



## OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / [www.oig.dhs.gov](http://www.oig.dhs.gov)

JUL 02 2013

Mr. Adam Butschek  
Cause of Action  
1919 Pennsylvania Ave, NW  
Suite 650  
Washington, DC 20006

Subject: Freedom of Information Act Request No. 2013-073 – First Interim Response

Dear Mr. Butschek:

This is our first interim response to your Freedom of Information Act (FOIA) request to the Department of Homeland Security (DHS) Office of Inspector General (OIG), dated March 27, 2013, and seeking, in summary, records released for certain DHS-OIG FOIA cases, as well as records pertaining to Deputy Inspector General Charles Edwards' official travels, and any complaints against him (copy enclosed for reference). Your request was received in this office on March 27, 2013.

The DHS-OIG conducts independent investigations, audits, inspections, and special reviews of DHS personnel, programs, and operations to detect and deter waste, fraud, and abuse, and to promote integrity, economy, and efficiency within DHS. In response to your request, a search of the DHS-OIG's Offices of Management (MGMT) and Counsel was conducted.

As stated above, this is an interim response because our search and processing of records is ongoing at this time. Once the responsive records are processed, we will provide you will releasable portions.

Enclosed are 442 pages of records responsive to your request for: item 2 of your request seeking records produced for FOIA 2013-029; item 3 of your request seeking records produced for FOIA 2012-175; a partial response for item 4 seeking all documents regarding Mr. Edward's official travels, which also is included in your items 3 and 6; and a partial response for item 6 seeking documents released to Mr. Andrew Becker.<sup>1</sup> We have reviewed these records under the FOIA to determine whether they may be accessed under the FOIA's provisions. Based on that review, this office is providing the following:

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<sup>1</sup> Note that additional redactions were made to ensure personal information is protected within the records released for FOIA requests 2013-119, 2012-175, and 2013-029. Specifically, we redacted hotel accounting information, lower level employee names, employee home locations, and URL's for the Time and Attendance database (WebTA). Additionally, on pages 357 through 363 and 448 through 451 of the pdf, although the direct telephone numbers of DHS-OIG employees are redacted, the FOIA unit added typewritten notes to indicate the DHS-OIG employee with whom the phone number is associated.

98 page(s) are being released in full (RIF);  
336 page(s) are being released in part (RIP);  
8 page(s) are withheld in full (WIF);

The exemptions cited for withholding records or portions of records are marked below.

Freedom of Information Act, 5 U.S.C. § 552			Privacy Act, 5 U.S.C. § 552a
<input type="checkbox"/> 552(b)(1)	<input checked="" type="checkbox"/> 552(b)(5)	<input checked="" type="checkbox"/> 552(b)(7)(C)	<input type="checkbox"/> 552a(j)(2)
<input checked="" type="checkbox"/> 552(b)(2)	<input checked="" type="checkbox"/> 552(b)(6)	<input type="checkbox"/> 552(b)(7)(D)	<input type="checkbox"/> 552a(k)(2)
<input type="checkbox"/> 552(b)(3)	<input type="checkbox"/> 552(b)(7)(A)	<input type="checkbox"/> 552(b)(7)(E)	<input type="checkbox"/> 552a(k)(5)
<input type="checkbox"/> 552(b)(4)	<input type="checkbox"/> 552(b)(7)(B)	<input type="checkbox"/> 552(b)(7)(F)	<input type="checkbox"/> Other:

**Exemption 2, 5 U.S.C. § 552(b)(2)**

Exemption (b)(2) of the FOIA protects from mandatory disclosure documents “related solely to the internal personnel rules and practices of an agency.” See 5 U.S.C. § 552(b)(2). DHS-OIG is invoking Exemption 2 to the electronic addresses for retrieving information from internal DHS-OIG databases, and certain other sensitive administrative information.

**Exemption 5, 5 U.S.C. § 552(b)(5)**

Exemption 5 of the FOIA protects “inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency.” See 5 U.S.C. § 552(b)(5). DHS-OIG is invoking the deliberative process privilege of Exemption 5 to protect certain information. Please note that as a matter of discretion, I am releasing certain information that falls under the umbrella of this exemption.

**Exemption 6, 5 U.S.C. § 552(b)(6)**

Exemption 6 allows withholding of “personnel and medical files and *similar files* the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.” See 5 U.S.C. § 552(b)(6)(emphasis added). DHS-OIG is invoking Exemption 6 to protect the names and initials of lower level employees, non-agency employees, and private citizens.

**Exemption 7(C), 5 U.S.C. § 552(b)(7)(C)**

Exemption 7(C) protects from public disclosure “records or information compiled for law enforcement purposes...[if disclosure] could reasonably be expected to cause an unwarranted invasion of personal privacy.” See 5 U.S.C. § 552(b)(7)(C). The DHS-OIG

is invoking Exemption 7(C) to protect the identities of DHS-OIG Special Agents and investigative assistants.

### Appeal

Although I am aware that your request is the subject of ongoing litigation and appeals are not ordinarily acted on in such situations, I am required by statute and regulation to inform you of your right to file an administrative appeal. If you choose to file an administrative appeal it must be in writing and received within 60 days of the date of this response. Please address any appeal to:

FOIA/PA Appeals Unit  
DHS-OIG Office of Counsel  
Stop 2600  
245 Murray Drive SW, Bldg 410  
Washington, DC 20528-2600

Both the envelope and letter of appeal must be clearly marked, "Freedom of Information Act Appeal." Your appeal letter must also clearly identify DHS-OIG's response. Additional information on submitting an appeal is set forth in the DHS regulations at 6 C.F.R. § 5.9. If you have any questions about this response, please contact Kirsten Teal, FOIA/PA Disclosure Specialist, at 202-632-0346.

Sincerely,



Stephanie L. Kuehn  
Senior FOIA/PA Disclosure Specialist

Enclosures

Copy of the  
FOIA Request





March 27, 2013

**VIA ELECTRONIC SUBMISSION AND CERTIFIED MAIL**

Ms. Kirsten Teal  
FOIA/PA Disclosure Specialist  
Department of Homeland Security, Office of Inspector General  
Office of Counsel  
245 Murray Drive, Bldg. 410  
Mail Stop - 2600  
Washington, D.C. 20528-0001

**RE: Freedom of Information Act Request**

Dear Ms. Teal:

We write on behalf of Cause of Action, a nonprofit, nonpartisan government accountability organization that fights to protect economic opportunity when federal regulations, spending and cronyism threaten it.

Consistent with that mission, we are concerned about wasteful spending and allegations of misconduct at the Office of Inspector General (OIG) for the Department of Homeland Security (DHS). The DHS OIG has been without a Senate-confirmed Inspector General for over two years.<sup>1</sup> Because the Acting and Deputy Inspector General, Charles Edwards (Edwards), may be nominated for the permanent DHS Inspector General position, Cause of Action intends to evaluate and inform the public about how effectively Mr. Edwards has managed the DHS OIG while he has served as the Acting and Deputy Inspector General. Therefore, pursuant to the provisions of the Freedom of Information Act (FOIA),<sup>2</sup> Cause of Action hereby requests that the DHS OIG produce, within the next twenty (20) business days, the following documents:

1. All documents produced, compiled or released for DHS OIG FOIA case number 2013-11.
2. All documents produced, compiled or released for DHS OIG FOIA case number 2013-29.
3. All documents produced, compiled or released for DHS OIG FOIA case number 2012-175.

<sup>1</sup> See DEP'T OF HOMELAND SEC., *Deputy Inspector General: Charles K. Edwards*, [http://www.oig.dhs.gov/index.php?option=com\\_content&view=article&id=1%3Ainspector-general&catid=7&Itemid=64](http://www.oig.dhs.gov/index.php?option=com_content&view=article&id=1%3Ainspector-general&catid=7&Itemid=64).

<sup>2</sup> 5 U.S.C. § 552 (2006 & Supp. II 2008).

4. All documents regarding Mr. Edwards's official travels (in his capacity as Deputy Inspector General, Acting Inspector General or any other DHS position), for site checks or any other purpose, including the names of any individuals (including DHS employees) who accompanied Mr. Edwards, as well as travel vouchers, receipts or any other travel records, from February 27, 2011 to the present.
5. All documents, including reports, investigations, emails and hotline complaints, regarding any complaints against Mr. Edwards received by DHS OIG and the subsequent handling of such complaints by the Office of Investigations from February 27, 2011 to the present. Please note: a *Glomar* response or a 7(C) response letter is not appropriate for these records because there is a significant public interest in these records because the public has a right to know how the DHS OIG treats allegations of serious of misconduct against senior officials. For example, the DHS OIG has released all complaints received, in narrative format, regarding the Secret Service and former Director Mark J. Sullivan.<sup>3</sup>
6. All documents disclosed to Andrew Becker, journalist at the Center for Investigative Reporting, from February 27, 2011 to the present.

**Cause of Action Is Entitled to a Complete Waiver of Fees (Public-Interest Purpose).**

Cause of Action requests a waiver of both search and review fees pursuant to 5 U.S.C. § 552(a)(4)(A)(iii). This statute provides that the requested information and/or documents shall be furnished without or at reduced charge if "disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester." Cause of Action, in the present matter, satisfies all of the required elements for a fee waiver.

- A. *Disclosure of the requested information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government.*

First and foremost, "obtaining information to act as a 'watchdog' of the government is a well-recognized public interest in the FOIA context."<sup>4</sup> It is for this reason that Cause of Action, a nonprofit, nonpartisan organization that uses investigative, legal and communications tools to educate the public on how government accountability and transparency protects taxpayer interests and economic opportunity, seeks disclosure of the requested documents.

Disclosure of the information requested by Cause of Action in this instance is likely to contribute significantly to the understanding by the public at large of the operations and activities of the federal government as the documents requested concern actions undertaken by Mr. Edwards, Acting and Deputy Inspector General at DHS OIG and *de facto* head of that office.

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<sup>3</sup> FOIA Response, Narratives for Complaints Received by the DHS OIG Relating to U.S. Secret Service, *available at* [http://www.oig.dhs.gov/assets/PDFs/OIG\\_FOIA\\_Response.pdf](http://www.oig.dhs.gov/assets/PDFs/OIG_FOIA_Response.pdf).

<sup>4</sup> *Balt. Sun v. U.S. Marshals Serv.*, 131 F. Supp. 2d 725, 729-30 (D. Md. 2001); *see also* *Ctr. to Prevent Handgun Violence v. U.S. Dep't of the Treasury*, 981 F. Supp. 20, 24 (D.D.C. 1997) ("This self-appointed watchdog role is recognized in our system.").

During Mr. Edwards's tenure, the House Committee on Oversight and Government Reform conducted a hearing regarding management issues at DHS OIG,<sup>5</sup> while the Senate Homeland Security and Government Affairs Committee wrote a letter to President Obama citing the "allegations of misconduct" facing the office.<sup>6</sup> The public at large therefore has a substantial interest in how Mr. Edwards has conducted oversight of the federal government's third-largest department. Therefore, the information requested will benefit the public as opposed to the individual understanding of the requester or a narrow segment of interested persons. Thus, this element is met.

*B. Disclosure of the requested information is not in the commercial interest of Cause of Action.*

Cause of Action does not seek this information to benefit commercially. Cause of Action is a nonprofit organization as defined under § 501(c)(3) of the Internal Revenue Code. Our organization is committed to protecting the public's right to be aware of the activities of government agencies and to ensuring the lawful and appropriate use of government funds by those agencies. This request seeks records about how effectively Mr. Edwards has performed as Acting and Deputy Inspector General. Cause of Action will not make a profit from the disclosure of this information. Rather, this information will be used to further the knowledge and interests of the general public in order to openly evaluate Mr. Edwards's actions and management of DHS OIG. In the event the disclosure of this information creates a profit motive, it is not dispositive for the commercial interest test; media or scholars could have a profit motive, as long as the dissemination of the information is in their professional capacity and would further the public interest.<sup>7</sup> Therefore, Cause of Action satisfies this element.

*C. Cause of Action has an ability to disseminate the requested information to the public and specifically intends to do so.*

Cause of Action intends to make the results of this request available to the public in various medium forms. Cause of Action uses a combination of research, litigation, advocacy and regularly disseminated publications to advance its mission. Our staff has a combined forty-five (45) years of expertise in government oversight, investigative reporting and federal public interest litigation. These professionals will analyze the information responsive to this request, use their editorial skills to turn raw materials into a distinct work and share the resulting analysis with the public, whether through Cause of Action's regularly published online newsletter, memoranda, reports or press releases. In addition, Cause of Action will disseminate any relevant information it acquires from this request to the public through its frequently visited website, [www.causeofaction.org](http://www.causeofaction.org), which also includes links to thousands of pages of documents Cause of Action acquired through its previous FOIA requests, as well as documents related to Cause of Action's litigation and agency complaints. Lastly, after the production of the requested

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<sup>5</sup> U.S. HOUSE OF REPRESENTATIVES COMM. ON GOV'T OVERSIGHT AND REFORM, *Unresolved Internal Investigations at DHS: Oversight of Investigations Management in the Office of the DHS IG*, <http://oversight.house.gov/hearing/unresolved-internal-investigations-at-dhs-oversight-of-investigation-management-in-the-office-of-the-dhs-ig/>.

<sup>6</sup> U.S. SENATE COMM. ON HOMELAND SEC. AND GOVERNMENTAL AFFAIRS, *Homeland Security and Governmental Affairs Committee Senators Urge President to Fill IG Vacancies*.

<sup>7</sup> See *Campbell v. U.S. Dep't of Justice*, 164 F.3d 20, 35-36 (D.C. Cir. 1998).

information, Cause of Action intends to produce a report on the matter of any misconduct by Mr. Edwards or senior management at DHS OIG. This report may be published, distributed to the news media and sent to interested persons through our regular periodicals, including "Agency Check" and "Cause of Action News." An ability to show the presence of a website with occasional, consistent traffic is enough to show that a requester has an ability to disseminate information.<sup>8</sup> As with the other two (2) outlined above, Cause of Action has also met this element, thus justifying a fee waiver.

### **Cause of Action Is Entitled to News Media Requester Category Status.**

Cause of Action also asks that it not be charged search or review fees for this request because it qualifies as a "representative of the news media, or news media requester," under 5 U.S.C. § 552(a)(4)(A)(ii)(II).<sup>9</sup> In *National Security Archive v. U.S. Dep't of Defense*, the U.S. Court of Appeals for the District of Columbia Circuit noted that FOIA's legislative history demonstrates that "it is critical that the phrase 'representative of the news media' be broadly interpreted if the act is to work as expected . . . In fact, *any person or organization which regularly publishes or disseminates information to the public . . . should qualify for waivers as a 'representative of the news media.'*"<sup>10</sup>

Cause of Action is organized and operated, *inter alia*, to publish and broadcast news, *i.e.*, information that is about current events or that would be of current interest to the public. Cause of Action routinely and systematically disseminates information to the public through various medium forms. Cause of Action maintains a frequently visited website, [www.causeofaction.org](http://www.causeofaction.org). Additionally, since September 2011, Cause of Action has published an e-mail newsletter. This newsletter provides subscribers with regular updates regarding Cause of Action's activities and information the organization has received from various government entities. Cause of Action also disseminates information via Twitter and Facebook. Cause of Action also produces a newsletter titled "Agency Check," which informs interested persons about actions of federal agencies, and another periodical, "Cause of Action News."<sup>11</sup>

Cause of Action gleans the information it regularly publishes in its newsletters from a wide variety of sources, including FOIA requests, government agencies, universities, law reviews and even other news sources. Cause of Action researches issues on government transparency and accountability, the use of taxpayer funds and social and economic freedom; regularly reports on this information; analyzes relevant data; evaluates the newsworthiness of the

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<sup>8</sup> See *Fed. CURE v. Lappin*, 602 F. Supp. 2d 197, 203 (D.D.C. 2009).

<sup>9</sup> Other agencies of the federal government have granted Cause of Action "representative of the news media" category status. See, e.g., FOIA Request HQ-2012-00752-F, Dep't of Energy (Feb. 15, 2012); FOIA Request No. 12-00455-F, Dep't of Educ. (Jan. 20, 2012); FOIA Request 12-267, Fed. Emergency Mgmt. Agency (Feb. 9, 2012); FOIA Request 2012-RMA-02563F, Dep't of Agric. (May 3, 2012); FOIA Request 2012-078, Dep't of Homeland Sec. (Feb. 15, 2012); FOIA Request 2012-00270, Dep't of Interior (Feb. 17, 2012); FOIA Request, Dep't of Labor (Apr. 20, 2012); FOIA Request CRRIF 2012-00077, Dep't of Commerce (Mar. 1, 2012). As the U.S. Court of Appeals for the District of Columbia noted in *Oglesby v. U.S. Dep't of the Army*, agencies should grant news media requestor status when other agencies have done so because of "the need for uniformity among the agencies in their application of FOIA." 920 F.2d 57, 66 n.11 (D.C. Cir. 1990).

<sup>10</sup> 880 F.2d 1381, 1386 (D.C. Cir. 1989) (citing 132 Cong. Rec. S14298 (daily ed. Sept. 30, 1986)) (omissions in original).

<sup>11</sup> Newsletters, Cause of Action, available at <http://causeofaction.org/newsletters/>.

material; and puts the facts and issues into context. Cause of Action uses technology, including but not limited to the Internet, Twitter and Facebook, in order to publish and distribute news about current events and issues that are of current interest to the general public. These activities are hallmarks of publishing, news and journalism. Based on these extensive publication activities, Cause of Action qualifies for a fee waiver as a “representative of the news media, or news media requester,” under FOIA and agency regulations.<sup>12</sup>

Cause of Action’s activities clearly fall within the statutory definition of this term. 5 U.S.C. § 552(a)(4)(A)(ii)(III) defines “representative[s] of the news media” broadly to include organizations that disseminate news through electronic communications, including “publishers of

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<sup>12</sup> See, e.g., Paul Streckfus, *Accountability Group Seeks IRS Investigation of ACORN Affiliates*, EO TAX JOURNAL, Ed. 2011-173, Oct. 24, 2011; Patrick Reis and Darren Goode, *Senators hedge bets ahead of CSAPR vote - Second anti-reg bill to get vote - Perry's debate gaffe - Acrimony hits new heights in Solyndra spat*, POLITICO (Nov. 10, 2011), <http://www.politico.com/morningenergy/1111/morningenergy374.html>; Conn Carroll, *Labor board broke federal law on Boeing suit*, WASH. EXAMINER, Nov. 27, 2011, available at <http://campaign2012.washingtonexaminer.com/article/labor-board-broke-federal-law-boeing-suit>; Matthew Vadum, *Obama uses taxpayer cash to back ACORN Name changes used to dodge the law*, WASH. TIMES, Nov. 28, 2011, available at <http://www.washingtontimes.com/news/2011/nov/28/obama-uses-taxpayer-cash-to-back-acorn-name-change/>; Perry Chiaramonte, *ACORN Misused Federal Grant Funds, Report Says*, FOX NEWS (Nov. 30, 2011), <http://www.foxnews.com/politics/2011/11/30/acorn-misused-federal-grant-funds-report-says/>; *Acorn lives: Meet AHCOA*, PITTSBURGH TRIBUNE-REVIEW, Dec. 5, 2011, available at [http://www.pittsburghlive.com/x/pittsburghtrib/opinion/s\\_770135.html](http://www.pittsburghlive.com/x/pittsburghtrib/opinion/s_770135.html); Benjamin Wallace, *The Virgin Father*, N.Y. MAGAZINE, Feb. 5, 2012, available at <http://nymag.com/news/features/trent-arsenault-2012-2/>; Charles C. W. Cooke, *ACORN Is Up to Its Old Tricks*, NAT’L REVIEW ONLINE (Feb. 6, 2012), <http://www.nationalreview.com/articles/289948/acorn-its-old-tricks-charles-c-w-cooke>; John Hayward, *Justice Department asked to investigate abuse of stimulus funds for lobbying*, HUMAN EVENTS (Mar. 3, 2012), <http://www.humanevents.com/article.php?id=50328>; Pete Kasperowicz, *GSA fallout: Watchdog group probes 28 federal agencies for wasteful spending*, THE HILL, Apr. 5, 2012, available at <http://thehill.com/blogs/floor-action/house/220119-gsa-fallout-watchdog-group-probes-28-federal-agencies-for-wasteful-spending>; Timothy R. Smith, *How much are other agencies spending on award coins? A nonpartisan group wants to know*, WASH. POST, Apr. 6, 2012, available at [http://www.washingtonpost.com/blogs/federal-eye/post/how-much-are-other-agencies-spending-on-award-coins-a-nonpartisan-group-wants-to-know/2012/04/05/gIQLpGPys\\_blog.html](http://www.washingtonpost.com/blogs/federal-eye/post/how-much-are-other-agencies-spending-on-award-coins-a-nonpartisan-group-wants-to-know/2012/04/05/gIQLpGPys_blog.html); Andy Medici, *Scrutiny widens over GSA spending*, FED. TIMES (Apr. 6, 2012), <http://www.federaltimes.com/article/20120406/DEPARTMENTS07/204060303/>; Mickey Meece, *Durbin Calls GSA Spending ‘Outrageous’; Vows Congressional Hearings*, FORBES.COM (Apr. 8, 2012), <http://www.forbes.com/sites/mickeymeece/2012/04/08/durbin-calls-gsa-spending-outrageous-vows-congressional-hearings/>; Christopher Matthews, *High Tide: From a Wal-Mart Feeding Frenzy to Indian Firms’ Continued Shipping of Iranian Crude*, WALL ST. J., Apr. 24, 2012, available at <http://blogs.wsj.com/corruption-currents/2012/04/24/high-tide-from-a-wal-mart-feeding-frenzy-to-indian-firms-continued-shipping-of-iranian-crude/>; Lauren Fox, *Federal Budget Office Asks All Agencies to Cut Conference, Travel Costs*, US NEWS (May 12, 2012), <http://www.usnews.com/news/blogs/washington-whispers/2012/05/14/federal-budget-office-asks-all-agencies-to-cut-conference-travel-costs>; Stephanie Lee, *Woman sues FDA for right to use donor’s free sperm*, S. F. CHRON., July 9, 2012, available at <http://www.sfgate.com/bayarea/article/Woman-sues-FDA-for-right-to-use-donor-s-free-sperm-3692207.php>; Alexis Shaw, *Woman Anonymously Sues FDA for Right to Free Sperm*, ABC NEWS (July 12, 2012), <http://abcnews.go.com/US/woman-sues-fda-free-sperm/story?id=16755422>; Perry Chiaramonte, *Taxpayer watchdog calls on IRS to probe re-branded Texas ACORN branch*, FOX NEWS (July 19, 2012), <http://www.foxnews.com/politics/2012/07/19/taxpayer-watchdog-calls-on-irs-to-probe-re-branded-texas-acorn-branch/#ixzz21qTFmosA>; Nick Baumann, *National Archives Sued Over Financial Crisis Documents*, MOTHER JONES, Aug. 15, 2012, available at <http://www.motherjones.com/mojo/2012/08/watchdog-group-sues-national-archives-over-financial-crisis-documents>; Jon Hilkevitch, *Report: CTA reaped millions by over-reporting bus mileage*, CHI. TRIB., Oct. 17, 2012, available at [http://articles.chicagotribune.com/2012-10-18/news/ct-met-cta-mileage-report-1018-20121018\\_1\\_cta-spokesman-cta-officials-action-report](http://articles.chicagotribune.com/2012-10-18/news/ct-met-cta-mileage-report-1018-20121018_1_cta-spokesman-cta-officials-action-report).

*periodicals* . . . who make their products available for purchase by or subscription by or free distribution to the general public.”<sup>13</sup> Moreover, the FOIA statute itself, as amended in 2007, explicitly defines “representative of the news media”—a term that had previously been undefined in the statute—to specifically include organizations, such as Cause of Action, that regularly publish and disseminate online periodicals, *e.g.*, newsletters.<sup>14</sup> The statutory definition unequivocally commands that organizations that electronically disseminate information and publications via “alternative media *shall* be considered to be news-media entities.”<sup>15</sup> As the plain language of the statute makes abundantly clear, then, an organization that regularly disseminates news via an online newsletter or periodical, such as Cause of Action, is a “representative of the news media” under FOIA.

In *Electronic Privacy Information Center v. Dep’t of Defense*, the court broadly construed a Department of Defense regulation defining “representative of the news media” to include a 501(c)(3) that, like Cause of Action, maintains a frequently visited website and regularly publishes an e-mail newsletter.<sup>16</sup> Under well-established precedent, then, a 501(c)(3) requester that regularly publishes online newsletters, such as Cause of Action, is entitled to a fee waiver as a “representative of the news media,” where *Electronic Privacy Information Center* provides that “publishers of periodicals” qualify as representatives of the news media.<sup>17</sup>

The information requested regarding Mr. Edwards and DHS OIG will be of current interest to a large segment of the general public. Cause of Action will ultimately disseminate this information that it is statutorily entitled to, *inter alia*, through its regularly published online newsletter. Additionally, Cause of Action will take the information that is disclosed, using its editorial skills and judgment, to publish news articles that will be published on our website, distributed to other media sources and distributed to interested persons through our newsletters.

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<sup>13</sup> 5 U.S.C. § 552(a)(4)(A)(ii) (emphasis added).

<sup>14</sup> The FOIA statute, as amended in 2007, defines “representative of the news media” as follows:

[T]he term “a representative of the news media” means any person or entity that gathers information of potential interest to a segment of the public, uses its editorial skills to turn the raw materials into a distinct work, and distributes that work to an audience. In this clause, the term “news” means information that is about current events or that would be of current interest to the public. Examples of news-media entities are television or radio stations broadcasting to the public at large and publishers of periodicals (but only if such entities qualify as disseminators of “news”) who make their products available for purchase by or subscription by or free distribution to the general public. These examples are not all-inclusive. Moreover, as methods of news delivery evolve (for example, the adoption of the electronic dissemination of newspapers through telecommunications services), *such alternative media shall be considered to be news-media entities.*

*Id.* (emphasis added).

<sup>15</sup> *Id.* (emphasis added). See generally *Nat’l Ass’n of Home Builders v. Defenders of Wildlife*, 551 U.S. 644, 661-662 (2007) (noting the well-established proposition that, as used in statutes, the word “shall” is generally imperative or mandatory).

<sup>16</sup> 241 F.Supp.2d 5, 12-15 (D.D.C. 2003). The court pointedly noted that “a ‘periodical,’ unlike a daily newspaper, has been defined simply as ‘a publication issued at regular intervals of more than one day.’” *Id.* at 13 n.4 (quoting AMERICAN HERITAGE DICTIONARY, SECOND COLLEGE EDITION, at 923 (2000)).

<sup>17</sup> *Id.*



As outlined above, the plain language of 5 U.S.C. § 552(a)(4)(A)(ii)(III), controlling precedent and the agency's regulations clearly require the conclusion that Cause of Action is a representative of the news media.

**Production of Information and Contact Information.**

We call your attention to President Obama's January 21, 2009 Memorandum concerning FOIA, which states in relevant part:

All agencies should adopt a presumption in favor of disclosure, in order to renew their commitment to the principles embodied in FOIA . . . The presumption of disclosure should be applied to all decisions involving FOIA.<sup>18</sup>

On the same day, President Obama spoke on FOIA to incoming members of the Cabinet and staff of the White House and stated in relevant part:

The old rules said that if there was a defensible argument for not disclosing something to the American people, then it should not be disclosed. That era is now over. Starting today, every agency and department should know that this administration stands on the side not of those who seek to withhold information but those who seek to make it known. To be sure, issues like personal privacy and national security must be treated with the care they demand. But the mere fact that you have the legal power to keep something secret does not mean you should always use it. The Freedom of Information Act is perhaps the most powerful instrument we have for making our government honest and transparent, and of holding it accountable. And I expect members of my administration not simply to live up to the letter but also the spirit of this law.<sup>19</sup>

After the President's remarks, Attorney General Eric Holder issued a Memorandum that broadened the executive branch's FOIA disclosure policy, and he therefore urged heads of executive departments and agencies to make discretionary disclosures of information:

[A]n agency should not withhold information simply because it may do so legally. I strongly encourage agencies to make discretionary disclosures of information. An agency should not withhold records merely because it can demonstrate, as a technical matter, that the records fall within the scope of a FOIA exemption.<sup>20</sup>

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<sup>18</sup> Memorandum from President Barack Obama for the Heads of Exec. Dep'ts and Agencies, *Freedom of Information Act* (Jan. 21, 2009) available at <http://www.whitehouse.gov/the-press-office/freedom-information-act>.

<sup>19</sup> President Barack Obama, *Remarks by the President in Welcoming Senior Staff and Cabinet Secretaries to the White House* (Jan. 21, 2009) available at <http://oversight.house.gov/hearing/foia-in-the-21st-century-using-technology-to-improve-transparency-in-government/>.

<sup>20</sup> Memorandum from Attorney Gen. Eric Holder for Heads of Exec. Dep'ts and Agencies, *The Freedom of Information Act (FOIA)* (Mar. 19, 2009), available at <http://www.justice.gov/ag/foia-memo-march2009.pdf>.

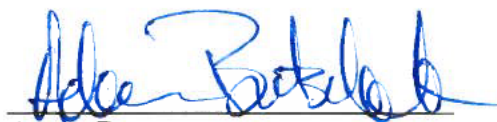
If it is your position that any portion of the requested information is exempt from disclosure, Cause of Action requests that you provide a detailed justification, specifically identifying the reasons why a particular exemption is relevant and correlating those claims with the particular part of a withheld document to which they apply.

Please note that the invocation of exemption 7(c) or a Glomar response would not be appropriate in this circumstance due to the vital importance of this information to the public. As the current and long-standing head of DHS OIG, Mr. Edwards is likely to be nominated as the permanent Inspector General in the near future. The public therefore has an overriding interest in knowing whether Mr. Edwards violated the law or otherwise acted improperly. This is particularly true regarding documents produced, compiled or released for DHS OIG FOIA case number 2013-11, which requests all records of complaints against Mr. Edwards and a third party.

In the event that some portions of the requested information are properly exempt from disclosure, please redact such portions and produce all remaining reasonable segregable non-exempt portions of the requested record.<sup>21</sup> If you contend that information contains non-exempt segments, but those non-exempt segments are so dispersed throughout as to make segregation impossible, please state what portion of the document is non-exempt and how the material is dispersed through the document. If a request is denied in full, please outline that it is not possible to segregate portions of the record for release.

In an effort to facilitate record production within the statutory limit, Cause of Action prefers to accept information and/or documents in electronic format (*e.g.*, e-mail, pdf). When necessary, Cause of Action will accept the "rolling production" of information and/or documents, but requests that you provide prompt notification of any intent to produce information on a rolling basis.

If you do not understand this request or any portion thereof, or if you feel you require clarification of this request or any portion thereof, please contact me (Adam.Butschek@causeofaction.org) immediately at (202) 499-4232. Please note that, for the purposes of responding to this request, the attached Definition of Terms should be interpreted consistently. Thank you for your attention to this matter.



ADAM BUTSCHEK  
DEPUTY DIRECTOR OF INVESTIGATIONS AND RESEARCH

Encl. Responding to Document Requests, Definitions

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<sup>21</sup> See 5 U.S.C. § 552(b).

## **Responding to Document Requests**

1. In complying with this request, you should produce all responsive documents that are in your possession, custody or control, whether held by you or your past or present agents, employees and representatives acting on your behalf. You should also produce documents that you have a legal right to obtain, that you have a right to copy or to which you have access, as well as documents that you have placed in the temporary possession, custody or control of any third party. Requested records, documents, data or information should not be destroyed, modified, removed, transferred or otherwise made inaccessible to Cause of Action.
2. In the event that any entity, organization or individual denoted in this request has been or is also known by any other name than that herein denoted, the request shall be read also to include that alternative identification.
3. Cause of Action's preference is to receive documents in electronic form (i.e., CD, memory stick or thumb drive) in lieu of paper productions.
4. When you produce documents, you should identify the specific document request or portion thereof in Cause of Action's request to which the documents respond.
5. It shall not be a basis for refusal to produce documents that any other person or entity also possesses non-identical or identical copies of the same documents.
6. If any of the requested information is only reasonably available in machine-readable form (such as on a computer server, hard drive, or computer backup tape), you should consult with Cause of Action staff to determine the appropriate format in which to produce the information.
7. If compliance with the request cannot be made in full, compliance shall be made to the extent possible and shall include an explanation of why full compliance is not possible.
8. In the event that a document is withheld on the basis of privilege, provide a privilege log containing the following information concerning any such document: (a) the privilege asserted; (b) the type of document; (c) the general subject matter; (d) the date, author and addressee; and (e) the relationship of the author and addressee to each other.
9. If any document responsive to this request was, but no longer is, in your possession, custody or control, identify the document (stating its date, author, subject and recipients) and explain the circumstances under which the document ceased to be in your possession, custody or control.
10. If a date or other descriptive detail set forth in this request referring to a document is inaccurate, but the actual date or other descriptive detail is known to you or is otherwise apparent from the context of the request, you should produce all documents which would be responsive as if the date or other descriptive detail were correct.

11. The time period covered by this request is included in the attached request. To the extent a time period is not specified, produce relevant documents from February 27, 2011 to the present.
12. This request is continuing in nature and applies to any newly-discovered information. Any record, document, compilation of data or information, not produced because it has not been located or discovered by the return date, shall be produced immediately upon subsequent location or discovery.
13. All documents shall be Bates-stamped sequentially and produced sequentially.

### **Definitions**

1. The term "document" means any written, recorded or graphic matter of any nature whatsoever regardless of how recorded, and whether original or copy, including, but not limited to, the following: memoranda, reports, expense reports, books, manuals, instructions, financial reports, working papers, records, notes, letters, notices, confirmation, telegrams, receipts, appraisals, pamphlets, magazines, newspapers, prospectuses, inter-office and intra-office communications, electronic mail (e-mail), contracts, cables, notations of any type of conversation, telephone call, meeting or other communication, bulletins, printed matter, computer printouts, teletypes, invoices, transcripts, diaries, analyses, returns, summaries, minutes, bills, accounts, estimates, projections, comparisons, messages, correspondence, press releases, circulars, financial statements, reviews, opinions, offers, studies and investigations, questionnaires and surveys and work sheets (and all drafts, preliminary versions, alterations, modifications, revisions, changes and amendments of any of the foregoing, as well as any attachments or appendices thereto), and graphic or oral records or representations of any kind (including without limitation, photographs, charts, graphs, microfiche, microfilm, videotape, recordings and motion pictures), and electronic, mechanical and electric records or representations of any kind (including, without limitation, tapes, cassettes, disks and recordings) and other written, printed, typed or other graphic or recorded matter of any kind or nature, however produced or reproduced, and whether preserved in writing, film, tape, disk, videotape or otherwise. A document bearing any notation not a part of the original text is to be considered a separate document. A draft or non-identical copy is a separate document within the meaning of this term.
2. The term "communication" means each manner or means of disclosure or exchange of information, regardless of means utilized, whether oral, electronic, by document or otherwise, and whether in a meeting, by telephone, facsimile, email, regular mail, telexes, releases or otherwise.
3. The terms "and" and "or" shall be construed broadly and either conjunctively or disjunctively to bring within the scope of this request any information which might otherwise be construed to be outside its scope. The singular includes plural number, and vice versa. The masculine includes the feminine and neuter genders.

4. The terms “person” or “persons” mean natural persons, firms, partnerships, associations, corporations, subsidiaries, divisions, departments, joint ventures, proprietorships, syndicates, or other legal, business or government entities and all subsidiaries, affiliates, divisions, departments, branches or other units thereof.
5. The term “identify,” when used in a question about individuals, means to provide the following information: (a) the individual's complete name and title; and (b) the individual's business address and phone number.
6. The term “referring or relating,” with respect to any given subject, means anything that constitutes, contains, embodies, reflects, identifies, states, refers to, deals with or is pertinent to that subject in any manner whatsoever.

Requester's Name: Mr. Adam Butschek

FOIA/PA NO.: 2013-073

### MIXED DOCUMENTS

98 (RIF)

336 (RIP)

8 (WIF)

           (DUP)

           (NR)

           Referred



Travel Records  
for Charles  
Edwards

Traveler: EDWARDS CHARLES

Amount	Boc	Trip Purpose	Govtrip Docume	Per Diem Location	Departure Date	Return Date	Bfy	Period Name		
68.68	2115	TRAINING ATTENDANCE	0000Z2	EMMITSBURG,MD	5/6/2008	5/8/2008	2008	MAY/08-08		
218.32	2111	TRAINING ATTENDANCE		EMMITSBURG,MD	5/6/2008	5/8/2008	2008	MAY/08-08		
97.5	2112	TRAINING ATTENDANCE		EMMITSBURG,MD	5/6/2008	5/8/2008	2008	MAY/08-08		
-22.32	2111	TRAINING ATTENDANCE		EMMITSBURG,MD	5/6/2008	5/8/2008	2008	MAY/08-08		
13.5	211A	TRAINING ATTENDANCE		EMMITSBURG,MD	5/6/2008	5/8/2008	2008	MAY/08-08		
8.82	2119	TRAINING ATTENDANCE		EMMITSBURG,MD	5/6/2008	5/8/2008	2008	MAY/08-08		
Sum: 384.50										
-39.66	2111	CONFERENCE ATTENDANCE	0011XX	PARKERSBURG,WV	7/21/2008	7/25/2008	2008	JUL/08-08		
475.66	2111	CONFERENCE ATTENDANCE		PARKERSBURG,WV	7/21/2008	7/25/2008	2008	JUL/08-08		
13.5	211A	CONFERENCE ATTENDANCE		PARKERSBURG,WV	7/21/2008	7/25/2008	2008	JUL/08-08		
175.5	2112	CONFERENCE ATTENDANCE		PARKERSBURG,WV	7/21/2008	7/25/2008	2008	JUL/08-08		
26.16	2119	CONFERENCE ATTENDANCE		PARKERSBURG,WV	7/21/2008	7/25/2008	2008	JUL/08-08		
313.1	2115	CONFERENCE ATTENDANCE		PARKERSBURG,WV	7/21/2008	7/25/2008	2008	JUL/08-08		
Sum: 964.26										
75	2112	TRAINING ATTENDANCE	002MQR	CHARLOTTESVILLE (ALBEMARLE),VA	11/3/2008	11/7/2008	2009	NOV/08-09		
-13.5	2199	TRAINING ATTENDANCE		CHARLOTTESVILLE (ALBEMARLE),VA	11/3/2008	11/7/2008	2009	NOV/08-09		
13.5	211A	TRAINING ATTENDANCE		CHARLOTTESVILLE (ALBEMARLE),VA	11/3/2008	11/7/2008	2009	NOV/08-09		
13.5	2199	TRAINING ATTENDANCE		CHARLOTTESVILLE (ALBEMARLE),VA	11/3/2008	11/7/2008	2009	NOV/08-09		
153.28	2115	TRAINING ATTENDANCE		CHARLOTTESVILLE (ALBEMARLE),VA	11/3/2008	11/7/2008	2009	NOV/08-09		
Sum: 241.78										

13.5	211A	INFORMATION MEETING	007Y9E	PARKERSBURG, WV	6/29/2009	6/29/2009	2009	JUL/09-09		
-13.5	2199	INFORMATION MEETING		PARKERSBURG, WV	6/29/2009	6/29/2009	2009	JUL/09-09		
348.7	2115	INFORMATION MEETING		PARKERSBURG, WV	6/29/2009	6/29/2009	2009	JUL/09-09		
13.5	2199	INFORMATION MEETING		PARKERSBURG, WV	6/29/2009	6/29/2009	2009	JUL/09-09		
Sum: 362.20										
68.2	2115	INFORMATION MEETING	007YBL	EMMITSBURG, MD	6/17/2009	6/17/2009	2009	JUL/09-09		
13.5	2199	INFORMATION MEETING		EMMITSBURG, MD	6/17/2009	6/17/2009	2009	JUL/09-09		
-13.5	2199	INFORMATION MEETING		EMMITSBURG, MD	6/17/2009	6/17/2009	2009	JUL/09-09		
13.5	211A	INFORMATION MEETING		EMMITSBURG, MD	6/17/2009	6/17/2009	2009	JUL/09-09		
Sum: 81.70										
4.35	211B	SITE VISIT	00HJ3H	FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
1001.4	2114	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
1365.09	2199	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
13.5	2199	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
13.5	211A	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
-1378.59	2199	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
41.34	2119	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
318	2111	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
152.5	2112	SITE VISIT		FRISCO, TX	3/9/2010	3/11/2010	2010	MAR/10-10		
Sum: 1,531.09										
4	211B	INFORMATION MEETING	00JBKD	PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		
-96.25	2199	INFORMATION MEETING		PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		
70	2111	INFORMATION MEETING		PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		
82.75	2199	INFORMATION MEETING		PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		
8.75	2119	INFORMATION MEETING		PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		
335	2115	INFORMATION MEETING		PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		
13.5	2199	INFORMATION MEETING		PARKERSBURG, WV	4/22/2010	4/23/2010	2010	APR/10-10		

13.5	211A	INFORMATION MEETING		PARKERSBURG,WV	4/22/2010	4/23/2010	2010	APR/10-10		
69	2112	INFORMATION MEETING		PARKERSBURG,WV	4/22/2010	4/23/2010	2010	APR/10-10		
Sum: 500.25										
13.5	2199	TRAINING ATTENDANCE	00K5C7	CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
231.4	2114	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
369.98	2111	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
177.5	2112	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
662.71	2199	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
-676.21	2199	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
13.5	211A	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
4.35	211B	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
104.98	2119	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
60	2116	TRAINING ATTENDANCE		CHICAGO,IL	5/12/2010	5/14/2010	2010	MAY/10-10		
Sum: 961.71										
592.34	2199	TRAINING ATTENDANCE	00K6FA	OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
13.5	2199	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
48.34	2119	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
152.5	2112	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
13.5	211A	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
359.4	2114	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
67.8	2116	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
32.6	211B	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		

