45 EQUIV. FARE PD.
TAX US 10.55 STOCK CONTROL NO. TX 889 CK
TOTAL XF 3.00 37450099691
USD 119.00
ALLOW PCS WT UNCKD

DOCUMENT NUMBER CK
0 001 1168168896 3

FOIA(b)(6)

PASSENGER RECEIPT

ISSUED BY **ARC** FLIGHT COURSE
NORTHWEST AIRLINES XX0000 TOUR CODE
NAME OF ISSUING AGENT
RESEARCH TRAVEL
NAME OF PASSENGER
KAVANAUGH/BRETT
XO FROM
NOT VALID FOR
**TRANSPORTATION*
ENDORSEMENTS/RESTRICTIONS
RZXZOH/AA YCADCA
ROCKVILLE
FARE BASIS/TICKET DESIGNATOR
MD US27APR95
PLACE OF ISSUE ISO CODE DATE OF ISSUE
AGENT CODE A21841293
FBI SERVICARR ID
7 0011/
STATUS NOT VALID BEFORE NOT VALID AFTER
ISSUING AGENT ID
L9Y0*90

FP [REDACTED] 000025 /FCLIT NW X/MEM
NW WAS103.63YCADCA 103.63 END XFMEM3

FARE USD 103.63 EQUIV. FARE PD.
TAX US 10.37 STOCK CONTROL NO. TX 889 CK
TOTAL XF 3.00 37450099750
USD 117.00
ALLOW PCS WT UNCKD

DOCUMENT NUMBER CK
0 012 1168168897 6

WELCOME TO PHILLIPS 66.
WE APPRECIATE YOUR
BUSINESS. PLEASE DRIVE
SAFELY AND COME AGAIN.

SALES RECEIPT

CHENAL 66 #27860
LITTLE ROCK, ARK
LITTLE ROCK, ARK
PH. #228-9275
3868080012

INVOICE # 1387
DATE 5/4/95
TIME 10:32 AM
AUTH # 004460

ACCOUNT NUMBER

PUMP 03 PRODUCT UNL PPU 1.129

QTY 9.343 GAL

Fuel Sale \$ 10.55
TOTAL \$ 10.55

THANK YOU COME AGAI
N !!!

SIGNATURE TAG NO. CAB NO. TRIP FROM TO FARE AMOUNT \$ REC'D FROM TIME DATE 19
Date 5-5-95 Time: Trip Origin: Destination: Fare: \$ 16.00 Signature

-TAXICAB RECEIPT-
\$15 5-1-95

Your way
Taxi Cab Receipts



LITTLE ROCK LICENSEE 501-376-7221
 RENTAL: 5/01/95 1055 8040300
 RETURN: 5/05/95 1013 LITTLE ROCK 8040300
 U S GOVERNMENT - OFF 5000300

RETURN RA LR25953-3
 FINAL CHARGES
 RATE CHG \$ 108.00
 *TOTAL T&M \$ 108.00
 NET DUE \$ 108.00
 TAX 12.000% \$ 12.96
 AMT DUE \$ 120.96

OWN 80403 VEH LR04563 BRETT KAVANAUGH
 LIC AR TEMP02
 MILES IN: 872 OUT: 548 DRIVEN: 324

RATE SIMS RATE CLASS E MIN RENTAL DAYS 1
 \$27.00/DLY \$138.00/WK \$9.00/HR \$635.00/SPCL
 \$108.00/ 4

\$ 2.940/GAL NT REFUEL SC \$.140/MI

PAID BY [redacted] AUTH:#000027 \$ 117 5/01/95

FOIA(b)(6)

YOUR SATISFACTION IS IMPORTANT TO ALL OF US AT NATIONAL
 THANK YOU FOR CHOOSING NATIONAL

COPY ONE
 * TAXABLE CHARGES

credits = 242.00 debits = 242.00 CURRENT BALANCE = 0.00

type	reference	amount	id	date	time	trans	special info	tax status
ROOM	SPECIAL ACCOUNT RATE	55.00		5/01	2:19	76131	acct is GSA	
TAX		5.50		5/01	2:19	76132		
ROOM	SPECIAL ACCOUNT RATE	55.00		5/02	1:55	76429	acct is GSA	
TAX		5.50		5/02	1:55	76430		
ROOM	SPECIAL ACCOUNT RATE	55.00		5/03	1:30	76745	acct is GSA	
TAX		5.50		5/03	1:30	76746		
ROOM	SPECIAL ACCOUNT RATE	55.00		5/04	1:37	77052	acct is GSA	
TAX		5.50		5/04	1:37	77053		
	changed to	242.00	TB	5/05	7:33	77115		

spec info home ph () firm ph () tax status
 guest name KAVANAUGH
 firm name [redacted]
 address [redacted]
 ROOM 244 is KPN arrive 5/01/95 (MON) depart 5/05/95 (FRI)
 rate based on KPN #persons 1+ r1wy 0 crib 0
 club # special accounts GSA & cml N
 For Toll Free Reservations - - Call 800-531-5900