200	2111	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
-605.84	2199	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
40.68	2115	TRAINING ATTENDANCE		OAKLAND,CA	5/19/2010	5/21/2010	2010	JUN/10-10		
Sum: 914.82										
116.27	2199	INFORMATION MEETING	00KD7G	GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
103	2111	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
9.27	2119	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
-129.77	2199	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
13.5	211A	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
4	211B	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
76.5	2112	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
82.5	2115	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
13.5	2199	INFORMATION MEETING		GETTYSBURG,PA	5/17/2010	5/18/2010	2010	MAY/10-10		
Sum: 288.77										
42	2199	SITE VISIT	00LL1D	ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	AUG/10-10		
13.5	2199	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
4.35	211B	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
-42	2199	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	AUG/10-10		
825.75	2199	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
280	2111	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
-839.25	2199	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
42	2119	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	AUG/10-10		
541.4	2114	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
140	2112	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
79.5	2116	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
13.5	211A	SITE VISIT		ATLANTA (FULTON),GA	6/14/2010	6/16/2010	2010	JUN/10-10		
Sum: 1,100.75										
70.8	2119	INFORMATION MEETING	00LQZ3	DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
165	2112	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		

13.5	211A	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
39	2115	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
1522.75	2199	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
300	2111	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
10.25	2118	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
-1536.25	2199	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
110.9	2117	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
13.5	2199	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
4.35	211B	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
30	2116	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
1084.7	2114	INFORMATION MEETING		DENVER (DENVER),CO	6/21/2010	6/23/2010	2010	JUL/10-10		
Sum: 1,828.50										
21.5	2611	LOCAL	0OPEVL	LOCAL	8/10/2010	8/10/2010	2010	AUG/10-10		
-6.25	2199	LOCAL		LOCAL	8/10/2010	8/10/2010	2010	AUG/10-10		
6.25	2199	LOCAL		LOCAL	8/10/2010	8/10/2010	2010	AUG/10-10		
6.25	211A	LOCAL		LOCAL	8/10/2010	8/10/2010	2010	AUG/10-10		
Sum: 27.75										
27.98	2119	SITE VISIT	0OSG8N	DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
-1189.64	2199	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
27.75	211B	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
64	2116	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
13.5	211A	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
182.01	2117	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
18.7	2118	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
177.5	2112	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
200	2111	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
13.5	2199	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
1176.14	2199	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
714.4	2114	SITE VISIT		DALLAS (DALLAS),TX	10/26/2010	10/28/2010	2011	NOV/10-11		
Sum: 1,425.84										
-6.25	2199	LOCAL	0OT9YF	LOCAL	11/3/2010	11/3/2010	2011	NOV/10-11		
6.25	2199	LOCAL		LOCAL	11/3/2010	11/3/2010	2011	NOV/10-11		



74.2	2121	LOCAL		LOCAL	11/3/2010	11/3/2010	2011	NOV/10-11		
6.25	211A	LOCAL		LOCAL	11/3/2010	11/3/2010	2011	NOV/10-11		
Sum: 80.45										
15	211A	SITE VISIT	00TME7	OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
764.96	2199	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
0.34	2119	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
4.35	211B	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
188	2111	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
15	2199	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
41.9	2115	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
163.07	2117	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
349.4	2114	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
116.8	2116	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
152.5	2112	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
-779.96	2199	SITE VISIT		OAKLAND,CA	12/1/2010	12/3/2010	2011	DEC/10-11		
Sum: 1,031.36										
140	2116	SITE VISIT	00TTYT	CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
359.1	2114	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
820.22	2199	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
392	2111	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
15	211A	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
15	2199	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
64.77	2119	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
-835.22	2199	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
4.35	211B	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
222.25	2112	SITE VISIT		CHICAGO,IL	12/14/2010	12/17/2010	2011	DEC/10-11		
Sum: 1,197.47										
15	211A	INFORMATION MEETING	00UAKD	PARKERSBURG,WV	12/10/2010	12/10/2010	2011	DEC/10-11		
34.5	2112	INFORMATION MEETING		PARKERSBURG,WV	12/10/2010	12/10/2010	2011	DEC/10-11		
307	2115	INFORMATION MEETING		PARKERSBURG,WV	12/10/2010	12/10/2010	2011	DEC/10-11		
15	2199	INFORMATION MEETING		PARKERSBURG,WV	12/10/2010	12/10/2010	2011	DEC/10-11		
-15	2199	INFORMATION MEETING		PARKERSBURG,WV	12/10/2010	12/10/2010	2011	DEC/10-11		
Sum: 356.50										
28.25	2119	SITE VISIT	00YB79	ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
-704.91	2199	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
206	2111	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
165	2112	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
689.91	2199	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		

28.56	2115	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUL/11-11		
390.4	2114	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
60.91	2117	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
15	211A	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
15	2199	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
25.65	2118	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
4.35	211B	SITE VISIT		ORLANDO (ORANGE),FL	6/5/2011	6/7/2011	2011	JUN/11-11		
Sum: 924.12										
701.4	2114	SITE VISIT	00YPSA	DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
-838.05	2199	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
22.3	2119	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
84	2112	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
823.05	2199	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
15	2199	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
4.35	211B	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
95	2111	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
15	211A	SITE VISIT		DETROIT (WAYNE COUNTY),MI	5/26/2011	5/27/2011	2011	JUN/11-11		
Sum: 922.05										
115.64	2119	SITE VISIT	00YRVO	SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
1135.04	2199	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
15	2199	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
15	211A	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
525	2111	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
248.5	2112	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
50	2116	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
-1150.04	2199	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
39.78	2115	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
989.8	2114	SITE VISIT		SAN DIEGO COUNTY,CA	6/15/2011	6/20/2011	2011	JUL/11-11		
Sum: 1,983.72										
8	2199	LOCAL	00YX8A	LOCAL	5/4/2011	5/4/2011	2011	JUN/11-11		
-12.35	2199	LOCAL		LOCAL	5/4/2011	5/4/2011	2011	JUN/11-11		
8	211A	LOCAL		LOCAL	5/4/2011	5/4/2011	2011	JUN/11-11		
4.35	211B	LOCAL		LOCAL	5/4/2011	5/4/2011	2011	JUN/11-11		
4.35	2199	LOCAL		LOCAL	5/4/2011	5/4/2011	2011	JUN/11-11		

Sum: 12.35										
109	2111	SITE VISIT	0OYZZM	HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
1398.38	2199	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
-1413.38	2199	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
15	211A	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
106.5	2112	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
4.35	211B	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
1266.5	2114	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
18.53	2119	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
15	2199	SITE VISIT		HOUSTON (HARRIS),TX	6/1/2011	6/2/2011	2011	JUN/11-11		
Sum: 1,519.88										
17.75	2121	LOCAL	0OZZ9M	LOCAL	6/8/2011	6/8/2011	2011	JUN/11-11		
42.1	2611	LOCAL		LOCAL	6/8/2011	6/8/2011	2011	JUN/11-11		
-8	2199	LOCAL		LOCAL	6/8/2011	6/8/2011	2011	JUN/11-11		
8	2199	LOCAL		LOCAL	6/8/2011	6/8/2011	2011	JUN/11-11		
8	211A	LOCAL		LOCAL	6/8/2011	6/8/2011	2011	JUN/11-11		
Sum: 67.85										
64.26	2115	SPECIAL AGENCY MISSION	0P0CCE	EMMITSBURG,MD	6/23/2011	6/23/2011	2011	JUL/11-11		
-15	2199	SPECIAL AGENCY MISSION		EMMITSBURG,MD	6/23/2011	6/23/2011	2011	JUL/11-11		
15	2199	SPECIAL AGENCY MISSION		EMMITSBURG,MD	6/23/2011	6/23/2011	2011	JUL/11-11		
15	211A	SPECIAL AGENCY MISSION		EMMITSBURG,MD	6/23/2011	6/23/2011	2011	JUL/11-11		
Sum: 79.26										
1420.97	2199	SITE VISIT	0P17TL	NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
4.35	211B	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
-1435.97	2199	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
15	2199	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
1081.4	2114	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		

28.56	2115	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
15	211A	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
294	2111	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
80	2116	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
41.22	2119	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
248.5	2112	SITE VISIT		NEW ORLEANS (JEFFERSON PARISH),LA	7/25/2011	7/28/2011	2011	AUG/11-11		
Sum: 1,793.03										
15	2116	SITE VISIT	0P2816	SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
278	2111	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
32.85	211B	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
15	2199	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
499.4	2114	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
884.73	2199	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
177.5	2112	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
-899.73	2199	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
15	211A	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
74.48	2119	SITE VISIT		SEATTLE (KING COUNTY),WA	8/22/2011	8/24/2011	2011	SEP/11-11		
Sum: 1,092.23										
455	2111	SITE VISIT	0P2BAR	DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		

-2263.58	2199	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
1717.1	2114	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
15	2199	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
32.85	211B	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
15	211A	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
43.63	2119	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
15	2116	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
239.75	2112	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
2248.58	2199	SITE VISIT		DENVER (ADAMS COUNTY),CO	9/6/2011	9/9/2011	2011	SEP/11-11		
Sum: 2,518.33										
51	2116	SITE VISIT	0P316X	SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
390	2111	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
734.6	2114	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
320	2112	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
153.5	2119	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
1333.45	2199	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
4.35	211B	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
-1348.45	2199	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
38.76	2115	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
15	2199	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
15	211A	SITE VISIT		SAN JUAN (SAN JUAN),PR	9/27/2011	9/29/2011	2011	OCT/11-12		
Sum: 1,707.21										
231.4	2114	SITE VISIT	0P3AXW	NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		

106.5	2112	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
375	2111	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
4.35	211B	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
15	2199	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
-686.56	2199	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
15	211A	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
671.56	2199	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
60.81	2119	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
17	2116	SITE VISIT		NEW YORK COUNTY,NY	9/20/2011	9/21/2011	2011	SEP/11-11		
Sum: 810.06										
337.4	2114	SITE VISIT	0P424B	FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
13.64	2119	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
124	2111	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
62.01	2117	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
15	211A	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
15	2199	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
28.5	211B	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
106.5	2112	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
5.78	2118	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
36	2116	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
503.54	2199	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
28.56	2115	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
-518.54	2199	SITE VISIT		FT. LAUDERDALE,FL	10/20/2011	10/22/2011	2012	OCT/11-12		
Sum: 757.39										
823.5	2114	SITE VISIT	0P43UG	SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
15	2199	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
219.75	2112	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
1214.9	2199	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
41.9	2119	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
15	211A	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
28.5	211B	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
-1229.9	2199	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
321	2111	SITE VISIT		SAN ANTONIO (BEXAR COUNTY),TX	11/7/2011	11/10/2011	2012	NOV/11-12		
Sum: 1,449.65										



15	211A	SITE VISIT	0P519R	CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
130	2111	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
-492.77	2199	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
323.4	2114	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
477.77	2199	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
20.02	2119	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
15	2199	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
4.35	211B	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
106.5	2112	SITE VISIT		CHICAGO,IL	12/15/2011	12/16/2011	2012	JAN/12-12		
Sum: 599.27										
68	2116	SITE VISIT	0P69EF	SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
-1854.53	2199	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
38.76	2115	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
15	2199	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
84.2	2119	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
1417.98	2114	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
1839.53	2199	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
248.5	2112	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
4.35	211B	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
383	2111	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
15	211A	SITE VISIT		SAN DIEGO,CA	1/23/2012	1/26/2012	2012	FEB/12-12		
Sum: 2,259.79										
15	2199	SITE VISIT	0P77F3	FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
43.34	2116	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
21.1	2118	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
158	2111	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
-421.5	2199	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
378	2114	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
28.5	211B	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
67.38	2119	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
406.5	2199	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
27.54	2115	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
52.06	2117	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
15	211A	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
177.5	2112	SITE VISIT		FT. LAUDERDALE,FL	3/8/2012	3/11/2012	2012	MAR/12-12		
Sum: 968.42										
40	2116	SITE VISIT	0P7NT1	ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
-723.51	2199	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
15	211A	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
140	2112	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
708.51	2199	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
15	2199	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
395.6	2114	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		

266	2111	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
42.56	2119	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
4.35	211B	SITE VISIT		ATLANTA (FULTON),GA	3/14/2012	3/16/2012	2012	MAR/12-12		
Sum: 903.51										
-920.89	2199	SITE VISIT	0P8LBC	DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
447	2111	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
905.89	2199	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
15	211A	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
231	2112	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
4.35	211B	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
15	2199	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
388.6	2114	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
65.94	2119	SITE VISIT		DENVER COUNTY,CO	4/23/2012	4/26/2012	2012	MAY/12-12		
Sum: 1,151.89										
15	211A	SITE VISIT	0P97AG	DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
40	2116	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
15	2199	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
392.95	2199	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
29.98	2115	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
-407.95	2199	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
99	2112	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
388.6	2114	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
4.35	211B	SITE VISIT		DENVER COUNTY,CO	5/7/2012	5/8/2012	2012	MAY/12-12		
Sum: 576.93										
31.08	2115	SITE VISIT	0PB24	SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
401.4	2114	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
4.35	211B	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
-1157.01	2199	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
15	211A	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
585	2111	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
448	2112	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
15	2199	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
96	2116	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		

1142.01	2199	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
191.26	2119	SITE VISIT		SAN JUAN (SAN JUAN),PR	7/10/2012	7/13/2012	2012	JUL/12-12		
Sum: 1,772.09										
91.5	2112	SITE VISIT	0PBTKX	PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
318	2114	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
15	211A	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
421.5	2199	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
15	2199	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
13.5	2119	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
90	2111	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
-436.5	2199	SITE VISIT		PHILADELPHIA (PHILADELPHIA COUNTY),PA	7/19/2012	7/20/2012	2012	AUG/12-12		
Sum: 528.00										
15	2199	CONFERENCE ATTENDANCE	0PBYTG	SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
15	217A	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
1180.91	2199	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
33.36	2179	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
30	2176	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
4.35	217B	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		

266	2171	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
877.2	2174	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
29.98	2175	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
177.5	2172	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
-1195.91	2199	CONFERENCE ATTENDANCE		SAN DIEGO COUNTY,CA	7/29/2012	7/31/2012	2012	AUG/12-12		
Sum: 1,433.39										
146	1231	LOCAL	0PC4C3	LOCAL	7/24/2012	7/24/2012	2012	AUG/12-12		
-8	2199	LOCAL		LOCAL	7/24/2012	7/24/2012	2012	AUG/12-12		
8	211A	LOCAL		LOCAL	7/24/2012	7/24/2012	2012	AUG/12-12		
8	2199	LOCAL		LOCAL	7/24/2012	7/24/2012	2012	AUG/12-12		
Sum: 154.00										
-1397.56	2199	SITE VISIT	0PCE3E	OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
38.86	2119	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
966.2	2114	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
15	211A	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
349	2111	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
42.18	2115	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
1382.56	2199	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
148	2116	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
231	2112	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
15	2199	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
28.5	211B	SITE VISIT		OAKLAND,CA	8/5/2012	8/8/2012	2012	AUG/12-12		
Sum: 1,818.74										
60	2176	CONFERENCE ATTENDANCE	0PCN6D	HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		
15	217A	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		
451	2171	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		
-1318.99	2199	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		
42.18	2175	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		
326.75	2172	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		
67.79	2179	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS,TX	8/12/2012	8/17/2012	2012	AUG/12-12		



756.7	2174	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS, TX	8/12/2012	8/17/2012	2012	AUG/12-12		
15	2199	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS, TX	8/12/2012	8/17/2012	2012	AUG/12-12		
1303.99	2199	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS, TX	8/12/2012	8/17/2012	2012	AUG/12-12		
28.5	217B	CONFERENCE ATTENDANCE		HOUSTON HEIGHTS, TX	8/12/2012	8/17/2012	2012	AUG/12-12		
Sum: 1,747.92										
105	2176	CONFERENCE ATTENDANCE	0PCSTP	ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
99	2171	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
4.35	217B	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
403.15	2199	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
15	2199	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
299.8	2174	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
-418.15	2199	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
76.5	2172	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
15	217A	CONFERENCE ATTENDANCE		ORLANDO (BREVARD COUNTY), FL	8/20/2012	8/21/2012	2012	AUG/12-12		
Sum: 599.65										
60	2116	SITE VISIT	0PD6FE	MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
21.98	2115	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
86.51	2118	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
113.07	2117	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
-15	2199	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
15	211A	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
307.6	2114	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
42.38	2119	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
165	2112	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
15	2199	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
158	2111	SITE VISIT		MIAMI-DADE COUNTY, FL	8/23/2012	8/26/2012	2012	SEP/12-12		
Sum: 969.54										
Grand Total: 44,399.97										

Detail Report TDY and Local Travel by Employee Source: AP Invoice Tables BFY : '2013' , From GL Date : '01-OCT-2012' , To GL Date : '20-JAN-2013' 23-JAN-13  
 04.16.05 PM Excludes travel voucher data from R11.

**Bfy:2013**

TA Document	Amount	Departure Date	Return Date	Invoice Date	# of Nights for	Location	Travel Type	Purpose	Expense Type
0PETNY	\$565.20	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	COMMON CARRIER - REIMB
	\$60.00	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	LOCAL TRANSPORTATION
	\$177.50	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	LODGING
	\$33.98	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	MISCELLANEOUS
	\$411.00	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	PER DIEM
	\$31.08	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	POV MILEAGE
	\$15.00	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	TAV FEE
	\$28.50	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	TMC FEE
	\$15.00	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	TRAVEL HOLD
	<\$1,053.68>	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	TRAVEL HOLD
\$1,038.68	11/06/12	11/11/12	12/06/12	5	SEATTLE (KING COUNTY),WA	TDY	SITE VISIT	TRAVEL HOLD	
<b>Total TA: 1,322.26</b>									
0PFKRA	\$8.00	10/25/12	10/25/12	12/06/12	0	LOCAL	TLV	LOCAL	TAV FEE
	<\$1,142.83>	10/25/12	10/25/12	12/06/12	0	LOCAL	TLV	LOCAL	TRAVEL HOLD
	\$8.00	10/25/12	10/25/12	12/06/12	0	LOCAL	TLV	LOCAL	TRAVEL HOLD
	\$1,134.83	10/25/12	10/25/12	12/06/12	0	LOCAL	TLV	LOCAL	TRAVEL HOLD
<b>Total TA: 8.00</b>									
0PFRZE	\$367.40	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	COMMON CARRIER - REIMB
	\$30.00	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	LOCAL TRANSPORTATION
	\$177.50	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	LODGING
	\$27.28	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	MISCELLANEOUS
	\$248.00	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	PER DIEM
	\$28.98	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	POV MILEAGE
	\$15.00	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	TAV FEE
	\$28.50	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	TMC FEE
	\$671.18	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	TRAVEL HOLD
	\$15.00	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	TRAVEL HOLD
<\$686.18>	12/05/12	12/07/12	12/18/12	2	FT. LAUDERDALE,FL	TDY	OTHER TRAVEL PURPOSE	TRAVEL HOLD	
<b>Total TA: 923.66</b>									
<b>rand Total</b>	<b>\$2,253.92</b>								

This report excludes travel voucher data for documents converted from R11 to R12. To obtain total MOC 21 Travel expenditures, generate the OIG R12 Federal Status of Funds reports.

Bfy:2013	Traveler's Name: EDWARDS, CHARLES	Fund:HIG0200 DA1313XX	MOC:21	Travel Type:<All>	GSA Roll-up Trip Purpose:<All>
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TA Document	Vouchered Amount	Departure Date	Return Date	# of Nights for Trip	Location	Purpose	Boc	Expense Type	Accounting Date
0PETNY	\$1,038.68	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210199	TRAVEL HOLD	06-Dec-2012
0PETNY	<\$1,053.68>	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210199	TRAVEL HOLD	06-Dec-2012
0PETNY	\$177.50	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210102	LODGING	06-Dec-2012
0PETNY	\$15.00	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210110	TAV-FEE	06-Dec-2012
0PETNY	\$28.50	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210111	TMC FEE	06-Dec-2012
0PETNY	\$411.00	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210101	PER DIEM	06-Dec-2012
0PETNY	\$31.08	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210105	POV MILEAGE	06-Dec-2012
0PETNY	\$15.00	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210199	TRAVEL HOLD	06-Dec-2012
0PETNY	\$565.20	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210104	COMMON CARRIER - REIMB	06-Dec-2012
0PETNY	\$60.00	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210106	LOCAL TRANSPORTATION	06-Dec-2012
0PETNY	\$33.98	06/11/2012	11/11/2012	5	SEATTLE (KING COUNTY),WA	SITE VISIT	210109	MISCELLANEOUS	06-Dec-2012
0PFKRA	\$8.00	25/10/2012	25/10/2012	0	LOCAL	LOCAL	210110	TAV FEE	06-Dec-2012
0PFKRA	\$8.00	25/10/2012	25/10/2012	0	LOCAL	LOCAL	210199	TRAVEL HOLD	06-Dec-2012
0PFKRA	<\$1,142.83>	25/10/2012	25/10/2012	0	LOCAL	LOCAL	210199	TRAVEL HOLD	06-Dec-2012
0PFKRA	\$1,134.83	25/10/2012	25/10/2012	0	LOCAL	LOCAL	210199	TRAVEL HOLD	06-Dec-2012
	<b>\$1,330.26</b>								

**Mr. Charles Edwards  
2012 travel vouchers  
and receipts**



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CELOSANGELESC012312_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar..		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0001/23/12 b. TO: 01/26/12
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202 [REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): OP69EF b. DATE(S): 01/17/12
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]	

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
					FROM <small>(e)</small>	TO <small>(f)</small>
016873686621 1	1,417.98	UA		01/18/12	IAD-Washington,	LAX-Los Angeles, C
0117121635EK RPNF	4.35	XD		01/18/12	IAD-Washington,	LAX-Los Angeles, C
<b>ACCOUNTING CLASSIFICATION:</b> 12_01172012_164740-20YY^FIG1000000^FIG0200SEYXX^0000000^XXXXXXX^----- 2,244.79 NR- 15.00						

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

<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	2244.79
-----------------------------	------	-------------------------	---------

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

<b>14.</b> This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. <small>(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).)</small>	<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
	a. DIFFERENCES, IF ANY <small>(Explain and show amount)</small>	\$
<b>APPROVING OFFICIAL SIGN HERE</b> ▶	DATE	

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>  <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	DATE	<b>c. APPLIED TO TRAVEL ADVANCE</b> <small>(Appropriation symbol):</small>	\$ 0.00
		<b>d. NET TO TRAVELER</b> ▶	\$ 2244.79

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

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

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

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

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

PAGE 2 OF 1 PAGES

**TRAVEL AUTHORIZATION NO.**  
0P69EF

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
01/23		D-:RES: [REDACTED]												
01/23		TMC FEE (GOVCC-I)								0.00				35
01/23		A-:LOS ANGELES, CA				53.25		125.00		178.25			178.25	
01/23		AIR FARE (GOVCC-I)								0.00				141.98
01/23		POV								38.00	19.38			
01/23		EXCESS BAGGAGE												25.00
01/24		Subsistence				71.00		125.00		196.00			196.00	
01/25		A-:SAN DIEGO, CA				71.00		133.00		204.00			204.00	
01/25		D-:LOS ANGELES, CA												
01/25		TAXES: LODGING-DOMESTIC												34.20
01/26		POV								38.00	19.38			
01/26		D-:SAN DIEGO, CA												
01/26		A:RES: [REDACTED]												
01/26		Subsistence				53.25				53.25			53.25	
01/26		PARKING/TOLLS												68.00
01/26		TAV Fee -D												
01/26		EXCESS BAGGAGE												25.00
										<b>SUBTOTALS</b>	38176	631150	157453	
										<b>TOTALS</b>	38176	631150	157453	

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

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

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

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

**TOTAL AMOUNT CLAIMED** 2,244.79

1229 EDWARDS/CHARLES 110.00 01/25/12 12:00 6348  
 Room Name Rate Depart Time ACCT#  
 NKG 01/23/12 16:16  
 Type Arrive Time  
 54

Room Clerk	Address	Payment	RWD#
01/23 ROOM	1229, 1	110.00	XXXXX [REDACTED]
01/23 TAX	1229, 1	15.40	
01/23 CA FEE	1229, 1	.05	
01/23 LA ASMNT	1229, 1	1.65	
01/24 ROOM	1229, 1	110.00	
01/24 TAX	1229, 1	15.40	
01/24 CA FEE	1229, 1	.05	
01/24 LA ASMNT	1229, 1	1.65	
01/25 MC CARD			\$254.20

SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE LOS ANGELES AIRPORT MARRIOTT!  
 FOR A QUICK CHECK-OUT, PLEASE DIAL '88' ON YOUR PHONE, OR  
 PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT.

SUMMARY OF TAXES			
DESCRIPTION	TAXED AMOUNT	TAX	
F PARKING TAX INCL	.00	.00	
NET CHARGES	TAX	CREDITS	FOLIO
254.20	.00	.00	254.20
EXP. REPORT SUMMARY			
01/23 ROOM&TAX	127.10		
01/24 ROOM&TAX	127.10		

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings  
 will be credited to your account. Check your  
 Rewards Account Statement for updated activity.

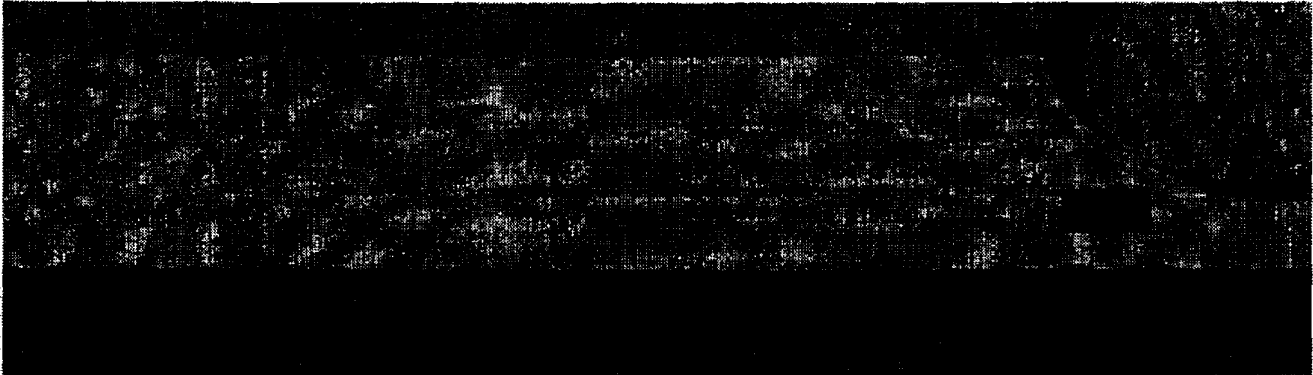
This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit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

Signature X



Courtyard by Marriott  
San Diego Airport  
Liberty Station

2592 Laning Rd  
San Diego Ca 92106  
T 619.221.1900



b6

25Jan12	Room Charge	133.00	
26Jan12	Master Card		133.00
	Card #: MCXXXXXXXXXXXX [REDACTED] XXXX		
	Amount: 133.00 Auth: 073099 Signature on File		
	This card was electronically swiped on 25Jan12		
	<b>Balance:</b>	<b>0.00</b>	

b2, b6

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2

As requested, a final copy of your bill will be emailed to you at: [REDACTED] See "Internet Privacy Statement" on Marriott.com.

b6

**Passenger information**

**Fare details**

**Fare summary**

EDWARDS/  
CHARLESKUMAR

Penalty: /-REFUNDABLE-/

Base Fare: 1,414.18 USD

Mileage Plus [REDACTED]

Taxes & Fees:

Total: 1,414.18 USD

b2, b6

Ticket#: 0168737225805

Issued: Jan 18,2012

[View baggage policies](#) *Updated*

**Additional purchases**

Item	Credit card	Purchase date	Receipt #	Purchase amount
Bag Charges	Visa XXXXXXXXXXXX [REDACTED]	22JAN12	0164510619910	25.00 USD

b2

b6

Washington Dulles Int'l Airport

44910 Saarinen Circle  
Dulles, VA 20188  
Customer Service Number:  
(703) 572-4580

Shift/Seq. #: 122/20550  
Entry lane 15: 01/23/12 07:21 am  
Payment lane 30: 01/26/12 04:04 pm

PURCHASE

Amount: \$88.00

Card: \$88.00 Approved  
Visa .. [REDACTED]  
Expiration: \*\*/\*\*  
Authorization: 150647  
LPA: 4204  
Sequence: 74

b2  
b6

Exit Before 01/27/12 07:51 am  
Or Additional Charges May Apply

Thank You And Have A Nice Day

RIP, b2, b6

RIP

Do not expose to excessive heat or direct sunlight.

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX FORM 11-11

**UNITED**  
26JAN12 SANCS 74130-4

AGENT ID: U213821

CUSTOMER: EDWARDS/CHARLESK  
TKT NBR: 016 8737225806

ITEMS:  
25.00 BAG1 FEE

FORM OF PAYMENT: BAXXXXXXXXXXX  
ADDITIONAL REMARKS:

TOTAL USD25.00

BAGGAGE PAYMENT RECEIPT  
CUS EDWARDS/CHARLESKUMA  
WASHINGTON/DULLES IN

016 4511154252

DESTINATION: IAD

CP IAD UA 970 /26

3016UA-432608  
01-26  
05:53

RJ101K 19F703  
SANU213821



1 016 4511154252

b2  
b6





<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEFTLAUDERDAL030812_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****		<b>6. PERIOD OF TRAVEL</b>	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]		<b>a. FROM</b> 0003/08/12	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>b. TO</b> 03/11/12	
				<b>7. TRAVEL AUTHORIZATION</b>	
				<b>a. NUMBER(S)</b> 0P77F3	
				<b>b. DATE(S)</b> 02/22/12	
<b>10. CHECK NO.</b>					

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						<b>Traveler's Initials</b>
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>		
Airline Ticket	378.00				<b>FROM</b> (e)	<b>TO</b> (f)	
et under Expenses							
0223121651FM	28.50	XD	02/23/12				
JRCX							
<b>ACCOUNTING CLASSIFICATION:</b>							
12 02222012 212456-20YY	2456-20YY	FIG1000000	FIG0200SEYYXX	00000000	XXXXXXXXXX	^^^^^	-
953.42 NR-	15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			<b>TRAVELER SIGN HERE</b>	<b>DATE</b>	<b>AMOUNT CLAIMED</b>	953.42
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>						

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>	
<b>a. VOUCHER NO.</b>	<b>b. D.O. SYMBOL</b>	<b>c. MONTH &amp; YEAR</b>	<b>Certifier's initials:</b>	
			\$	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>			<b>DATE</b>	
			\$ 0.00	
			<b>d. NET TO TRAVELER</b>	
			\$ 953.42	

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0P77F3

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
20 12														
03/08		D-:Washington ,DC												
03/08		CP - AIR FARE (GOVCC-I)								0.00				378.00
03/08		TMC FEE (GOVCC-I)								0.00				28.50
03/08		A-:FT. LAUDERDALE,				53.25			79.00	132.25		132.25		
03/08		POV								27.00	13.77			
03/08		PARKING/TOLLS												43.54
03/08		EXCESS BAGGAGE												25.00
03/09		Subsistence				71.00			79.00	150.00		150.00		
03/10		Subsistence				53.25				53.25		53.25		
03/11		D-:FT. LAUDERDALE,												
03/11		RENTAL CAR NO RESERVATIONS								0.00				28.00
03/11		RENTAL CAR NO RESERVATIONS								0.00				24.06
03/11		POV								27.00	13.77			
03/11		A:Washington ,DC												
03/11		Subsistence												
03/11		GAS-RENTAL/GOVMT VEHICLE												21.10
03/11		EXCESS BAGGAGE												25.00
03/11		TAXES: LODGING-DOMESTIC												17.38
03/11		TAV FEE -D												
									<b>SUBTOTALS</b>		271.54	335.50	590.88	
									<b>TOTALS</b>		271.54	335.50	590.88	

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

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

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

**TOTAL AMOUNT CLAIMED** 953.42

# COST COMPARISON WORKSHEET

Use this worksheet to compare the actual travel costs incurred by taking a different method of transportation other than the authorized mode to the authorized official travel costs. This worksheet should also be used for comparing personal travel combined with official travel to what official travel would have cost.

(1) If you are **using the constructed voucher** feature in GovTrip, the **estimated cost for actual travel performed** will be stated on the authorization. Any adjustments that may need to be made for either types of travel expenses can be made on the two vouchers (actual travel costs voucher and constructed (official travel) cost voucher) during the vouchering process. Attach this worksheet to the authorization in the Receipts section so that official travel costs will be stated on the authorization as mandated by the FTR.

(2) If you are **not using the constructed voucher** feature in GovTrip, the **estimated cost for official travel** will be stated on the authorization. Adjustments may need to be made for official travel expenses that were incurred but not estimated previously. This worksheet must be attached to the voucher in the Receipts section in GovTrip.

<b>Traveler Name:</b> Charles K. Edwards		<b>Voucher Name:</b> March 8-11, 2012		<b>Travel Dates:</b> March 8-10, 2012	
EXPENSE TYPE	TRIP 1 - ACTUAL TRAVEL COSTS		TRIP 2 - OFFICIAL TRAVEL COSTS		
	TYPE	AMOUNT	TYPE	AMOUNT	
<b>TRANSPORTATION COSTS</b>					
Main Mode of Transportation (round-trip)	US Airways (with tax)	\$ 491.60	Contract Carrier (without tax)	\$ 378.00	
Ground Transportation (From Official Duty Station or Residence to Common Carrier Terminal)	POV	\$ 13.77	POV	\$ 13.77	
Ground Transportation (From Common Carrier Terminal to TDY Location or Hotel)	Rental Car	\$ 28.00	Rental Car	\$ 28.00	
Ground Transportation (From TDY Location or Hotel to Common Carrier Terminal)	Taxes/Fees - Rental	\$ 24.06	Taxes/Fees - Rental	\$ 24.06	
Ground Transportation (From Common Carrier Terminal to Official Duty Station or Residence)	POV	\$ 13.77	POV	\$ 13.77	
Other Modes of Transportation (rail, commuter planes, metro, bus, etc.)					
<b>TOTAL TRANSPORTATION COSTS:</b>		<b>\$ 571.20</b>		<b>\$ 457.60</b>	
<b>PER DIEM COSTS</b>					
M&IE (3/4 for both travel days to/from)		\$ 106.50		\$ 106.50	
M&IE (full per diem for all other days)		\$ 71.00		\$ 71.00	
Lodging (other than hotel, describe under type)		\$ 158.00		\$ 328.00	
<b>TOTAL PER DIEM COSTS:</b>		<b>\$ 335.50</b>		<b>\$ 505.50</b>	
<b>MISCELLANEOUS EXPENSES</b>					
List separately, under Type column. Examples: lodging taxes, phone calls, ATM fee, gas for GOV or rental laundry, parking, tolls, TAV fee, etc. You can combine same expenses for this purpose.					
TAV Fee		\$ 15.00		\$ 15.00	
TMC Fee(s)		\$ 28.50		\$ 28.50	
Misc. Expense #3	Parking at DCA	\$ 43.34	Parking at DCA	\$ 43.34	
Misc. Expense #4	Excess Baggage (to/from)	\$ 50.00	Excess Baggage (to/from)	\$ 50.00	
Misc. Expense #5	Gas - Rental Car (prorated)	\$ 21.10	Gas - Rental Car (prorated)	\$ 21.10	
Misc. Expense #6	Lodging Taxes	\$ 17.38	Lodging Taxes	\$ 17.38	
Misc. Expense #7	Mileage (to/from)	\$ 27.54	Mileage (to/from)	\$ 27.54	
Misc. Expense #8					
<b>TOTAL MISCELLANEOUS EXPENSES:</b>		<b>\$ 202.86</b>		<b>\$ 202.86</b>	
<b>REIMBURSABLE AMOUNT</b>					
Trip cost reimbursement is limited to the actual cost not to exceed the official travel amount below.					
Grand Total of Total Transportation Costs, Total Per Diem Costs, and Total Miscellaneous Costs	<b>Actual Travel Costs Grand Total:</b>	\$ 1,109.56	<b>Official Travel Costs Grand Total (Maximum reimbursement allowed):</b>	\$ 1,165.96	
<b>REIMBURSABLE AMOUNT:</b>			1109.56		

Updated: 6/07/11



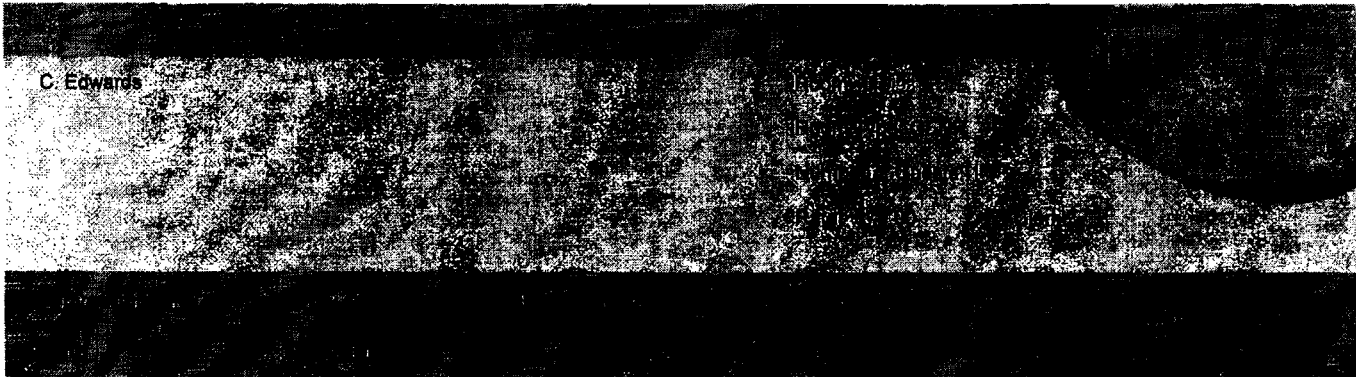
RIF

RIF



Courtyard by Marriott  
Fort Lauderdale Plantation

7780 Sw 6th Street  
Plantation, Fl 33324  
T 954.475.1100



08Mar12	Nova Se University	79.00	
08Mar12	Occupancy Sales Tax	4.74	
08Mar12	County Tax	3.95	
09Mar12	Nova Se University	79.00	
09Mar12	Occupancy Sales Tax	4.74	
09Mar12	County Tax	3.95	
10Mar12	Nova Se University	79.00	
10Mar12	Occupancy Sales Tax	4.74	
10Mar12	County Tax	3.95	
11Mar12	Master Card		263.07

Card #: MCXXXXXXXXXXXX [REDACTED] XXXX  
Amount: 263.07 Auth: 01578Z Signature on File  
This card was electronically swiped on 08Mar12

b2

b6

**Balance: 0.00**

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2

b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

RIP

b2, b6

RIP

b6

From: reservations@email-usairways.com  
Sent: Friday, February 24, 2012 12:35 PM  
To: [REDACTED]  
Subject: Your US Airways flight

b6

**U.S. AIRWAYS** Your reservation

- [Book travel](#)
- [Travel tools](#)
- [Dividend Miles](#)
- [Specials](#)
- [US Airways Vacations](#)

**Confirmation code: C3FZ3R**

Date issued: Friday, February 24, 2012



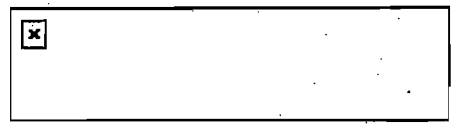
Scan at any US Airways kiosk to check in.

[New baggage policy](#)

**Passengers**

Passenger name	Frequent flyer # (Airline)	Ticket number	Special needs
----------------	----------------------------	---------------	---------------

Charles Kumar Edwards		03724618681652	
-----------------------	--	----------------	--



**Trip details**

Depart: Washington, DC (Reagan) (DCA) Fort Lauderdale, FL (FLL) Date: Thursday, March 08, 2012  
Status: Active

Flight #/ Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
1947	06:00 PM DCA	08:46 PM FLL	2h 46m	Unknown	737-400	Coach	23C

Return: Fort Lauderdale, FL (FLL) Washington, DC (Reagan) (DCA) Date: Sunday, March 11, 2012  
Status: Active

Flight #/ Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
-------------------	--------	--------	-------------	------	----------	-------	-------

1221 02:05 PM FLL 04:33 PM DCA 2h 28m Unknown 737-400 Coach

 US Airways



**Total travel cost (1 passengers)**

1 Adult \$437.21 USD  
Taxes and fees \$54.39 USD

**Fare total** \$491.60 USD Non-refundable

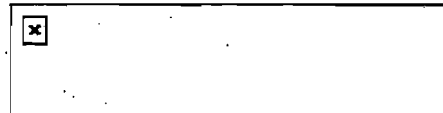
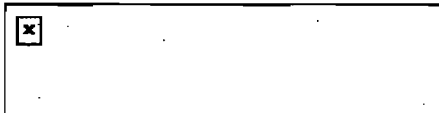
**Total** \$491.60 USD

**Helpful links**

- [Manage your reservation](#)
- [Join Dividend Miles](#)
- [Airport information](#)
- [Baggage policies](#)
- [TSA regulations](#)
- [Seated in an exit row? Read about checking in.](#)





↳ Charged to Charles Edwards  
\*\*\*\*\*MasterCard)

Estimated Dividend Miles earned per member: 1,798 miles



**Bags**

Pay for your checked bags when you check in online or at the airport! Read more about [bags](#).

Carry ons*	Carry-on bag	Personal item
All flights	 \$0	 \$0
Checked bags (each way/per person)*	1st bag	2nd bag
U.S. / Canada / Latin America / Caribbean / Bermuda / South America (except Brazil)	 \$25	 \$35

b2  
b6

**From:** Edwards, Charles [REDACTED]  
**Sent:** Wednesday, March 07, 2012 11:04 PM  
**To:** [REDACTED]  
**Subject:** FW: Fwd: US Airways checked baggage confirmation

b6

Charles Edwards  
Acting Inspector General  
Office of Inspector General  
Dept. of Homeland Security

-----Original Message-----

**From:** Charles Edwards [REDACTED]  
**Sent:** Wednesday, March 07, 2012 10:48 PM Eastern Standard Time  
**To:** Edwards, Charles  
**Subject:** Fwd: US Airways checked baggage confirmation

b6

----- Forwarded message -----

**From:** <reservations@email-usairways.com>  
**Date:** Wed, Mar 7, 2012 at 9:12 PM  
**Subject:** US Airways checked baggage confirmation  
**To:** [REDACTED]

b6

## Baggage

Here's a receipt for this portion of your trip. If you're traveling roundtrip, we'll prompt you to pay for bags when you check in for your return flight.

**Confirmation code: C3FZ3R**

Depart: Washington, DC (Reagan) (DCA) Fort Lauderdale, FL (FLL)

**Date:** Thursday, March 08, 2012

Flight #/Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
1947	06:00 PM DCA	08:46 PM FLL	2h 46m	Unknown	737-400	Coach	23C

US Airways

Total baggage fees

Terms & conditions



1st bag charge (1 x \$25) \$25.00  
Total \$25.00 USD

Charged to Charles K Edwards  
..... (Visa)

Baggage charges are non-refundable.

Baggage fees apply to travel on US Airways and US Airways Express flights.

Once you complete your purchase, you will have to pay for any additional checked bags at the airport.

There is an additional \$2 fee for curbside check-in at the airport.

For more information, please read our [baggage policies](#).

If US Airways cancels your flight or you are denied boarding on an oversold flight, and if therefore you are unable to use the baggage fee for which you have already paid, US Airways will refund the unused baggage fee. If you have any questions about the refund of your unused baggage fee, please contact a US Airways customer service agent at the airport or call our Reservations Center at [800-428-4322](tel:800-428-4322).

We are committed to protecting your privacy. Your information is kept private and confidential. For information about our privacy policy visit [usairways.com](http://usairways.com). Please do not reply to this email, it is not monitored. If you'd like to contact us, please visit our website.

b2  
b6



### Your Rental Car Reservation



Economy Car (Unlimited Mileage)

**Pick-Up Location:**  
Alamo Rent a Car  
FLL INTL ARPT CRCF  
Near-Airport, Shuttle to counter and car  
600 Terminal Dr Suite 202  
Fort Lauderdale, FL 33315  
1-888-826-8893

**Drop-Off Location:**  
Same as above

**Pick-Up Date:** March 8, 2012 - 9:00 PM  
**Drop-Off Date:** March 11, 2012 - 1:00 PM  
**Driver:** Charles Edwards  
**Driver's Age:** 25 and over  
**Confirmation #:** 997572552COUNT  
**Priceline Request #:** 172-656-353-46

### Summary of Charges

**Billing Name:** Charles Edwards  
**Credit Card:** Mastercard (ending in [REDACTED])  
**Your Offer Price:** \$14.00 (per day)  
**Total Rental Days:** 3 days(2 days and 16 hours)  
**Subtotal:** \$42.00  
**Taxes and Fees:** \$36.10  
**Total Charges:** \$78.10

b2  
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\*Prices are in US dollars

### Important information

At your arrival airport, follow signs to Alamo Rent a Car. Please provide your Confirmation Number at the rental counter. Although not required, presenting a copy of this page can simplify the pick-up process. In addition, Alamo Rent a Car will require a major credit card or debit card, a valid driver's license in Charles Edwards's Name, and will verify Charles Edwards's age at time of rental.

Renters with only a debit card will need to show proof of round-trip air travel, and will need to have a minimum of \$200 in available credit or more depending upon the rental company as a security deposit on the vehicle. The security deposit will be released back onto your card once the vehicle is returned.

All rentals will take place at the rental counter. Rental cars purchased through priceline can not be cancelled or changed and refunds are not allowed – even if the reservation is not used. If flight cancellations outside of your control keep you from picking up your car, you will be able to cancel your reservation upon verification.

If you have any questions or require further assistance, please visit our [Customer Help Area](#). You may also contact our Customer Service Department by phone at 1-888-837-3774.

Please have your Priceline Trip number **172-656-353-46** and the phone number you provided when you placed your request ready when you call.

b6



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PRICELINE, PRICELINE.COM, NAME YOUR OWN PRICE, NEGOTIATOR, PRICEBREAKERS and NO ONE DEALS LIKE WE DO are registered service marks and, NOFEE and BIG DEAL are service marks of priceline.com Incorporated.  
U.S. Patents 5,794,207; 5,897,620; 6,085,169; 6,510,418; 6,553,346; 6,993,503; 7,188,176; 7,203,660; 7,386,508; 7,472,074; 7,516,089; 7,617,491; 7,620,619; 7,664,672 and 7,848,940

(CST 2040530-50)

ws-73

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da

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RIP, b2, b6

... 2/29/2012

RIP

**From:** Edwards, Charles [REDACTED]  
**Sent:** Saturday, March 10, 2012 2:41 PM  
**To:** [REDACTED]  
**Subject:** FW: Fwd: US Airways checked baggage confirmation

b6

I got lucky.

Charles Edwards  
Acting Inspector General  
Office of Inspector General  
Dept. of Homeland Security

-----Original Message-----

**From:** Charles Edwards [REDACTED]  
**Sent:** Saturday, March 10, 2012 02:36 PM Eastern Standard Time  
**To:** Edwards, Charles  
**Subject:** Fwd: US Airways checked baggage confirmation

b6

----- Forwarded message -----

**From:** <reservations@email-usairways.com>  
**Date:** Sat, Mar 10, 2012 at 2:35 PM  
**Subject:** US Airways checked baggage confirmation  
**To:** [REDACTED]

b6

## Baggage

Here's a receipt for this portion of your trip. If you're traveling roundtrip, we'll prompt you to pay for bags when you check in for your return flight.

**Confirmation code: C3FZ3R**

**Depart:** Fort Lauderdale, FL (FLL) Washington, DC (Reagan) (DCA)

**Date:** Sunday, March 11, 2012

Flight #/Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
1221	02:05 PM FLL	04:33 PM DCA	2h 28m	Unknown	737-400	Coach	5A

US Airways

**Total baggage fees**

1st bag charge (1 x \$25)                      \$25.00  
**Total**    **\$25.00 USD**

☐ Charged to Charles K Edwards  
\*\*\*\*\* (MasterCard)

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**Terms & conditions**

Baggage charges are non-refundable.  
Baggage fees apply to travel on US Airways and US Airways Express flights.  
Once you complete your purchase, you will have to pay for any additional checked bags at the airport.  
There is an additional \$2 fee for curbside check-in at the airport.  
For more information, please read our [baggage policies](#).  
If US Airways cancels your flight or you are denied boarding on an oversold flight, and if therefore you are unable to use the baggage fee for which you have already paid, US Airways will refund the unused baggage fee. If you have any questions about the refund of your unused baggage fee, please contact a US Airways customer service agent at the airport or call our Reservations Center at [800-428-4322](tel:800-428-4322).

We are committed to protecting your privacy. Your information is kept private and confidential. For information about our privacy policy visit [usairways.com](http://usairways.com). Please do not reply to this email, it is not monitored. If you'd like to contact us, please visit our website.

Chevron  
1301 S. University  
STN 00202684

03/11/12 10:20:30

E/VISA  
XXXXXXXXXXXX [REDACTED]  
Invoice# 8402887  
Auth# 152301

b2

b6

Pump#: 1  
7.994G @ \$ 3.959/G  
UNLE/Self \$ 31.65  
Total \$ 31.65

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

THANK YOU FOR  
CHOOSING CHEVRON

RIP, b2, b6

RIP

DCR REAGAN  
1 AVIATION CIRCLE  
WASHINGTON, DC, 20001  
703 417-4300

Merchant ID: 001679964  
Term ID: 003194000:01679964009

### Sale

XXXXXXXXXX [REDACTED]  
VISA Entry Method: Swiped  
Total: \$ 65.00  
03/11/12 17:18:39  
Inv #: 000342 Appr Code: 151882  
Apprvd: OnLine Batch#: 000964

Customer Copy  
THANK YOU!

**REAGAN NATIONAL  
AIRPORT**  
For Questions or Comments: (703)417-4300  
Entrance: 16:36 03/08/12 Lane # 06  
Exit : 17:15 03/11/12 Lane # 35  
License Plate No [REDACTED]  
Cashier : 045 Seq. # 4939  
Length of stay 0/003 00h. 39min.  
Amount paid \$ 65.00 Card  
\*\*\*\*\* Thank You for Flying \*\*\*\*\*  
\*\*\*\*\* Reagan National Airport \*\*\*\*\*

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<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEATLANTAFULT031412_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM 0003/14/12 b. TO 03/16/12	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) OP7NT1 b. DATE(S) 03/07/12	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

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

<b>11. PAID BY</b>
--------------------

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's initials</b></span>					
	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)		
0307121909FG YFKJ	4.35	XD		03/09/12		
006704311464 5	395.60	DL		03/09/12	DCA-Washington, ATL-Atlanta, GA	
<b>ACCOUNTING CLASSIFICATION:</b> 12_03072012_200557-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^----- 888.51 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			
<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	888.51
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>			

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b> Certifier's initials: \$
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	DATE		
			d. <b>NET TO TRAVELER</b> ▶ \$ 888.51

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



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0P7NT1

TRAVELER'S LAST NAME Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
03/14		D-:Washington ,DC												
03/14		TMC FEE (GOVCC-I)								0.00				35
03/14		AIR FARE (GOVCC-I)								0.00				395 60
03/14		A-:ATLANTA (FULTON				42 00		133 00	175.00			175 00		
03/15		Subsistence				56 00		133 00	189.00			189 00		
03/16		D-:ATLANTA (FULTON												
03/16		A:Washington ,DC												
03/16		Subsistence				42 00			42.00			42 00		
03/16		TAXI											40 00	
03/16		TAV FEE -D												
03/16		TAXES: LODGING-DOMESTIC											42 56	
<b>SUBTOTALS</b>											0 00	406 00	482 51	
<b>TOTALS</b>											0 00	406 00	482 51	

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

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

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

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

**TOTAL AMOUNT CLAIMED** 888.51



GUEST FOLIO

866 W. Peachtree Street, NW Atlanta GA 30308  
t: 678.412.2400 f: 678.412.2401 renaissancehotels.com

RENAISSANCE ATLANTA MIDTOWN

GUEST FOLIO

1109 EDWARDS/CHARLES/MR 133.00 03/16/12 12:00 5720  
 ROOM NAME RATE DEPART TIME ACCT#  
 VK 03/14/12 17:54  
 TYPE ARRIVE TIME  
 26  
 ROOM CLERK  
 Address ADDRESS  
 Payment PAYMENT  
 RWD#: XXXXX

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
03/14	TR ROOM	1109, 1	133.00	
03/14	ST TAX	1109, 1	10.64	
03/14	OCC TAX	1109, 1	10.64	
03/15	TR ROOM	1109, 1	133.00	
03/15	ST TAX	1109, 1	10.64	
03/15	OCC TAX	1109, 1	10.64	
03/16	MC CARD			\$308.56

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING RENAISSANCE! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

**R**  
 RENAISSANCE®  
 HOTELS

RENAISSANCE ATLANTA MIDTOWN  
 866 W PEACHTREE ST  
 ATLANTA, GA 30308  
 PH# 678-412-2400 FAX# 678-412-2401

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



To secure your next stay, go to renaissancehotels.com or call 800.HOTELS.1.

RIP

b2, b6

RIP



Atlanta Lenox  
&  
DeKalb Taxi Co.



(404) 872-2600 (404) USE-TAXI  
(404) 371-4535 (404) 873-8294

**Taxi Service Receipt**

Date 3/16/12 Cab # 0907

From: Renaissance, mid

To: Atlanta Airport tower

Driver: \_\_\_\_\_

Fare, \$ 40.00

Tips, \$ \_\_\_\_\_

Total, \$ 40.00



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEDENVERCOUNT042312_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.	<b>b. SOCIAL SECURITY NO.</b> *** - ** - *****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0004/23/12 b. TO: 04/26/12
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]	<b>d. OFFICE TELEPHONE NO.</b> 202 - [REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): OP8LBC b. DATE(S): 04/13/12
<b>e. PRESENT DUTY STATION</b> Washington, DC	<b>f. RESIDENCE (City and State)</b> [REDACTED]	<b>10. CHECK NO.</b>

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

<b>11. PAID BY</b>
--------------------

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <i>Traveler's Initials</i></span>					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
				FROM (e)	TO (f)	
4227054464864	388.60	F9	04/20/12	DCA-Washington,	DEN-Denver, CO	
0413121449IA UXSY	4.35	XD	04/20/12	DCA-Washington,	DEN-Denver, CO	
ACCOUNTING CLASSIFICATION: 12_04132012_131837-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXXX^ - 1,136.89 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>	<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	1136.89
--	-----------------------------	-------------	-------------------------	---------

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

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>	<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>
a. VOUCHER NO.	Certifier's initials: \$
b. D.O. SYMBOL	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
c. MONTH & YEAR	d. <b>NET TO TRAVELER</b> ▶ \$ 1136.89

**16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT**  
**AUTHORIZED CERTIFYING OFFICIAL SIGN HERE** ▶ **DATE**

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO. 0P8LBC

TRAVELER'S LAST NAME Edwards

DATE 20 <u>12</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
04/23		D-:Washington ,DC												
04/23		TMC FEE (GOVCC-I)							0.00				35	
04/23		AIR FARE (GOVCC-I)							0.00				60	
04/23		A-:DENVER COUNTY,C				49	150		149	100	198	150		
04/24		Subsistence				66	00		149	00	215	00		
04/25		Subsistence				66	00		149	00	215	00		
04/26		D-:DENVER COUNTY,C												
04/26		A:Washington ,DC												
04/26		Subsistence				49	50				49	50		
04/26		TAXES: LODGING-DOMESTIC											65	
04/26		TAV FEE -D											94	
								<b>SUBTOTALS</b>		0100	6781	00	458	89
								<b>TOTALS</b>		0100	6781	00	458	89

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,136.89



3801 Quebec Street  
 Denver, CO 80207  
 (303) 399-7500  
 (303) 321-1966 FAX

GUEST FOLIO

3801 Quebec Street Denver CO 80207  
 t: 303.399.7500 f: 303.321.1966 renaissancehotels.com

GUEST FOLIO

1102 EDWARDS/CHARLES 149.00 04/26/12 11:00  
 ROOM NAME RATE DEPART TIME ACCT# GROUP  
 PS US DEPT HOMELAND 04/23/12 11:31  
 TYPE ARRIVE TIME  
 8  
 ROOM CLERK  
 Room Clerk ADDRESS PAYMENT MRW#: XXXXX

04/23	ROOM GRP	1102, 1	149.00
04/23	STATE TX	1102, 1	5.96
04/23	CITY TX	1102, 1	16.02
04/24	ROOM GRP	1102, 1	149.00
04/24	STATE TX	1102, 1	5.96
04/24	CITY TX	1102, 1	16.02
04/25	ROOM GRP	1102, 1	149.00
04/25	STATE TX	1102, 1	5.96
04/25	CITY TX	1102, 1	16.02
04/26	MC CARD		\$512.94

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING RENAISSANCE! TO EXPEDITE YOUR CHECK-OUT PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for update activity.



3801 Quebec Street  
 Denver, CO 80207  
 (303) 399-7500  
 (303) 321-1966 FAX

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

Signature X



RIP, b2, b6

RIP



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. CEDENVERCOUNT050712_V01 4. SCHEDULE NO.				
5. a. NAME (Last, first, middle initial) Edwards, Charles Kumar.	b. SOCIAL SECURITY NO. ***-**-*****	6. PERIOD OF TRAVEL a. FROM 0005/07/12 b. TO 05/08/12					
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]	d. OFFICE TELEPHONE NO. 202-[REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) 0P97AG b. DATE(S) 04/30/12					
e. PRESENT DUTY STATION Washington, DC	f. RESIDENCE (City and State) [REDACTED]	10. CHECK NO.					
8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
11. PAID BY		12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)					
I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)		▶ <b>Traveler's Initials</b>					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
					FROM (e)	TO (f)	
422705766493 3 0501121836BW SEPX ACCOUNTING CLASSIFICATION: 12_05012012_192618-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^ ^ ^ ^ ^ ^ - 561.93 NR-	388.60	F9		05/02/12	DCA-Washington,	DEN-Denver, CO	
	4.35	XD		05/02/12	DCA-Washington,	DEN-Denver, CO	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶					DATE	AMOUNT CLAIMED ▶	561.93
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ▶					a. DIFFERENCES, IF ANY (Explain and show amount)		\$
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:			\$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					DATE		\$ 0.00
					d. NET TO TRAVELER ▶		\$ 561.93
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

RIP



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru only for actual expense travel

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

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0P97AG

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12/20		b6								0.555			
05/07		D-:RES: [REDACTED]											
05/07		TMC FEE (GOVCC-1)								0.00			35
05/07		AIR FARE (GOVCC-1)								0.00			389.60
05/07		A-:DENVER COUNTY, C				49.50				49.50		49.50	
05/07		POV								27.00	14.99		
05/08		D-:DENVER COUNTY, C											
05/08		POV								27.00	14.99		
05/08		A:RES: [REDACTED]	b6										
05/08		Subsistence				49.50				49.50		49.50	
05/08		TAV FEE -D											
05/08		PARKING/TOLLS											40.00
										<b>SUBTOTALS</b>	29.98	99.00	432.95
										<b>TOTALS</b>	29.98	99.00	432.95

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

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

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

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

**TOTAL AMOUNT CLAIMED** 561.93

DCA REAGAN  
1 AVIATION CIRCLE  
WASHINGTON, DC, 20001  
703-417-4300

Merchant ID: 0016799564  
Term ID: 0031940000016799564012

**Sale**

XXXXXXXXXXXX [REDACTED]  
VISA Entry Method: Swiped  
Total: \$ 40.00  
05/08/12 22:21:03  
Inv #: 000073 Appr Code: 152719  
Apprvd: Online Batch#: 000445

Customer Copy  
THANK YOU!

**REAGAN NATIONAL  
AIRPORT**

For Questions or Comments: (703)417-4300

Entrance: 07:27 05/07/12 Lane # 11

Exit: 22:18 05/08/12 Lane # 43

License plate MD [REDACTED]

Cashier: 845 Seq. # 0356

Length of stay 0/001 14h. 51m.

Amount paid \$ 40.00 Card

\*\*\*\* Thank You for Flying \*\*\*\*

\*\*\*\* Reagan National Airport \*\*\*\*

b2

b6

<b>TRAVEL VOUCHER</b> <i>(Read Privacy Act Statement below)</i>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CESANJUANSANJ071012_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.	<b>b. SOCIAL SECURITY NO.</b> *** - ** - *****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0007/10/12 b. TO: 07/13/12
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]	<b>d. OFFICE TELEPHONE NO.</b> 202 [REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 0PBB24 b. DATE(S): 06/28/12
<b>e. PRESENT DUTY STATION</b> Washington, DC	<b>f. RESIDENCE (City and State)</b> [REDACTED]	<b>10. CHECK NO.</b>

b6

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</i>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <i>Traveler's Initials</i></span>					
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
332707345036 4	401.40	FL	07/05/12	FROM (e)	TO (f)	
0702121002IE PCUK	4.35	XD	07/05/12	BWI-Baltimore,	SJU-San Juan, PR	
ACCOUNTING CLASSIFICATION: 12_06282012_104345-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^***** - 1,757.09 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>	<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	1757.09
--	-----------------------------	-------------	-------------------------	---------

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

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>	<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>
a. VOUCHER NO.	<b>Net to Traveler:</b>
b. D.O. SYMBOL	\$
c. MONTH & YEAR	\$ 0.00

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>	<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	\$ 0.00
<b>DATE</b>	<b>d. NET TO TRAVELER</b> ▶
	\$ 1757.09

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

(h) Show total subsistence expense incurred for actual expense travel. Complete for per diem and actual expense travel.

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

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

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

PAGE **2** OF **1** PAGES

**TRAVEL AUTHORIZATION NO.**  
0PBB24

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12 20		b6								0.555			
07/10		D-:RES: [REDACTED]											
07/10		TMC FEE (GOVCC-I)								0.00			35
07/10		AIR FARE (GOVCC-I)								0.00			40
07/10		A-:SAN JUAN (SAN J				96.00		195.00	291.00		291.00		
07/10		POV								28.00	15.54		
07/10		EXCESS BAGGAGE											20.00
07/11		Subsistence				123.00		195.00	323.00			323.00	
07/11		TAXI											20.00
07/11		TAXI											20.00
07/12		Subsistence				123.00		195.00	323.00			323.00	
07/13		D-:SAN JUAN (SAN J											
07/13		POV								28.00	15.54		
07/13		A:RES: [REDACTED]	b6										
07/13		Subsistence				96.00			96.00			96.00	
07/13		TAXI											20.00
07/13		TAV FEE -D											
07/13		PARKING/TOLLS											36.00
07/13		TAXES: LODGING-DOMESTIC											67.11
07/13		EXCESS BAGGAGE											20.00
07/13		SPECIAL-COMMENT REQUIRED											84.05
									<b>SUBTOTALS</b>		31.08	1033.00	693.01
									<b>TOTALS</b>		31.08	1033.00	693.01

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,757.09



THE RITZ-CARLTON®  
SAN JUAN

Mr. Charles Edwards  
254 Murray Drive  
Bld 410  
[REDACTED]

Room Number: 0831  
Arrival Date: 07/10/12  
Departure Date: 07/13/12  
CRS Number: 87014919  
Rewards No. XXXX [REDACTED]  
Page No: 1 of 1

b2

b6

**INVOICE**

Folio No: 2533644

07/13/12

Date	Description	Charges	Credits
07/10/12	Package Charge	195.00	
07/10/12	Resort Fee	28.05	
07/10/12	Room Tax	22.37	
07/11/12	Package Charge	195.00	
07/11/12	Resort Fee	28.05	
07/11/12	Room Tax	22.37	
07/12/12	Package Charge	195.00	
07/12/12	Resort Fee	28.05	
07/12/12	Room Tax	22.37	
07/13/12	Master Card	XXXXXXXXXXXX [REDACTED] XX/XX	736.26
<b>Total</b>		<b>736.26</b>	<b>736.26</b>
<b>Balance</b>		<b>0.00</b>	

b2, b6

Signature \_\_\_\_\_

@ 67.11 tax  
\$4.15 fee

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.\*



METROPOLITAN AREA  
AREA METROPOLITANA  
U \_\_\_\_\_

DATE 7/11/12

FROM \_\_\_\_\_  
TO Hotel  
FARE \$ 14.00  
LUGGAGE \$ 6.00  
TOTAL \$ 20.00

*for 6 people*

\_\_\_\_\_  
SIGNATURE

"THANK YOU FOR YOUR VISIT TO PUERTO RICO"



METROPOLITAN AREA  
AREA METROPOLITANA  
U \_\_\_\_\_

DATE 7/11/12

FROM Hotel  
TO \_\_\_\_\_  
FARE \$ 14.00  
LUGGAGE \$ 6.00  
TOTAL \$ 20.00

*for 6 people*

\_\_\_\_\_  
SIGNATURE

"THANK YOU FOR YOUR VISIT TO PUERTO RICO"



### AA American Taxi

Av. Ponce de Leon #1700 Pda. 25, Santitas, PR. 00909-1000  
Tels. (787) 982-3446 / 982-3446 / 982-2222 / Fax: (787) 982-2927  
E-mail: [american@aaqi.net](mailto:american@aaqi.net)  
SERVICE 24 HORAS

#### TAXI RECEIPT

7/13/12  
Date

FROM: Hotel  
TO: Airport  
FARE: \_\_\_\_\_  
LUGGAGE \$: \_\_\_\_\_

WE CHARGE \$1:00 DOLLAR FOR CALL SERVICE  
WE CHARGE \$1:00 DOLLAR FOR CALL 10:00 PM TO 6:00 AM  
TOTALS \$ 20.00

\_\_\_\_\_  
Signature

"IN GOD WE TRUST"

RIF

RIF

**Airtran Airways  
Payment Receipt**

Date : 13Jul12  
Confirmation Number : QIGVNR  
Receipt/Auth # QIGVNR-03

Received : Cash 20.00  
20.00 USD  
\$20.00  
\$20.00 USD

Remarks :

Received by Agent : [REDACTED] b6

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

D.F.W. AIRPORT PARKING  
REAR SERVICE PARKING  
BAYLAND PARKING

Rcpt#102994  
07/13/12 11:08 LA56 AH 57 Txn#116548  
07/10/12 09:12 In 07/13/12 11:08 Out  
Tkt# Q10250  
ESP 12-09 \$ 33.60  
Total Tax \$ 2.40  
Total Fee \$ 36.00  
VISA CARD \$ 36.00-  
XXXXXXXXXX [REDACTED] b2, b6  
Approval No.:170790  
Reference No.:00000571  
Change Due \$ 0.00  
THANK YOU  
HAVE A SAFE TRIP

**Airtran Airways  
Payment Receipt**

Date : 10Jul12  
Confirmation Number : QIGVNR  
Receipt/Auth # QIGVNR-02

Received : Visa 20.00  
20.00 USD  
\$20.00  
\$20.00 USD

Remarks : XXXXXXXXXXXX [REDACTED] b2  
b6

Received by Agent : [REDACTED]

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

RIP, b2, b6

RIP



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CENEWARKNJ071912 V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0007/19/12		b. TO 07/20/12	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S)  OPBTKX		b. DATE(S)  07/17/12	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0 00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0 00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ Traveler's Initials</span>					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
See Attached Ticket 1		194.00			07/16/12		
See Attached Ticket 2		124.00			07/16/12		
ACCOUNTING CLASSIFICATION: 12_07172012_181256-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXXX^----- 513.00 NR-		15.00					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶				DATE	AMOUNT CLAIMED ▶		513.00
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
				a. DIFFERENCES, IF ANY (Explain and show amount)			
APPROVING OFFICIAL SIGN HERE ▶				DATE			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
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				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			
				\$ 0 00			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				DATE	d. NET TO TRAVELER ▶		\$ 513.00
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

RIP

b6

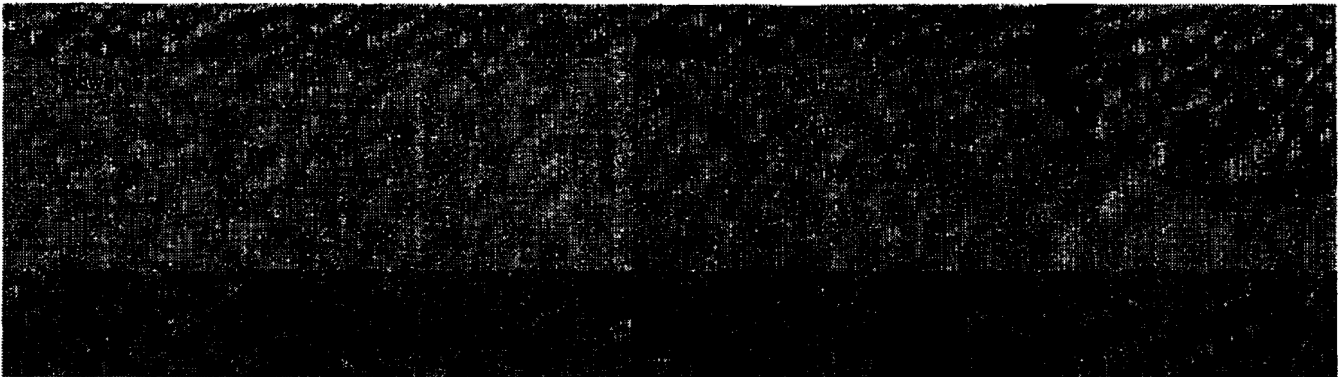
RIP





Courtyard by Marriott  
Mt. Laurel

1000 Century Parkway  
Mt Laurel, NJ 08054  
T 856.273.4400




19Jul12	Room Charge	90.00		
19Jul12	Occupancy Sales Tax	6.30		
19Jul12	State Occupancy Tax	7.20		
20Jul12	Master Card		103.50	
	Card #: MCXXXXXXXXXXXX[REDACTED]XXXX			b2
	Amount: 103.50 Auth: 035163 Signature on File			b6
	This card was electronically swiped on 19Jul12			
	<b>Balance:</b>	<b>0.00</b>		

Rewards Account # XXXX[REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2  
b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

Riders  Baggage

1  
EDWARDS / CHARLES MR

PHILADELPHIA 30, PA  
WASHINGTON, DC

2V Train Date  
2117 20JUL12


Account Space/Car  
KC EXPRESS BSNESS

Form of Payment  
EK124.00

Rail Fare	\$124.00	Account Charge	\$0.00
Fare Plans		Total	\$124.00

COAE  
2023988037222 01 01  
20JUL12 B4303

PASSENGER RECEIPT

Riders  Baggage

1  
Name of Passenger  
EDWARDS / CHARLES MR

From  
WASHINGTON, DC

To  
NEWARK PENN STA, NJ

2V Carrier Train Date  
2166 19JUL12

Account Space/Car  
KB EXPRESS BSNESS

Form of Payment  
EK194.00

Rail Fare	\$194.00	Account Charge	\$0.00
Fare Plans		Total	\$194.00

BOAE  
Ticket Number  
1981127171874 No. of  
Date of Issue 16JUL12 Reservation  
B34EB

PASSENGER RECEIPT

b2 b6

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. CESANDIEGOCOU072912_V01 4. SCHEDULE NO.			
5. a. NAME (Last, first, middle initial) Edwards, Charles Kumar.		b. SOCIAL SECURITY NO. ***-**-*****	6. PERIOD OF TRAVEL a. FROM 0007/29/12 b. TO 07/31/12			
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202-[REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) OPBYTG b. DATE(S) 07/22/12			
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]	10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT				
a. Outstanding 0 00		a. DATE RECEIVED				
b. Amount to be applied 0 00		b. AMOUNT RECEIVED \$				
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE				
D. Balance outstanding		11. PAID BY				
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ Traveler's Initials</span>				
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
526245644498 1	877.20	WN		07/24/12	BWI-Baltimore,	LAS-Las Vegas, NV
0722122141JV SKLZ	4.35	XD		07/23/12	BWI-Baltimore,	LAS-Las Vegas, NV
ACCOUNTING CLASSIFICATION: 12_07222012_223358-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^ ^ ^ ^ ^ ^ ^ ^ - 1,418.39 NR- 15.00						
COMMENTS: Will also be doing field office visits.						
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					DATE	AMOUNT CLAIMED ▶
TRAVELER SIGN HERE ▶						1418.39
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶					a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE					\$	
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 ▶					\$ 0 00	
DATE					d. NET TO TRAVELER ▶	
					\$ 1418.39	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE						

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

PAGE **2**

TRAVEL AUTHORIZATION NO.

0PBYTG

TRAVELER'S LAST NAME

Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.555 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
07/29		D-:RES: [REDACTED] b6													
07/29		AIR FARE (GOVCC-I)								0.00					877.20
07/29		A-:SAN DIEGO COUNT				53.25		133.00		186.25			186.25		
07/29		TMC FEE (GOVCC-I)								0.00					4.35
07/29		POV								27.00		14.99			
07/30		Subsistence				71.00		133.00		204.00			204.00		
07/31		D-:SAN DIEGO COUNT													
07/31		POV								27.00		14.99			
07/31		A:RES: [REDACTED] b6													
07/31		Subsistence				53.25				53.25			53.25		
07/31		PARKING/TOLLS													30.00
07/31		TAXES: LODGING-DOMESTIC													33.86
07/31		TAV FEE -D													
<b>SUBTOTALS</b>											29.98	443.50	944.91		
<b>TOTALS</b>											29.98	443.50	944.91		

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

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

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

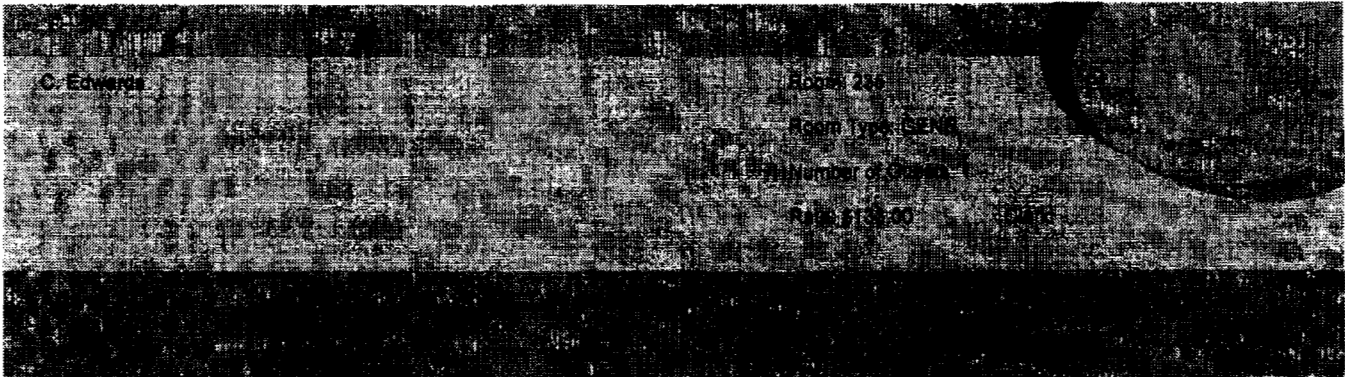
**TOTAL AMOUNT CLAIMED** 1,418.39





Courtyard by Marriott  
San Diego Mission Valley

595 Hotel Circle South  
San Diego, Ca 92108  
T 619.291.5720



29Jul12	Room Charge	133.00	
29Jul12	Occupancy Taxes	13.97	
29Jul12	Tmd Fee	2.66	
29Jul12	California Tourism Fee	0.05	
30Jul12	Room Charge	133.00	
30Jul12	Occupancy Taxes	13.97	
30Jul12	Tmd Fee	2.66	
30Jul12	California Tourism Fee	0.05	
31Jul12	Master Card		299.36
	Card #: MCXXXXXXXXXXXX[REDACTED]XXXX		b2
	Amount: 299.36 Auth: 006977 Signature on File		b6
	This card was electronically swiped on 29Jul12		
	<b>Balance:</b>	<b>0.00</b>	

Rewards Account # XXXX[REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity. b2 b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.



B.W.I. AIRPORT PARKING  
EXPRESS SERVICE PARKING  
MARYLAND PARKING

Rcpt#106078  
08/01/12 00:30 L#56 AH167 Txn#120307  
07/29/12 10:48 In 08/01/12 00:30 Out  
Tkt# 062772  
ESP 12-09 \$ 28.20  
Total Tax \$ 1.80  
Total Fee \$ 30.00  
VISA CARD \$ 30.00-  
XXXXXXXXXX [REDACTED]  
Approval No.:133803  
Reference No.:00000877  
Change Due \$ 0.00

b2  
b6

THANK YOU  
HAVE A SAFE TRIP



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER**

(Unlisted items are self explanatory)

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**

0PCE3E

**TRAVELER'S LAST NAME**

Edwards

DATE	TIME (Hour and arr/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.555	AMOUNT CLAIMED		
			MEALS				MISCEL- LANEOUS SUBSIS- TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK- FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
08/05		D-:RES: [REDACTED]											
08/05		AIR FARE (GOVCC-I)								0.00			343.80
08/05		A-:LOS ANGELES COU				53.25		125.00	178.25			178.25	
08/05		TMC FEE (GOVCC-I)								0.00			28.50
08/05		POV								38.00	21.09		
08/06		Subsistence				71.00		125.00	196.00			196.00	
08/07		D-:LOS ANGELES COU											
08/07		AIR FARE (GOVCC-I)								0.00			622.40
08/07		A-:OAKLAND, CA				61.00		99.00	160.00			160.00	
08/07		TAXES: LODGING-DOMESTIC											38.86
08/07		TAXI											80.00
08/08		D-:OAKLAND, CA											
08/08		POV		b6						38.00	21.09		
08/08		A:RES: [REDACTED]											
08/08		Subsistence				45.75			45.75			45.75	
08/08		TAV FEE -D											
08/08		PARKING/TOLLS											68.00
									<b>SUBTOTALS</b>		42.18	580.00	1181.56
									<b>TOTALS</b>		42.18	580.00	1181.56

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,803.74



Courtyard by Marriott  
Oakland Downtown

988 Broadway  
Oakland  
T 510.625.8282



07Aug12  
08Aug12

Room Charge  
Master Card

99.00

99.00

b2

Card #: MCXXXXXXXXXXXX[REDACTED]XXX  
Amount: 99.00 Auth: 057941 Signature on File  
This card was electronically swiped on 07Aug12

b6

Balance: 0.00

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2

b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

1006 EDWARDS/CHARLES/MR 125.00 08/07/12 07:02 8215  
 Room Name Rate Depart Time ACCT#  
 NKG Type [REDACTED] 08/05/12 18:10  
 32 [REDACTED]  
 Room Clerk Address Payment  
 PASSPORT: [REDACTED]  
 MCXXXXXXXXXXXX [REDACTED]  
 RWD#: XXXXX [REDACTED]

b2  
b6

DATE	DESCRIPTION	QUANTITY	RATE	TAXES	CREDITS	NET AMOUNT
08/05	ROOM	1006, 1	125.00			
08/05	TAX	1006, 1	17.50		A	
08/05	CA FEE	1006, 1	.05		D	
08/05	LA ASMNT	1006, 1	1.88		N	
08/06	ROOM	1006, 1	125.00			
08/06	TAX	1006, 1	17.50		A	
08/06	CA FEE	1006, 1	.05		D	
08/06	LA ASMNT	1006, 1	1.88		N	
08/07	CCARD-MC			288.86		
	SETTLED TO:	MASTERCARD		XXXXXXXXXXXX [REDACTED]		

b2  
b6

DESCRIPTION	TAXED AMOUNT	TAX
F PARKING TAX INCL	.00	.00
NET CHARGES	288.86	
TAX	.00	
CREDITS	288.86	
FOLIO		.00

----- EXP. REPORT SUMMARY -----

08/05 ROOM&TAX	144.43
08/06 ROOM&TAX	144.43

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

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

Signature X \_\_\_\_\_



Washington Dulles Int'l Airport

44910 Saarinen Circle  
Dulles, VA 20166  
Customer Service Number:  
(703) 572-4580

Shift/Seq. #: 160/26926  
Entry lane 15: 08/05/12 01:16 pm  
Payment lane 08: 08/08/12 11:51 pm

PURCHASE

Amount: \$68.00

Card: \$68.00 Approved  
Visa .. [REDACTED]  
Expiration: \*\*/\*\*  
Authorization: 145818  
LPA: 30304  
Sequence: 205

b2  
b6

Exit Before 08/09/12 01:46 pm  
Or Additional Charges May Apply

Thank You And Have A Nice Day

<b>SF TOWN TAXI</b>		
999 Pennsylvania Avenue, San Francisco, CA 94107		
<b>(415) 401-8900</b>		
Date <u>8/7/12</u>	Time _____	Amount <u>80</u>
From _____	To _____	
Driver <u>284</u>	Cab # <u>129</u>	
<a href="http://www.sftowntaxi.com">www.sftowntaxi.com</a>		

<b>TRAVEL VOUCHER</b> <i>(Read Privacy Act Statement below)</i>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEALPINETX081212 V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> *** - ** - *****		<b>6. PERIOD OF TRAVEL</b> a. FROM: 0008/12/12 b. TO: 08/17/12	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202 - [REDACTED]		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 0PCN6D b. DATE(S): 08/06/12	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>	

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</i>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					<b>Traveler's Initials</b>
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				<b>FROM</b> (e)	<b>TO</b> (f)	
0807120705FO	28.50	XD	08/07/12			
YQSP						
526245999700	518.40	WN	08/07/12	BWI-Baltimore,	MAF-Midland / Odes	
3						
016712313389	238.30	UA	08/07/12	BWI-Baltimore,	MAF-Midland / Odes	
7						
ACCOUNTING CLASSIFICATION: 12_08062012_143010-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXXX^***** - 1,732.92 NR-15.00						
COMMENTS on next page						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			
<b>TRAVELER SIGN HERE</b>	DATE	<b>AMOUNT CLAIMED</b>	1732.92
<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).</i>			

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials: \$	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>	DATE			\$ 0.00
			<b>d. NET TO TRAVELER</b>	
			\$ 1732.92	

**18. ACCOUNTING CLASSIFICATION**

SEE BLOCK 12 ABOVE



b2, b6

TRAVEL VOUCHER

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)

\*\*\*-\*\*-\*\*\*\*\* [REDACTED]

0PCN6D 08/06/12

Edwards, Charles Kumar.

COMMENTS:

The Acting IG will also be doing field office visits.

RIP, b2, b6

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
0PCN6D

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
20-12		b6								0.555			
08/12		D-:RES:											
08/12		TMC FEE (GOVCC-I)								0.00			28.50
08/12		AIR FARE (GOVCC-I)								0.00			51.40
08/12		A-:ALPINE, TX				34.50		77.00	111.50			111.50	
08/12		POV								38.00	21.09		
08/12		TAXES: LODGING-DOMESTIC											10.01
08/13		D-:ALPINE, TX											
08/13		A-:DEL RIO, TX				46.00		77.00	123.00			123.00	
08/13		TAXES: LODGING-DOMESTIC											10.01
08/14		D-:DEL RIO, TX											
08/14		A-:SAN ANTONIO (BE				66.00		106.00	172.00			172.00	
08/14		TAXES: LODGING-DOMESTIC											17.76
08/15		D-:SAN ANTONIO (BE											
08/15		A-:LAREDO, TX				56.00		82.00	138.00			138.00	
08/15		TAXES: LODGING-DOMESTIC											11.48
08/16		D-:LAREDO, TX											
08/16		A-:HOUSTON HEIGHTS				71.00		109.00	180.00			180.00	
08/16		TAXES: LODGING-DOMESTIC											18.53
08/17		D-:HOUSTON HEIGHTS											
08/17		POV								38.00	21.09		
08/17		AIR FARE (GOVCC-I)								0.00			238.30
08/17		A-RES:	b6										
08/17		Subsistence				53.25			53.25			53.25	
<b>SUBTOTALS</b>											42.18	777.75	852.99
<b>TOTALS</b>													

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

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

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

**TOTAL AMOUNT CLAIMED**

12

0.555

08/17  
08/17

PARKING/TOLLS  
TAV FEE -D

RIF

RIF

410.01 tax  
77.00 room  
HOTEL LINCOLN  
181 MEMORIAL SQUARE  
FORT DAVIS, TX 79734  
PHONE #(432) 426-3237

Merchant ID: 15946434

Sale

XXXXXXXXXX

MASTERCARD

Entry Method: SWIPED

b2

b6

Room #: 45

Folio #: 45

Amount: \$ 87.01

Tax: \$ 0.00

Total: \$ 87.01

08/12/12 18:27:28

TRN Ref #: MGFMTW0YS0812

Inv #: 002022 Batch #: 0448

Appr Code: 004608

I agree to pay above total amount  
according to card issuer agreement  
(Merchant agreement if credit voucher)

X

EDWARDS-CHARLES K

Customer Copy

THANK YOU!  
PLEASE COME AGAIN!