LA QUINTA LITTLE ROCK WEST 0806
 200 SHACKLEFORD ROAD
 LITTLE ROCK AR 72211-
 501-224-0900 tax # 74-1891306

The property is privately owned and operated. The management reserves the right to refuse service to anyone for lawful and legitimate reasons. Safety deposit boxes are available at the front desk and money, jewelry and valuables or other articles of value and small size should be deposited in safekeeping. Unless specified, the motel assumes no responsibility for any loss or injury to such articles. Recovery for loss or injury to any such articles may be limited or precluded by state law.

U.S. Department of Justice

Washington, DC 20530

Travel Voucher

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel - Starr	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. 96STR0012
---	---	-----------------------------

4. a. NAME (Last, first, middle initial) KAVANAUGH, Brett M.	b. SOCIAL SECURITY NO. [FOIA(b)(6)]	5. PERIOD OF TRAVEL a. FROM 9/25/95 b. TO 9/26/95
c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NO. 202-514-8688	6. TRAVEL AUTHORIZATION DATE(S) TR CU #7
e. PRESENT DUTY STATION Washington, D. C.	f. RESIDENCE (City and State) Washington, D. C.	9. CHECK NO.

7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)	8. CASH PAYMENT RECEIPT	10. PAID BY
a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)	a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	
d. Balance outstanding	11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)	

12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD	I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
(List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.))	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
(g) DINERS GTS OTHER	\$				FROM (e) Washington, D.C.	TO (f) Little Rock, Arkansas
(h) CASH	\$				and return	
(i) TOTAL	\$				(m) TRANS. TICKETS (from reverse) (21-1)	\$ 242.00
(j) COST CENTER/ ACCT CLASS:	\$				(n) MILEAGE (from reverse) (21-2)	\$
(k) DC NUMBER:	\$				(o) SUBSISTENCE (from reverse) (21-4)	\$ 105.50
(l) CALL NUMBER:	\$				(p) VEHICLE RENTAL (from reverse) (21-6)	\$ 41.44
	\$				(q) OTHER (from reverse) (21-7)	\$ 30.00

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

TRAVELER SIGN HERE ▶ Brett M. Kavanaugh | DATE 10-4-95 AMOUNT CLAIMED ▶ \$ 418.94

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).)	17. FOR FINANCE OFFICE USE ONLY COMPUTATION
APPROVING OFFICIAL SIGN HERE ▶ <u>Caryn Ryan</u> DATE <u>10/6/95</u>	DIFFERENCES IF ANY (Explain and show amount)
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION	(21-1) \$
a. VOUCHER NO.	(21-2)
b. D.O. SYMBOL	(21-4)
c. MONTH & YEAR	(21-6)
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT	(21-7)
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: Certifier's Initials: \$
DATE	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) \$
	d. NET TO TRAVELER ▶ \$

96STR0012

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

- Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)
- Complete only for actual expense travel
- Col. (d) Show amount incurred for each meal including tax and tips and daily total meal cost.
- thru (g) 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.
- (n) 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.
- (p) Show expenses, such as: taxi/limousine fares, local or long distance telephone calls for Government business, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 1 OF 1 PAGES

TRAVELER'S AUTHORIZATION NO.