*Charles Edwards*

08-14-12

b6

[REDACTED]	Folio No. :	Room No. :	<b>110</b>
[REDACTED]	A/R Number :	Arrival :	<b>08-13-12</b>
[REDACTED]	Group Code :	Departure :	<b>08-14-12</b>
<b>USA_0001</b>	Company :	Conf. No. :	<b>64027547</b>
<b>United States</b>	Membership No. :	Rate Code :	<b>IMGOV</b>
	Invoice No. :	Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
08-13-12	*Accommodation	77.00	
08-13-12	State Tax	4.62	
08-13-12	City Tax	5.39	
	<b>Total</b>	<b>87.01</b>	<b>0.00</b>
	<b>Balance</b>	<b>87.01</b>	

*Registration made under  
" [REDACTED ]" name - changed @ hotel.*

b6

**Guest Signature:** \_\_\_\_\_

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

Holiday Inn Express  
2410 Bedell Ave  
Del Rio, Texas 78840  
Telephone: 830.488.6280 Fax: 830.488.6288

RIP, b6

RIP

1014 EDWARDS/CHARLES/MR 106.00 08/15/12 12:00 21004  
 Room Name Rate Depart Time ACCT#  
 GK 08/14/12 15:35  
 Type Arrive Time  
 85

MRW#: XXXXX [REDACTED]

b2, b6

Room Clerk	Address	Payment
08/14	ROOM	1014, 1 106.00
08/14	STATE TX	1014, 1 6.36
08/14	COUNTYTX	1014, 1 1.86
08/14	CITY TAX	1014, 1 9.54
08/15	MC CARD	\$123.76

TO BE SETTLED TO: MASTER CARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE RIVERCENTER MARRIOTT !!  
 TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR  
 PRESS "MENU" ON YOUR TV REMOTE TO ACCESS VIDEO CHECK-OUT..

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR  
 REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR  
 BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON  
 MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings  
 will be credited to your account. Check your  
 Rewards Account Statement for updated activity.

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

Signature X \_\_\_\_\_



# la Posada

HOTEL/SUITES

1000 ZARAGOZA STREET  
LAREDO, TEXAS 78040  
TELEPHONE (956) 722-1701  
SALES & RESERVATIONS FAX (956) 722-4758  
GUEST FAX (956) 726-8524

FOLIO NO.	ROOM NO.	GUEST NO.
10C91N	127	104072

RATE PACKAGE	NO. IN PARTY	DEPOSIT REC'D.
82.00	1	93.48

RATE PACKAGE DESCRIPTION
State/Federal Deluxe

NAME AND ADDRESS
Edwards, Charles Dept Homeland Security [REDACTED] b6

ARRIVAL DATE	DEPARTURE DATE
08/15/12	08/16/12

ADDITIONAL INFORMATION

DATE	DESCRIPTION	CHARGES	PAYMENTS
08/15/12	ROOM 1 Room Revenue	82.00	
08/15/12	RCTX 1 CITY OCC TAX	5.74	
08/15/12	RSTX 1 STATE OCC TAX	4.92	
08/15/12	RTXCNT 1 COUNTY OCC TAX	0.82	
08/16/12	PMC 1 XXXX [REDACTED] b2 AA		93.48
	b6 Subtotals	\$ 93.48	93.48

PAID IN FULL --- THANK YOU!

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 or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE \_\_\_\_\_

RIP, b2, b6

RIP





HOUSTON WEST LOOP  
BY THE GALLERIA

GUEST FOLIO

1750 West Loop S., Houston, TX 77027 • 713.960.0111 • Marriott.com/HOUWL

815 EDWARDS/CHARLES/MR 109.00 08/17/12 12:00 2829  
Room Name Rate Depart Time ACCT#  
EK Type 08/16/12 15:45

122

Room Clerk

Address

Payment

MRW#: XXXX [REDACTED]

b2

DATE

REFERENCE

DEBITS

CREDITS

BALANCE FWD

b6

08/16 TR ROOM	815, 1	109.00	
08/16 STATE TX	815, 1	6.54	} 118.53
08/16 CITY TAX	815, 1	7.63	
08/16 S A TX	815, 1	2.18	
08/16 CNTY TX	815, 1	2.18	
08/17 MC CARD			\$127.53

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00  
 ----- EXP. REPORT SUMMARY -----  
 08/16 ROOM&TAX 127.53

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for update activity.

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

Signature X \_\_\_\_\_

S.U.L. AIRPORT PARKING  
APRIL'S SERVICE PARKING  
PARLINO PARKING

Rcpt#108898  
08/17/12 18:29 LANE #0 15#123574  
08/12/12 07:55 In 08/17/12 18:29 Out  
Tkt# 066194  
ESP 12-09 \$ 56.40  
Total Tax \$ 3.60  
Total Fee \$ 60.00  
VISA CARD \$ 60.00-  
XXXXXXXXXX [REDACTED]  
Approval No.:123312  
Reference No.:00000935  
Change Due \$ 0.00

THANK YOU  
HAVE A SAFE TRIP

b2  
b6

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEORLANDOBREV082012_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.	<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0008/20/12 b. TO: 08/21/12
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]	<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): OPCSTP b. DATE(S): 08/09/12
<b>e. PRESENT DUTY STATION</b> Washington, DC	<b>f. RESIDENCE (City and State)</b> [REDACTED]	

b6

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
0810121641DF VSIO	4.35	XD	08/10/12	FROM (e)	TO (f)	
037712425761	299.80	US	08/10/12	DCA-Washington,	MCO-Orlando, FL	
ACCOUNTING CLASSIFICATION: 12_08092012_185344-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXX^ - 584.65 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>	<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	584.65
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>				

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>	<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>
a. VOUCHER NO.	Certifier's Initials: \$
b. D.O. SYMBOL	
c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>	<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	\$ 0.00
DATE	<b>d. NET TO TRAVELER</b> ▶
	\$ 584.65

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

PAGE **2**

OF

**TRAVEL AUTHORIZATION NO.**  
0PCSTP

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
20 12															
08/20		D-:Washington ,DC													
08/20		TMC FEE (GOVCC-I)								0.00			35		
08/20		A-:ORLANDO (BREVAR)				38	25		99	00	137	25			
08/20		AIR FARE (GOVCC-I)											299		
08/20		TAXI											80		
08/20		TAXI											00		
08/21		D-:ORLANDO (BREVAR)													
08/21		A:Washington ,DC													
08/21		Subsistence				38	25				38	25			
08/21		TAXI											00		
08/21		TAV FEE -D													
									<b>SUBTOTALS</b>		0100	1751	50	409	15
									<b>TOTALS</b>		0 00	1751	50	409	15

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

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

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

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

**TOTAL AMOUNT CLAIMED** 584.65

 **WYNDHAM**  
Lake Buena Vista Resort

Wyndham Lake Buena Vista Resort  
1850 Hotel Plaza Boulevard  
Lake Buena Vista, FL 32830  
PH: (407) 828-4444 Fax: (407) 827-8701

**INFORMATION INVOICE**

Arrival : 08-20-12  
Departure : 08-21-12  
Company Name :  
**Charles Edwards**  
**US**

Folio / Invoice # : /  
Booking No# :  
Room No. : 19018  
Page No. : 1 of 1  
Membership No. :  
Conf. No. : 5451198  
Cashier No. : 11  
A/R Number :

Date	Description	Reference	Charges	Credits
08-20-12	Group Accommodation		90.00	
<b>Total</b>			<b>90.00</b>	<b>0.00</b>
<b>Balance</b>				<b>90.00</b>

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-846-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.




# TAXICAB RECEIPT

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

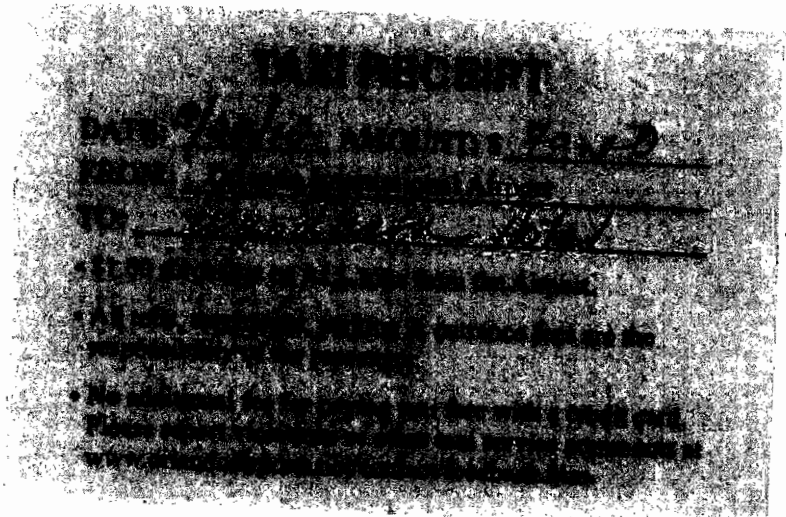
Date: 8/20/12

Origin of trip: 3rd St C St

Destination: Reagan Airport

Fare: 20.00 Sign: 

b6



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEMIAMIDADECO082312_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0008/23/12		b. TO 08/26/12	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) OPD6FE		b. DATE(S) 08/22/12	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.		11. PAID BY	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <b>Traveler's Initials</b></span>					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)		TO (f)
See Attached Ticket 1	129.80			08/19/12			
See Attached Ticket 2	177.80			07/26/12			
ACCOUNTING CLASSIFICATION: 12_08222012_185058-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^----- 954.54 NR-15.00							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶				DATE	AMOUNT CLAIMED ▶		954   54
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶				DATE			\$
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:		\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0   00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				DATE	d. NET TO TRAVELER ▶		\$ 954   54
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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

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

TRAVEL AUTHORIZATION NO. **0PD6FE**

TRAVELER'S LAST NAME **Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
08/23		D-: Washington ,DC								0.555			
08/23		CP - AIR FARE (GOVCC-I)								0.00			129 80
08/23		A-: MIAMI-DADE COUN				49 50		79 00		128.50		128 50	
08/23		POV								5.60	13 11		
08/23		EXCESS BAGGAGE											25 00
08/24		Subsistence				66 00		79 00		145.00		145 00	
08/25		Annual Leave 8.00											
08/25		TAXES: LODGING-DOMESTIC											17 88
08/26		D-: MIAMI-DADE COUN											
08/26		RENTAL CAR NO RESERVATIONS								0.00			55 67
08/26		RENTAL CAR NO RESERVATIONS								0.00			57 40
08/26		POV								34.00	18 87		
08/26		CP - AIR FARE (GOVCC-I)								0.00			17 80
08/26		A: Washington ,DC											
08/26		Subsistence				49 50				49.50		49 50	
08/26		TAV FEE -D											
08/26		PARKING/TOLLS											60 00
08/26		GAS-RENTAL/GOVMT VEHICLE											27 54
08/26		GAS-RENTAL/GOVMT VEHICLE											29 80
08/26		GAS-RENTAL/GOVMT VEHICLE											8 80
08/26		GAS-RENTAL/GOVMT VEHICLE											20 27
										<b>SUBTOTALS</b>	21 98	323 00	609 56
										<b>TOTALS</b>	21 98	323 00	609 56

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

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

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

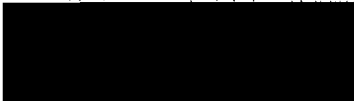
**TOTAL AMOUNT CLAIMED** 954.54



Courtyard by Marriott  
Fort Lauderdale Plantation

7780 Sw 6th Street  
Plantation, FL 33324  
T 954.475.1100

Charles/Mr Edwards



Nova Southeastern

Room: 121

Room Type: GENR

Number of Guests: 1

Rate: \$79.00

Clerk:

b6

23Aug12	Nova Se University	79.00	
23Aug12	Occupancy Sales Tax	4.74	
23Aug12	County Tax	3.95	
24Aug12	Nova Se University	79.00	
24Aug12	Occupancy Sales Tax	4.74	
24Aug12	County Tax	3.95	
25Aug12	Master Card		175.38

Card #: MCXXXXXXXXXXXX XXXX  
Amount: 175.38 Auth: 05560Z Signature on File  
This card was electronically swiped on 23Aug12

b2, b6

**Balance: 0.00**

Rewards Account # XXXX Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2, b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

RIP, b2, b6

RIP

**U.S AIRWAYS**

**U.S AIRWAYS**

A STAR ALLIANCE MEMBER

A STAR ALLIANCE MEMBER

**E-TICKET RECEIPT**

EDWARDS/CHARLESKUM

**ARRIVAL**

**FROM TO  
EBC FEE**

1000A EXCESS BAG EBC US 9957 Y 23AUG 1130A FEE FEE

FP VIXXXXXXXXXX/XXXX/FC BAGGAGE FEE (1B) 01 0025 (2B) 00 IF ONE OF YOUR FLIGHTS IS ON A  
0000 (3B) 00 0000 (4B) 00 0000 (OW) 00 0000 (OZ) 00 0000 (SE) 00 0000 (C PARTNER AIRLINE, PARTNER FEES  
U) 00 0000 USD TTL 025.00END 0372482414821201208191201208231715DCA.FLL.FLL MAY APPLY. PLEASE GO TO  
(F7E4WT) USAIRWAYS.COM/PARTNERBAGFEES  
FOR MORE INFO

b2,  
b6

FARE USD	25.00	DOCUMENT NUMBER	0372482882663
TAX US	0.00		
TAX		NO CASH VALUE	
TOTAL USD	25.00	NOT VALID FOR TRAVEL	

**THANK YOU FOR FLYING  
US AIRWAYS**



Budget Rent A Car System, Inc.

RENTAL AGREEMENT NUMBER 143831324

SPACE NO. C07

Customer Name : EDWARDS, CHARLES  
Drivers Lic Number : US [REDACTED] b6  
Methods of Payment : VISA X [REDACTED] b2, b6

Budget Car # : 5 5 1 8 9 6 4 3  
Plate Number : FL 592LGT  
Veh Description : GRY NISSAN ALTIMA SEDAN  
Odometer Out : 27892 miles  
Fuel Gauge Reading: Full

Pickup Date/Time : AUG 26, 2012 01:19 AM  
Pickup Location : 600 TERMINAL DRIVE, 4TH FLOOR  
FT. LAUDERDALE, FL, 33315, US

Return Date/Time : AUG 26, 2012 07:30 AM  
Return Location : 4030 GEORGE BEAN PKWY STE 1109  
TAMPA, FL, 33607, US

Additional Fees May Apply If Changes Are Made To Your Return Date, Time And/Or Location.

YOUR ESTIMATED VEHICLE CHARGES

MIN 1 DAY Rate not valid after MON 23:59  
RATE CHART TIME AND MILEAGE  
HRLY : 30.74  
DLY : 40.99  
AD DY: 40.99

MTHLY:  
MILES: UNLIMITED  
MIN 1DY/EI/C + 40.99  
Your Estimated Time & Mileage 40.99  
TIRE BATTERY FEE 0.02/DY + .02  
VEH LICENSE RECOUP 0.78/DY + .78  
CUSTOMER FACILITY CHG 3.95/DY + 3.95  
ENERGY RECOVERY FEE 0.60/DY + .60  
STATE SURCHARGE 2.00/DY + 2.00  
10.00% Concession Recovery Fee + 4.18  
Estimated Subtotal Charges 52.52  
Sales Tax 6.000% + 3.15  
YOUR ESTIMATED TOTAL CHARGES: X\_AGREED 55.67

YOUR OPTIONAL PRODUCTS/SERVICES

Loss Damage Waiver 26.99/Day Declined  
Personal Accident and Effects 6.95/Day Declined  
Emergency Sickness Plan 5.00/Day Declined  
Supplemental Liability Insurance 14.43/Day Declined

By my approval I accept or decline optional services/products as shown above. X\_AGREED

Please return the vehicle with the same fuel level as you received it. If you do not, additional fuel fees may apply: 000-074 miles equals a 13.99 flat rate fee. 075 miles and above equals .4043 per mile or 9.299 per Gal. X\_AGREED

NOTICES BUDGET NOTICES BUDGET NOTICES BUDGET NOTICES

\*Renters/Authorized drivers insurance is primary: Florida Statute 627.7263(2), states the valid and collectible liability insurance and personal injury protection insurance of any authorized rental driver is primary for the limits of liability and personal injury protection coverage required by Sec. 324.021(7) and 627.736 Florida Statutes.  
Renter/Auth. drivers INS. CD.XX [REDACTED]

b6

Loss Damage Waiver is optional. An added daily cost of 26.99 covers your responsibility for damage to our car. Check with your insurer as this may be duplicative of your own car insurance. I agree the charges listed above are estimates and that I have received all notices and terms here and in the rental jacket. No additional charges allowed without prior written consent. Tickets, fines and admin fees to be charged to this rental.XX [REDACTED]

b6

If you have questions regarding this rental, call us at 954-359-2400. This vehicle was rented to you by [REDACTED]

b6



Budget Rent A Car System, Inc.

RENTAL AGREEMENT NUMBER 143023160

RECEIPT

YOUR INFORMATION

Customer Name : EDWARDS, CHARLES
Budget Corp Disc. : PRICELINE OPAQUE
Methods Of Payment : CASH

YOUR VEHICLE INFORMATION

Budget Car Num : 5 6 8 9 2 1 2 4
Plate Number : FL 346LAK
Veh Grp Charged : Subcompact
Veh Grp Rented : Compact
Veh Description : GRV FOCUS 4DR/5PSGR
Total Driven : 1000 MIs Odometer In: 17132 MIs
Fuel Gauge Reading: Full

YOUR RENTAL

Pickup Date/Time : AUG 23, 2012 06:16 PM
Pickup Location : 600 TERMINAL DRIVE, 4TH FLOOR
FT. LAUDERDALE, FL, 33315, US

Return Date/Time : AUG 26, 2012 01:15 AM
Return Location : 600 TERMINAL DRIVE, 4TH FLOOR
FT. LAUDERDALE, FL, 33315, US

YOUR VEHICLE CHARGES:

MIN 3 DAY MAX 100 HRS
RATE CHART TIME AND MILEAGE
3 Days Paid A
Miles: Unlimited
AD HR: 9.27
AD DY: 19.50
TAXABLE FEES
TIRE BATTERY FEE .02 /DY + .06
VEH LICENSE RECOUP .70 /DY + 2.34
CUSTOMER FACILITY CHG 3.95 /D + 11.85
ENERGY RECOVERY FEE .60 /DY + 1.80
STATE SURCHARGE 2.00 /DY + 6.00
NON TAXABLE ITEMS
Your Total Charges Paid: 0.00
Prepayment : .00
NET CHARGES: USD 0.00
Your Total Due: 0.00
Fuel service: .3321/MI 9.299/Gal

YOUR OPTIONAL PRODUCTS/SERVICES

NOTICES BUDGET NOTICES BUDGET NOTICES BUDGET NOTICES
I agree to the rental charges above. I acknowledge additional charges could be added based on tolls, tickets,
fines administrative charges and other fees which may be applicable. X
Thank you for renting with Budget.
If you have questions regarding this rental, call us at 954-359-2400
This vehicle was rented to you by CARRON

Rental #      Car #      Car Group  
130868731    65964146    X

BCD = U088200  
VEHICLE CHECK IN NOT  
COMPLETED.

\*\*\*BUDGET CHECK IN CANCELLED\*\*\*

**RECEIPT**

Rental Agreement Number: 143031324  
Vehicle Number: 55189643

**YOUR INFORMATION**

EDWARDS, CHARLES  
PAYMENT METHOD: VISA X

b2, b6

**YOUR RENTAL**

Picked up: FLL  
Date/Time: AUG 26, 2012@01:19AM  
Returned: TPA  
Date/Time: AUG 26, 2012@06:49AM  
Veh Group: Full-Size  
Veh Charged: Intermediate  
Vehicle: NISSAN ALTIMA SEDAN  
Odometer Out: 27092  
Odometer In: 27363  
Fuel Reading: Full

**YOUR VEHICLE CHARGES**

MINIMUM CHARGE 40.99  
YOUR TIME AND MILEAGE: 40.99

**YOUR TAXABLE FEES**

\*\*10.00% FEE 4.18  
TIRE BATTERY 0.02/DY .02  
VEH LIC RECOUP 0.78/DY .78  
CUST FAC CHARGE 3.96/DY 3.96  
ENERGY RECOVERY 0.60/DY .60  
STATE SURCH 2.00/DY 2.00

**YOUR SUBTOTAL**  
TAXABLE SUBTOT 62.62  
TAX 6.000% 3.16

**YOUR NON TAXABLE ITEMS**

TOTAL CHARGES 65.67  
NET CHARGES 65.67  
YOUR TOTAL DUE: 0.00

PAID ON VISA X  
\*\*CONCESSION RECOVERY FEE

b2, b6

THANK YOU FOR RENTING WITH BUDGET

TOLL PASS INQUIRIES,  
VTSTY WWW.HTALIC.COM

RIP, b2, b6

RIP

**DCA REAGAN  
703-417-4300  
1AVIATION CIRCLE  
WASHINGTON, DC 20001**

Transaction-Id: 2587  
Ticket-Nr.: 1110026084  
Last Station: E111  
In: 08/23/2012 13:29  
Out: 08/26/2012 10:47  
Lane: 208  
LOT#: 108  
Duration: 2,21:18  
ID: XXXXXXXXXX

b6

<b>Transient Parker</b>	<b>\$ 60.00</b>
	<b>\$</b>
<b>Balance Due:</b>	<b>\$ 60.00</b>
Credit Card	\$ 60.00
Change:	\$ 0.00



# priceline.com trip receipt

[»Print Receipt](#)   [»Back to Previous Page](#)



**Hyundai Accent or similar**  
(make/model not guaranteed)



- Unlimited Mileage
- Automatic Transmission

## Economy Car

Pick-Up /Drop Off: **Fort Lauderdale - Hollywood Intl (FLL)**  
Shuttle to counter and car

Pick-Up Date & Time: **Thursday, August 23 2012 - 6:00 PM**

Drop-Off Date & Time: **Sunday, August 26 2012 - 1:00 PM**

Driver: **Charles Edwards**

Driver's Age: **25 and over**

Confirmation #: **12523199US3**

Priceline Trip #: **111-949-902-90**

Purchased Date: **August 21 2012**

## Summary of Charges

Billing Name:	Charles Edwards
Payment Method:	Visa (ending in [REDACTED])
Your Offer Price:	\$16.00 (per day)
Total Rental Days:	3
SubTotal:	\$48.00
Taxes and Fees:	\$38.11
Total Rental Car Charges:	<b>\$86.11</b> You saved 65%! <sup>*</sup>

b2  
b6

Prices are in US dollars.

<sup>\*</sup> This is your savings on the total cost of your rental car when compared to the lowest published rental car rate available at time of booking for the itinerary and rental car company shown.

## Important Information

- At your arrival airport, follow signs to Budget Rent a Car. Please provide your Confirmation Number at the rental counter. Although not required, presenting a copy of this page can simplify the pick-up process. In addition, Budget Rent a Car will require a major credit card or debit card, a valid driver's license in Charles Edwards Name, and will verify Charles Edwards's age at time of rental.
- Renters with only a debit card may need to show proof of round-trip air travel, and will need to have a minimum of \$200 in available credit or more depending upon the rental company as a security deposit on the vehicle. The security deposit will be released back onto your card once the vehicle is returned.

RIP, b2, b6

8/27/2012

RIP

- All rentals will take place at the rental counter. Rental cars purchased through priceline can not be cancelled or changed and refunds are not allowed – even if the reservation is not used. If flight cancellations outside of your control keep you from picking up your car, you will be able to cancel your reservation upon verification.
- Budget Rent a Car will charge your credit card at the rental counter for any optional items you add to your reservation at the rental counter.

### Customer Service

If you need assistance with this or any other priceline purchase please contact a customer service representative at the number below. Please have both your priceline trip number and the phone number you provided when you placed your request when you call. Thanks again for using priceline.

Customer Service Phone Number: 1-888-837-3774 (when calling from the U.S. or Canada)

Your priceline trip number: 111-949-902-90

Phone Number You Provided: 202 [REDACTED]

b6

[»Print Receipt](#)   [»Back to Previous Page](#)

b2

RIP, b6



8/27/2012

RIP



Budget Rent A Car System, Inc.

RENTAL AGREEMENT NUMBER 143023160

RECEIPT

YOUR INFORMATION

Customer Name : EDWARDS, CHARLES
Budget Corp Disc. : PRICELINE OPAQUE
Methods Of Payment : CASH

YOUR VEHICLE INFORMATION

Budget Car Num : 5 6 8 9 2 1 2 4
Plate Number : FL 346LAK
Veh Grp Charged : Subcompact
Veh Grp Rented : Compact
Veh Description : GRV FOCUS 4DR/5PSGR
Total Driven : 1000 MIs Odometer In: 17132 MIs
Fuel Gauge Reading: Full

YOUR RENTAL

Pickup Date/Time : AUG 23, 2012 06:16 PM
Pickup Location : 600 TERMINAL DRIVE, 4TH FLOOR
FT. LAUDERDALE, FL, 33315, US

Return Date/Time : AUG 26, 2012 01:15 AM
Return Location : 600 TERMINAL DRIVE, 4TH FLOOR
FT. LAUDERDALE, FL, 33315, US

YOUR VEHICLE CHARGES:

MIN 3 DAY MAX 100 HRS
RATE CHART TIME AND MILEAGE
3 Days Paid A
Miles: Unlimited
AD HR: 9.27
AD DY: 19.50

YOUR OPTIONAL PRODUCTS/SERVICES

TAXABLE FEES
TIRE BATTERY FEE .02 /DY + .06
VEH LICENSE RECOUP .78 /DY + 2.34
CUSTOMER FACILITY CHG 3.95 /D + 11.85
ENERGY RECOVERY FEE .60 /DY + 1.80
STATE SURCHARGE 2.00 /DY + 6.00
NON TAXABLE ITEMS
Your Total Charges Paid: 0.00
Prepayment : .00
NET CHARGES: USD 0.00
Your Total Due: 0.00
Fuel service: .3321/MI 9.299/Gal

NOTICES BUDGET NOTICES BUDGET NOTICES BUDGET NOTICES

I agree to the rental charges above. I acknowledge additional charges could be added based on tolls, tickets, fines administrative charges and other fees which may be applicable. X

Thank you for renting with Budget.

If you have questions regarding this rental, call us at 954-359-2400

This vehicle was rented to you by BUDGET



Budget Rent A Car System, Inc.

RENTAL AGREEMENT NUMBER 143023160

RECEIPT

YOUR INFORMATION

Customer Name : EDWARDS, CHARLES
Budget Corp Disc. : PRICELINE OPAQUE
Methods Of Payment : CASH

YOUR VEHICLE INFORMATION

Budget Car Num : 56892124
Plate Number : FL 346LAK
Veh Grp Charged : Subcompact
Veh Grp Rented : Compact
Veh Description : GRV FOCUS 4DR/5PSGR
Total Driven : 1000 MIs Odometer In: 17132 MIs
Fuel Gauge Reading: Full

YOUR RENTAL

Pickup Date/Time : AUG 23, 2012 06:16 PM
Pickup Location : 600 TERMINAL DRIVE, 4TH FLOOR
FT. LAUDERDALE, FL, 33315, US

Return Date/Time : AUG 26, 2012 01:15 AM
Return Location : 600 TERMINAL DRIVE, 4TH FLOOR
FT. LAUDERDALE, FL, 33315, US

YOUR VEHICLE CHARGES:

MIN 3 DAY MAX 100 HRS
RATE CHART TIME AND MILEAGE

3 Days Paid A
Miles: Unlimited
AD HR: 9.27
AD DY: 19.50

TAXABLE FEES

Table with 3 columns: Fee Name, Rate, Total. Includes TIRE BATTERY FEE, VEH LICENSE RECOUP, CUSTOMER FACILITY CHG, ENERGY RECOVERY FEE, STATE SURCHARGE.

NON TAXABLE ITEMS

Table with 3 columns: Item Name, Rate, Total. Includes Your Total Charges Paid, Prepayment, NET CHARGES, Your Total Due, Fuel service.

YOUR OPTIONAL PRODUCTS/SERVICES

NOTICES BUDGET NOTICES BUDGET NOTICES BUDGET NOTICES

I agree to the rental charges above. I acknowledge additional charges could be added based on tolls, tickets, fines administrative charges and other fees which may be applicable. X

Thank you for renting with Budget.

If you have questions regarding this rental, call us at 954-359-2400

This vehicle was rented to you by CAMROD

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> CEELPASOCOUNT101612_V01	
<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****		<b>6. PERIOD OF TRAVEL</b> a. FROM: 10/16/12 b. TO: 10/18/12		<b>4. SCHEDULE NO.</b>	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): OPEHG7 b. DATE(S): 10/08/12		<b>10. CHECK NO.</b>	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>11. PAID BY</b>		<b>8. TRAVEL ADVANCE</b>	
<b>a. Outstanding</b>		<b>b. Amount to be applied</b>		<b>c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</b>		<b>D. Balance outstanding</b>	
0.00		0.00					
<b>9. CASH PAYMENT RECEIPT</b>				<b>11. PAID BY</b>			
<b>a. DATE RECEIVED</b>		<b>b. AMOUNT RECEIVED</b>		<b>c. PAYEE'S SIGNATURE</b>			
		\$					
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>		
					<b>FROM</b> (e)	<b>TO</b> (f)	
526247341868	695.20	WN		10/11/12	BWI-Baltimore,	ELP-El Paso, TX	
5							
1008122121NF	28.50	XD		10/11/12	BWI-Baltimore,	ELP-El Paso, TX	
ZQDU							
<b>ACCOUNTING CLASSIFICATION:</b>							
13_10082012_221711-20YY^FIG1000000^FIG0200SEYXX^00000000^XXXXXXXXX^ -							
1,115.56 NR-15.00							
<b>COMMENTS:</b> Attend Open House in El Paso along with site visit of field office.							
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>							
<b>TRAVELER SIGN HERE</b> ▶				<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶		1115.56
<b>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</b>							
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680e).)</b>				<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>			
<b>APPROVING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>	a. DIFFERENCES, IF ANY (Explain and show amount)		\$
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>				<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>			
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:		\$	
						\$ 0.00	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>				<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>		\$ 0.00	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>	<b>d. NET TO TRAVELER</b> ▶		\$ 1115.56
<b>18. ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE							

bb6

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0PEHG7

TRAVELER'S LAST NAME Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.555 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
10/16	12	D-:RES: [REDACTED] b6											
10/16		TMC FEE (GOVCC-I)								0.00		28.50	
10/16		AIR FARE (GOVCC-I)								0.00		699.20	
10/16		A-:EL PASO COUNTY, POV				38.125		88.100	126.25		126.25		
10/16		Subsistence				51.00		88.00	139.00	28.00	15.54	139.00	
10/18		D-:EL PASO COUNTY, POV								28.00	15.54		
10/18		A:RES: [REDACTED] b6											
10/18		Subsistence				38.25			38.25		38.25		
10/18		PARKING/TOLLS										30.00	
10/18		TAXES: LODGING-DOMESTIC										27.28	
10/18		TAV FEE -D											
									<b>SUBTOTALS</b>	31.08	3031.50	780.98	
									<b>TOTALS</b>	31.08	3031.50	780.98	

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,115.56



Fairfield Inn & Suites by Marriott

7514 Remcon Circle  
El Paso Tx 79912  
915.845.3100



D. Edwards	Room #	Room Type	Room Rate	Tax	Total
	Room #	Room Type	Room Rate	Tax	Total
	Room #	Room Type	Room Rate	Tax	Total

[REDACTED]					
------------	--	--	--	--	--

16Oct12	Room Charge	88.00		
16Oct12	State Occupancy Tax	5.28		
16Oct12	City Tax	6.16		
16Oct12	County Tax	2.20		
17Oct12	Room Charge	88.00		
17Oct12	State Occupancy Tax	5.28		
17Oct12	City Tax	6.16		
17Oct12	County Tax	2.20		
18Oct12	Master Card		203.28	
	Card #: MCXXXXXXXXXXXX			b2
	Amount: 203.28 Auth: 097963 Signature on File			b6
	This card was electronically swiped on 16Oct12			
	<b>Balance:</b>	<b>0.00</b>		

Rewards Account # XXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity. b2  
b6

Find us on Facebook. Become a fan of the Fairfield Inn & Suites El Paso today, we would love to hear from you.

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

[REDACTED]



B.W.I. AIRPORT PARKING  
EXPRESS SERVICE PARKING  
MARYLAND PARKING

Rcpt#121610  
10/18/12 16:09 LHS6 AN169 Txn#138232  
10/16/12 09:25 In 10/18/12 16:09 Out  
Tkt# 082665  
ESP 12-09 \$ 28.20  
Total Tax \$ 1.80  
Total Fee \$ 30.00  
VISA CARD \$ 30.00-  
XXXXXXXXXX [REDACTED]  
Approval No.:151614  
Reference No.:0000512  
Change Due \$ 0.00

b2

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THANK YOU  
HAVE A SAFE TRIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CESEATTLEKING110612_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0011/06/12 b. TO: 11/11/12
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) OPETNY b. DATE(S) 10/24/12
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]	
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>	

<b>a. Outstanding</b>	0.00	<b>a. DATE RECEIVED</b>	<b>b. AMOUNT RECEIVED</b>
<b>b. Amount to be applied</b>	0.00	<b>c. PAYEE'S SIGNATURE</b>	
<b>c. Amount due Government</b> (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)			
<b>D. Balance outstanding</b>			

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						<b>Traveler's Initials</b>
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>		
526247796570 0	565.20	WN	11/01/12	BWI-Baltimore,	SEA-Seattle / Taco		
1031121511NB XZUP	28.50	XD	11/01/12	BWI-Baltimore,	SEA-Seattle / Taco		
<b>ACCOUNTING CLASSIFICATION:</b> 13 11292012 075116-20YY^HIG100000000^HIG0200DAYYYYXX^XXXXXXXXXXXXX^XXXXXXXXXXXXX XXXXX^-----1,307.26 NR- 15.00							
<b>COMMENTS:</b> Part of the Acting IG field office visits.							

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	1307.26
--	--	--	-----------------------------	-------------	-------------------------	---------

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

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

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	\$ 0.00
	<b>d. NET TO TRAVELER</b> ▶	\$ 1307.26

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

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

**TRIP # 1 PAGES**

**TRAVEL AUTHORIZATION NO. OPETNY**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(e)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
11/06		D-:RES: [REDACTED]											
11/06		TMC FEE (GOVCC-I)								0.00			28 50
11/06		AIR FARE (GOVCC-I)								0.00			569 20
11/06		A-:SEATTLE (KING C				53 25		137 00		190.25		190 25	
11/06		POV								28.00	15 54		
11/06		POV								28.00	15 54		
11/07		Subsistence				71 00		137 00		208.00		208 00	
11/08		Subsistence				53 25		137 00		190.25		190 25	
11/09		Annual Leave 8.00											
11/09		TAXES: LODGING-DOMESTIC											33 98
11/10		Annual Leave 8.00											
11/11		D-:SEATTLE (KING C											
11/11		A:RES: [REDACTED]											
11/11		Subsistence											
11/11		TAV FEE -D											
11/11		PARKING/TOLLS											60 00
									<b>SUBTOTALS</b>		31 08	588 50	687 58
									<b>TOTALS</b>		31 08	588 50	687 58

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

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

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

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

**TOTAL AMOUNT CLAIMED 1,307.26**

b6

Logged in user: [REDACTED] · Traveler: Charles K Edwards Voucher: CESEATTLEKING110612\_V01 · TA Number: 0PETNYScreen ID: 1064.2 [Return to Home Page](#) · [Power User](#) · [Logout](#)

Trip Planner Reservations Per Diem Expenses Accounting Additional Options Receipts **Review & Sign**

[Home](#) > [Voucher](#) > [Review & Sign](#) > Preview

[PROFILE](#) [PRINT THIS SCREEN](#) [VIEW HELP](#)

Previous Section Step 7 of 9

Next Section

## Preview Trip

Review the details for this trip below. When you have finished, proceed to Pre-Audit.

### Trip Details

Trip Type: SINGLE TRIP

Trip Purpose: SITE VISIT

Trip Details:

Trip Purpose Description:

Part of the Acting IG field office visits.

Trip PNR Locator: NBXZUP

### Itinerary

Tools	Location Type	Location	Time Zone	Arrival Date	Departure Date
<a href="#">View</a>	Overall Starting Point	RES: [REDACTED]	EST (06)	--	06-Nov-12
<a href="#">View</a>	TDY Location 1	SEATTLE (KING COUNTY),WA	PST (09)	06-Nov-12	11-Nov-12
<a href="#">View</a>	Overall End Point	RES: [REDACTED]	EST (06)	11-Nov-12	--

b6

Reservations [View All](#) [Flights](#) [Lodging](#) [Rental Car](#) [Rail](#) [Other Transportation](#)

### Flights

[View](#) \$565.20 - 06-Nov-12: BWI-Baltimore, MD To BWI-Baltimore, MD

Carrier & Flight No.	Takeoff	Landing	Method of Reimbursement	Confirmation	Ticket	(Optional) Comments to the Travel Agent
SOUTHWEST AIRLINES (WN) 889	BWI-Baltimore, MD 06-Nov-12 2:10PM	SEA-Seattle / Tacoma, WA 06-Nov-12 6:05PM	GOVCC	NBXZUP	5262477965700	
SOUTHWEST AIRLINES (WN) 3737	SEA-Seattle / Tacoma, WA 11-Nov-12 10:15AM	BWI-Baltimore, MD 11-Nov-12 7:20PM		NBXZUP	5262477965700	

No lodging selected.

No rental car selected.

No rail selected.

### Other Transportation

Tools	Type	Fare	Fare Class	Depart	Method of Reimbursement	Confirmation	Ticket
<a href="#">View</a>	TMC FEE (GOVCC-I) (CF - TMC FEE (GOVCC-I))	\$28.50		06-Nov-12	GOVCC		1031121511NBXZUP

Expenses [View All](#) [Non-Mileage](#) [Mileage](#) [Documentation & Receipts](#)

### Non-Mileage Expenses

Tools	No.	Non-Mileage Expense Type	Date	Cost	Method of Reimbursement	Description
<a href="#">View</a>	1.	TAXES: LODGING-DOMESTIC	11/09/12	\$33.98	GOVCC	
	2.	TAV FEE - D	11/11/12	\$15.00	DIRECT	

b2

RIP, b2, b6

.. 12/18/2012

RIP

<a href="#">View</a>	3.	PARKING/TOLLS	11/11/12	\$60.00	TRAVELER
				<b>Total:</b>	<b>\$108.98</b>

**Mileage Expenses**

<b>Tools</b>	<b>No.</b>	<b>Mileage Expense Type</b>	<b>Date</b>	<b>Miles</b>	<b>Cost</b>	<b>Method of Reimbursement</b>	<b>Description</b>
<a href="#">View</a>	1.	POV	11/06/12	28	\$15.54	TRAVELER	
<a href="#">View</a>	2.	POV	11/06/12	28	\$15.54	TRAVELER	
					<b>Total:</b>	<b>\$31.08</b>	

**Documentation & Receipts**

<b>View (PDF)</b>	<b>File Notes</b>	<b>Date Added</b>
<a href="#">&gt;view</a>	Added 11/26/2012 at 15:20:41	26-Nov-2012
<a href="#">&gt;view</a>	Added 11/26/2012 at 15:20:53	26-Nov-2012

**Per Diem Entitlements (Lodging / M&IE)**

<b>Tools</b>	<b>Start Date</b>	<b>End Date</b>	<b>Total Lodge</b>	<b>Total M&amp;IE</b>
<a href="#">View</a>	11/06/12	11/11/12	\$411.00	\$177.50

**Accounting Summary**

[View](#) Accounting label: 13\_11292012\_075116

20YY - BUDGET FISCAL YEAR DETERMINED BY TRIP DATES  
 HIG1000000000 - INSPECTOR GENERAL/WASHINGTON, DC  
 XXXXXXXXXXXX - DEFAULT COST POOL  
 HIG0200DAYYYYYX - DHS-IG APPROPRIATED  
 XXXXXXXXXXXX - DEFAULT CAM 1  
 XXXXXXXX - DEFAULT CATEGORY B APPORTIONMENT

COM. CARR -I:	\$565.20
LOCAL TRANS:	\$60.00
LODGING:	\$411.00
M&IE:	\$177.50
MILEAGE:	\$31.08
OTHER:	\$33.98
TAV EXP -D:	\$15.00
TMC FEE -I:	\$28.50
<b>13_11292012_075116 Sub Total:</b>	<b>\$1,322.26</b>

**Calculated Trip Cost: \$1,322.26**

**Advances Summary**

No advances requested.

**Payment Information**

Pay to Gov't Charge Card:	\$ 1,038.68
Pay to Traveler: (Due Gov't if Negative)	\$ 268.58
<b>Total Payment: (Due Gov't if Negative)</b>	<b>\$ 1,307.26</b>
Non Reimbursable:	\$ 15.00

**Other Authorizations**

No other authorizations selected.

**Add Other Authorizations**

**Prior Vouchers Summary**

<b>Date</b>	<b>Amount</b>
Current Voucher Cost	\$ 1,322.26
Total Voucher Cost	\$ 1,322.26

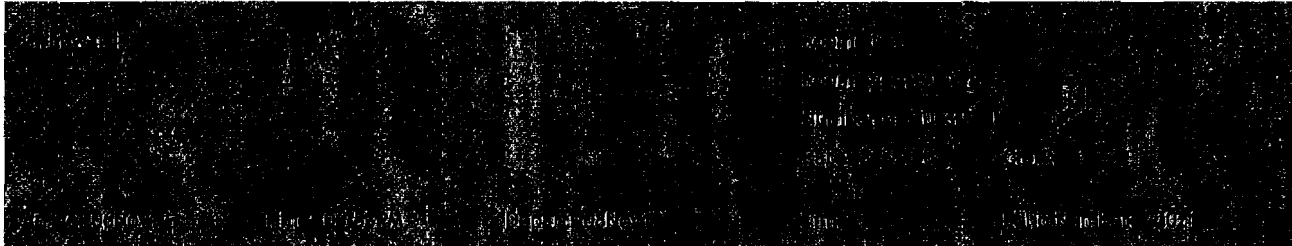
◀ Previous Section

Next Section ▶



Residence Inn by Marriott  
Seattle South  
Tukwila

16201 West Valley Highway T 425.226.5500  
Tukwila, WA 98188



Date	Description	Charges	Credits	
06Nov12	Room Charge	137.00		
06Nov12	State Occupancy Tax	11.78		
06Nov12	County Tax	5.21		
07Nov12	Room Charge	137.00		
07Nov12	State Occupancy Tax	11.78		
07Nov12	County Tax	5.21		
08Nov12	Master Card		307.98	b2, b6
	Card #: MCXXXXXXXXXXXX [REDACTED] XXXX			
	Amount: 307.98 Auth: 090786 Signature on File			
	This card was electronically swiped on 06Nov12			
	Balance:	0.00		

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. b2  
Check your Rewards Account Statement or your online Statement for updated activity. b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay.  
See "Internet Privacy Statement" on Marriott.com.



B.W.I. AIRPORT PARKING  
EXPRESS SERVICE PARKING  
MARYLAND PARKING

Rcpt#126325  
11/11/12 23:48 L#56 AH 22 Txn#143735  
11/06/12 12:44 In 11/11/12 23:48 Out  
Tkt# 087547  
ESP 12-09 \$ 56.40  
Total Tax \$ 3.60  
Total Fee \$ 60.00  
CASH PAID \$ 60.00-  
Cash Tender \$ 60.00  
Change Due \$ 0.00

THANK YOU  
HAVE A SAFE TRIP

RIF

RIF

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEFTLAUDERDAL120512_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 12/05/12		b. TO 12/07/12	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202 [REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) OPFRZE		b. DATE(S) 12/02/12	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.		b6	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00		\$			
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
						FROM <small>(e)</small>	TO <small>(f)</small>
526248404871		367.40	WN		12/03/12	BWI-Baltimore,	FLL-Fort Lauderdale
6							
1202122156DY		28.50	XD		12/03/12	BWI-Baltimore,	FLL-Fort Lauderdale
IZEI							
ACCOUNTING CLASSIFICATION:							
13_12022012_225320-20YY^HIG100000000^HIG0200DAYYYYYXX^HIGA13999000^XXXXXXXXXXXX							
XXXXX^-----		908.66	NR-		15.00		
COMMENTS: Present awards to the AUSA.							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE	AMOUNT CLAIMED ▶	908.66	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶				DATE	a. DIFFERENCES, IF ANY (Explain and show amount)	\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		\$	
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				DATE	d. NET TO TRAVELER ▶	\$ 908.66	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

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

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

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

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

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

PAGE **2** OF **1** PAGES

**TRAVEL AUTHORIZATION NO.**  
OPFRZE

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.555 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
12/05		D-:RES: ██████████											
12/05		TMC FEE (GOVCC-1)										28 50	
12/05		AIR FARE (GOVCC-1)										367 40	
12/05		A-:FT. LAUDERDALE,				53 25		124 00	177.25		177 25		
12/05		POV							27.00	14 9			
12/06		Subsistence				71 00		124 00	195.00		195 00		
12/07		D-:FT. LAUDERDALE,											
12/07		POV							27.00	14 9			
12/07		A:RES: ██████████											
12/07		Subsistence				53 25			53.25		53 25		
12/07		TAV FEE -D											
12/07		PARKING/TOLLS										30 00	
12/07		TAXES: LODGING-DOMESTIC										27 28	
									<b>SUBTOTALS</b>	29 98	425 50	453 18	
									<b>TOTALS</b>	29 98	425 50	453 18	

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

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

**TOTAL AMOUNT CLAIMED** 908.66



Residence Inn by Marriott  
Fort Lauderdale Plantation

130 North University Drive  
Plantation, FL 33324

T 954.723.0300

C. Edwards

Room: 222

Room Type: TOBR

Number of Guests: 1

Rate: \$124.00

Clerk:

Arrive: 05Dec12

Time: 05:56PM

Depart: 07Dec12

Time:

Folio Number: 98144

Date	Description	Charges	Credits
05Dec12	Room Charge	124.00	
05Dec12	State Occupancy Tax	7.44	
05Dec12	Occupancy Sales Tax	6.20	
06Dec12	Room Charge	124.00	
06Dec12	State Occupancy Tax	7.44	
06Dec12	Occupancy Sales Tax	6.20	
07Dec12	Master Card		275.28
	Card #: MCXXXXXXXXXXXX/XXXX		
	Amount: 275.28 Auth: 060949 Signature on File		
	This card was electronically swiped on 05Dec12		
	Balance:	0.00	

b2, b6

Rewards Account # XXXX. Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2

b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

RIP b2, b6

B.W.I. AIRPORT PARKING  
EXPRESS SERVICE PARKING  
MARYLAND PARKING

Rcpt#131103  
12/07/12 17:27 LMS6 AM 69 Txn#149316  
12/05/12 13:03 In 12/07/12 17:27 Out  
Tkt# 092489  
ESP 12-09 \$ 28.20  
Total Tax \$ 1.80  
Total Fee \$ 30.00  
CASH PAID \$ 30.00-  
Cash Tender \$ 30.00  
Change Due \$ 0.00

THANK YOU  
HAVE A SAFE TRIP

RIF

RIF

Mr. Charles Edwards  
2011 travel vouchers  
and receipts

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEDETROITWAYN052611_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0005/26/11 b. TO: 05/27/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 00YPSA b. DATE(S): 04/28/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				▶ <b>Traveler's Initials</b>	
	<b>AGENT'S VALUATION OF TICKET</b> <small>(a)</small>	<b>ISSUING CARRIER</b> <small>(Initials)</small> <small>(b)</small>	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> <small>(c)</small>	<b>DATE ISSUED</b> <small>(d)</small>	<b>POINTS OF TRAVEL</b>	
PEAOHI - CP 0429111256PE AOHI	701.40 4.35	US XD	05/23/11	DCA-Washington, DCA-Washington,	DTW-Detroit, MI DTW-Detroit, MI	
ACCOUNTING CLASSIFICATION: 11 04282011 164218-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^----- 907.05 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>		<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	907.05
--	--	-----------------------------	-------------	-------------------------	--------

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

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

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	<b>DATE</b>	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$ 0.00
		d. <b>NET TO TRAVELER</b> ▶	\$ 907.05

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





# THE HENRY

Mr. Charles Edwards  
245 Murray Drive Sw Bld410 Stop 2600  
Washington, DC 20528  
United States

Room Number: 0411  
Arrival Date: 05/26/11  
Departure Date: 05/27/11  
CRS Number: 86921769  
Page No: 1 of 1

THE HENRY HOTEL                      RSWEL490                      05/27/11

Date	Description	Charges	Credits
05/26/11	Room Charge	95.00	
05/26/11	Room Occupancy Tax 8%	7.60	
05/26/11	Room Sales Tax 6%	5.70	
<b>Total</b>		<b>108.30</b>	<b>0.00</b>
<b>Balance</b>		<b>108.30</b>	

Your Marriott Rewards Points earned for this stay will be credited to your account and will appear on your next statement.

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> CEHOUSTONHARR060111_V01	
<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****		<b>6. PERIOD OF TRAVEL</b> a. FROM: 0006/01/11 b. TO: 06/02/11		<b>4. SCHEDULE NO.</b>	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 00YZZM b. DATE(S): 05/08/11		<b>10. CHECK NO.</b>	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>11. PAID BY</b>			
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>		<b>11. PAID BY</b>			
a. Outstanding: 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied: 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				<b>Traveler's Initials</b>	
		<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b> FROM (e) TO (f)	
001865459272 1		829.30	AA		05/27/11	DCA-Washington, ORD-Chicago, IL	
0517112026KK UVAU		4.35	XD		05/27/11	DCA-Washington, ORD-Chicago, IL	
See Attached Ticket 1		437.20			06/02/11	DCA-Washington, ORD-Chicago, IL	
<b>ACCOUNTING CLASSIFICATION:</b> 11 05172011 212008-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^----- 1,504.88 NR- 15.00							
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>		<b>TRAVELER SIGN HERE</b>		<b>DATE</b>	<b>AMOUNT CLAIMED</b>	1504.88	
<b>NOTE:</b> Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>		<b>APPROVING OFFICIAL SIGN HERE</b>		<b>DATE</b>	<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>		
					a. DIFFERENCES, IF ANY (Explain and show amount)		
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>		a. VOUCHER NO.		b. D.O. SYMBOL	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
		c. MONTH & YEAR		Certifier's initials:			\$
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>		<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>		<b>DATE</b>	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
					\$ 0.00		
					<b>d. NET TO TRAVELER</b>		
					\$ 1504.88		
<b>18. ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE							

b6

RIP

b6

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

**TRIP # 1**

**TRAVEL AUTHORIZATION NO. 00YZZM**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME (Hour and arr/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
06/01		D-:RES: [REDACTED]											
06/01		A-:HOUSTON (HARRIS)				53.25		109.00	162.25			162.25	
06/01		AIR FARE (GOVCC-I)								0.00			829.30
06/01		TMC FEE (GOVCC-I)								0.00			4.35
06/02		D-:HOUSTON (HARRIS)											
06/02		CP - Air Fare (GOVCC-I)								0.00			437.20
06/02		A:RES: [REDACTED]											
06/02		Subsistence				53.25			53.25			53.25	
06/02		TAXES: LODGING-DOMESTIC											18.53
06/02		TAV Fee -D											
										<b>SUBTOTALS</b>	0.00	215.50	1289.88
										<b>TOTALS</b>	0.00	215.50	1289.88

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

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

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

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

**TOTAL AMOUNT CLAIMED 1,504.88**



HOUSTON WEST LOOP  
BY THE GALLERIA

1750 West Loop S., Houston, TX 77027 • 713.960.0111 • Marriott.com/HOUWL

GUEST FOLIO

~~810 EDWARDS/CHARLES/MR 109.00 06/02/11 07:13 [REDACTED]~~

Room Name Rate Depart Arrive Time ACCT#  
GK 06/01/11 18:23  
Type 101 245 MURRAY LN SW STO  
WASHINGTON DC 205280410 MCXXXXXXXXXXXX [REDACTED] MRW#: XXXX [REDACTED]

b2  
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Room Clerk	Address	Payment	DATE	REFERENCE	CHARGES	CREDIT	BALANCE DUE
			06/01	TR ROOM	810, 1	109.00	
			06/01	STATE TX	810, 1	6.54	
			06/01	CITY TAX	810, 1	7.63	
			06/01	S A TX	810, 1	2.18	
			06/01	CNTY TX	810, 1	2.18	
			06/02	CCARD-MC		127.53	
	SETTLED TO:	MASTERCARD				XXXXXXXXXXXX [REDACTED]	
							.00

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b6

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

b6

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for update activity.

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

Signature X \_\_\_\_\_



\* Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com

RIP  
b2, b6

RIP



HOUSTON WEST LOOP  
BY THE GALLERIA

1750 West Loop S., Houston, TX 77027 • 713.960.0111 • Marriott.com/HOUWL

GUEST FOLIO

~~810 EDWARDS/CHARLES/MR 109.00 06/02/11 07:13~~

ACCT#

Room Name Rate August 06/01/11 18:23  
GK

Type 101 245 MURRAY LN SW STO Arrive Time

WASHINGTON DC 205280410

MCXXXXXXXXXXXX

MRW#: XXXX

Room Clerk Address Payment

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
06/01	TR ROOM	810, 1	109.00	
06/01	STATE TX	810, 1	6.54	
06/01	CITY TAX	810, 1	7.63	
06/01	S A TX	810, 1	2.18	
06/01	CNTY TX	810, 1	2.18	
06/02	CCARD-MC		127.53	
	SETTLED TO:	MASTERCARD	XXXXXXXXXXXX	

.00

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SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for update activity.

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

Signature X

Contains 30% post consumer fibers

To secure your next stay, go to Marriott.com

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RIP

b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEMIAMIDADECO060611_V01-		
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  *** - ** - *****		6. PERIOD OF TRAVEL a. FROM 0006/05/11		b. TO 06/07/11		
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00YB79		b. DATE(S) 04/19/11		
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.				
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY				
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED				
b. Amount to be applied		c. PAYEE'S SIGNATURE						
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)								
D. Balance outstanding								
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <b>Traveler's Initials</b></span>						
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small>		
0530112056PH TCEP 037865677505 7		4.35	XD		06/01/11	DCA-Washington, FLL-Fort Lauderdale		
ACCOUNTING CLASSIFICATION: 11_04192011_163947-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXXX^		390.40	US		06/01/11			
909.12 NR-		15.00						
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.								
TRAVELER SIGN HERE ▶					DATE	AMOUNT CLAIMED ▶	909.12	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).								
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
					a. DIFFERENCES, IF ANY (Explain and show amount)			\$
APPROVING OFFICIAL SIGN HERE ▶					DATE			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:			\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			\$ 0.00
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					DATE			
					d. NET TO TRAVELER ▶			\$ 909.12
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE								

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
00YB79

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (l)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
11 20		b6												
06/05		D-:RES: [REDACTED]												
06/05		A-:MIAMI-DADE COUN				49.50			103.00	152.50			152.50	
06/05		AIR FARE (GOVCC-I)									0.00			399.40
06/05		Rental Car No Reservations									0.00			60.91
06/05		TMC FEE (GOVCC-I)									0.00			35
06/05		POV									28.00	14.28		
06/05		SPECIAL-COMMENT REQUIRED												28.25
06/06		Subsistence				661.00			1031.00	169.00			169.00	
06/06		GAS-RENTAL/GOVMT VEHICLE												25.65
06/07		POV									28.00	14.28		
06/07		A-:ORLANDO (ORANGE				49.50				49.50			49.50	
06/07		D-:MIAMI-DADE COUN												
06/07		D-:ORLANDO (ORANGE												
06/07		A:RES: [REDACTED]		b6										
06/07		TAV Fee -D												
										<b>SUBTOTALS</b>	281.56	371.00	509.56	
										<b>TOTALS</b>	281.56	371.00	509.56	

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

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

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

**TOTAL AMOUNT CLAIMED** 909.12





Residence Inn by Marriott  
Fort Lauderdale SW  
Miramar

14700 Sw 29th St : Miramar FL 33027  
P 954.450.2717

Charles/Mr Edwards  
3401 Sw 160th Ave  
Suite 401  
Hollywood FL 33027

Room: 114  
Room Type: ONBR  
Number of Guests: 1  
Rate: \$103.00 Clerk: [REDACTED]

Arrive: 05Jun11 Time: 02:35PM Depart: 07Jun11 Time: 07:39AM Folio Number: 52834  
Date Description Charges Credits

Date	Description	Charges	Credits
05Jun11	Room Charge	103.00	
06Jun11	Room Charge	103.00	
07Jun11	Master Card		206.00
Card #: MCXXXXXXXXXXXX[REDACTED]/XXXX			
Amount: 206.00 Auth: 056011 Signature on File			
This card was electronically swiped on 05Jun11			
Balance:		0.00	

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Rewards Account # XXXX[REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

Make your next reservation online at [www.marriott.com/flmr](http://www.marriott.com/flmr). You may receive a guest service email survey after departure. We appreciate all feedback. Have a SAFE trip home!

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on [Marriott.com](http://Marriott.com).

RIP, b2, b6



NO 06:30 PM - 11:59 PM TO 06:30 PM - 11:59 PM

NO 06:30 PM - 11:59 PM

OWNER'S VEHICLE ENTERPRISE LEASING COMPANY OF FLORIDA, LLC  
BRAND ADDRESS 100 TERMINAL DR SUITE 404 FORT LAUDERDALE FL 33304 (954) 7609888

16720030

RENTAL TYPE BUSINESS SOURCE # LD #

START DATE 06/05/2011 0112 PM

ORIGINAL VEHICLE

MILEAGE

INSURANCE

OPTIONAL PRODUCTS

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT

RENTAL TYPE BUSINESS SOURCE # LD #

START DATE 06/05/2011 0112 PM

ORIGINAL VEHICLE

MILEAGE

INSURANCE

OPTIONAL PRODUCTS

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT

RENTAL TYPE BUSINESS SOURCE # LD #

START DATE 06/05/2011 0112 PM

ORIGINAL VEHICLE

MILEAGE

INSURANCE

OPTIONAL PRODUCTS

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT

RENTAL TYPE BUSINESS SOURCE # LD #

START DATE 06/05/2011 0112 PM

ORIGINAL VEHICLE

MILEAGE

INSURANCE

OPTIONAL PRODUCTS

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT

RENTAL TYPE BUSINESS SOURCE # LD #

NO CHARGE RELEASE

Handwritten notes: All good, JRS

IN-DECK INCLUDED IN RATE

STATE TAX \$1.00

REG FEE \$3.95/DAY

REG FEE \$2.00/DAY

TIRE BATTERY FEE \$0.02/DAY

VLT FEE \$0.69/DAY

STATE TAX \$1.00

REG FEE \$3.95/DAY

REG FEE \$2.00/DAY

TIRE BATTERY FEE \$0.02/DAY

VLT FEE \$0.69/DAY

TOTAL CHARGES

DEPOSITS

RENTALS

AMOUNT DUE

PAID BY CASH CHECK CHARGE



ENTERPRISE

RA 116720030 Inv 0  
Rental 05-JUN-2011 01:18 PM  
ER FT LAUDERDALE CONSL 41AF  
Return 06-JUN-2011 07:18 PM  
ER FT LAUDERDALE CONSL 41AF

EDWARDS CHARLES  
Vehicle # BSS38377  
Model HHR 1LT  
Class Driver SCAR Class Charged ECAR  
License# [REDACTED] State/Province FL  
M/Kms Driven 140  
M/Kms Dut 12133  
M/Kms In 12281

ETS/GOVERNMENT FEDERAL AGENCIES\*\*

Contract ID G169ETS

Billing Ref 1

Charges	No Unit	Price	Amount
CDW/LDW	2 Days		0.00
T & M	2 Days	15.00	30.00*
UNLIM M/KM	0 M/Kms		0.00*
RNTL CAR FACILITY CHRG			7.90*
SC REC			4.00*
GOV ADMIN RT SPLMNT \$5/D			10.00*
TIRE/BATTERY FEE			0.04*
CONCESSION RECOUP FEE			4.14*
VLF REC			1.38*
06.000 %			3.45

Total Charges USD 60.91

Deposit MC [REDACTED]

Amount Due USD 60.91

\* Taxable Items  
Subject to Audit  
For Reservations: 1-800-RENT-A-CAR



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REAGAN NATIONAL AIRPORT

For Questions or Comments: (703)417-4300

Entrance: 08:57 06/05/11 Lane # 06

Exit: 18:05 06/07/11 Lane # 31

License plate [REDACTED]

Cashier: 024 Seq. # 2352

Length of stay 0/002 09h. 00mn.

Amount paid \$ 60.00 Card

\*\*\*\* Thank You for Flying \*\*\*\*

\*\*\*\* Reagan National Airport \*\*\*\*

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<b>TRAVEL VOUCHER</b> <i>(Read Privacy Act Statement below)</i>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> CESANDIEGOCO061511_V01	
<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****		<b>6. PERIOD OF TRAVEL</b> a. FROM 0006/15/11 b. TO 06/20/11		<b>4. SCHEDULE NO.</b>	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 00YRVO b. DATE(S) 04/29/11		<b>10. CHECK NO.</b>	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>11. PAID BY</b>			
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>					
a. Outstanding 0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$			
b. Amount to be applied 0.00		c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</i>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
		<b>AGENT'S VALUATION OF TICKET</b>		<b>ISSUING CARRIER</b>		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b>	
		(a)		(b)		(c)	
						<b>DATE ISSUED</b>	
						<b>POINTS OF TRAVEL</b>	
						FROM (e) TO (f)	
KLMSFN 494.40							
GMKFJU 495.40							
ACCOUNTING CLASSIFICATION:							
11 04292011 161024-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXX^							
1,968.72 NR- 15.00							
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>							
<b>TRAVELER SIGN HERE</b> ▶				<b>DATE</b>		<b>AMOUNT CLAIMED</b> ▶	
						1968.72	
<b>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</b>							
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>				<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>			
<b>APPROVING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>			
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>				<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials:	
						\$	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>				<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>			
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>			
						\$ 0.00	
						<b>d. NET TO TRAVELER</b> ▶	
						\$ 1968.72	
<b>18. ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE							

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. **TRIP # 1** PAGES **2** OF **1** PAGES  
**TRAVEL AUTHORIZATION NO.**  
 00YRVO  
**TRAVELER'S LAST NAME**  
 Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
11 20		b6											
06/15		D-:RES: [REDACTED]											
06/15		CP - Air Fare (GOVCC-1)						0.00				49.40	
06/15		A-:SAN DIEGO COUNT				53.25		175.00	228.25		228.25		
06/15		POV						39.00		19.49			
06/15		TAXES: LODGING-DOMESTIC										65.64	
06/15		EXCESS BAGGAGE										50.00	
06/15		PARKING/TOLLS										50.00	
06/16		Subsistence				71.00		175.00	246.00		246.00		
06/17		POV						39.00		19.49			
06/17		Subsistence				71.00		175.00	246.00		246.00		
06/18		Subsistence				53.25			53.25		53.25		
06/19		TRAV - Reimburse Air						0.00				49.40	
06/19		D-:SAN DIEGO COUNT											
06/19		Annual Leave 8.00											
06/20		A:RES: [REDACTED]											
06/20		Annual Leave 8.00											
06/20		TAV Fee -D											
									<b>SUBTOTALS</b>	391.78	773.50	1155.44	
									<b>TOTALS</b>	391.78	773.50	1155.44	

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,968.72



Courtyard by Marriott  
San Diego Airport  
Liberty Station

2592 Laning Rd  
San Diego Ca 92106  
T 619.221.1900



b6

15Jun11	Room Charge	175.00	
15Jun11	Sdtmd Assessment	3.50	
15Jun11	Occupancy Sales Tax	18.38	
16Jun11	Room Charge	175.00	
16Jun11	Sdtmd Assessment	3.50	
16Jun11	Occupancy Sales Tax	18.38	
17Jun11	Room Charge	175.00	
17Jun11	Sdtmd Assessment	3.50	
17Jun11	Occupancy Sales Tax	18.38	
18Jun11	Master Card		590.64

b2, b6

Card #: MCXXXXXXXXXXXX [REDACTED] XXXX  
Amount: 590.64 Auth: 013135 Signature on File  
This card was electronically swiped on 15Jun11

Balance: 0.00

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2, b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

21-28  
65.44

RIP, b2, b6

RIP

Do not expose to excessive heat or direct sunlight.

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX F0307 RUN 8-11

**UNITED**  
15 JUN 11 TADCS 00100-4

AGENT ID: U294370  
CUSTOMER: EDWARDS/CHARLESK  
TKT NBR: 016 2126647504  
ITEMS:  
25.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

016 4512891009

CPN: 1 ORIGIN: IAD DESTINATION: SAN

FORM OF PAYMENT: BAXXXXXXXXXXX [REDACTED] XXXX  
ADDITIONAL REMARKS:

b2, b6

TOTAL USD25.00

CPN DOCUMENT NUMBER CK  
1 016 4512891009 5



b6

Do not expose to excessive heat or direct sunlight.

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET AND LABEL CORP., DALLAS, TX F0307 RUN 8-11

**UNITED**  
19 JUN 11 BURCS 74180-1

AGENT ID: [REDACTED]  
CUSTOMER: EDWARDS/CHARLESK  
TKT NBR: 016 8659343041  
ITEMS:  
25.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

016 4512709898

CPN: 1 ORIGIN: BUR DESTINATION: IAD

FORM OF PAYMENT: BAXXXXXXXXXXX [REDACTED] XXXX  
ADDITIONAL REMARKS:

b2, b6

TOTAL USD25.00

CPN DOCUMENT NUMBER CK  
1 016 4512709898 5



METROPOLITAN WASHINGTON AIRPORTS AUTHORITY  
THANKS YOU FOR PARKING  
AT  
WASHINGTON-DULLES INTERNATIONAL AIRPORT

RECEIPT 22742 150.00 (EST) 06/20/11 00:16

SOUTHLAND PRINTING  
SHREVEPORT, LA

**PARKING RECEIPT**

015384

RIP b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEEMMITSBURGM062311_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0006/23/11 b. TO: 06/23/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 0P0CCE b. DATE(S): 06/22/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		

b6

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

<b>11. PAID BY</b>
--------------------

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				▶ <b>Traveler's Initials</b>	
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				FROM (e)	TO (f)	
ACCOUNTING CLASSIFICATION: 11_06222011_215452-20YY^FIG1000000^FIG0200SEYXX^00000000^XXXXXXXXX^ ^ ^ ^ ^ - 64.26 NR- 15.00						
COMMENTS: COOP Deployment						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			DATE	<b>AMOUNT CLAIMED</b>	64.26
<b>TRAVELER SIGN HERE</b> ▶					

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

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

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	DATE	
		d. <b>NET TO TRAVELER</b> ▶ \$ 64.26

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

RIP

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0POCCE

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
20 11		b6											
06/23		D- : RES : [REDACTED]											
06/23		A- : EMMITSBURG, MD											
06/23		POV						63.00	2	13			
06/23		POV						63.00	2	13			
06/23		D- : EMMITSBURG, MD											
06/23		A: RES : [REDACTED]	b6										
06/23		TAV Fee -D											
									<b>SUBTOTALS</b>	64	26	0	00
									<b>TOTALS</b>	64	26	0	00

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

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

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

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

**TOTAL AMOUNT CLAIMED** 64.26



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CENWORLEANSJ072511_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM 0007/25/11 b. TO 07/28/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 0P17TL b. DATE(S) 07/18/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

b6

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

<b>11. PAID BY</b>
--------------------

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				▶ <b>Traveler's Initials</b>	
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				FROM (e)	TO (f)	
0718111355IT SCUL	4.35	XD	07/21/11			
037866911655 2	1,081.40	US	07/21/11	DCA-Washington,	MSY-New Orleans,	L
<b>ACCOUNTING CLASSIFICATION:</b> 11 07182011 145129-20YY^FIG100000^FIG0200SEYXX^0000000^XXXXXXXXX^----- 1,778.03 NR- 15.00						

<b>13.</b> I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.			<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	1778.03
--	--	--	-----------------------------	-------------	-------------------------	---------

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

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

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	<b>DATE</b>	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$ 0.00
		d. <b>NET TO TRAVELER</b> ▶	\$ 1778.03

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
OP17TL

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
11 20														
07/25		D-:Washington ,DC												
07/25		AIR FARE (GOVCC-I)								0.00				108.40
07/25		A-:NEW ORLEANS (JE					53.25		98.00	151.25		151.25		
07/25		TMC FEE (GOVCC-I)								0.00				4.35
07/25		POV								28.00	14.28			
07/26		Subsistence					71.00		98.00	169.00		169.00		
07/27		Subsistence					71.00		98.00	169.00		169.00		
07/28		D-:NEW ORLEANS (JE												
07/28		POV								28.00	14.28			
07/28		A:Washington ,DC												
07/28		Subsistence					53.25			53.25		53.25		
07/28		TAXES: LODGING-DOMESTIC												41.22
07/28		PARKING/TOLLS												80.00
07/28		TAV Fee -D												
									<b>SUBTOTALS</b>		28.56	542.50	1206.97	
									<b>TOTALS</b>		28.56	542.50	1206.97	

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,778.03

**REGAN NATIONAL  
AIRPORT**

For Questions or Comments: (703)417-4300

Entrance: 07/28/11 Lane # 06

Exit: 07/28/11 Lane # 34

License plate: [REDACTED]

Cashier: 008 Seq. # 0500

Length of stay: 07/28/11 07:28:00

Amount paid: \$ 00.00 Card

\*\*\*\*\* Thank You for Flying \*\*\*\*\*

\*\*\*\*\* Regan National Airport \*\*\*\*\*

DCA REGAN  
1 AVIATION CIRCLE  
WASHINGTON, DC, 20001  
703-417-4300

Merchant ID: 6016739564  
Term ID: 0031540000016799064000

**Sale**

XXXXXXXX [REDACTED]

VISA

Entry Method: Swiped

Total: \$ 00.00

07/28/11

21:05:53

Inv #: 003168

Appr Code: 140258

Apprvd: Online

Batch#: 000715

Customer Copy

THANK YOU!

b2

b6

b2

b6

364	EDWARDS/CHARLES/MR	98.00	07/28/11	12:00	
Room	Name	Rate	Depart	Time	ACCT#
NKNG			07/25/11	16:48	
Type			Arrive	Time	
85					
Room Clerk	Address	Payment			MRW#: XXXX

b2  
b6

07/25 ROOM TR	364, 1	98.00	
07/25 STATETAX	364, 1	5.88	
07/25 OCC TAX	364, 1	1.00	=> 13.74
07/25 CITY TAX	364, 1	6.86	
07/26 ROOM TR	364, 1	98.00	
07/26 STATETAX	364, 1	5.88	
07/26 OCC TAX	364, 1	1.00	=> 13.74
07/26 CITY TAX	364, 1	6.86	
07/27 ROOM TR	364, 1	98.00	
07/27 STATETAX	364, 1	5.88	
07/27 OCC TAX	364, 1	1.00	=> 13.74
07/27 CITY TAX	364, 1	6.86	
07/28 MC CARD			
		\$335.22	#41.22

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING RENAISSANCE! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT. 294.00

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CESEATTLEKING082211_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0008/22/11 b. TO: 08/24/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 0P2816 b. DATE(S): 08/05/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

b6

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

<b>11. PAID BY</b>
--------------------

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

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

	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
					FROM <small>(e)</small>	TO <small>(f)</small>
0278676005398	499.40	AS		08/19/11	DCA-Washington,	SEA-Seattle / Taco
0819111330NU DHNM	28.50	XD		08/19/11	DCA-Washington,	SEA-Seattle / Taco
0805111340NU DHNM	4.35	XD		08/19/11	DCA-Washington,	SEA-Seattle / Taco
ACCOUNTING CLASSIFICATION: 11_08052011_143714-20YY^FIG1000000^FIG0200SEYYXX^0000000^XXXXXXXXX^----- 1,077.23 NR- 15.00						

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

<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	1077.23
-----------------------------	------	-------------------------	---------

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

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶			DATE
			<b>d. NET TO TRAVELER</b> ▶
			\$ 1077.23

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

- Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (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 travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.
- (k) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

**TRAVEL AUTHORIZATION NO.**  
0P2816

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
20 11														
08/22		D-: Washington ,DC												
08/22		TMC FEE (GOVCC-I)								0.00				28 50
08/22		TMC FEE (GOVCC-I)								0.00				35
08/22		AIR FARE (GOVCC-I)								0.00				49 40
08/22		A-:SEATTLE (KING C				53 25			139 00	192.25			192 25	
08/22		TAXI												15 00
08/22		EXCESS BAGGAGE												20 00
08/23		Subsistence				71 00			139 00	210.00			210 00	
08/24		D-:SEATTLE (KING C												
08/24		A:Washington ,DC												
08/24		Subsistence				53 25				53.25			53 25	
08/24		TAXES: LODGING-DOMESTIC												34 48
08/24		EXCESS BAGGAGE												20 00
08/24		TAV Fee -D												
									<b>SUBTOTALS</b>		01 00	455 50	621 73	
									<b>TOTALS</b>		0 00	455 50	621 73	

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

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

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

**TOTAL AMOUNT CLAIMED** 1,077.23



Courtyard by Marriott  
Seattle Sea-Tac Area

16038 W. Valley Hwy  
Tukwila Wa 98188  
T 425.255.0300



b6

22Aug11	Room Charge	139.00	
22Aug11	Room Tax	17.24	-
23Aug11	Room Charge	139.00	
23Aug11	Room Tax	17.24	-
24Aug11	Master Card		312.48

Card #: MCXXXXXXXXXXXX[REDACTED]XXXX  
 Amount: 312.48 Auth: 035504 Signature on File  
 This card was electronically swiped on 22Aug11

**Balance: 0.00**

Handwritten: 34.48

b2  
b6

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2  
b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.



Do not expose to excessive heat or direct sunlight

STAPLE HERE ATB2  
INSERT

PASSENGER TICKET AND BAGGAGE CHECK  
SUBJECT TO CONDITIONS OF CONTRACT

2173908750  
PASSENGER RECEIPT 1 OF 1  
22 AUG 11 3:45 PM  
WASHINGTON REAGAN

6 ALASKA AIRLINES

ALASKA AIRLINES

VALID IN CONJ W/ PSGR TRVL ON AS ONLY

SEATTLE TACOMA

FARE CALCULATOR  
MS A3 SEA20.00Y/BAG20.00 END

20.00

SEATTLE TACOMA

02700732595463

027 2173908750 2

NOT VALID FOR TRAVEL  
COUPON NUMBER 027 2173908750 2

b2, b6



EDWARDS/Charleskumar  
ADDITIONAL FEES RECEIPT

\*\* PAID BAGS \*\*

Flight	From	To	Date
4 Y	Seattle	Wash,DC National	24AUG11

Ticket  
Date:  
24AUG11

Record  
Locator:  
MJPYGR

Total Charged: \$20.00 USD

Ticket No. 0272174011261  
FOP: VIXXXXXXXXXXXXX

b2

b6

RIP, b2, b6

RIP

YELLOW CAB

CAB# 138

10/11/DC 13:21

10/11/DC 15:26

TRIP # 34626

DIST 4.61 mi

FARE \$ 14.00

EXTRAS \$ 1.00

TOTAL \$ 15.00

TAXI COMPLAINT

006-296-TAXI

*e/22/11*

RIF

RIF

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEDENVERADAMS090611_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****		<b>6. PERIOD OF TRAVEL</b> a. FROM 0009/06/11 b. TO 09/09/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 0P2BAR b. DATE(S) 08/09/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>	

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					<b>Traveler's Initials</b>
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
0168680048290	1,717.10	UA		09/06/11	IAD-Washington,	DEN-Denver, CO
0906111227FI	28.50	XD		09/06/11	IAD-Washington,	DEN-Denver, CO
0809111452FI	4.35	XD		09/06/11	IAD-Washington,	DEN-Denver, CO
ACCOUNTING CLASSIFICATION: 11_08092011_150642-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXX^----- 2,503.33 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			<b>DATE</b>	<b>AMOUNT CLAIMED</b>	2503.33
<b>TRAVELER SIGN HERE</b>					

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

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials:	
			\$	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b>			\$ 0.00	
DATE			<b>d. NET TO TRAVELER</b>	
			\$ 2503.33	

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

(g) (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.

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

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

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

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

TRAVEL AUTHORIZATION NO. 0P2BAR

TRAVELER'S LAST NAME Edwards

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
09/06		D-:Washington ,DC													
09/06		TMC FEE (GOVCC-I)								0.00					28.50
09/06		TMC FEE (GOVCC-I)								0.00					35
09/06		AIR FARE (GOVCC-I)								0.00					171.10
09/06		A-:DENVER (ADAMS C				49.50		141.00		190.50			190.50		
09/07		Subsistence				66.00		141.00		207.00			207.00		
09/08		D-:DENVER (ADAMS C													
09/08		A-:CHICAGO,IL				71.00		173.00		244.00			244.00		
09/08		TAXES: LODGING-DOMESTIC													21.12
09/09		D-:CHICAGO,IL													
09/09		A:Washington ,DC													
09/09		Subsistence				53.25				53.25			53.25		
09/09		TAXES: LODGING-DOMESTIC													22.51
09/09		TAV Fee -D													
09/09		TAXI													15.00
									<b>SUBTOTALS</b>	0.00	694.75	1808.58			
									<b>TOTALS</b>	0.00	694.75	1808.58			

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

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

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

**TOTAL AMOUNT CLAIMED** 2,503.33

For questions regarding this folio, please call  
Marriott Business Services toll-free 1-866-435-7627.

**Marriott.**  
SUITES  
CHICAGO O'HARE

GUEST FOLIO

6155 North River RD, Rosemont, IL 60018 • 847.696.4400 • Marriott.com/CHIST

506 EDWARDS/CHARLES 173.00 09/09/11 12:00  
Room Name Rate Depart Time ACCT#  
NKST 60 09/08/11 17:25  
Type Arrive Time  
32

Room Clerk Address Payment MRW#: XXXXX

b2  
b6

DATE	DESCRIPTION	AMOUNT	CHARGES	CREDIT	BALANCE
09/08	ROOM	506, 1	173.00		
09/08	STATE TX	506, 1	21.84		
09/08	TAX	506, 1	.67		
09/09	MC CARD			195.51	

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING TO STAY AT THE MARRIOTT SUITES  
O'HARE! WE APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO  
YOUR RETURN!

----- EXP. REPORT SUMMARY -----  
09/08 ROOM&TAX 195.51

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR  
REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR  
BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON  
MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings  
will be credited to your account. Check your  
Rewards Account Statement for updated activity.

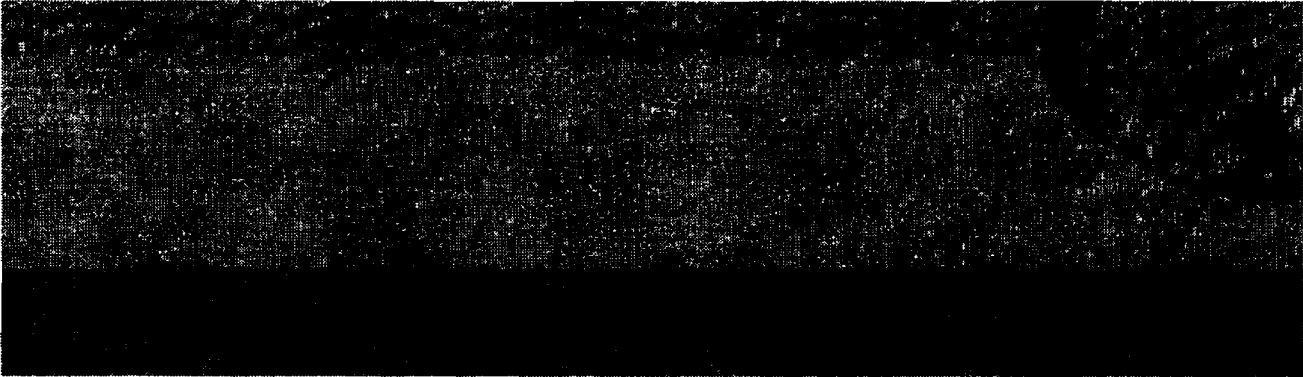
This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit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

Signature X \_\_\_\_\_



Courtyard by Marriott  
Denver West  
Golden

14700 W 6th Ave  
Golden, Co 80401  
T 303.271.0776



06Sep11	Room Charge	139.00	
06Sep11	Room Tax	10.56	- 421.12
07Sep11	Room Charge	139.00	
07Sep11	Room Tax	10.56	-
08Sep11	Master Card		299.12

Card #: MCXXXXXXXXXXXX [REDACTED] XXXX  
Amount: 299.12 Auth: 075481 Signature on File  
This card was electronically swiped on 06Sep11

**Balance: 0.00**

b2  
b6

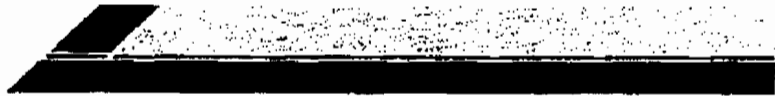
Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2, b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

RIP, b2, b6

RIP



## eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968- [redacted]. If you are dialing from outside of the United States then use the telephone number 800- [redacted]-0 (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Documentation/Receipts may take up to five minutes to appear on the document.



b2



CEDENVERADAMS090611\_V01

Fax cover sheet requested by: [redacted]

b6

Note: Bar code must be present above.

Notes

[Empty rectangular box for notes]

RIP, b2, b6

RIP







**eTicket Receipt**

**Prepared For**  
**EDWARDS/CHARLES KUMAR [0000000000TRARCFIG,0P2BAR]**

RESERVATION CODE	FIQQIP
TICKET ISSUE DATE	08Sep2011
TICKET NUMBER	0168680048290
INVOICE NUMBER	0048360
ISSUING AIRLINE	UNITED AIRLINES
ISSUING AGENT LOCATION	SAN ANTONIO TX
IATA NUMBER	45644981
CUSTOMER NUMBER	T1179SM
FREQUENT FLYER NUMBER	[REDACTED]

**Itinerary Details**

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
08Sep11	UNITED AIRLINES UA 923	WASHINGTON DULLES, DC  Time 2:55pm	DENVER, CO  Time 4:45pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Booking Status CONFIRMED Fare Basis YCAIAD Not Valid After 30 SEP
08Sep11	UNITED AIRLINES UA 910	DENVER, CO  Time 8:45am	CHICAGO OHARE, IL  Time 12:00pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Booking Status CONFIRMED Fare Basis BUA Not Valid After 06 SEP
09Sep11	UNITED AIRLINES UA 922	CHICAGO OHARE, IL  Time 6:01am	WASHINGTON DULLES, DC  Time 8:49am	Class ECONOMY Seat Number CHECK-IN REQUIRED Booking Status CONFIRMED Fare Basis QCAIAD Not Valid After 30 SEP

**Payment/Fare Details**

Form of Payment	CREDIT CARD - MASTERCARD : XXXXXXXXXXXX [REDACTED]	b2 b6
Endorsement / Restrictions	NONE	

RIP

RIP, b2, b6

Fare Calculation Line	WAS UA DEN Q27.91511.63YCAIAD UA CHI818.60BUA UA WAS209.30QCAIAD USD1567.44END ZPIADDENORD XT7.50AY13.50XFIAD4.5DEN4.5ORD4.5 A/C835.34 47.66US
Exchanged Ticket	0168674560105
Fare	USD 1,567.44
Additional fare	USD 635.34
Taxes / Fees / Charges	USD 117.56 US (US DOMESTIC TRANSPORTATION TAX)
	USD 11.10 ZP (US SEGMENT TAX)
	USD 21.00 XT (COMBINED TAXES)
Total Fare	USD 1,717.10
Total Additional Collection	USD 683.00

**Positive identification required for airport check in**

**Notice:**

Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

Important Legal Notices



**ROSEMONT  
ELITE TAXI**  
**(847) 699-1100**

Time 4:45 Am Date 9/9/2011

Received From \_\_\_\_\_ \$ 15.00

Cab Fare From \_\_\_\_\_

To \_\_\_\_\_

Driver \_\_\_\_\_

Cab No. \_\_\_\_\_ Account No. \_\_\_\_\_

[www.rosemontelite.com](http://www.rosemontelite.com)

RIF

RIF

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CENEWYORKCOUN092011_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0009/20/11		b. TO 09/21/11	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S)  OP3AXW		b. DATE(S)  09/13/11	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.		11. PAID BY	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ Traveler's Initials</span>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
						FROM <small>(e)</small>	TO <small>(f)</small>
0913111454MY HMFA		4.35	XD		09/15/11		
037868232709 9		231.40	US		09/15/11	DCA-Washington,	LGA-New York, NY
ACCOUNTING CLASSIFICATION: 11_09132011_155119-20YY^FIG1000000^FIG0200SEYXX^00000000^XXXXXXXXX^ ^^^^ - 795.06 NR-		15.00					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶					DATE	AMOUNT CLAIMED ▶	795.06
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ▶					DATE		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					a. DIFFERENCES, IF ANY (Explain and show amount)		
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					DATE		
					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
					d. NET TO TRAVELER ▶		
					\$ 0.00		
					\$ 795.06		
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

0P3AXW

TRAVELER'S LAST NAME

Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE:	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
11 20									0.00				
09/20		D-:Washington ,DC											
09/20		TMC FEE (GOVCC-I)							0.00				35
09/20		AIR FARE (GOVCC-I)							0.00				40
09/20		A-:NEW YORK COUNTY				53.25		375.00	428.25			428.25	
09/21		D-:NEW YORK COUNTY											
09/21		A:RES: [REDACTED]		b6									
09/21		Subsistence				53.25			53.25			53.25	
09/21		TAXES: LODGING-DOMESTIC											81
09/21		TAXI											00
09/21		TAV Fee -D											
									<b>SUBTOTALS</b>		0.00	481.50	313.56
									<b>TOTALS</b>		0.00	481.50	313.56

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

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

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

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

**TOTAL AMOUNT CLAIMED** 795.06


  
**The Roosevelt Hotel**  
 NEW YORK CITY

Page No. 1 of 1

Charles Edwards  
United States

Arrival Date: 09-20-11  
 Departure Date: 09-21-11  
 Reference #:  
 Number of Adults: 1  
 Booking ID :  
 Rate Code : BAR8

Agent: XXXXXXXXXX

b6

Folio Number

Room Number 0893

INFORMATION INVOICE

Date	Description	Charges	Payments
09-20-11	Room Charge	375.00	
09-20-11	NYS Sales Tax 8.875%	33.28	
09-20-11	NYC Room Tax 5.875%	22.03	
09-20-11	Javits Center Tax	1.50	
09-20-11	NYC Occ Tax	4.00	
<b>Total</b>		<b>435.81</b>	<b>0.00</b>
<b>Balance</b>		<b>435.81 USD</b>	

Approved By \_\_\_\_\_ Company \_\_\_\_\_

I have received the goods and/or services in the amount shown here-on. 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, association or credit card issuer fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the Cardholder's agreement with the issuer.