TRAVELER'S LAST NAME
KAVANAUGH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: ¢	TRANSPORTATION TICKETS	AMOUNT CLAIMED				
			MEALS			MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	NO. OF MILES			MILEAGE	SUBSISTENCE	VEHICLE RENTAL	OTHER	
(a)	(b)	(c)	BREAK-FAST	LUNCH	DINNER					TOTAL	(h)					(i)
9/25	5:00p	Depart OIC-DC Office via taxi for National Airport (\$13.50 + \$1.50 tip)														15.00
	6:07p	Depart National Airport American #835														
	6:58p	Arrive Nashville Airport														
	7:55p	Depart Nashville Airport American #4569														
	9:35p	Arrive Little Rock Airport														
	OVER-NIGHT	Pick up National Rental Car LaQuinta Little Rock West (\$55 + \$5.50 tax)						60.50							41.44	
9/26		OIC Meetings in Little Rock												60.50		
	4:05p	Depart Little Rock TWA#290														
	5:15p	Arrive St. Louis Airport														
	6:20p	Depart St. Louis Airport TWA#10														
	9:24p	Arrive Washington National Airport														
	9:35p	Taxi from Washington National Airport to home (\$13.50 + \$1.50 tip)														15.00
9/25		1/2 day per diem @ \$30 per day = \$15								15.00					15.00	
9/26		1 day per diem @ \$30 per day = \$30								30.00					30.00	
		Cost of roundtrip airfare from Washington, D.C. to Little Rock, AR and return										242.00				
										SUBTOTALS	242.00		105.50	41.44	30.00	
										TOTALS	242.00		105.50	41.44	30.00	

If additional space is required, continue on another Form DOJ-534 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 performances of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions,

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

(21-1) (21-2) (21-4) (21-6) (21-7)

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

TOTAL AMOUNT CLAIMED ▶ \$418.94

REQUEST

Traveler's Name <u>Brett Kavanaugh</u>		Document Number <u>95TSR 0379</u>
Social Security Account Number <u>FOIA(b)(6)</u>		Accounting Classification <u>FOIA(b)(4)</u>
Requested By Signature _____		Organization <u>Office of Independent Counsel</u>
Title _____ Date _____		Official Duty Station <u>Washington, DC</u>
Planned Itinerary <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <u>Washington, DC</u> VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: <u>Little Rock, AR</u> And return <input checked="" type="checkbox"/> Dep. Date <u>7/1/95</u> Return Date <u>9/30/95</u>	Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ <u>5,000.00</u> Other \$ <u>1,000.00</u> Total \$ <u>6,000.00</u> <input type="checkbox"/> ATM Advance Authorized \$ _____	Mode of Transportation Authorized (Check applicable box(es)) <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" 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 type="checkbox"/> OTHER GSA (BOAC)
	Mode of Subsistence Authorized (Check type) <input checked="" type="checkbox"/> Actual subsistence up to \$ <u>60 + tax</u> per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <u>30/M&IE</u> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

Other Authorization (When the following type(s) of expense(s) can be anticipated, check the appropriate box(es))

1. Use of premium class. If premium class air is to be authorized forward to appropriate authorizing official. (Justify below or attach separate sheet).
 Upgrade to premium class at no extra cost.

2. Use of foreign flag air carrier(s) as shown in justification statement below.

3. Rental of business quarters (hire of room, quarters for conference, etc.)

4. Other. Specify below.

Purpose of Travel

a. Operational/Managerial c. Meetings, Conferences and Speeches e. Other Travel

b. Training d. Relocation Travel (attach Form DOJ-502)

Justification (if appropriate)

Bi-weekly trips for meetings in Office of INdependent Counsel, Little Rock, AR are authorized for about 2-3 nights each trip.

Travelers are accountable for all transportation tickets, Government Transportation Requests (GTR's), or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets (or GTR's) are issued to the traveler, the traveler is liable for the value of the tickets issued until all ticket coupons have been used for official travel purposes or all unused tickets or coupons are properly accounted for on the travel voucher. See paragraphs 301-3.5, 301-10.2(a), and 301-11.5 of the DOJ Travel Supplement, for administrative procedures on the control of and accountability for passenger transportation documents.

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, 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 government.

Signature Quiana R. Harris Title Administrative Officer Date 7/5/95

Authorization of actual subsistence and foreign travel is limited by DOJ travel regulations.

A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

BRETT KAVANAUGH

Monday, September 25, 1995

6:07 ~~5:59~~ p.m.

6:58 ~~7:17~~ p.m.

7:55 ~~8:00~~ p.m.

9:35 ~~8:44~~ p.m.