**The Roosevelt Hotel**

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



# TAXICAB RECEIPT

Time: \_\_\_\_\_  
Date: 9-21-11

Origin of trip: N. A. R. H. A.

Destination: 11 Governor

Fare: 17.00 Sign: \_\_\_\_\_

b6



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CESANJUANSANJ092711_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0009/27/11 b. TO: 09/29/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 0P316X b. DATE(S): 08/30/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <i>Traveler's Initials</i></span>					
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
0905111351DW WSPS 016868417561 5	4.35	XD	09/22/11	FROM <small>(e)</small>	TO <small>(f)</small>	
ACCOUNTING CLASSIFICATION: 11_08302011_145311-20YY^FIG1000000^FIG0200SEYVXX^00000000^XXXXXXXXX^ 1,692.21 NR-	734.60	UA	09/22/11	IAD-Washington, SJU-San Juan, PR		

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>			
<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	1692.21

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

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶			DATE
			<b>d. NET TO TRAVELER</b> ▶
			\$ 1692.21

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

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

**TRIP # 1**

**TRAVEL AUTHORIZATION NO. 0P316X**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.510 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
09/27		D-:Washington ,DC												
09/27		A-:SAN JUAN (SAN J				96.00			195.00	291.00			291.00	
09/27		TMC FEE (GOVCC-I)								0.00				35
09/27		AIR FARE (GOVCC-I)								0.00				734.60
09/27		POV								38.00		19.38		
09/27		TAXES: LODGING-DOMESTIC												103.50
09/27		EXCESS BAGGAGE												25.00
09/27		PARKING/TOLLS												51.00
09/28		Subsistence				128.00			195.00	323.00			323.00	
09/29		D-:SAN JUAN (SAN J												
09/29		A:Washington ,DC												
09/29		Subsistence				96.00				96.00			96.00	
09/29		EXCESS BAGGAGE												25.00
09/29		TAV Fee -D												
09/30		POV								38.00		19.38		
										<b>SUBTOTALS</b>	381.76	710.00	943.45	
										<b>TOTALS</b>	381.76	710.00	943.45	

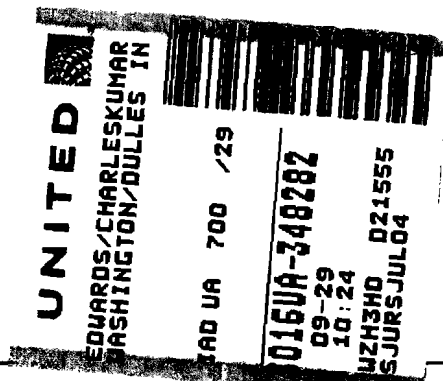
If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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

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

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

**TOTAL AMOUNT CLAIMED** 1,692.21



Printed from united.com

### Boarding Pass

<b>UNITED</b> Economy <b>EDWARDS, CHARLESKUMAR</b> UA 03216376195			<b>EDWARDS, CHARLESKUMAR</b> UA 03216376195 <b>United 700 / Sep 29</b>
<b>United 700 / Sep 29</b>  From: San Juan, PR (SJU) To: Washington, DC (IAD)  Seat <b>24D</b>  Boards at: 12:11 PM Departs at: 12:41 PM	Seating <b>4</b>  Gate: <b>B34</b> Bags: 01		From: San Juan, PR (SJU) To: Washington, DC (IAD) Boards at: 12:11 PM Departs at: 12:41 PM  Seat <b>24D</b>  Cabin: United Economy

b6

\*Gate number may change, check airport monitors for your flight's gate.

A STAR ALLIANCE MEMBER 

Confirmation number: WZH3H0 E-ticket number: 0168684175615



Guest Folio

**SAN JUAN MARRIOTT HOTEL & STELLARIS CASINO**

INFORMATION INVOICE

Charles Edwards  
 1100 Hampton Park Blvd  
 Stop 2600  
 Capitol Heights Blvd MD 20743  
 United States  
 MARRIOTT REWARDS

ROOM 1102  
 ACCT # 5188582  
 CONF # 87065049  
 RATE \$195  
 ARRIVAL 09-27-11  
 DEPARTURE 09-29-11

DEPARTURE TIME 10:03

DATE 09-29-11

CASHIER [REDACTED]

b6

DATE	DESCRIPTION	REFERENCE NUMBER	CHARGES
09-27-11	Room charge		195.00
09-27-11	Resort Fee		27.30
09-27-11	Room Tax		24.45
09-28-11	Room charge		195.00
09-28-11	Resort Fee		27.30
09-28-11	Room Tax		24.45
09-29-11	Master Card	XXXXXX XX XX XX XX/XX	-493.50
	Balance	USD	0.00

b2

b6

**SAN JUAN RESORT & STELLARIS CASINO**



For billing inquiries call Toll free  
 1-866-480-2627 Mon / Fri

This statement is your only receipt. You have agreed to pay for the services provided. By approving this invoice, you authorize us to charge your credit card for all amounts to you. Your credit card company will bill you in its usual manner. If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after checkout, you will owe us interest from the checkout date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%) or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

1309 Ashford Avenue, San Juan, Puerto Rico 00907  
 Tel (787) 722-7000 • Fax (787) 722-6800

RIP, b2, b6

RIP

Washington Dulles Int'l Airport

44910 Saarinen Circle  
Dulles, VA 20186  
Customer Service Number:  
(703) 572-4580

Shift/Seq. #: 109/4000  
Entry lane 14: 09/27/11 08:59 am  
Payment lane 26: 09/29/11 04:52 pm

PURCHASE

Amount: \$51.00

Card: \$51.00 Approved  
Visa .. [REDACTED]  
Expiration: \*\*/\*\*  
Authorization: 155721  
LPA: 3660  
Sequence: 8

b2

b6

Exit Before 09/30/11 07:29 am  
Or Additional Charges May Apply

Thank You And Have A Nice Day

RIP, b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. CEMIAMIDADECO102011_V01			
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  *** - ** - *****	4. SCHEDULE NO.			
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202 - [REDACTED]	6. PERIOD OF TRAVEL a. FROM 0010/20/11 b. TO 10/22/11			
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) 0P424B b. DATE(S) 10/11/11			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT				
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$			
b. Amount to be applied	0.00	c. PAYEE'S SIGNATURE				
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		11. PAID BY				
D. Balance outstanding						
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>						
I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <i>Traveler's initials</i></span>						
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
332871738077	337.40	FL		10/17/11	BWI-Baltimore,	FLL-Fort Lauderdale
8						
1017111003LX	28.50	XD		10/17/11	BWI-Baltimore,	FLL-Fort Lauderdale
AMAM						
ACCOUNTING CLASSIFICATION: 12 10112011 111027-20YY^FIG1000000^FIG0200SEYYXX^0000000^XXXXXXXXX^----- 742.39 NR- 15.00						
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						
TRAVELER SIGN HERE ▶					DATE	AMOUNT CLAIMED ▶
						742.39
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶					DATE	
					a. DIFFERENCES, IF ANY (Explain and show amount)	
					\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:		
				\$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					DATE	
					\$ 0.00	
					d. NET TO TRAVELER ▶	
					\$ 742.39	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE						

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0P424B

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(e)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
10/20		D-: RES: [REDACTED] b6								0.510			
10/20		TMC FEE (GOVCC-I)								0.00			28 50
10/20		AIR FARE (GOVCC-I)								0.00			337 40
10/20		A-: FT. LAUDERDALE,				53 125		124 100	177.25			177 25	
10/20		RENTAL CAR NO RESERVATIONS								0.00			61 01
10/20		POV								28.00	14 28		
10/20		GAS-RENTAL/GOVMT VEHICLE											5 78
10/21		Annual Leave 8.00											
10/21		TAXES: LODGING-DOMESTIC											13 64
10/22		POV								28.00	14 28		
10/22		D-: FT. LAUDERDALE,											
10/22		A: RES: [REDACTED] b6											
10/22		Subsistence				53 25			53.25			53 25	
10/22		TAV Fee -D											
10/22		PARKING/TOLLS											36 00
										<b>SUBTOTALS</b>	28 56	230 50	483 33
										<b>TOTALS</b>	28 56	230 50	483 33

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

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

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

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

**TOTAL AMOUNT CLAIMED** 742.39



ENTERPRISE

RA 120215818 Inv 0  
Rental 20-OCT-2011 02:11 PM  
FT LAUDERDALE INTL ARPT  
Return 22-OCT-2011 04:55 PM  
FT LAUDERDALE INTL ARPT

EDWARDS CHARLES  
Vehicle # CD504950  
Model PATRIOT  
Class Driven IRAR Class Charged CCAR  
License# [REDACTED] State/Province FL  
M/Kms Driven 58  
M/Kms Out 66  
M/Kms In 124

b6

CWT-SATD  
Contract ID FGY7610  
Billing Ref 439437160  
Charges No Unit Price Amount  
T & M 2 Days 35.00 70.00\*  
T & M 3 Hours 7.00 21.00\*  
UNLIM M/KM 0 M/Kms 0.00\*  
RNTL CAR FACILITY CHRG 11.85\*  
SC REC 6.00\*  
GOV ADMIN RT SPLMNT \$5/D 15.00\*  
TIRE/BATTERY FEE 0.06\*  
CONCESSION RECOUP FEE 10.81\*  
VLF REC 2.07\*  
86.000 % 8.21

Total Charges USD 145.00

Deposit Visa [REDACTED]

Amount Due USD 145.00

\* Taxable Items  
Subject to Audit  
For Reservations: 1-800-RENT-A-CAR



5.93  
3.20  
7.50  
.03  
5.41  
1.03  
4.11

\$ 27.01

Chevron  
1301 S. University  
Plantation, FL  
STN 00202684

10/22/11 16:35:22

E/VISA [REDACTED]  
XXXXXXXXXXXX [REDACTED]  
Invoice# 8444859  
Auth# 193457

Pump#: 1  
3.208G @ \$ 3.599/G  
UNLE/Self \$ 11.55

Total \$ 11.55

Earn 10 cents/gal  
fuel credits with ~~4~~ 5.78  
the Chevron and  
Texaco Visa Card!  
Call 1.800.373.3277

THANK YOU FOR  
CHOOSING CHEVRON

b2

b6

b2

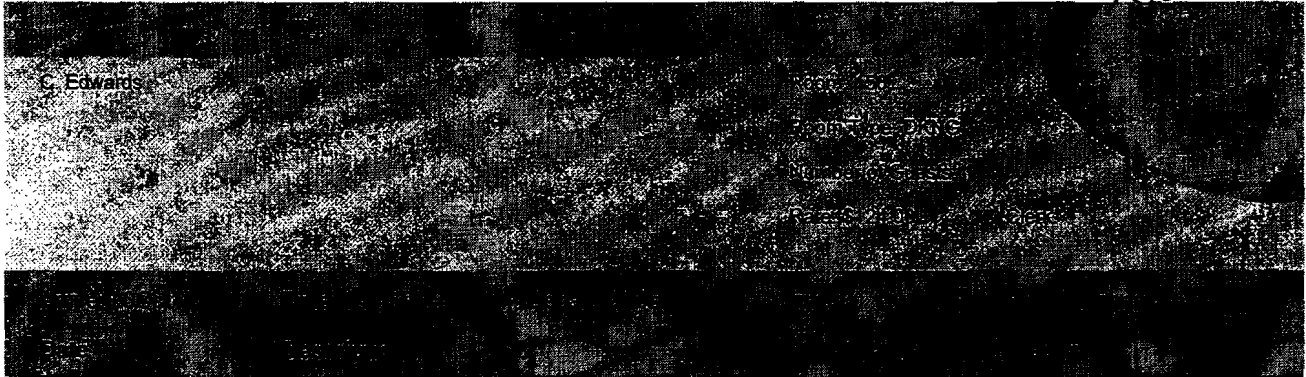
b6



Courtyard by Marriott  
Fort Lauderdale Plantation

7780 Sw 6th Street  
Plantation, Fl 33324  
T 954.475.1100

150



20Oct11	Regular Rate	124.00		
20Oct11	Occupancy Sales Tax	7.44	} 137.64	
20Oct11	County Tax	6.20		
21Oct11	Master Card			137.64
	Card #: MCXXXXXXXXXXXX [REDACTED] XXXX			b6
	Amount: 137.64 Auth: 088894 Signature on File			
	This card was electronically swiped on 20Oct11			
	<b>Balance:</b>	<b>0.00</b>		

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity. b2 b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

B.W.I AIRPORT PARKING  
DAILY GARAGE  
MD PARKING

Rcpt# 27974

10/22/11 20:58 LH 6 AH176 Txn# 35767

10/20/11 07:05 In 10/22/11 20:58 Out

Tkt# 641724

Daily \$ 34.20

Total Tax \$ 1.80

Total Fee \$ 36.00

VISA CARD \$ 36.00-

XXXXXXXXXX

Approval No.:125199

Reference No.:00000180

Change Due \$ 0.00

THANK YOU

HAVE A SAFE TRIP

b2

b6

RIP, b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEELPASOCOUNT103111_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 10/11/07/11 b. TO: 11/10/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): OP43UG b. DATE(S): 10/12/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <i>Traveler's Initials</i></span>					
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
				FROM <small>(e)</small>	TO <small>(f)</small>	
016871966803 0	657.80	UA	10/26/11	DCA-Washington,	ELP-El Paso, TX	
1026110730PO PXCE	28.50	XD	10/26/11	DCA-Washington,	ELP-El Paso, TX	
526240074449 5	165.70	WN	10/28/11	DCA-Washington,	ELP-El Paso, TX	
<b>ACCOUNTING CLASSIFICATION:</b> 12_10122011_210410-20YY^FIG100000^FIG0200SEYVXX^00000000^XXXXXXXXX^----- 1,434.65 NR- 15.00						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>	<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	1434.65
--	-----------------------------	------	-------------------------	---------

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

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

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	DATE	<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	\$ 0.00
	<b>d. NET TO TRAVELER</b> ▶		\$ 1434.65

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0P43UG

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
11/20		AIR FARE (GOVCC-I)								0.00			65.80
10/31		TMC FEE (GOVCC-I)								0.00			28.50
11/07		D-WASHINGTON, DC											
11/07		A-EL PASO COUNTY,				38.25		109.00		147.25		147.25	
11/08		AIR FARE (GOVCC-I)								0.00			165.70
11/08		D-EL PASO COUNTY,											
11/08		A-SAN ANTONIO (BE				66.00		106.00		172.00		172.00	
11/08		TAXES: LODGING-DOMESTIC											16.90
11/09		Subsistence				66.00		106.00		172.00		172.00	
11/10		D-SAN ANTONIO (BE											
11/10		A-WASHINGTON, DC											
11/10		Subsistence				49.50				49.50		49.50	
11/10		EXCESS BAGGAGE											25.00
11/10		TAV Fee -D											
									<b>SUBTOTALS</b>		0.00	540.75	893.90
									<b>TOTALS</b>		0.00	540.75	893.90

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

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

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

**TOTAL AMOUNT CLAIMED** 1,434.65



**Baggage Receipt**  
Issue Date: 10 NOV 2011 SAT ATO



Baggage Document	Description	Qty	Fees
0052604338568	First Bag Fee	1	\$25.00

Method of Payment  
 Visa XXXXXXXXXXXX

b2  
b6

Ticket Number  
 0168719668058

Cardholder Name  
 CHARLES K EDWARDS

**BAGGAGE FEES**      Total Fees      **USD \$25.00**

Confirmation: **E40305**

**Excess Baggage Terms and Conditions:**

- All excess baggage is subject to space availability.
- Receipt for payment must be presented at bag check.
- For refunds or adjustments, see a Continental representative.

Carrier	Routing
CO	SAT - IAH
CO	IAH - DCA

AGENT REFERENCE: GG ESC BAG

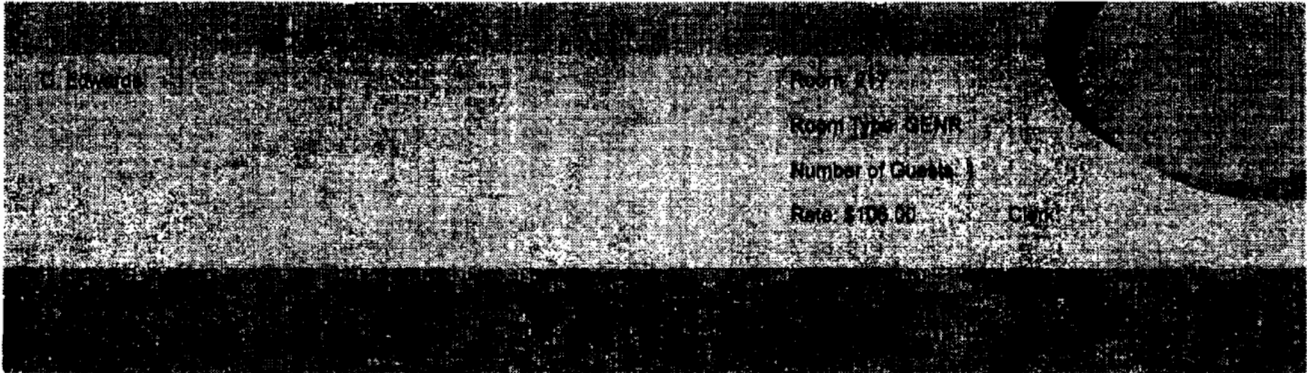
RIP, b2, b6

RIP



Courtyard by Marriott  
San Antonio Airport  
North Star Mall

80 N.E. Loop 410  
San Antonio TX 78216  
T 210.530.9881



08Nov11	Room Charge	106.00	
09Nov11	Room Charge	106.00	
10Nov11	Master Card		212.00

Card #: MCXXXXXXXXXXXX [REDACTED] XXXX  
Amount: 212.00 Auth: 075453 Signature on File  
This card was electronically swiped on 08Nov11

Balance: 0.00

b2  
b6

Rewards Account # XXXX [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

b2, b6

As requested, a final copy of your bill will be emailed to you at: [REDACTED] See "Internet Privacy Statement" on Marriott.com.

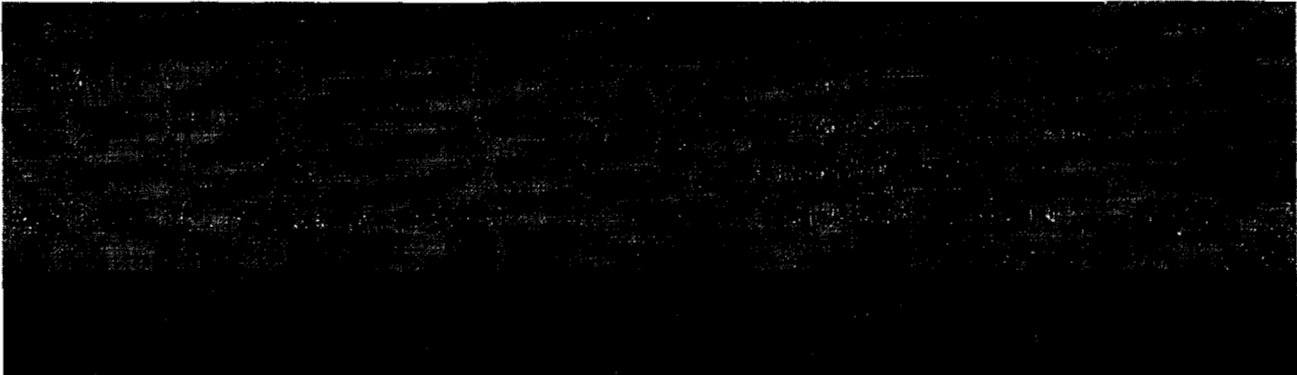
b6





Courtyard by Marriott  
El Paso Airport

6610 International  
El Paso Tx 79925  
T 915.772.5000



07Nov11	Room Charge	109.00		
07Nov11	Room Tax	6.54		
07Nov11	City Tax	10.36		
08Nov11	Master Card		125.90	b2
	Card #: MCXXXXXXXXXXXX[REDACTED]XXXX			b6
	Amount: 125.90 Auth: 058890 Signature on File			
	This card was electronically swiped on 07Nov11			
	<b>Balance:</b>	<b>0.00</b>		

Rewards Account # XXXXX[REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity. b2  
b6

Get all your hotel bills by email by updating your Rewards Preferences. Or, ask the Front Desk to email your bill for this stay. See "Internet Privacy Statement" on Marriott.com.

RIP, b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CECHICAGOIL121511 V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM 012/15/11 b. TO 12/16/11	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 0P519R b. DATE(S) 11/21/11	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <b>Traveler's Initials</b></span>					
	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)		
1210112346IX OXLP 016872935952 5	4.35	XD		12/12/11		
ACCOUNTING CLASSIFICATION: 12 12292011 13 1853-20YY^FIG1000000^FIG0200SEY^YXX^00000000^XXXXXXXX^----- 584.27 NR-	323.40	UA		12/12/11	DCA-Washington,	ORD-Chicago, IL.

<b>13.</b> I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.	<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	584.27
--	-----------------------------	------	-------------------------	--------

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

<b>14.</b> This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. <small>(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).)</small>	<b>APPROVING OFFICIAL SIGN HERE</b> ▶	DATE	<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
			a. DIFFERENCES, IF ANY <small>(Explain and show amount)</small>	\$

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	DATE	<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	\$ 0.00
	<b>d. NET TO TRAVELER</b> ▶		\$ 584.27

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. **0P519R**

TRAVELER'S LAST NAME **Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12/15		D-:Washington ,DC								0.00			
12/15		TMC FEE (GOVCC-I)											35
12/15		AIR FARE (GOVCC-I)								0.00			40
12/15		A-:CHICAGO, IL				53.25		130.00	183.25			183.25	
12/15		TAXES: LODGING-DOMESTIC											20.02
12/16		D-:CHICAGO, IL											
12/16		A:Washington ,DC											
12/16		Subsistence				53.25			53.25			53.25	
12/16		TAV Fee -D											
									<b>SUBTOTALS</b>		0.00	2361.50	347.77
									<b>TOTALS</b>		0.00	2361.50	347.77

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

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

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

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

**TOTAL AMOUNT CLAIMED** 584.27

**R**  
**RENAISSANCE\***  
 CHICAGO DOWNTOWN HOTEL

GUEST FOLIO

1 West Wacker Drive Chicago IL 60601  
 t: 312.372.7200 f: 312.372.0093 renaissancehotels.com

1830 FROST/THOMAS/MR 130.00 12/16/11 12:00  
Room Name Rate Depart Time ACCT#  
 NDWQ 12/15/11 16:26  
Type Arrive Time

131

Room Clerk Address Payment RWD#: XXXXX

12/15 ROOM	1830, 1	130.00	
12/15 STATETAX	1830, 1	15.47	A
12/15 CITY TAX	1830, 1	4.55	B
12/16 MC CARD			\$150.02

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE CHICAGO RENAISSANCE! TO EXPEDITE YOUR CHECK OUT, PLEASE DIAL EXT 4444 OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- SUMMARY OF TAXES -----

DESCRIPTION	TAXED AMOUNT	TAX
P FD SUNDRY TAX	.00	.00

NET CHARGES	TAX	CREDITS	FOLIO
150.02	.00	.00	150.02

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

For questions regarding this folio, please call  
 Marriott Business Services toll-free 1-866-435-7627.

RIP, b2, b6

RIP

**Mr. Charles Edwards  
2010 travel vouchers  
and receipts**

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. CEFRISCOTX030910 V01 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) Edwards, Charles K.		b. SOCIAL SECURITY NO. ***-**-*****	6. PERIOD OF TRAVEL a. FROM 0003/09/10 b. TO 03/11/10	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202 [REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00HJ3H b. DATE(S) 03/05/10	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]	10. CHECK NO.	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		
a. Outstanding	0 00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$	
b. Amount to be applied	0 00	c. PAYEE'S SIGNATURE		
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				
D. Balance outstanding				
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ Traveler's Initials</span>		
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	
			DATE ISSUED (d)	
			POINTS OF TRAVEL FROM (e) TO (f)	
0305101013GA IEUW	4.35	XD	03/05/10	
001774429099 0	1,001.40	AA	03/05/10	DCA-Washington, DFW-Dallas / Ft. W
ACCOUNTING CLASSIFICATION: 10_03052010_105120-20YY^FIG5000000^FIG0200SEYVXX^00000000^XXXXXXXXX^ - 1,517.59 NR- 13.50				
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.			TRAVELER SIGN HERE ▶	
			DATE	
			AMOUNT CLAIMED ▶	
			1517 59	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).				
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ▶		a. DIFFERENCES, IF ANY (Explain and show amount)		
DATE		\$		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials:	
			\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		
		\$ 0 00		
		d. NET TO TRAVELER ▶		
		\$ 1517 59		
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE				

b6

b6

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

00HJ3H

TRAVELER'S LAST NAME

Edwards

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>	<i>(g)</i>	<i>(h)</i>	<i>(i)</i>	<i>(j)</i>	<i>(k)</i>	<i>(l)</i>	<i>(m)</i>	<i>(n)</i>
03/09	10	D- : WASHINGTON , DC								0.00			
03/09		AIR FARE (GOVCC-I)											100.40
03/09		A- : FRISCO, TX				45.75			159.00	204.75		204.75	
03/09		TMC FEE (GOVCC-I)								0.00			4.35
03/10		Subsistence				61.00			159.00	220.00		220.00	
03/11		D- : FRISCO, TX											
03/11		A: WASHINGTON , DC											
03/11		Subsistence				45.75				45.75		45.75	
03/11		TAV Fee -D											
03/11		TAXES: LODGING-DOMESTIC											41.34
										<b>SUBTOTALS</b>	0.00	470.50	1047.09
										<b>TOTALS</b>	0.00	470.50	1047.09

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,517.59



For questions regarding this folio, please call  
Marriott Business Services toll-free 1-866-435-7627.

**Marriott**  
DALLAS/PLANO  
AT LEC TOWN CENTER

**GUEST FOLIO**

7120 Dallas Parkway, Plano, TX 75024 • 972.473.6444 • Marriott.com/DALPT

**MARRIOTT DALLAS/PLANO**

418 EDWARDS/CHARLES 159.00 03/11/10 12:00  
Room Name Rate Depart Time  
NKNG DHS OIG 03/09/10 16:53  
Type Arrive Time  
29

ACCT# GROUP

MR#: XXXXX

Room	Address	Payment	MR#
DATE	DESCRIPTION	CHARGES	DATE
03/09	ROOM GP 418, 1	159.00	
03/09	STATE TX 418, 1	9.54	} 20.67
03/09	CITY TX 418, 1	11.13	
03/10	RM WATER 2.50		
03/10	SALES TA WATER .21		I
03/10	ROOM GP 418, 1	159.00	
03/10	STATE TX 418, 1	9.54	} 20.67
03/10	CITY TX 418, 1	11.13	
03/11	MC CARD		
		\$362.05	

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,  
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR  
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

SUMMARY OF TAXES

DESCRIPTION	TAXED AMOUNT	TAX
G RECOVERY FEE	.00	.00
H TAX	.00	.00
I F&B TAX	.00	.21
J AV STATE SALES TAX	.00	.00
K PARKING TAX	.00	.00
L SELF PARKING	.00	.00
NET CHARGES	TAX	CREDITS
361.84	.21	.00
		FOLIO
		362.05

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

b6

Marriott Rewards Account # XXXX  
Date 03/09/10-03/11/10 Est. Eligible Revenue \$318.00  
Est. base Points Earned:  
For account activity: 801-468-4000 or www.Marriott.com

b2

b6

**MARRIOTT DALLAS/PLANO**  
7120 DALLAS PARKWAY  
PLANO, TX 75024  
972-473-6444 FAX: 972-473-6440

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

Signature X

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEPARKERSBURG042210_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles K.		b. SOCIAL SECURITY NO.  *** - ** - *****		6. PERIOD OF TRAVEL a. FROM 0004/22/10		b. TO 04/23/10	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202 [REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00JBKD		b. DATE(S) 04/16/10	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. 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			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
					FROM <small>(e)</small>	TO <small>(f)</small>	
0416101029DX XUSL ACCOUNTING CLASSIFICATION: 10_03052010_105120-20YY^FIG5000000^FIG0200SEYYXX^00000000^XXXXXXXXX^ 486.75 NR-		4.00	XD		04/21/10		
COMMENTS: Cahrles and [REDACTED] meeting with BPD.		13.50					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE	AMOUNT CLAIMED ▶		486.75
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶		DATE	17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
					a. DIFFERENCES, IF ANY (Explain and show amount)		\$
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL	c. MONTH & YEAR		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:		\$
					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00
					d. NET TO TRAVELER ▶		\$ 486.75
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

PAGE **2**

TRAVEL AUTHORIZATION NO.

00JBKD

TRAVELER'S LAST NAME

Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
20 10														
04/22		D- : WASHINGTON , DC												
04/22		A- : PARKERSBURG, WV				34.50			70.00		104.50		104.50	
04/22		TMC FEE (GOVCC-I)												1.00
04/22		POV								670.00		335.00		
04/22		TAXES: LODGING-DOMESTIC												8.75
04/23		D- : PARKERSBURG, WV												
04/23		A: WASHINGTON , DC												
04/23		Subsistence				34.50					34.50		34.50	
04/23		TAV Fee -D												
									<b>SUBTOTALS</b>	335.00	139.00	12.75		
									<b>TOTALS</b>	335.00	139.00	12.75		

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

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

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

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

**TOTAL AMOUNT CLAIMED** 486.75



# Wingate by Wyndham Vienna / Parkersburg

Apr 23, 2010  
8:33 am

1502 Grand Central Ave.  
I77 EXIT 179 RT 68S RT 14N  
Vienna, WV 26105

Phone: (304)295-5501 Fax: (304)295-5504

CHARLES K EDWARDS

Account #: 60805

Room Number: 215

Rate: \$70.00

Pay Method: XXXXXXXXXXXXXXXX [REDACTED] MC

US, WV US

b2

Arrival Date: Thursday, April 22, 2010

Departure Date: Friday, April 23, 2010

b6

Member #:

Date	Department	Reference	Voucher	Room	Debit	Credit
04/22/10	Room postings	Auto Posted		215	\$70.00	
04/22/10	State Tax	Auto Posted		215	\$4.20	
04/22/10	City Tax	Auto Posted		215	\$0.35	
04/22/10	Local Tax	Auto Posted		215	\$4.20	
04/23/10	MasterCard	CHECKED-OUT		215		\$78.75

As a TripRewards member, you could have earned 700 points for this stay.  
To become a member visit us at [triprewards.com](http://triprewards.com) or call 1-800-FOR-TRIP.

Balance:

I agree that my liability for all charges is not waived.

Signature \_\_\_\_\_

RIP, b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CECHICAGOIL051210 V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles K.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0005/12/10 b. TO: 05/14/10
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 00K5C7 b. DATE(S): 05/03/10
<b>e. PRESENT DUTY STATION</b> Washington, DC	<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <i>Traveler's Initials</i></span>					
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b> FROM (e) TO (f)	
0503101556IC QIIV 016788832746 4	4.35 231.40	XD UA	05/10/10 05/10/10	DCA-Washington, ORD-Chicago, Il (U		
<b>ACCOUNTING CLASSIFICATION:</b> 10 03052010 105120-20YY^FIG5000000^FIG0200SEYYXX^00000000^XXXXXXXXX^----- 948.21 NR- 13.50						

<b>13.</b> I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.	<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	948.21
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>				

<b>14.</b> This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. <small>(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).)</small>	<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
	a. DIFFERENCES, IF ANY <small>(Explain and show amount)</small>	\$
<b>APPROVING OFFICIAL SIGN HERE</b> ▶	<b>DATE</b>	

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b> Certifier's initials: \$
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b> \$ 0.00
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	<b>DATE</b>	<b>d. NET TO TRAVELER</b> ▶	\$ 948.21

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. **00K5C7**

TRAVELER'S LAST NAME **Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.00 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
10 20														
05/12		D-: WASHINGTON, DC												
05/12		AIR FARE (GOVCC-I)								0.00				23.40
05/12		A-: CHICAGO, IL					53.25		189.99	243.24			243.24	
05/12		TMC FEE (GOVCC-I)								0.00				4.35
05/12		EXCESS BAGGAGE												25.00
05/13		Subsistence					71.00		179.99	250.99			250.99	
05/14		D-: CHICAGO, IL												
05/14		A: WASHINGTON, DC												
05/14		Subsistence					53.25			53.25			53.25	
05/14		EXCESS BAGGAGE												23.00
05/14		TAV Fee -D												
05/14		TAXI												20.00
05/14		TAXI												40.00
05/14		TAXES: LODGING-DOMESTIC												56.98
									<b>SUBTOTALS</b>	0.00	547.48	400.73		
									<b>TOTALS</b>	0.00	547.48	400.73		

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

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

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

**TOTAL AMOUNT CLAIMED** 948.21



# eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968- [redacted] If you are dialing from outside of the United States then use the telephone number 800- [redacted]-0 (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Documentation/Receipts may take up to five minutes to appear on the document.



b2



CECHICAGOIL051210\_V01

Fax cover sheet requested by: [redacted]

b6

Note: Bar code must be present above.

Notes

b2

RIP, b2, b6



5/14/2010

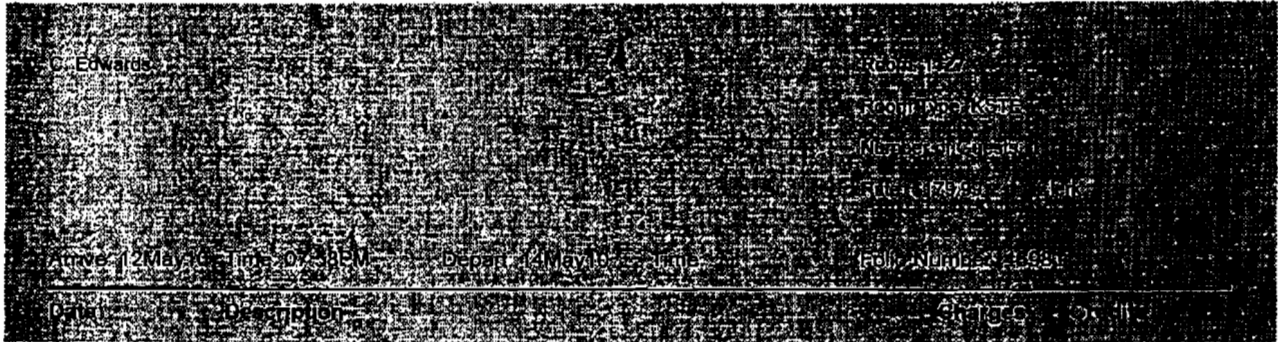
RIP





SpringHill Suites by Marriott  
Chicago Downtown  
River North

410 N Dearborn  
Chicago IL 60610  
(312) 644 4071



Date	Description	Charges
12May10	Room Charge	189.99
12May10	Occupancy Sales Tax	22.61
12May10	City Tax	6.85
13May10	Room Charge	179.99
13May10	Occupancy Sales Tax	21.42
13May10	City Tax	6.30
14May10	Master Card	426.96

Card #: MCXXXXXXXXXXXX [REDACTED] XXXX  
Amount: 426.96 Auth: 042421 Signature on File  
This card was electronically swiped on 12May10

Balance: 0.00

b2  
b6

Marriott Rewards Account # [REDACTED] Your Marriott Rewards points/miles earned on your room rate will be credited to your account. For account activity, call 1-800-468-4000 or MarriottRewards.com.

b2  
b6

Tell a friend about Marriott Rewards, you'll both get 1,000 points when they stay--up to five friends, five stays each. That's up to 25,000 points for you. Refer Friends, Get Points! See details at MarriottRewards.com/Friend

As requested, a final copy of your bill will be emailed to you at: [REDACTED] See "Internet Privacy Statement" on Marriott.com.

b6

MAY/15/2010/SAT 05:00 PM

P. 003/004



# TAXICAB RECEIPT

Time: 2:45  
Date: 5/14

Origin of trip: Washington DCA

Destination: [Redacted] Ave

Fare: 20.- Sign: [Signature]

b2

## CHICAGO CARRIAGE CAB CO.

DATE: 5/14  
TIME: 0800  
FROM: Residence Town  
TO: OR A26 Airport



DRIVER: \_\_\_\_\_  
PASSENGER: \_\_\_\_\_  
CAB NO.: 6119  
FARE AMOUNT: \$40.00

PHONE: 312-326-2221 TOLL FREE: 866-440-TAXI  
ONLINE RESERVATIONS FOR LOCAL & NATIONWIDE SERVICE: www.chicagocarrriagecab.com

**UNITED**  
12MAY10 08:01 08197-0  
BOOK ID: 8004115  
CUSTOMER: EDWARDS/CHARLES K  
TKT NBR: 016 7888327464 CPN: 1 ORIGIN: DCA  
ITEMS:  
25.00 BAG1 FEE

**BAGGAGE PAYMENT CUSTOMER RECEIPT**

FORM OF PAYMENT: BAXXXXXXXXXXXXX [Redacted] XXXX  
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER: 1 016 4518177433 1

TOTAL: USD25.00

Do not stamp to excessive limit or direct sunlight.  
STAPLE HERE  
INSERT A 100

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b6

RIP

RIP, b2, b6



**Boarding Pass**

<b>UNITED ECONOMY</b>		EDWARDS, CHARLESK	
EDWARDS, CHARLESK		[REDACTED]	
United 608 / May 14		United 608 / May 14	
From: Chicago, IL (ORD)	Seating <b>2</b>	From: Chicago, IL (ORD)	b6
To: Washington, D.C (DCA)		To: Washington, D.C (DCA)	
Seat <b>20F</b>	Gate: B6 Bags: 01	Boards at: 9:33 AM	Seat <b>20F</b>
Boards at: 9:33 AM Departs at: 10:03 AM		Departs at: 10:03 AM	
		Cabin: United Economy	

\*Gate number may change, check airport monitors for your flight's gate.

A STAR ALLIANCE MEMBER

**Purchase Summary**

Charlesk Edwards	Ticket number 0167888327464	May 14, 2010
------------------	-----------------------------	--------------

**Bag Charges**

Charlesk Edwards	1 bags	23.00 USD
------------------	--------	-----------

Credit card: XXXXXXXXXXXX [REDACTED]	Receipt number 0164517561241 5
--------------------------------------	--------------------------------

Applies to travel from: Chicago, IL (ORD) to Washington, D.C (DCA)

Bag Charges Terms & Conditions

b2

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We recommend that you print a copy of this receipt. If you are a Mileage Plus member and have an online profile, and your Mileage Plus number is on file for this itinerary, you may print a copy of your receipt through My Itineraries on united.com.

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEGETTYSBURGP051710_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles K.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0005/17/10		b. TO 05/18/10	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S)  00KD7G		b. DATE(S)  05/07/10	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <i>Traveler's Initials</i></span>					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
0507101127LO IDZD ACCOUNTING CLASSIFICATION: 10 05072010 122111-20YY^FIG5000000^FIG0200SEYVXX^00000000^XXXXXXXXXX^ 275.27 NR- 13.50		4.00	XD		05/13/10		
COMMENTS: COOP							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE	AMOUNT CLAIMED ▶		275.27
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶		DATE	17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
					a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
					Certifier's initials: \$		
					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00		
					d. NET TO TRAVELER ▶ \$ 275.27		
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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

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

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

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

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

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

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

**TRIP # 1**

**TRAVEL AUTHORIZATION NO. 00KD7G**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
10/20		D- : WASHINGTON , DC A- : GETTYSBURG, PA				38.25		103.00	141.25		141.25		
05/17		TMC FEE (GOVCC-I)								0.00		4.00	
05/17		POV								165.00	82.50		
05/17		TAXES: LODGING-DOMESTIC										6.18	
05/17		TAXES: LODGING-DOMESTIC										3.09	
05/18		D- : GETTYSBURG, PA											
05/18		A: RES: [REDACTED]		b6									
05/18		Subsistence				38.25			38.25		38.25		
05/18		TAV Fee -D											
									<b>SUBTOTALS</b>	82.50	179.50	13.27	
									<b>TOTALS</b>	82.50	179.50	13.27	

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

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

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

**TOTAL AMOUNT CLAIMED** 275.27





## eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968- [redacted] If you are dialing from outside of the United States then use the telephone number 800- [redacted] (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Documentation/Receipts may take up to five minutes to appear on the document.

b2



CEGETTYSBURGP051710\_V01

Fax cover sheet requested by [redacted]

b6

Note: Bar code must be present above.