Depart Washington National Airport Northwest #555
Arrive Memphis Airport

AA# 835

Depart Memphis Airport Northwest #1030
Arrive Little Rock Airport

AA# 4569

You may pick up your mid-sized rental car from the National Car Rental Counter

OVERNIGHT

LaQuinta Motor Inn West
200 South Shackelford Road
Little Rock, Arkansas 72211
501-224-0900

Tuesday, September 26, 1995

4:05 p.m. Depart Little Rock Airport TWA #290
5:15 p.m. Arrive St. Louis Airport

6:20 p.m. Depart St. Louis Airport TWA #10
9:24 p.m. Arrive Washington National Airport

EASYLINK 3568508M001 20SEP95 17:17/17:17 EST
FROM: 4955438
4955438 4955438 DEPP UD
RESEARCH TRAVEL INC
TO: 2025148802

SALES PERSON: 90 ITINERARY DATE: 20 SEP 95
CUSTOMER NBR: 030177 QLUQZF PAGE: 01

TO: OFFICE OF THE INDEPENDENT COUNSEL
1001 PENNSYLVANIA AVENUE, N.W.
SUITE 490-NORTH
WASHINGTON, D.C. 20004

FOR: KAVANAUGH/BRETT

25 SEP 95 - MONDAY *AAI 835*
AIR ~~NORTHWEST AIRLINES~~ FLT:555 COACH DINNER
LV WASHINGTON NATL 559P *6:07* EQP: AIRBUS A320
AR ~~MEMPHIS~~ *Nashville* 717P *6:58* NON-STOP
KAVANAUGH/BRETT SEAT- 9C
AIR NORTHWEST AIRLINES FLT: ~~1030~~ COACH
LV ~~MEMPHIS~~ *Nashville* 800P *7:55* EQP: DC-9 STRETCH
AR LITTLE ROCK 844P *9:35* NON-STOP
KAVANAUGH/BRETT SEAT-16D
CAR LITTLE ROCK NATIONAL CAR RENTAL CORP ID-5000300
PICK UP-2044 1-INTER CAR AUTO A/C
RETURN-25SEP/4P
RATE IS GUARANTEED
DAILY RATE-USD37.00 UNLIMITED MILEAGE
CONFIRMATION NUMBER 1118669132COUNT
HOTEL LITTLE ROCK OUT-25SEP
LA QUINTA MTR INNS 1 NIGHT
LQ LITTLE ROCK WEST 1 ROOM ACCOMMODATIONS
200 SHACKLEFORD RD RATE-48.00USD PER NIGHT
LITTLE ROCK AR 72211 CANCEL BY 06P DAY OF ARRIVAL
FONE 501-224-0900 GOVERNMENT RATE
FAX 501-221-7126
GUARANTEED LATE ARRIVAL

26 SEP 95 - TUESDAY
AIR TRANS WORLD AIRLINES FLT:290 ECONOMY
LV LITTLE ROCK 405P EQP: DC-9 STRETCH
AR ST LOUIS INTL 515P NON-STOP
KAVANAUGH/BRETT SEAT-18F
AIR TRANS WORLD AIRLINES FLT:10 ECONOMY DINNER
LV ST LOUIS INTL 620P EQP: 727 STRETCH
AR WASHINGTON NATL 924P NON-STOP
KAVANAUGH/BRETT SEAT-24C

THE ROUNDTRIP RATE IS 242.00

9/25 - \$15 to Airport from
TAXICAB RECEIPT *Office
(incl. tip)*

Date: _____
Time _____ I.D.# _____
Cab # _____ Company _____
Origin of trip _____
Destination _____
Fare _____ Sign. _____

*Hope you had a pleasant ride
Thank you for your business*

9/26 - \$15 from Natl Airport
TAXI DRIVER'S CUSTOMER RECEIPT *to
home*

Company / Ass'n. _____
Time _____ Date _____ 19 _____
Cab# _____ ID# _____
Origin of Trip _____
Destination _____ Fare \$ _____
Signature _____

95 2997
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

PASSENGER RECEIPT

030177 0002835 A90
~~XXXXXXXXXX~~

ISSUED BY **ARC** FLIGHT COUPON
NAME OF ISSUING AGENT **NORTHWEST AIRLINES** TOUR CODE **XXXXX** AGENT CODE **A21841293**
NAME OF PASSENGER **RESEARCH TRAVEL** PLACE OF ISSUE **MD** DATE OF ISSUE **21SEP95**
NAME OF PASSENGER **KAVANAUGH/BRETT** ROCKVILLE
PNR/CARRIER CODE **OLUQZF/AA** FARE BASIS/TICKET DESIGNATOR **MULTI**
EQUIV. FARE PD. **6** SERVICARR ID **0011/**
XO FROM ****NOT VALID FOR**** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
XO TO ****TRANSPORTATION*** THIS IS YOUR RECEIPT
ENDORSEMENTS/RESTRICTIONS