Notes

b2

RIP, b2, b6



... 5/19/2010

RIP



Wyndham Gettysburg Hotel

95 Presidential Circle  
Gettysburg PA 17325  
US

INFORMATION INVOICE

Arrival : 05-17-10  
Departure : 05-18-10  
Company Name : Govt/State  
Charles K Edwards

Invoice # :  
Reference # :  
Room No. : 0513  
Page No. : 1 of 1  
Membership No. :  
Conf. No. : 523622  
Cashier No. :  
A/R Number :

Date	Description	Reference	Charges	Credits
05-17-10	Room Charge		103.00	
05-17-10	Occ Tax-City		3.09	
05-17-10	Occ Tax-State	b2, b6	6.18	
05-18-10	MasterCard	XXXXXXXXXXXX [REDACTED] XX/XX		112.27
<b>Total</b>			<b>112.27</b>	<b>112.27</b>
<b>Balance</b>				<b>0.00</b>

Please contact the Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

65-  
68-  
32-  
Mileage

RIP, b2, b6



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT</b> BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> CESANFRANCISCO51910_V01	
						<b>4. SCHEDULE NO.</b>	
5. a. NAME (Last, first, middle initial)  Edwards, Charles K.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0005/19/10		b. TO 05/21/10	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00K6FA		b. DATE(S) 05/04/10	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.			
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>		<b>11. PAID BY</b>			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <b>Traveler's Initials</b></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)		<b>ISSUING CARRIER</b> (Initials) (b)		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	
				<b>DATE ISSUED</b> (d)		<b>POINTS OF TRAVEL</b>	
						FROM (e)	
						TO (f)	
0514101014FV ANWX		32.60		XD		05/14/10	
016789015244 6		359.40		UA		05/14/10	
ACCOUNTING CLASSIFICATION: 10_03052010_105120-20YY^FIG5000000^FIG0200SEYVXX^00000000^XXXXXXXXXX^ 901.32 NR-		13.50				IAD-Washington, SFO-San Francisco	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
<b>TRAVELER SIGN HERE</b> ▶				<b>DATE</b>		<b>AMOUNT CLAIMED</b> ▶	
						901.32	
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY <b>COMPUTATION</b>			
<b>APPROVING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>		a. DIFFERENCES, IF ANY (Explain and show amount)	
						\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials:	
						\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>		\$ 0.00	
						\$ 901.32	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE				d. <b>NET TO TRAVELER</b> ▶			
						\$ 901.32	

b6

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru only for actual expense travel

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
00K6FA

**TRAVELER'S LAST NAME**  
Edwards

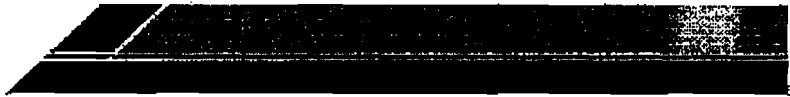
DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED						
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)											
05/19		D- : WASHINGTON , DC															
05/19		AIR FARE (GOVCC-I)								0.00							359.40
05/19		A- : OAKLAND, CA					45.75		100.00	145.75			145.75				
05/19		TMC FEE (GOVCC-I)								0.00							32.60
05/19		POV								26.00		13.18					
05/19		POV								55.00		27.90					
05/19		EXCESS BAGGAGE															25.00
05/20		Subsistence					61.00		100.00	161.00			161.00				
05/21		D- : OAKLAND, CA															
05/21		A: RES: [REDACTED]	b6														
05/21		Subsistence					45.75			45.75			45.75				
05/21		TAV Fee -D															
05/21		EXCESS BAGGAGE															23.00
05/21		PARKING/TOLLS															51.00
05/21		PUBLIC TRANS/DRIVERS															16.80
05/21		TAXES: LODGING-DOMESTIC															0.84
										<b>SUBTOTALS</b>	40.68	352.50	508.14				
										<b>TOTALS</b>	40.68	352.50	508.14				

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

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

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

**TOTAL AMOUNT CLAIMED** 901.32



# eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968- [redacted] If you are dialing from outside of the United States then use the telephone number 800- [redacted] (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Documentation/Receipts may take up to five minutes to appear on the document.

b2



CESANFRANCISC051910\_V01

Fax cover sheet requested by: [redacted]

b6

Note: Bar code must be present above.

**Notes**



b2

RIP, b2, b6

RIP

MAY/25/2010/TUE 11:20 AM

P. 002/003

**UNITED**  
 19MAY10 18071 00107-6  
 BAGGAGE PAYMENT  
 CUSTOMER RECEIPT  
 016 4517602273

AGENT ID: K100L26  
 CUSTOMER: EDWARDS/CHARLES K  
 TKT NBR: 016 7890152446  
 CPN: 1 ORIGIN: IAD DESTINATION: SFO

ITEMS:  
 25.00 BAG1 FEE

FORM OF PAYMENT: BAXXXXXXXXXXXXXX XXXX  
 ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK  
 1 016 4517602273 3

TOTAL USD 25.00

DO NOT STAPLE TO EXPOSURE POINT OF ULTRASONIC SEALING  
 STAPLE HERE  
 INSERT A B C  
 PRINTED IN U.S.A. WITHIN THE UNITED STATES OF AMERICA. DALLAS, TX 800-848-7000

b2, b6

EasyCheck-in: Boarding Documents

Page 2 of 3

**Purchase Summary**

Charlesk Edwards

Ticket number 0167890152446

May 20, 2010

**Bag Charges**

Charlesk Edwards

b2, b6

1 bags

23.00 USD

Credit card: XXXXXXXXXXXX

Receipt number 016451848807 1

Applies to travel from: San Francisco, CA (SFO) to Washington, DC (IAD)

Bag Charges Terms & Conditions

We recommend that you print a copy of this receipt. If you are a Mileage Plus member and have an online profile, and your Mileage Plus number is on file for this itinerary, you may print a copy of your receipt through My Itineraries on united.com.



RECEIPT 12884 \$51.00 CCR 05/21/10 16:33



RIP, b2, b6

RIP



GUEST FOLIO

OAKLAND MARRIOTT CITY CENTER

612 EDWARDS/CHARLES/K 100.00 05/21/10 12:00  
 Room Name Rate Depart Time  
 NSDB 05/19/10 19:58  
 Type Arrive Time  
 24

ACCT#

MR#: XXXXX

Room	Address	Payment	Room	Room	Room
Rate	Reference	Charge	Rate	Rate	Rate
05/19	ROOM	612, 1 100.00			
05/19	TAX	612, 1 14.00			
05/19	CA TRSM	612, 1 .17			
05/20	TAX XMPT	JS 28.00			AD
05/20	ROOM	612, 1 100.00			
05/20	TAX	612, 1 14.00			
05/20	CA TRSM	612, 1 .17			
05/21	MC CARD			\$200.34	

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL EXT. 51 FOR VOICE MAIL CHECK-OUT OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

EXP. REPORT SUMMARY

05/19	ROOM	100.00	
	TAX	14.00	
	CA TRSM	.17	114.17
05/20	TAX XMPT	-28.00	
	ROOM	100.00	
	TAX	14.00	
	CA TRSM	.17	86.17

GET ALL YOUR HOTEL BILLS BY EMAIL BY UPDATING YOUR MARRIOTT REWARDS PREFERENCES. OR, ASK THE FRONT DESK TO EMAIL YOUR BILL FOR THIS STAY. SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Tell a friend about Marriott Rewards, you'll both get 1,000 points when they stay--up to five friends, five stays each. That's up to 25,000 points for you. Refer Friends, Get Points! See details at MarriottRewards.com/Friend

Marriott Rewards Account # XXXX  
 Date 05/19/10-05/21/10 Est. Eligible Revenue \$200.00  
 Est. base Points Earned:  
 For account activity: 801-468-4000 or www.Marriott.com

b2  
b6

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

RIP, b2, b6

Signature X

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEATLANTAFUL061410_V01- <b>4. SCHEDULE NO.</b>			
<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles K.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0006/14/10 b. TO: 06/16/10			
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 00LL1D b. DATE(S): 06/04/10			
<b>e. PRESENT DUTY STATION</b> Washington, DC	<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>			
<b>8. TRAVEL ADVANCE</b> a. Outstanding: 0.00 b. Amount to be applied: 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		<b>9. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE				
<b>11. PAID BY</b>						
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>						
I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>						
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
					<b>FROM</b> (e)	<b>TO</b> (f)
0604100918HE GTTM 006789718802 2 ACCOUNTING CLASSIFICATION: 10_06042010_095850-20YY^FIG5000000^FIG0200SEYYXX^00000000^XXXXXXX^ 1,087.25 NR-	4.35	XD		06/10/10		
	541.40	DL		06/10/10	DCA-Washington,	ATL-Atlanta, Ga (U
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>						
<b>TRAVELER SIGN HERE</b> ▶					<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶
						1087.25
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>					<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
<b>APPROVING OFFICIAL SIGN HERE</b> ▶					a. DIFFERENCES, IF ANY (Explain and show amount)	
<b>DATE</b>					\$	
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>					<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR		Certifier's initials:		\$
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>					<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶					\$ 0.00	
<b>DATE</b>					<b>d. NET TO TRAVELER</b> ▶	
					\$ 1087.25	
<b>18. ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE						

b6

(U

RIP



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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

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

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

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

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

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

**TRIP # 1**

**TRAVEL AUTHORIZATION NO. 00LL1D**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
20 10	(Hour and am/pm)									0.000			
06/14		D-: WASHINGTON, DC											
06/14		TMC FEE (GOVCC-I)								0.00			35
06/14		AIR FARE (GOVCC-I)								0.00			54.40
06/14		A-: ATLANTA (FULTON)				42.00		140.00	182.00			182.00	
06/14		PUBLIC TRANS/DRIVERS											4.50
06/14		PARKING/TOLLS											40.00
06/14		TAXES: LODGING-DOMESTIC											42.00
06/15		Subsistence				561.00		1401.00	196.00			196.00	
06/16		D-: ATLANTA (FULTON)											
06/16		A: WASHINGTON, DC											
06/16		Subsistence				42.00			42.00			42.00	
06/16		TAV Fee -D											
06/16		TAXI											35.00
<b>SUBTOTALS</b>											0.00	420.00	667.25
<b>TOTALS</b>											0.00	420.00	667.25

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

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

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

**TOTAL AMOUNT CLAIMED** 1,087.25



079m 02.4

REAGAN NATIONAL  
AIRPORT

For Questions or Comments: (703)417-4300

Entrance: 12:39 06/14/10 Lane # 02

Exit : 00:15 06/16/10 Lane # 32

License plate [REDACTED]

Cashier : 004 Seq. # 7274

Length of stay 0:00:19h. 36min.

Amount paid \$ 40.00 Cash

\*\*\*\* Thank You for Flying \*\*\*\*

\*\*\*\* Reagan National Airport \*\*\*\*

b6

YELLOW CAB OF GEORGIA, INC.

55 Milton Avenue  
Atlanta, GA 30315  
404-521-0200

Receipt

Date 6/16/2010

PASSENGER PICKED UP AT W hotel

DROPPED OFF AT Atlanta Airport

CAB No. \_\_\_\_\_

NO OF PASSENGERS 1

DRIVER'S NAME \_\_\_\_\_

**Thank You**  
*We appreciate  
your business*

FARE \$: 35.00

TAX \$: \_\_\_\_\_

TOTAL \$: 35.00

RIP, b6

RIP

w atlanta midtown  
 188 14th street ne  
 atlanta, georgia 30361  
 404 892 6000

EXPLORE WHOTELS.COM



ATLANTA  
 MIDTOWN

guest	room	1412	travel agent	American Express Travel
Charles Edwards	rate	140.00		Gov Trip
Fed Rooms/gp	no. pers	1		190 26th E St
	folio	188192	EX-A	Dickinson, ND 586016532
	page	1	charge to	
	arrive	14-JUN-10	16:59	
	depart	16-JUN-10		
	payment	MC		

b6

DATE	REFERENCE	DESCRIPTION	CHARGES/CREDITS
14-JUN-10	RT1412	Room Charge	140.00
14-JUN-10	RT1412	State Tax	11.20
14-JUN-10	RT1412	Occupancy/Tourism	9.80
15-JUN-10	RT1412	Room Charge	140.00
15-JUN-10	RT1412	State Tax	11.20
15-JUN-10	RT1412	Occupancy/Tourism	9.80
16-JUN-10	MC	MasterCard/Euro	322.00-
		Balance Due	0.00

For your convenience, this is a zero balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file. While this folio reflects a \$0, balance, you may not be charged until after you depart. You are ultimately responsible for paying all of your charges. No need to stop by the Welcome Desk, simply check out & print your boarding pass via the Farewell Kiosk located by the lifts!

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telecom	Laundry	Other	Total	Payment
14-JUN-10	161.00	0.00	0.00	0.00	0.00	161.00	0.00
15-JUN-10	161.00	0.00	0.00	0.00	0.00	161.00	0.00
Total	322.00	0.00	0.00	0.00	0.00	322.00	0.00

Were all your wishes granted? Just let me know. [GMWAtlanta.Midtown@whotels.com](mailto:GMWAtlanta.Midtown@whotels.com). Explore a world of Wonder 24/7/365

As a Starwood Preferred Guest you have earned at least 560 Starpoints for this visit A50850162678

Charles Edwards  
 FOLIO 188192 14-JUN-10

RIP, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. CEDENVERDENVE062110_V01
5. a. NAME (Last, first, middle initial)  Edwards, Charles K.		b. SOCIAL SECURITY NO.  ***-**-*****	4. SCHEDULE NO.
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-[REDACTED]	6. PERIOD OF TRAVEL a. FROM 0006/21/10 b. TO 06/23/10
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00LQZ3 b. DATE(S) 06/09/10
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$
b. Amount to be applied	0.00	c. PAYEE'S SIGNATURE	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)			
D. Balance outstanding		11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <b>Traveler's Initials</b></span>	
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)
		DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)
0609101514FJ UZTG 016789869157 5	4.35	XD	
ACCOUNTING CLASSIFICATION: 10 06092010 093458-20YY^FIG5000000^FIG0200SEYYXX^00000000^XXXXXXX^ 1,815.00 NR-	1,084.70	UA	YEG-Edmonton, C DEN-Denver, Co (Us
	13.50		
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶	DATE
		AMOUNT CLAIMED ▶	1815.00
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).			
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶		a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	Certifier's initials:	
c. MONTH & YEAR		\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		\$ 0.00	
DATE		d. NET TO TRAVELER ▶ \$ 1815.00	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE			

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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

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

PAGE **2**

TRAVEL AUTHORIZATION NO.

00LQZ3

TRAVELER'S LAST NAME

Edwards

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
06/21		D-:Edmonton, AB Ca								0.500			
06/21		AIR FARE (GOVCC-I)								0.00			108.70
06/21		A-:DENVER (DENVER)				49.50		150.00	199.50			199.50	
06/21		Rental Car No Reservations								0.00			11.90
06/21		TMC FEE (GOVCC-I)								0.00			1.35
06/21		POV								78.00	39.00		
06/21		PARKING/TOLLS											30.00
06/21		GAS-RENTAL/GOVMT VEHICLE											10.25
06/21		EXCESS BAGGAGE											23.00
06/22		Subsistence				66.00		150.00	216.00			216.00	
06/23		D-:DENVER (DENVER)											
06/23		A:RES: [REDACTED]											
06/23		Subsistence				49.50			49.50			49.50	
06/23		TAXES: LODGING-DOMESTIC											22.80
06/23		TAV Fee -D											
06/23		EXCESS BAGGAGE											25.00
										<b>SUBTOTALS</b>	39.00	465.00	1311.00
										<b>TOTALS</b>	39.00	465.00	1311.00

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,815.00

PERSON

ENTERPRISE  
CAR RENTAL

670

CONOCO/CIRCLE K#6546  
7680 PENA BLVD  
DENVER, CO 802490000  
/R 2 /S 1 /T 135 /C 0233  
06/23/2010 05:46:30 Store#6546  
Phone 303-342-3460

Complete a Survey at  
WWW.GASVISIT.COM

3 FUEL PREPAY REFUND \$-9.75  
Pump #10 Prepay / Preset \$20.00  
3.489 GAL @ \$2.939  
UNLEADED = \$10.25  
TOTAL \$-9.75  
CHANGE DUE \$9.75

AND WIN FREE GAS!

Complete a Survey at  
WWW.GASVISIT.COM  
AND WIN FREE GAS!

RA 108894782 Inv 0  
Rental 21-JUN-2010 05:37 PM  
ER DENVER INTL ARPT 12E1  
Return 23-JUN-2010 06:09 AM  
ER DENVER INTL ARPT 12E1

EDWARDS CHARLES  
Vehicle # 8L729017  
Model SENTRA  
Class Driven ICAR Class Charged ICAR  
License# [REDACTED] State/Province CO  
M/Kms Driven 104  
M/Kms Out 34303  
M/Kms In 34407

ETS/GOVERNMENT FEDERAL AGENCIES\*\*

Contract ID G169ETS  
Billing Ref 00820635816  
Charges No Unit Price Amount  
CDW/LDW 2 Days 0.00\*  
T & M 2 Days 36.00 72.00\*  
UNLIM M/KM 0 M/Kms 0.00\*  
4.00  
GOV ADMIN RT SPLINT \$5/D 10.00\*  
FACILITY USE FEE 3.20\*  
CONCESSION RECoup FEE 9.11\*  
@13.350 % 12.59

Total Charges USD 110.90

Deposit MC [REDACTED]

Amount Due USD 110.90

\* Taxable Items  
Subject to Audit  
For Reservations: 1-800-RENT-A-CAR



b2  
b6

Washington Dulles  
Int'l Airport

Card Account : XXXXXXXXXXXX [REDACTED]  
Card Type : Visa  
Authorization Code : 2783

Cashier : 17 Seq # 19770  
License Plate : XX [REDACTED]  
Ent : 13:25 06/18/10 Lane 0  
Exit: 14:44 06/23/10 Lane 83

b2  
b6  
b2  
b6

FEE \$ 60.00  
AMOUNT TEND \$ 60.00  
CASH \$ 0.00  
CREDIT CARD \$ 60.00  
CHECK \$ 0.00  
CHANGE CALC \$ 0.00

PAID AT CT \$ 60.00  
Taxes Included

\*\*\* Thank You \*\*\*

\$ 30 OFFICIAL

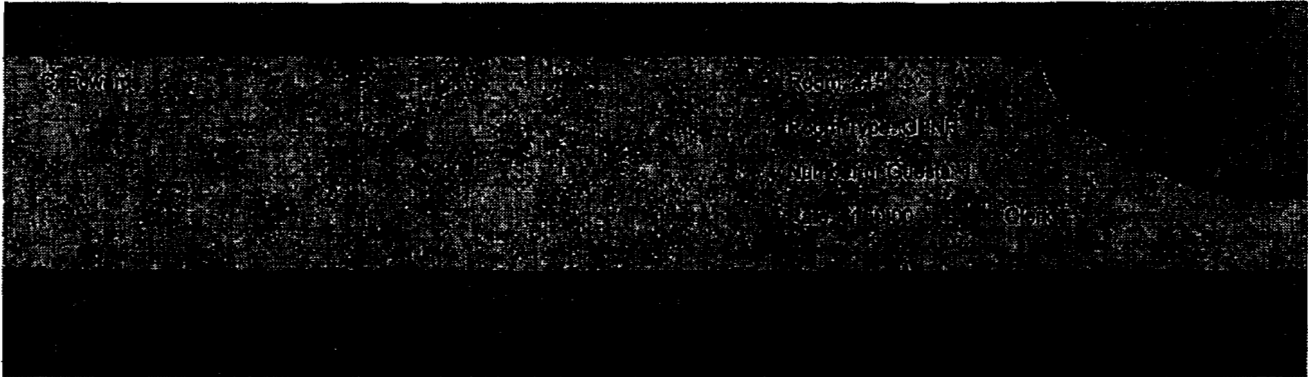
RIP, b2, b6

67c



Courtyard by Marriott  
Denver West  
Golden

14700 W 6th Ave  
Golden, Co 80401  
T 303.271.0776



21Jun10	Room Charge	150.00	
21Jun10	Room Tax	11.40	
22Jun10	Room Charge	150.00	
22Jun10	Room Tax	11.40	
23Jun10	Master Card		322.80

Card #: MCXXXXXXXXXXXX [REDACTED] XXXX  
Amount: 322.80 Auth: 046666 Signature on File  
This card was electronically swiped on 21Jun10

Balance: 0.00

b2  
b6

Marriott Rewards Account # XXXX7081. Your Marriott Rewards points/miles earned on your room rate will be credited to your account. For account activity: 801-468-4000 or MarriottRewards.com.

As requested, a final copy of your bill will be emailed to you at: [REDACTED]

See "Internet Privacy

b2  
b6

RIP, b2, b6

RIP



Thank you for choosing United

**E-Ticket Receipt and Itinerary**

Issued: Wed, Jun 16, 2010 /FARAA

**United**  
Confirmation #: N5F4GZ

[> Print Itinerary](#)

[Email Itinerary](#)      [Send](#)

**Flight info**

**Edmonton, AB (YEG)    Denver, CO (DEN)**

Flight	Depart	Arrive	Cabin	Seats
United 6537 Operated by: United Express/skywest Airlines	YEG 11:27 AM Mon, Jun 21, 2010	DEN 02:15 PM Mon, Jun 21, 2010	Economy (Y)	Flight: Confirmed N/A

Equipment: | Duration: | Non-stop | Fare code:  
Traveled miles: 0 | Award miles: |  
[Download to calendar](#)

**Denver, CO (DEN)    Washington, DC (IAD)**

Flight	Depart	Arrive	Cabin	Seats
United 581	DEN 08:43 AM Wed, Jun 23, 2010	IAD 02:03 PM Wed, Jun 23, 2010	Economy (Y)	Flight: Confirmed 08E

Equipment: 320 | Duration: 3h 20m | Non-stop | Fare code:  
Traveled miles: 1452 | Award miles: 1,452 | Food for Purchase  
[Download to calendar](#)

**Check-in information**

Please note that valid, government-issued photo identification must be presented at check-in.

**Ticket purchases**

**Passenger information    Fare details**

EDWARDS/  
CHARLES K  
Mileage Plus:  
Ticket#: 0167898691575  
Issued: Jun 16, 2010

Penalty:

**Fare summary**

Base Fare: 1,084.70 USD  
Taxes & Fees:  
Total: 1,084.70 USD

**Additional purchases**

Item	Credit card	Purchase date	Receipt #	Purchase amount
Bag Charges	?????? S	21JUN10	0164519291024	25.00 CAD
Bag Charges	?????? XXXXXXXXXXXX	22JUN10	0164519835265	23.00 USD

b2  
b6

[View baggage policies Updated](#)



your travel details  
pinpointed

sabre  Electronic  
virtuallythere Invoice

Prepared For:  
EDWARDS/CHARLES K

Ref: 000000000TRARCNFIG,00LQZ

SALES PERSON	JN
INVOICE NUMBER	0126013
INVOICE ISSUE DATE	16JUN2010
RECORD LOCATOR	FJUJTG
CUSTOMER NUMBER	0000314181

**Client Address**

AUTOMATION  
AUTOMATION  
AUTOMATION

**DATE: Mon, Jun 21**

**Flight: UNITED AIRLINES 6537**

From	EDMONTON INTL AB, CANADA	Departs	11:27am
To	DENVER, CO	Arrives	2:15pm
Duration	02hr(s) :48min(s)	Class	Economy
Type	CRJ-700 CANADAIR REGIONAL JET	Meal	
Stops	Non Stop		

**DATE: Mon, Jun 21**

**Car ENTERPRISE R A C  
DENVER, CO**

Pick Up	3:30pm	Drop Off	23JUN
Confirmation Number	959401278COUNT	Car Type	2/4 Door,Intermediate
CD.	G169ETS		

Phone



b2

Rate Plan For -	2 Days,0 Hours	USD	MI/KM	Extra MI/KM
	USD Rate	36.00	UNL	0.00
	Extra Day	36.00	UNL	0.00
	Extra Hour	17.33	UNL	0.00
	Mandatory Charges	38.90		
	Approximate Total Price	110.90	UNL	

b6

**DATE: Mon, Jun 21**

**Hotel: COURTYARD BY MC , COURTYARD DENVER WE  
14700 W 6TH AVE FRONTAGE RD**

RIP, b2, b6

RIP

**GOLDEN CO 80401**

Service City	DENVER	Check-Out	23JUN
Check-In	21JUN	Room Type	FEDROOMS GUEST ROOM, 1 KING, S
Rooms(s)	1	Rate per Night	150.00 USD
Night(s)	2	Frequent Traveler	
Confirmation Number	80031876		

Service Information	Phone	[REDACTED]	b2, b6
Guaranteed Late Arrival			

**DATE: Wed, Jun 23**

**Flight: UNITED AIRLINES 581**

From	DENVER, CO	Departs	8:43am
To	WASHINGTON DULLES, DC	Arrives	2:03pm
Duration	03hr(s) :20min(s)	Class	Economy
Type	AIRBUS INDUSTRIE A320 JET	Meal	Food for Purchase
Stops	Non Stop		
Seat(s) Details	EDWARDS/CHARLES K	Seat(s) - 16E	

**Ticket Information**

<b>Ticket Number</b>	UA 7898691575	EDWARDS CHARLES K		
<b>Billed to:</b>	CA XXXXXXXXX [REDACTED]		* 1,084.70	b2 b6
		<b>SubTotal</b>	<b>1,084.70</b>	
		<b>Net Credit Card Billing</b>	<b>1,084.70</b>	
			-----	
		<b>Total Amount Due</b>	<b>0.00</b>	

OFFICE HOURS ARE 800AM-800PM EST  
800-423-7458 DURING OFFICE HOURS  
FOR AFTER HOURS EMERGENCY ASSISTANCE CALL  
1-800-847-0242 - ACCESS CODE - [REDACTED]  
FOR ASSISTANCE FROM AN INTERNATIONAL LOCATION  
DIAL THE COLLECT NUMBER - 313-271-7887

b2

ACCESS YOUR ITINERARY VIA MY TRAVEL PLANS  
- WWW.AEIRWEB.COM

THE TOTAL SERVICE FEES CHARGED ARE 4.35  
U6-00LQZ3

Your travel arranger provides the information contained in this document. Virtually There® is not responsible for the content of this document. If you have any questions about the contents of this document, please contact your travel arranger.



RIP, b2, b6

RIP

virtually there

RIF

RIF

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEDALLASDALLA102510_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  *** - ** - *****		6. PERIOD OF TRAVEL a. FROM 0010/26/10		b. TO 10/28/10	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202 - [REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00SG8N		b. DATE(S) 10/19/10	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0.00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0.00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <b>Traveler's Initials</b></span>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
					FROM <small>(e)</small>	TO <small>(f)</small>	
1026101242KN		27.75	XD	10/26/10			
IPPI							
001793055715		714.40	AA	10/26/10	DCA-Washington,	DFW-Dallas / Ft. W	
6							
ACCOUNTING CLASSIFICATION:		11 10192010 130140-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXXX^ ^ ^ ^ ^ ^ -					
1,412.34 NR-		13.50					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE	AMOUNT CLAIMED ▶		1412.34
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶		DATE	17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
					a. DIFFERENCES, IF ANY (Explain and show amount)	\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL	c. MONTH & YEAR		
					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
					Certifier's initials: \$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00		
					d. NET TO TRAVELER ▶ \$ 1412.34		
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

RIP

b6

RIP

<b>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</b>	<b>INSTRUCTIONS TO TRAVELER</b> <i>(Unlisted items are self explanatory)</i>							Complete this information if this is a continuation sheet. <b>TRIP # 1</b> PAGES	
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)			Complete thru actual expense travel	Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (If purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.			PAGE <u>2</u> OF <u>1</u> PAGES	
								<b>TRAVEL AUTHORIZATION NO.</b> 00SG8N	
							<b>TRAVELER'S LAST NAME</b> Edwards		

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER	
			BREAKFAST	LUNCH	DINNER	TOTAL								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
10/26		D-: Washington ,DC								0.00				
10/26		TMC FEE (GOVCC-I)											27 75	
10/26		AIR FARE (GOVCC-I)								0.00			71 40	
10/26		A-:DALLAS (DALLAS)				53 25		100 00	153.25			153 25		
10/26		Rental Car No Reservations								0.00			18 01	
10/26		TAXI											20 00	
10/26		TAXES: LODGING-DOMESTIC											27 98	
10/26		PARKING/TOLLS											24 00	
10/26		GAS-RENTAL/GOVMT VEHICLE											18 70	
10/27		Subsistence				71 00		100 00	171.00			171 00		
10/28		D-:DALLAS (DALLAS)												
10/28		A:Washington ,DC												
10/28		Subsistence				53 25			53.25			53 25		
10/28		TAV Fee -D												
10/28		TAXI											20 00	
										<b>SUBTOTALS</b>		0 00	377 50	1034 94
										<b>TOTALS</b>		0 00	377 50	1034 94

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

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--	--	--

Rental Car  
cost

DOLLAR RENT A CAR  
 DFW AIRPORT  
 RENTAL RECORD: KU1278760  
 EDWARDS, CHARLES KUMA  
 COMPLETED BY: [REDACTED]  
 RENTED: DFW AIRPORT  
 RENTAL: 10-26-10 2126  
 RETURN: 10-28-10 1113  
 MILES IN: 17965 OUT: 17847  
 MILES DRIVEN: 118  
 CHECK IN FUEL LEVEL: 8 OUT: 8  
 GOVT RATE: GOVT  
 CLS: CDAR  
 2 DAYS @ \$36.00 \$72.00  
 SUBTOT \$72.00  
 TAXABLE TOT: \$72.00  
 TIME \$72.00  
 FACUSEFEE  
 2 DAYS @ \$4.00 \$8.00  
 LTRPPT  
 2 DAYS @ \$1.00 \$2.00  
 GARS  
 2 DAYS @ \$5.00 \$10.00  
 CTC  
 2 DAYS @ \$2.20 \$4.40  
 PASS 24  
 2 DAYS @ \$8.95 \$17.90  
 LDW1 INCL  
 APCDNRFEE \$11.10  
 CNTVRNTL \$5.38  
 RENTAL TAX \$10.75  
 TOTAL CHARGE \$141.53  
 NET DUE \$0.00  
 PAYMENTS -\$141.53  
 PAID BY: MC  
 CREDIT CARD: \*\*\*\*\* [REDACTED]

b6

b2

b6

Dix Mart  
 2344 Rental Car Drive  
 Euless, Tx 75261

SHELL 91002621764  
 2344 EAST RENTAL CAR DR  
 DALLAS, TX  
 75261

10/28/2010 11:01:40 AM 540108926

XXXX XXXX XXXX VISA  
 INVOICE 087307  
 AUTH 1A0201

b2

b6

PUMP 10  
 REGULAR 6.3216  
 PRICE/GAL 2.959

FUEL TOTAL \$ 18.70

Subtotal = \$ 18.70  
 Tax = \$ 0.00

Total = \$ 18.70

CREDIT \$ 18.70

You could've earned \$3 with the Shell  
 MasterCard! Apply today at  
 1-888-935-4161.

Phone 972-574-2195

RIP, b2, b6

RIP

For questions regarding this folio, please call  
Marriott Business Services toll-free 1-866-435-7627.



GUEST FOLIO

7120 Dallas Parkway, Plano, TX 75024 • 972.473.6444 • Marriott.com/DALPT  
MARRIOTT DALLAS/PLANO

301 EDWARDS/CHARLES/MR 100.00 10/28/10 08:41 [REDACTED] ACCT#  
 Room Name Rate Depart Time  
 NKNG CWTSAOTRAVEL 10/26/10 23:02  
 Type Arrive Time  
 17 STE 300  
 [REDACTED] MCXXXXXXXXXXXX [REDACTED] MRW#: XXXX [REDACTED]  
 Room Clerk Address Payment

b2  
b6

DATE	REFERENCE	CHARGES	CREDITS	BALANCE D.F.E
10/26	ROOM TR	300, 1 100.00		
10/26	STATE TX	300, 1 6.00	A	
10/26	CITY TX	300, 1 7.00	B	
10/27	SLF.PARK	10.26.10 12.00		
10/27	PARK TAX	10.26.10 .99	L	
10/27	ROOM TR	301, 1 100.00		
10/27	STATE TX	301, 1 6.00	A	
10/27	CITY TX	301, 1 7.00	B	
10/27	SLF.PARK	MDP 12.00		
10/27	PARK TAX	MDP .99	L	
10/28	CCARD-MC		251.98	
	SETTLED TO:	MASTERCARD	XXXXXXXXXXXX [REDACTED]	

b2  
b6

----- SUMMARY OF TAXES -----

DESCRIPTION	TAXED AMOUNT	TAX
G RECOVERY FEE	.00	.00
H TAX	.00	.00
I F&B TAX	.00	.00
J AV STATE SALES TAX	.00	.00
K PARKING TAX	.00	.00
L SELF PARKING	.00	1.98
M IN ROOM WATER	.00	.00
N NICKELODEON TAX	.00	.00
NET CHARGES	250.00	
TAX	1.98	
CREDITS	251.98	
FOLIO		.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
[REDACTED]  
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

b2

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

MARRIOTT DALLAS/PLANO  
7120 DALLAS PARKWAY  
PLANO, TX 75024  
972-473-6444 FAX: 972-473-6440

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

Signature X [REDACTED]

RIP, b2, b6

RIP





SatoTravel.

October 26, 2010

For: CHARLES KUMAR EDWARDS 000000000TRARCFIG,00SG8N

To: AUTOMATION  
AUTOMATION  
AUTOMATION  
AUTOMATION

Sales Person: [REDACTED] b6  
Locator: KNIPPI  
Customer Number: T1179SM

\*TICKET PURCHASED WITH IBA CA [REDACTED] b2  
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER b6  
\*NAME/INVOICE AND TICKET NUMBERS APPEAR  
\*IN THE PRICING BOX.

\*\*\*\*\*  
\*\*\*\*\* EXCHANGE TICKET INFORMATION \*\*\*\*\*  
PRIMARY ORIG TKT NBR 0017929677585 ISSD 20OCT10  
OLD TICKET/S - TOTAL AMT ..... 499.40  
NEW TICKET/S - TOTAL AMT ..... 499.40  
AIRLINE PENALTY/REISSUE FEES ..... 0.00  
ADDITIONAL AMOUNT CHARGED ..... 0.00  
\*\*\*\*\*

FEES TOTALING 28.25PP CHARGED IN ADDITION TO TKT PRICE  
FEE-USD28.25PP-AIR/RAIL/BUS AGENT ASSISTED

\*\*\*\*\* EXCHANGE TICKET INFORMATION \*\*\*\*\*  
PRIMARY ORIG TKT NBR 0017930557112 ISSD 25OCT10  
OLD TICKET/S - TOTAL AMT ..... 499.40  
NEW TICKET/S - TOTAL AMT ..... 714.40  
AIRLINE PENALTY/REISSUE FEES ..... 0.00  
ADDITIONAL AMOUNT CHARGED ..... 215.00  
\*\*\*\*\*

**Tuesday October 26, 2010**



American Airlines Flight Number: 1067  
Class of Service: Coach Class Y  
Depart: WASHINGTON/NATL,DC 6:25 Pm October 26, 2010  
Arrive: DALLAS/F.WORTH, TX 8:40 Pm October 26, 2010  
Equipment: Unknown  
Meal Service: None  
Status: Confirmed Confirmation Number: KNIPPI  
Reserved Seat: EDWARDS/CHARLES KUMAR 14D

**Tuesday October 26, 2010**



DALLAS/F.WORTH, TX  
MARRIOTT HOTELS MARRIOTT PLANO-LEGACY TOWN CTR  
7120 DALLAS PKWY  
PLANO TX 75024  
Phone Number: 972-473-6444  
Number of Rooms: 1  
Rate: 100.00 USD Per Night  
Check In: Oct 26, 2010  
Check Out: Oct 29, 2010

Confirmation Number: 86330565

**Tuesday October 26, 2010**



DOLLAR  
Pick Up: October 26, 2010 8:40 Pm

Compact  
Location: DALLAS/F.WORTH, TX  
DALLAS/F.WORTH, TX  
866-434-2226

Return: October 29, 2010 7:20 Am  
Daily Rate: 36.00 USD  
Unlimited Free Miles

Extra Days: 36.00 Extra Hours: 12.00

Approximate Total: 182.01 3Days 0Hours 74.01Mandatory Charge  
Confirmation Number: R1986951

**Friday October 29, 2010**



American Airlines  
Class of Service: Coach Class G  
Depart: DALLAS/F.WORTH, TX  
Arrive: WASHINGTON/NATL, DC  
Total Flight Time:  
Equipment: McDonnell Douglas MD-80  
Meal Service: Available For Purchase  
Status: Confirmed  
ARR-TERMINAL B  
ONEWORLD

Flight Number: 1360  
7:20 Am October 29, 2010  
11:15 Am October 29, 2010  
2 Hours 55 Minutes Non-Stop

Confirmation Number: KNIPPI

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
EDWARDS CHARLES KUMAR	22282/0017930557156/26OCT10	215.00				215.00
					TMC FEE	28.25
					Total Amount:	243.25

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT ..... [WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM](http://WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM) .....

FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM \*\*  
GO TO [WWW.TSA.GOV](http://WWW.TSA.GOV) \*\*

THANK YOU FOR USING CWTSATOTRAVEL.

LOCAL PHONE NUMBER IS 800-816-1870

YOUR REFERENCE CODE IS \*\*\* [REDACTED] \*\*\*

b2

FARES ARE NOT GUARANTEED UNTIL TICKETED.

b6

ALL UNUSED TICKETS ARE TO BE RETURNED TO YOUR TMC OR TRAVEL COORDINATOR IMMEDIATELY UPON RETURNING OR WHEN A TRIP HAS BEEN CANCELLED.

CHECK-IN FOR ALL FLIGHTS WILL REQUIRE PHOTO ID.

VERIFY REQUIREMENTS TO INTERNATIONAL DESTINATIONS.

IF CHANGES NEED TO BE MADE TO YOUR ELECTRONIC

TICKET RESERVATION, PLEASE CALL SATOTRAVEL

TO MAKE THOSE CHANGES WHENEVER POSSIBLE.

TO CANCEL A HOTEL RESERVATION, PLEASE CONTACT SATOTRAVEL

---

TO OBTAIN A CANCELLATION TRACKING NUMBER. THIS NUMBER  
WILL BE REQUIRED FOR ANY FUTURE INQUIRIES.

IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE  
RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE  
PLEASE RECEIVE SEAT ASSIGNMENTS AT CHECK IN.

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UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL  
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS  
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE  
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE  
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO  
.....\*\* [WWW.VIRTUALLYTHERE.COM](http://WWW.VIRTUALLYTHERE.COM) \*\*.....

ADD YOUR SABRE RESERVATION CODE AND NAME IN  
THE APPROPRIATE BOXES AND ENTER.  
HTL POLICY-CANCEL 6PM DAY ARR

# SatoTravel<sup>®</sup>

For: CHARLES KUMAR EDWARDS 000000000TRARCFIG,0OSG8N

To: AUTOMATION  
AUTOMATION  
AUTOMATION  
AUTOMATION

Sales Person: [REDACTED]  
Locator: KNIPPI  
Customer Number: T1179SM

b6

\*TICKET PURCHASED WITH IBA CA [REDACTED]  
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER  
\*NAME/INVOICE AND TICKET NUMBERS APPEAR  
\*IN THE PRICING BOX.

b2, b6

\*\*\*\*\*  
\*\*\*\*\* EXCHANGE TICKET INFORMATION \*\*\*\*\*

PRIMARY ORIG TKT NBR 0017929677585 ISSD 20OCT10  
OLD TICKET/S - TOTAL AMT ..... 499.40  
NEW TICKET/S - TOTAL AMT ..... 499.40  
AIRLINE PENALTY/REISSUE FEES ..... 0.00  
ADDITIONAL AMOUNT CHARGED ..... 0.00

\*\*\*\*\*  
\*\*\*\*\* EXCHANGE TICKET INFORMATION \*\*\*\*\*

PRIMARY ORIG TKT NBR 0017930557112 ISSD 25OCT10  
OLD TICKET/S - TOTAL AMT ..... 499.40  
NEW TICKET/S - TOTAL AMT ..... 714.40  
AIRLINE PENALTY/REISSUE FEES ..... 0.00  
ADDITIONAL AMOUNT CHARGED ..... 215.00

\*\*\*\*\*  
\*\*\*\*\* EXCHANGE TICKET INFORMATION \*\*\*\*\*

PRIMARY ORIG TKT NBR 0017930557156 ISSD 26OCT10  
OLD TICKET/S - TOTAL AMT ..... 249.70  
NEW TICKET/S - TOTAL AMT ..... 249.70  
AIRLINE PENALTY/REISSUE FEES ..... 0.00  
ADDITIONAL AMOUNT CHARGED ..... 0.00

\*\*\*\*\*  
FEES TOTALING 28.25PP CHARGED IN ADDITION TO TKT PRICE  
FEE-USD28.25PP-AIR/RAIL/BUS AGENT ASSISTED

## Thursday October 28, 2010



American Airlines  
Class of Service: Coach Class G  
Depart: DALLAS/F.WORTH, TX  
Arrive: WASHINGTON/NATL, DC  
Equipment: Unknown  
Meal Service: None  
Status: Confirmed  
Reserved Seat: EDWARDS/CHARLES KUMAR 10B

Flight Number: 808  
12:10 Pm October 28, 2010  
4:00 Pm October 28, 2010  
Confirmation Number: KNIPPI

<u>Name</u>	<u>Invoice / Ticket / Date</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
EDWARDS CHARLES KUMAR	22596/0017931652420/28OCT10	0.00				0.00
					Trip Fee	28.25
					<b>Total Amount:</b>	<b>28.25</b>

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT ..... [WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM](http://WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM) .....