NAME OF PASSENGER **KAVANAUGH/BRETT**

FROM **DCA**

XNEM NW555 Y 25SEPCADCA

DLIT NW1030 Y 25SEPCADCA

TO **XSTL TW290 T 26SEPTDGDCA**

DCA TW10 T 26SEPTDGDCA

CARRIER

CARRIER FLIGHT CLASS DATE TIME

GATE SEAT SMOKE

PCS WT UNCKD BAGGAGE ID NUMBER

NOT VALID FOR TRAVEL

0 012 1192098344 2

AA21841293

FP FOIA(b)(6) **000030 /FCWAS NW X/MEM**
NW LIT103.63YCADCA TW X/STL TW WAS105.45TDGDCA 209
.08 END XFDCA3MEM3LIT3STL3

FARE **USD 209.08**
TAX **US 20.92**
TOTAL **XF 12.00**
USD 242.00

EQUIV. FARE PD. **60319570264**
STOCK CONTROL NO. TX 889 **CK**

ALLOW PCS WT UNCKD

DOCUMENT NUMBER **CK**
0 012 1192098344 2

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY PARTY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

ISSUED BY **American Airlines**
BOARDING PASS

NAME OF PASSENGER
KAVANAUGH/BRETT

X/O FROM
WASHINGTON NATL

X/O TO
NASHVILLE

AMERICAN
CARRIER FLIGHT CLASS DATE DEPARTURE TIME
835 W 25SEP 607P

GATE 14	SEAT 8B	SMOKING NO
-------------------	-------------------	----------------------

PCS CKD WT UNCKD AL CODE BAGGAGE NUMBER

CPN AIRLINE FORM AND SERIAL NUMBER CK

IDENT ISS CARRIER/AGENT
001/42X

ISSUED BY **American Airlines**
BOARDING PASS

NAME OF PASSENGER
KAVANAUGH/BRETT

X/O FROM
NASHVILLE

X/O TO
LITTLE ROCK

AMERICAN
CARRIER FLIGHT CLASS DATE DEPARTURE TIME
4569 W 25SEP 755P

GATE 16	SEAT 9B	SMOKING NO
-------------------	-------------------	----------------------

PCS CKD WT UNCKD AL CODE BAGGAGE NUMBER

CPN AIRLINE FORM AND SERIAL NUMBER CK

IDENT ISS CARRIER/AGENT
001/42X

030177 0082835 A90
BOARDING PASS

NAME OF PASSENGER
KAVANAUGH/BRETT

FROM
LITTLE ROCK

TO
ST LOUIS INTL

TRANS WORLD AIRLI
CARRIER FLIGHT CLASS DATE TIME
TW 290 T 26SEP405P

GATE 18F	SEAT NO	SMOKE NO
--------------------	-------------------	--------------------

PCS WT UNCKD BAGGAGE ID NUMBER
3 012 1192098344 4
AA21841293

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

030177 0082835 A90
BOARDING PASS

NAME OF PASSENGER
KAVANAUGH/BRETT

FROM
ST LOUIS INTL

TO
WASHINGTON NATL

TRANS WORLD AIRLI
CARRIER FLIGHT CLASS DATE TIME
TW 10 T 26SEP620P

GATE 24C	SEAT NO	SMOKE NO
--------------------	-------------------	--------------------

PCS WT UNCKD BAGGAGE ID NUMBER
4 012 1192098344 0
AA21841293

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

This property is privately owned and operated. The management reserves the right to refuse service to anyone for lawful and legitimate reasons. Safety deposit boxes are available at the front desk and money, jewelry and documents or other articles of value and small size should be deposited for safekeeping. Unless deposited, the motel assumes no responsibility for any loss or injury to such articles. Recovery for loss or injury to any such articles may be limited or precluded by state law.

LA QUINTA LITTLE ROCK WEST 0806
 200 SHACKLEFORD ROAD
 LITTLE ROCK, AR 72211-
 501-224-0900 tax # 74-1891306

For Toll Free Reservations - - - Call 800-531-5900

ROOM 252 is KPN arrive 9/25/95 (MON) depart 9/26/95 (TUE)
 rate based on KPN #persons 1+ rlyw 0 crib 0
 club # special accounts GSA & cml N

guest name KAVANAUGH, BRETT M
 firm name A O U S C -- O I C -- M G S L

home ph () - - - - - firm ph () - - - - - tax status _

type	reference	amount	id	date	time	trans	special info
ROOM	SPECIAL ACCOUNT RATE	55.00		9/25	1:42	19989	acct is GSA
TAX		5.50		9/25	1:42	19990	
	charged to [redacted]	60.50-	FM	9/26	8:57	20031	

FOIA(b)(6)

credits = 60.50 debits = 60.50 CURRENT BALANCE = 0.00

NATIONAL CAR RENTAL

RA: LR11607 0 VEH: 80403-LR39692
 RENTAL: 09/25/95 2140 LIT 80403-00
 RETURN: 09/26/95 1545 LIT 80403-00
 MI OUT: 29743 MI IN: 29778 MI DRV: 35

BRETT KAVANAUGH

1 DAYS @ 0 WEEKS @ 0 HOURS @
 \$37.00 \$222.00 \$18.50
 SPEC 0 MILES @
 \$777.00 \$.00

RATE CHG 37.00
 TOTAL T&M 37.00
 NET DUE 37.00
 TAX 12.0000% 4.44
 AMT DUE 41.44

*TAXABLE CHARGES

YOUR SATISFACTION IS IMPORTANT TO US

THANK YOU FOR CHOOSING NATIONAL

RESEARCH TRAVEL

1600 Research Blvd.
Rockville, MD. 20850

(301) 251-0370
(800) 446-4200
FAX (301) 294-6208

This itinerary is based on schedules and fares in effect the day the ticket is issued. Reconfirm all flights with the appropriate carrier 24 hours prior to domestic and 72 hours prior to international flights. Failure to use any continuing reservations can result in automatic cancellation.
IMPORTANT: Unused tickets may have value. Please return for possible credit or refund.

SALES PERSON: 90 ITINERARY/INVOICE NO. 0082835 DATE: 21 SEP 95
CUSTOMER NBR: 030177 GLUQZF PAGE: 01

TO: OFFICE OF THE INDEPENDENT COUNSEL
1001 PENNSYLVANIA AVENUE, N.W.
SUITE 490-NORTH
WASHINGTON, D.C. 20004

FOR: KAVANAUGH/BRETT

25 SEP 95 - MONDAY

AIR	NORTHWEST AIRLINES	FLT:555	COACH	DINNER
	LV WASHINGTON NATL		559P	EQP:AIRBUS A320
	AR MEMPHIS		717P	NON-STOP
	KAVANAUGH/BRETT	SEAT- 9C		
AIR	NORTHWEST AIRLINES	FLT:1030	COACH	
	LV MEMPHIS		800P	EQP:DC-9 STRETCH
	AR LITTLE ROCK		844P	NON-STOP
	KAVANAUGH/BRETT	SEAT-16D		
CAR	LITTLE ROCK	NATIONAL CAR RENTAL		CONF ID-5000300
	PICK UP-2044	1-INTER CAR AUTO A/C		
	RETURN-26SEP/4P			
	RATE IS GUARANTEED			
	DAILY RATE-USD37.00	UNLIMITED MILEAGE		
	CONFIRMATION NUMBER	1118669132COUNT		
HOTEL	LITTLE ROCK	OUT-26SEP		
	LA QUINTA MTR INNS	1 NIGHT		
	LQ LITTLE ROCK WEST	1 ROOM	ACCOMMODATIONS	
	200 SHACKLEFORD RD	RATE-48.00USD PER NIGHT		
	LITTLE ROCK AR 72211	CANCEL BY 06P DAY OF ARRIVAL		
	PHONE 501-224-0900	GOVERNMENT RATE		
	FAX 501-221-7126			
	GUARANTEED LATE ARRIVAL			
	CONFIRMATION LQ0080683365			

26 SEP 95 - TUESDAY

AIR	TRANS WORLD AIRLINES	FLT:290	ECONOMY	
	LV LITTLE ROCK		405P	EQP:DC-9 STRETCH
	AR ST LOUIS INTL		515P	NON-STOP
	KAVANAUGH/BRETT	SEAT-18F		
AIR	TRANS WORLD AIRLINES	FLT:10	ECONOMY	DINNER
	LV ST LOUIS INTL		620P	EQP:727 STRETCH
	AR WASHINGTON NATL		724P	NON-STOP
	KAVANAUGH/BRETT	SEAT-24C		

AIR TICKET NW1192098344 KAVANAUGH BRETT
BILLED TO FOIA(b)(6) 242.00*