.....  
**FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM \*\*  
GO TO [WWW.TSA.GOV](http://WWW.TSA.GOV) \*\***

THANK YOU FOR USING CWTSATOTRAVEL.  
LOCAL PHONE NUMBER IS 800-816-1870

YOUR REFERENCE CODE IS \*\* [REDACTED] \*\*\*

b6

FARES ARE NOT GUARANTEED UNTIL TICKETED.

ALL UNUSED TICKETS ARE TO BE RETURNED TO YOUR TMC OR TRAVEL COORDINATOR IMMEDIATELY UPON RETURNING OR WHEN A TRIP HAS BEEN CANCELLED.

CHECK-IN FOR ALL FLIGHTS WILL REQUIRE PHOTO ID.

VERIFY REQUIREMENTS TO INTERNATIONAL DESTINATIONS.

IF CHANGES NEED TO BE MADE TO YOUR ELECTRONIC

TICKET RESERVATION, PLEASE CALL SATOTRAVEL

TO MAKE THOSE CHANGES WHENEVER POSSIBLE.

TO CANCEL A HOTEL RESERVATION, PLEASE CONTACT SATOTRAVEL

TO OBTAIN A CANCELLATION TRACKING NUMBER. THIS NUMBER

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IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE

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\*\* GO TO [WWW.TSA.GOV](http://WWW.TSA.GOV) \*\*

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL

CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE

ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE

PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO

.....\*\* [WWW.VIRTUALLYTHERE.COM](http://WWW.VIRTUALLYTHERE.COM) \*\*.....

ADD YOUR SABRE RESERVATION CODE AND NAME IN THE APPROPRIATE BOXES AND ENTER.



<b>TRAVEL VOUCHER</b> <i>(Read Privacy Act Statement below)</i>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> CESANFRANCISC120110_V01	
5. a. NAME (Last, first, middle initial) Edwards, Charles Kumar.		b. SOCIAL SECURITY NO. ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0012/01/10 b. TO 12/03/10		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO. 202-		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00TME7 b. DATE(S) 11/19/10		10. CHECK NO.	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State)		11. PAID BY		8. TRAVEL ADVANCE	
a. Outstanding		b. Amount to be applied		c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		9. CASH PAYMENT RECEIPT	
D. Balance outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED		c. PAYEE'S SIGNATURE	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)		<b>ISSUING CARRIER</b> (Initials) (b)		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	
		<b>DATE ISSUED</b> (d)		<b>POINTS OF TRAVEL</b>			
				FROM (e)		TO (f)	
1119101036CT HHLZ 016793824118 7		4.35		XD		11/26/10	
ACCOUNTING CLASSIFICATION: 11 11192010 113033-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXX^ - 1,016.36 NR-		349.40		UA		11/26/10 IAD-Washington, SFO-San Francisco	
		15.00					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE		AMOUNT CLAIMED ▶	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						1016.36	
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
						\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
						Certifier's initials: \$	
						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
						d. NET TO TRAVELER ▶ \$ 1016.36	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 00TME7

TRAVELER'S LAST NAME Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12/01		D-: Washington, DC								0.500			
12/01		A-: OAKLAND, CA				45.75		94.00	139.75			139.75	
12/01		AIR FARE (GOVCC-I)								0.00			349.40
12/01		TMC FEE (GOVCC-I)								0.00			4.35
12/01		Rental Car No Reservations								0.00			163.07
12/01		POV								42.00	21.00		
12/01		POV								42.00	20.90		
12/01		PARKING/TOLLS											6.00
12/01		PARKING/TOLLS											59.80
12/01		PARKING/TOLLS											51.00
12/01		TAXES: LODGING-DOMESTIC											0.34
12/02		Subsistence				61.00		94.00	155.00			155.00	
12/03		D-: OAKLAND, CA											
12/03		A: Washington, DC											
12/03		Subsistence				45.75			45.75			45.75	
12/03		TAV Fee -D											
									<b>SUBTOTALS</b>		41.90	340.50	633.96
									<b>TOTALS</b>		41.90	340.50	633.96

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,016.36

ENTERPRISE

RA 112473070 Inv 0  
Rental 01-DEC-2010 03:45 PM  
ER SAN FRANCISCO AP CONS 23V9  
Return 03-DEC-2010 07:44 AM  
ER SAN FRANCISCO AP CONS 23V9

EDWARDS CHARLES  
Vehicle # BU101492  
Model OTS  
Class Driven LCAR Class Charged PCAR  
License# [REDACTED] State/Province WA  
M/Kms Driven 51  
M/Kms Out 8858  
M/Kms In 8909

ETS/GOVERNMENT FEDERAL AGENCIES\*\*  
Contract ID G169ETS  
Billing Ref 33221891159  
Charges No Unit Price Amount  
CDW/LDW 2 Days 0.00  
FSD 1 Rental 52.55 52.55\*  
T & M 2 Days 18.00 36.00\*  
UNLIM M/KM 0 M/Kms 0.00\*  
CAR CLS CH 2 Days 10.00 20.00\*  
GOV ADMIN RT SPLINT \$5/D 10.00\*  
CONCESSION RECOV FEE 13.17\*  
TOURISH FEE 1.96  
AIRPORT ACCESS FEE 20.00  
VLF 0.36  
@9.250 % 7.32  
FUEL SALES TAX @3.250 % 1.71

Total Charges USD 163.07

Deposit MC [REDACTED]

Amount Due USD 163.07

\* Taxable Items  
Subject to Audit  
For Reservators: 1-800-RENT-A-CAR



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OAKLAND MARRIOTT CITY CENTER

GUEST FOLIO

1230 EDWARDS/CHARLES/MR 94.00 12/03/10 06:28  
ROOM NAME RATE DEPART TIME ACCT#  
NSDB 12/01/10 17:14  
TYPE ARRIVE TIME  
24 XXX 0415  
ROOM NE 11111 MCXXXXXXXXXXXX  
CLERK XXX PAYMENT MRW#: XXXX

b2  
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DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
12/01	PARKING VALET 1	29.90		
12/01	ROOM 1230, 1	94.00		
12/01	TAX 1230, 1	13.16		
12/01	CA TRSM 1230, 1	.17		
12/02	PARKING VALET1	29.90		
12/02	ROOM 1230, 1	94.00		
12/02	TAX 1230, 1	13.16		
12/02	CA TRSM 1230, 1	.17		
12/02	TAX XMPT 12.02.10		26.32	AD
12/03	CCARD-MC		248.14	
	SETTLED TO: MASTERCARD		XXXXXXXXXXXX	
				.00

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AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

① Parking at Dulles - 51.00  
② Toll at Bay Bridge - 6.00

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

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



**eTicket Receipt**

**Prepared For**

**EDWARDS/CHARLES KUMAR [0000000000TRARCNFIG,00TME7]**

RESERVATION CODE	CTHHLZ
TICKET ISSUE DATE	26Nov2010
TICKET NUMBER	0167938241187
INVOICE NUMBER	0024668
ISSUING AIRLINE	UNITED AIRLINES
ISSUING AGENT	[REDACTED]
ISSUING AGENT LOCATION	SAN ANTONIO TX
IATA NUMBER	45644981
CUSTOMER NUMBER	T1179SM

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**Itinerary Details**

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
01Dec10	UNITED AIRLINES UA 285	WASHINGTON DULLES, DC  Time 12:20pm	SAN FRANCISCO, CA  Time 3:27pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance NIL Booking Status CONFIRMED Fare Basis YCAIAD Not Valid After 01 DEC
03Dec10	UNITED AIRLINES UA 120	SAN FRANCISCO, CA  Time 9:50am Terminal TERMINAL 3	WASHINGTON DULLES, DC  Time 5:58pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance NIL Booking Status CONFIRMED Fare Basis WCAIAD Not Valid After 01 DEC

**Payment/Fare Details**

Form of Payment	CREDIT CARD - MASTERCARD : XXXXXXXXXXXXX [REDACTED]
Endorsement / Restrictions	NONE
Fare Calculation Line	WAS UA SFO185.12YCAIAD UA WAS120.00WCAIAD USD 305.12END ZPIADSFOXT5.00AY

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RIP, b2, b6

RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEPARKERSBURG121010_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles Kumar.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM: 0012/10/10 b. TO: 12/10/10
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 00UAKD b. DATE(S): 12/07/10
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]	
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>	

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>				
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b> FROM (e) TO (f)
ACCOUNTING CLASSIFICATION: 11_12072010_135326-20YY^FIG100000^FIG0200SEYXX^0000000^XXXXXXXXX^----- 341.50 NR- 15.00					

<b>13.</b> I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.	<b>TRAVELER SIGN HERE</b> ▶	DATE	<b>AMOUNT CLAIMED</b> ▶	341.50
--	-----------------------------	------	-------------------------	--------

**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).

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b> Certifier's initials: \$
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b> \$ 0.00
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶			<b>d. NET TO TRAVELER</b> ▶ \$ 341.50

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru only for actual expense travel

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

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

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

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

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

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

**TRIP # 1**

**TRAVEL AUTHORIZATION NO. 00UAKD**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.500 NO. OF MILES (k)	AMOUNT CLAIMED								
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)						
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)													
12/10		D- : RES : [REDACTED] b6																	
12/10		A- : PARKERSBURG, WV					34.50			34.50					34.50				
12/10		POV																	
12/10		POV								307.00		153.50							
12/10		D- : PARKERSBURG, WV																	
12/10		A: RES : [REDACTED] b6																	
12/10		TAV Fee -D																	
										<b>SUBTOTALS</b>		307.00		341.50		0.00			
										<b>TOTALS</b>		307.00		341.50		0.00			

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

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

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

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

**TOTAL AMOUNT CLAIMED 341.50**

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. CEATLANTACOB121410_V01
5. a. NAME (Last, first, middle initial)  Edwards, Charles Kumar.		b. SOCIAL SECURITY NO.  ***-**-*****	4. SCHEDULE NO.
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-[REDACTED]	6. PERIOD OF TRAVEL a. FROM 0012/14/10 b. TO 12/17/10
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) OOTTYT b. DATE(S) 11/24/10
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT	
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$
b. Amount to be applied	0.00	c. PAYEE'S SIGNATURE	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		11. PAID BY	
D. Balance outstanding			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ Traveler's Initials</span>		
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)
			DATE ISSUED (d)
			POINTS OF TRAVEL
			FROM (e)
			TO (f)
001794123039 5	109.70	FL	12/09/10
332794123039 4	143.70	FL	12/09/10
1130101307GZ GDBF	4.35	XD	12/09/10
016794123039 6	105.70	FL	12/09/10
			DCA-Washington, ATL-Atlanta, GA
			DCA-Washington, ATL-Atlanta, GA
			DCA-Washington, ATL-Atlanta, GA
			DCA-Washington, ATL-Atlanta, GA
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.			
TRAVELER SIGN HERE ▶		DATE	AMOUNT CLAIMED ▶ 1182.47
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).			
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE ▶		a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE		\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials: \$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		d. NET TO TRAVELER ▶ \$ 1182.47	
DATE			
18. ACCOUNTING CLASSIFICATION SEE NEXT PAGE FOR ACCOUNTING CLASSIFICATIONS			



TRAVEL VOUCHER

TRAVEL AUTHORIZATION NUMBER(S)/DATE(S)

\*\*\*-\*\*-\*\*\*\*\* [REDACTED]

00TTYT 11/24/10

Edwards, Charles Kumar.

ACCOUNTING CLASSIFICATION:

11\_11302010\_140440-20YY^FIG1000000^FIG0200SEYYXX^00000000^XXXXXXXXXX^ ^^ ^^ -  
1,182.47 NR- 15.00

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

00TTYT

TRAVELER'S LAST NAME

Edwards

DATE	TIME <i>(Hour and am/pm)</i>	DESCRIPTION <i>(Departure/arrival city, per diem computation, or other explanation of expenses)</i>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12/14		D-:Washington ,DC								0.00			
12/14		AIR FARE (GOVCC-I)								0.00			105.70
12/14		AIR FARE (GOVCC-I)								0.00			109.70
12/14		TMC FEE (GOVCC-I)								0.00			4.35
12/14		AIR FARE (GOVCC-I)								0.00			143.70
12/14		A-:ATLANTA (COBB C				42.00		132.00	174.00			174.00	
12/14		TAXI											20.00
12/14		TAXES: LODGING-DOMESTIC											39.50
12/15		Subsistence				56.00		132.00	188.00			188.00	
12/15		TAXI											20.00
12/16		D-:ATLANTA (COBB C											
12/16		A-:CHICAGO, IL				71.00		128.00	199.00			199.00	
12/16		TAXI											40.00
12/17		D-:CHICAGO, IL											
12/17		A:WASHINGTON ,DC											
12/17		Subsistence				53.25			53.25			53.25	
12/17		TAXES: LODGING-DOMESTIC											25.17
12/17		TAV Fee -D											
12/17		TAXI											40.00
12/17		TAXI											20.00
									<b>SUBTOTALS</b>		0.00	614.25	568.22
									<b>TOTALS</b>		0.00	614.25	568.22

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

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

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

**TOTAL AMOUNT CLAIMED** 1,182.47



ATLANTA MARRIOTT MARQUIS

GUEST FOLIO

203 EDWARDS/CHARLES/MR 132.00 12/16/10 07:32 [REDACTED]  
 ROOM NAME RATE DEPART TIME ACCT#  
 6K DHS OIG 12/14/10 22:02  
 TYPE ARRIVE TIME  
 178 245 MURRAY DR SW BL PASSPORT:  
 WASHINGTON DC MCXXXXXXXXXXXXXXXXXXXXX  
 ROOM 20528 PAYMENT MRW#:  
 CLERK ADDRESS

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
------	-----------	---------	---------	-------------

12/14	ROOM TR	203, 1	132.00	
12/14	STATE TX	203, 1	10.56 -	
12/14	CITY TAX	203, 1	9.24 -	
12/15	ROOM TR	203, 1	132.00	
12/15	STATE TX	203, 1	10.56 -	
12/15	CITY TAX	203, 1	9.24 -	
12/16	CCARD-MC			303.60
PAYMENT RECEIVED BY MASTER CARD				XXXXXXXXXXXXXXXXXXXXX

39.60  
Taxes

----- EXP. REPORT SUMMARY -----				.00
12/14	ROOM TR		132.00	
	STATE TX		10.56	
	CITY TAX		9.24	
12/15	ROOM TR		132.00	
	STATE TX		10.56	
	CITY TAX		9.24	

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

b6



ATLANTA MARRIOTT MARQUIS  
 265 PEACHTREE CENTER  
 ATLANTA, GA 30303

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

Signature X \_\_\_\_\_

REG 003 EDWARDS/CHARLES/MR 128.00 12/17/10 12:00 [REDACTED]  
 ACCT#  
 MAIN 4 12/16/10 13:54  
 47

Room Clerk Address Payment RWD#: XXXX [REDACTED]

b2, b6

12/16 LOCAL	1778-LOC	1.12	}
12/16 LOCAL	1832-LOC	1.04	
12/16 LOCAL	2353-LOC	1.04	
12/16 LOCAL	2356-LOC	1.10	
12/16 LOCAL	2358-LOC	1.16	
12/16 ROOM	803, 1	128.00	
12/16 CITY TAX	803, 1	19.71	
12/17 MC CARD			

\$ 25.17

19.71 AB  
 \$153.17

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING THE CHICAGO RENAISSANCE! TO EXPEDITE YOUR CHECK OUT, PLEASE DIAL EXT 4444 OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

----- SUMMARY OF TAXES -----			
DESCRIPTION	TAXED AMOUNT	TAX	
P FD SUNDRY TAX	.00	.00	
NET CHARGES	TAX	CREDITS	FOLIO
153.17	.00	.00	153.17

Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

For questions regarding this folio, please call  
 Marriott Business Services toll-free 1-866-435-7627.



RIP, b2, b6

RIP

your travel details  
pinpointed

sabre  
virtuallythere

PREPARED FOR  
**CHARLES KUMAR EDWARDS**  
RESERVATION CODE  
**GZGDBF**

TRIP TO  
**WASHINGTON REAGAN, DC**  
TRAVEL DATES  
**Dec 16 - Dec 17**

•Ticket Receipt(s)

3327941230394 - EDWAR/C  
0017941230395 - EDWAR/C  
0167941230396 - EDWAR/C

Travel Arranger Priority Comments

\*TICKET PURCHASED WITH IBA CA  
THIS DOCUMENT BECOMES AN INVOICE WHEN THE PASSENGER  
\*NAME/INVOICE AND TICKET NUMBERS APPEAR  
\*IN THE PRICING BOX.

b2, b6

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



<b>AMERICAN AIRLINES</b> <b>AA 3827</b> OPERATED BY <b>AMERICAN EAGLE</b>	Departing At <b>11:45am</b> Terminal <b>NORTH TERMINAL</b>	Arriving At <b>12:45pm</b> Terminal <b>TERMINAL 3</b>
Passenger Name » <b>CHARLES KUMAR EDWARDS</b>	Seats <b>11A / Confirmed</b>	Frequent Flyer Number [REDACTED] <b>AMERICAN AIRLINES</b>
Airline Reservation Code <b>GZGDBF</b>	Duration <b>02hr(s) :00min(s)</b>	Status <b>Confirmed</b>
Aircraft <b>CRJ-700 CANADAIR REGIONAL JET</b>	Gate <b>Check for Latest Information</b>	Meals <b>Food For Purchase</b>
Smoking <b>No</b>	Stop(s) <b>0</b>	Distance (in Miles) <b>0600</b>

Please verify flight times prior to departure



<b>UNITED AIRLINES</b> <b>UA 7487</b> OPERATED BY <b>UNITED EXPRESS/SHUTTLE AMERICA</b>	Departing At <b>09:05am</b> Terminal <b>TERMINAL 1</b>	Arriving At <b>11:46am</b> Terminal <b>TERMINAL C</b>
Passenger Name » <b>CHARLES KUMAR EDWARDS</b>	Seats <b>14C / Confirmed</b>	Frequent Flyer Number [REDACTED] <b>AMERICAN AIRLINES</b>
Airline Reservation Code <b>XXTZ8</b>	Duration <b>01hr(s) :41min(s)</b>	Status <b>Confirmed</b>
Aircraft <b>EMBRAER JET</b>	Gate <b>Check for Latest Information</b>	Meals <b>Food For Purchase</b>
Smoking <b>No</b>	Stop(s) <b>0</b>	Distance (in Miles) <b>0594</b>

Please verify flight times prior to departure

b2  
b6

RIP, b2, b6

RIP

**Notes**

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT ..... [WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM](http://WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM) .....

.....  
FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM \*\*  
GO TO [WWW.TSA.GOV](http://WWW.TSA.GOV) \*\*

THANK YOU FOR USING CWTSATOTRAVEL.

LOCAL PHONE NUMBER IS 800-816-1870

YOUR REFERENCE CODE IS \*\* [REDACTED] \*\*

b2, b6

FARES ARE NOT GUARANTEED UNTIL TICKETED.  
ALL UNUSED TICKETS ARE TO BE RETURNED TO YOUR TMC OR TRAVEL COORDINATOR IMMEDIATELY UPON RETURNING OR WHEN A TRIP HAS BEEN CANCELLED.  
CHECK-IN FOR ALL FLIGHTS WILL REQUIRE PHOTO ID.  
VERIFY REQUIREMENTS TO INTERNATIONAL DESTINATIONS.  
IF CHANGES NEED TO BE MADE TO YOUR ELECTRONIC TICKET RESERVATION PLEASE CALL SATOTRAVEL TO MAKE THOSE CHANGES WHENEVER POSSIBLE.  
TO CANCEL A HOTEL RESERVATION PLEASE CONTACT SATOTRAVEL TO OBTAIN A CANCELLATION TRACKING NUMBER. THIS NUMBER WILL BE REQUIRED FOR ANY FURURE INQUIRIES.  
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE PLEASE RECEIVE SEAT ASSIGNMENTS AT CHECK IN.  
PLEASE NOTE \*\* EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGTS WEB SITE AT [WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM](http://WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM)

RIP, b2, b6

RIP

Mr. Charles Edwards  
2009 travel vouchers  
and receipts



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEEMMITSBURGM061709_V01				
5. a. NAME (Last, first, middle initial)  Edwards, Charles K.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0006/17/09		b. TO 06/17/09				
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO. 202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) 007YBL		b. DATE(S) 07/09/09				
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.						
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY						
a. Outstanding		0 00		a. DATE RECEIVED		b. AMOUNT RECEIVED				
b. Amount to be applied		0 00				\$				
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE						
D. Balance outstanding										
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <i>Traveler's Initials</i></span>								
		AGENT'S VALUATION OF TICKET <small>(a)</small>		ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small>		TO <small>(f)</small>	
ACCOUNTING CLASSIFICATION: 09_06162009_095048-20YY^FIG500000^FIG0200SEY^XX^0000000^XXXXXXXXX^----- 68.20 NR- 13.50										
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.										
TRAVELER SIGN HERE ▶						DATE		AMOUNT CLAIMED ▶		68.20
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).										
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION				
APPROVING OFFICIAL SIGN HERE ▶						DATE		a. DIFFERENCES, IF ANY (Explain and show amount)		\$
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION				
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials:		\$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$		0 00
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶						DATE		d. NET TO TRAVELER ▶		\$ 68.20
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE										

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

007YBL

TRAVELER'S LAST NAME

Edwards

DATE	TIME (Hour end am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.550 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
20 09		b6											
06/17		D- : RES : [REDACTED]											
06/17		A- : EMMITSBURG, MD											
06/17		POV							62.00	34	10		
06/17		POV							62.00	34	10		
06/17		D- : EMMITSBURG, MD											
06/17		A- : EMMITSBURG, MD											
06/17		A- : EMMITSBURG, MD											
06/17		D- : EMMITSBURG, MD											
06/17		D- : EMMITSBURG, MD											
06/17		A: RES : [REDACTED]		b6									
06/17		TAV Fee -D											
									<b>SUBTOTALS</b>	68	20	01 00	0 00
									<b>TOTALS</b>	68	20	01 00	0 00

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

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

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

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

**TOTAL AMOUNT CLAIMED** 68.20

<b>TRAVEL VOUCHER</b> <i>(Read Privacy Act Statement below)</i>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CEPARKERSBURG062909_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles K.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM 0006/29/09 b. TO 06/29/09	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 007Y9E b. DATE(S) 07/09/09	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

b6

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

<b>11. PAID BY</b>
--------------------

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</i>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				▶ <b>Traveler's Initials</b>	
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				FROM (e)	TO (f)	
ACCOUNTING CLASSIFICATION: 09 06162009 095048-20YY^FIG5000000^FIG0200SEY^XX^0000000^XXXXXXXX^ - 348.70 NR- 13.50						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>		<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	348.70
--	--	-----------------------------	-------------	-------------------------	--------

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

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

<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>			<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b> Certifier's initials: \$
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	<b>DATE</b>		
			d. <b>NET TO TRAVELER</b> ▶ \$ 348.70

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru for actual expense travel

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
007Y9E

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.550 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(e)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
09 20		b6											
06/29		D- : RES : ██████████ A- : PARKERSBURG, WV											
06/29		POV								317.00	174	35	
06/29		POV								317.00	174	35	
06/29		D- : PARKERSBURG, WV											
06/29		A : RES : ██████████	b6										
06/29		TAV Fee -D											
										<b>SUBTOTALS</b>	348.70	01.00	0.00
										<b>TOTALS</b>	348.70	01.00	0.00

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

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

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

**TOTAL AMOUNT CLAIMED** 348.70

**Mr. Charles Edwards  
2008 travel vouchers  
and receipts**

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b> CEGETTYSBURGP050608_V01	
<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles K.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****		<b>6. PERIOD OF TRAVEL</b> a. FROM: 0005/06/08 b. TO: 05/08/08		<b>4. SCHEDULE NO.</b>	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]		<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S): 0000Z2 b. DATE(S): 04/29/08		<b>10. CHECK NO.</b>	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>11. PAID BY</b>			
<b>8. TRAVEL ADVANCE</b>		<b>9. CASH PAYMENT RECEIPT</b>					
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)							
D. Balance outstanding							
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">▶ <b>Traveler's Initials</b></span>					
		<b>AGENT'S VALUATION OF TICKET</b> (a)		<b>ISSUING CARRIER</b> (Initials) (b)		<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	
				<b>DATE ISSUED</b> (d)		<b>POINTS OF TRAVEL</b>	
						FROM (e) TO (f)	
ACCOUNTING CLASSIFICATION: 08_04302008_140511-20YY^FIG5000000^FIG0200SEYXX^00000000^XXXXXXX^----- 384.50 NR-0.00							
COMMENTS: Support COOP Exercise 6-8 May 2008							
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>		<b>TRAVELER SIGN HERE</b> ▶		<b>DATE</b>		<b>AMOUNT CLAIMED</b> ▶	
						384.50	
<b>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</b>							
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>		<b>APPROVING OFFICIAL SIGN HERE</b> ▶		<b>DATE</b>		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>	
						a. DIFFERENCES, IF ANY (Explain and show amount)	
						\$	
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b>		<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>			
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
						Certifier's initials:	
						\$	
<b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶		<b>DATE</b>		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
						d. <b>NET TO TRAVELER</b> ▶	
						\$ 384.50	
<b>18. ACCOUNTING CLASSIFICATION</b> SEE BLOCK 12 ABOVE							



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**  
0000Z2

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.505 NO. OF MILES (k)	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)			
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)										
05/06		D-: WASHINGTON, DC														
05/06		A-: EMMITSBURG, MD				29	25		98	00	127.25			127	25	
05/06		POV									68.00		34	34		
05/06		TAXES: LODGING-DOMESTIC														8.52
05/07		Subsistence				39	00		98	00	137.00			137	00	
05/08		D-: EMMITSBURG, MD														
05/08		POV	b6								68.00		34	34		
05/08		A: RES: [REDACTED]														
05/08		Subsistence				29	25				29.25			29	25	
05/08		TAV FEE -I														13.50
										<b>SUBTOTALS</b>	68	68	293	50	22	52
										<b>TOTALS</b>	68	68	293	50	22	52

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

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

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

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

**TOTAL AMOUNT CLAIMED** 384.50



## eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968- [REDACTED]. If you are dialing from outside of the United States then use the telephone number 800- [REDACTED] (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Documentation/Receipts may take up to five minutes to appear on the document.

b2



CEGETTYSBURGP050608\_V01

Fax cover sheet requested by: [REDACTED]

b6

Note: Bar code must be present above.

Notes



b2

RIP, b2, b6







**Wyndham Gettysburg Hotel**

**95 Presidential Circle  
Gettysburg, PA 17325  
US**

**INFORMATION INVOICE**

Arrival : 05-07-08  
Departure : 05-08-08  
Company Name : Government/Federal  
**Charles Edwards**  
  
**CA**

Invoice # :  
Reference # :  
Room No. : 0332  
Page No. : 1 of 1  
Membership No. :  
Conf. No. : 208103  
Cashier No. :  
A/R Number :

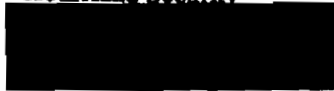
Date	Description	Reference	Charges	Credits
05-07-08	ROOM CHARGE		98.00	
05-07-08	Occ Tax-City	b2, b6	2.94	
05-07-08	Occ Tax-State		5.88	
05-08-08	MasterCard	XXXXXXXXXXXX [REDACTED] XX/XX		106.82
<b>Total</b>			<b>106.82</b>	<b>106.82</b>
<b>Balance</b>				<b>0.00</b>

Please contact the Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-548-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

Eisenhower Hotel  
2634 Emmitsburg Road  
Gettysburg, PA 17325  
Tel: 717-334-8121  
Fax: 717-334-6066

Page No. 1

Guest Name: Charles Edwards  
Homeland Security



USA b6

Room #: 245  
Folio#: R38F18  
Group #: 4855  
Guests: 1  
Clerk: b6

Arrive: 05/06/08 Time: 10:57 PM Depart: 05/07/08 Time: 11:15 AM Stat: HIST

Date	Description	Reference	Comment	Charges	Credits
05/06/08	ROOM	245		\$98.00	
05/07/08	PAY MAST	Ck Out 11:15	*****  b2, b6		(\$98.00)
Folio Balance:				\$0.00	

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

RIP, b2, b6 RIP

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. CEPARKERSBURG072108_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Charles K.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 0007/21/08		b. TO 07/25/08	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S)  0011XX		b. DATE(S)  07/11/08	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) [REDACTED]		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		0 00		a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied		0 00				\$	
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ Traveler's Initials</span>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>		ISSUING CARRIER <small>(Initials)</small>		MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	
		DATE ISSUED <small>(d)</small>		POINTS OF TRAVEL FROM <small>(e)</small>		TO <small>(f)</small>	
ACCOUNTING CLASSIFICATION: 08_04302008_140511-20YY^FIG5000000^FIG0200SEY^XX^00000000^XXXXXXXXXX^----- 964.26 NR- 0.00							
COMMENTS: Attending and speaking at the 21-25 July 2008 Administrative Conference in Parkersburg, WV.							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE ▶		DATE		AMOUNT CLAIMED ▶	
						964.26	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE ▶		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
						\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
						Certifier's initials: \$	
						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0 00	
						d. NET TO TRAVELER ▶ \$ 964.26	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

b6

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

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

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

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

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

**TRAVEL AUTHORIZATION NO.**  
0011XX

**TRAVELER'S LAST NAME**  
Edwards

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.505 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
08 20		b6												
07/21		D-:RES: [REDACTED]												
07/21		A-:PARKERSBURG, WV				29.25			109.00	138.25			138.25	
07/21		POV									620.00	313.10		
07/22		Subsistence				39.00			109.00	148.00			148.00	
07/23		Subsistence				39.00			109.00	148.00			148.00	
07/24		Subsistence				39.00			109.00	148.00			148.00	
07/24		TAXES: LODGING-DOMESTIC												26.16
07/25		D-:PARKERSBURG, WV												
07/25		A:RES: [REDACTED]												
07/25		Subsistence				29.25				29.25			29.25	
07/25		TAV FEE -I												13.50
										<b>SUBTOTALS</b>		313.10	611.50	39.66
										<b>TOTALS</b>		313.10	611.50	39.66

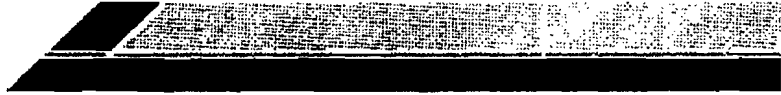
If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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

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

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

**TOTAL AMOUNT CLAIMED** 964.26



# eTravel Documentation/Receipts Cover Page

Please fax this cover page, together with your documentation/receipts to 1-800-968- [redacted] If you are dialing from outside of the United States then use the telephone number 800- [redacted] 0 (with the appropriate international prefix). Your long distance telephone company may charge you for this call. Documentation/Receipts may take up to five minutes to appear on the document.

b2



CEPARKERSBURG072108\_V01

Fax cover sheet requested by: [redacted]

b6

Note: Bar code must be present above.

### Notes

b2

RIP, b2, b6





The Blennerhassett Hotel  
320 Market Street  
Parkersburg, WV 26101  
Ph: 304-422-3131 Fx: 304-865-2260  
www.theblennerhassett.com

1 of 1  
July 25, 2008

Reservation Number 79272

Send to Charles Edwards

Phone

Guest Name Charles Edwards

Arrival Date  
7/21/2008

Departure Date  
7/25/2008

Group Homeland Security

Room Information

336 - Intermediate King

Bill To Edwards, Charles

Phone

Folio Number 134117

Trans Date	Description	Voucher	Amount
<b>Charges</b>			
7/21/2008	Group Government Room Chgs.	all-336	109.00
7/21/2008	Hotel Sales Tax	all-336	6.54
7/21/2008	Occupancy Tax	all-336	6.54
7/22/2008	Group Government Room Chgs.	all-336	109.00
7/22/2008	Hotel Sales Tax	all-336	6.54
7/22/2008	Occupancy Tax	all-336	6.54
7/23/2008	Hotel Sales Tax	336	-13.06
7/23/2008	Group Government Room Chgs.	all-336	109.00
7/23/2008	Occupancy Tax	all-336	6.54
7/24/2008	Group Government Room Chgs.	all-336	109.00
7/24/2008	Occupancy Tax	all-336	6.54
<b>Total Charges</b>			<b>462.16</b>
<b>Balance Due:</b>			<b>462.16</b>

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

Guest Signature



<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b> DEPARTMENT OF HOMELA	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> CECHARLOTTEV110308_V01
			<b>4. SCHEDULE NO.</b>

<b>5. a. NAME (Last, first, middle initial)</b> Edwards, Charles K.		<b>b. SOCIAL SECURITY NO.</b> ***-**-*****	<b>6. PERIOD OF TRAVEL</b> a. FROM 0011/03/08 b. TO 11/07/08	
<b>c. MAILING ADDRESS (Include ZIP Code)</b> [REDACTED]		<b>d. OFFICE TELEPHONE NO.</b> 202-[REDACTED]	<b>7. TRAVEL AUTHORIZATION</b> a. NUMBER(S) 002MQR b. DATE(S) 10/31/08	
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> [REDACTED]		<b>10. CHECK NO.</b>

b6

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

<b>11. PAID BY</b>
--------------------

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				▶ <b>Traveler's Initials</b>	
	<b>AGENT'S VALUATION OF TICKET</b> (a)	<b>ISSUING CARRIER</b> (Initials) (b)	<b>MODE CLASS OF SERVICE AND ACCOMMODATIONS</b> (c)	<b>DATE ISSUED</b> (d)	<b>POINTS OF TRAVEL</b>	
				FROM (e)	TO (f)	
ACCOUNTING CLASSIFICATION: 09 10312008 080648-20YY^FIG500000^FIG0200SEY^XX^0000000^XXXXXXXXXX^----- 228.28 NR- 13.50						
COMMENTS: Training conference at the Federal Executive Institute						

<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>		<b>TRAVELER SIGN HERE</b> ▶	<b>DATE</b>	<b>AMOUNT CLAIMED</b> ▶	228.28
--	--	-----------------------------	-------------	-------------------------	--------

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

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

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

<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶	<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):</b>	\$ 0.00
	<b>d. NET TO TRAVELER</b> ▶	\$ 228.28

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



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete thru actual expense travel

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

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

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

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

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

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

**TRIP # 1**

**TRAVEL AUTHORIZATION NO. 002MQR**

**TRAVELER'S LAST NAME Edwards**

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.585 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
20 08		b6												
11/03		D-:RES: [REDACTED]												
11/03		A-:CHARLOTTESVILLE				33.00				33.00			33.00	
11/03		POV								131.00	76.64			
11/04		Subsistence				3.00							3.00	
11/05		Subsistence				3.00							3.00	
11/06		Subsistence				3.00							3.00	
11/07		D-:CHARLOTTESVILLE												
11/07		POV								131.00	76.64			
11/07		A:RES: [REDACTED]	b6											
11/07		Subsistence				33.00				33.00			33.00	
11/07		TAV FEE -D												
									<b>SUBTOTALS</b>	153.28	75.00	0.00		
									<b>TOTALS</b>	153.28	75.00	0.00		

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

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

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

**TOTAL AMOUNT CLAIMED** 228.28

**Copies of SF-50  
for  
Mr. Charles Edwards**

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>EDWARDS, CHARLES K</b>	2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]	4. Effective Date <b>02/17/08</b>
--	---	--------------------------------	--------------------------------------

**FIRST ACTION**

**SECOND ACTION**

5-A. Code <b>500</b>	5-B. Nature of Action <b>CONV TO CAREER APPT</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>BNY</b>	5-D. Legal Authority <b>CS RULE 6.7-DHS/TSA</b>	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number <b>SUPERVISORY PROGRAM ANALYST 90200837 012591</b>	15. TO: Position Title and Number <b>PROGRAM MANAGER 07Q51001 07Q510</b>
--	---

8. Pay Plan <b>SV</b>	9. Occ. Code <b>0343</b>	10. Grade/Level <b>K</b>	11. Step/Rate <b>00</b>	12. Total Salary <b>151,545.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0340</b>	18. Grade/Level <b>15</b>	19. Step/Rate <b>10</b>	20. Total Salary/Award <b>149,000.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>125,358.00</b>	12B. Locality Adj. <b>26,187.00</b>	12C. Adj. Basic Pay <b>151,545.00</b>	12D. Other Pay <b>.00</b>	20A. Basic Pay <b>124,010.00</b>	20B. Locality Adj. <b>24,990.00</b>	20C. Adj. Basic Pay <b>149,000.00</b>	20D. Other Pay <b>.00</b>				

14. Name and Location of Position's Organization <b>TRANSPORTATION SECURITY ADMINISTRATION INSPECTION Business Management Office</b>	22. Name and Location of Position's Organization <b>OFFICE OF THE INSPECTOR GENERAL OFFICE OF ADMINISTRATION AIG FOR ADMINISTRATION DIV  HS OG051000000000000000 PP 04 2008</b>
---	--

**EMPLOYEE DATA**

23. Veterans Preference [REDACTED] 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	24. Tenure [REDACTED] 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF [REDACTED] YES [REDACTED] NO
27. FEGLI [REDACTED]	28. Annuity Indicator [REDACTED]	29. Pay Rate Determinant <b>0</b>	
30. Retirement Plan [REDACTED]	31. Service Comp. Date (Leave) <b>05/19/90</b>	32. Work Schedule <b>F FULL TIME</b>	33. Part-Time Hours Per Biweekly Pay Period

**POSITION DATA**

34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	35. FLSA Category <b>E</b> E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status <b>8888</b>
38. Duty Station Code <b>11-0010-001</b>	39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON DIST OF COLUMBIA DC</b>		

40. Agency Data	41.	42.	43.	44.
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45. Remarks  
**COMPLETED SERVICE REQUIREMENT FOR CAREER TENURE FROM 5/9/1990 TO 5/9/1993.  
 FROZEN SERVICE: YRS. MOS.**  
 [REDACTED]  
**PREVIOUS RETIREMENT COVERAGE: PREVIOUSLY COVERED.  
 OPF MAINTAINED BY BUREAU OF THE PUBLIC DEBT, 200 THIRD STREET, PARKERSBURG, WV 26106.  
 POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND.**  
 [REDACTED]  
**PREVIOUSLY EMPLOYED AT SV-K/00, \$145,036.00.  
 PROBATIONARY PERIOD FOR SUPERVISORY OR MANAGERIAL POSITION COMPLETED.**  
 [REDACTED]  
**SELECTED FROM CERTIFICATE #PI-07-CEM-00387S0 DATED 7/16/07.**

46. Employing Department or Agency <b>HOMELAND SECURITY</b>	50. Signature/Authentication and Title of Approving Official [REDACTED]
47. Agency Code <b>HS OG</b>	48. Personnel Office ID <b>2731</b>
	49. Approval Date <b>02/15/08</b>

**NOTIFICATION OF PERSONNEL ACTION**

1. Name (Last, First, Middle) EDWARDS, CHARLES K	2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]	4. Effective Date 04/26/09
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**FIRST ACTION**

**SECOND ACTION**

5-A. Code 542	5-B. Nature of Action CONV TO SES CAREER APPT	6-A. Code	6-B. Nature of Action
5-C. Code V2M	5-D. Legal Authority 5 USC 3393	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number PROGRAM MANAGER 07Q51001 07Q510	15. TO: Position Title and Number ASST INSPECTOR GENERAL FOR ADM SRVCS 09Q50801 09Q508
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8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
GS		15	10	153,200.00	PA	ES	0340	00	00	160,784.00	PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
127,604.00	25,596.00	153,200.00	.00	160,784.00	.00	160,784.00	.00				

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization OFFICE OF THE INSPECTOR GENERAL OFC ADMIN/ WASHINGTON, DC  HS OG0500000000000000 PP 09 2009
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**EMPLOYEE DATA**

23. Veterans Preference [REDACTED]	24. Tenure [REDACTED]	25. Agency Use	26. Veterans Preference for RIF YES [REDACTED] NO
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27. FEGLI [REDACTED]	28. Annuitant Indicator [REDACTED]	29. Pay Rate Determinant 0
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30. Retirement Plan K FERS AND FICA	31. Service Comp. Date (Leave) 05/19/90	32. Work Schedule F FULL TIME	33. Part-Time Hours Per Biweekly Pay Period
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**POSITION DATA**

34. Position Occupied 4	35. FLSA Category E	36. Appropriation Code	37. Bargaining Unit Status 8888
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38. Duty Station Code 11-0010-001	39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC
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40. Agency Data	41.	42.	43.	44.
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**45. Remarks**

VETERAN PREFERENCE IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE.  
TENURE AS USED FOR 5 USC 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE.

FROZEN SERVICE: 00 YRS. 00 MOS.

APPOINTMENT AFFIDAVIT EXECUTED 4/27/2009.  
SUBJECT TO SATISFACTORY COMPLETION OF 1-YEAR SES PROBATIONARY PERIOD BEGINNING 04/26/09  
EMPLOYEE HAS GUARANTEED PLACEMENT RIGHTS DURING PROBATION.

OPF MAINTAINED BY BUREAU OF THE PUBLIC DEBT, 200 THIRD STREET, PARKERSBURG, WV 26106.

\* REMARKS TO BE CONTINUED ON NEXT FORM \*

46. Employing Department or Agency HOMELAND SECURITY	50. Signature/Authentication and Title of Approving Official [REDACTED]
47. Agency Code HS OG	48. Personnel Office ID 2731
49. Approval Date 04/26/09	

## NOTIFICATION OF PERSONNEL ACTION

<b>1. Name (Last, First, Middle)</b> EDWARDS, CHARLES K	<b>2. Social Security Number</b> [REDACTED]	<b>3. Date of Birth</b> [REDACTED]	<b>4. Effective Date</b> 07/04/10
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<b>FIRST ACTION</b>		<b>SECOND ACTION</b>	
<b>5-A. Code</b> 721	<b>5-B. Nature of Action</b> REASSIGNMENT	<b>6-A. Code</b>	<b>6-B. Nature of Action</b>
<b>5-C. Code</b> V5M	<b>5-D. Legal Authority</b> 5 USC 3395(A)(1)(A)	<b>6-C. Code</b>	<b>6-D. Legal Authority</b>
<b>5-E. Code</b>	<b>5-F. Legal Authority</b>	<b>6-E. Code</b>	<b>6-F. Legal Authority</b>

<b>7. FROM: Position Title and Number</b> ASST INSPECTOR GENERAL FOR ADM SRVCS 09Q50801 09Q508	<b>15. TO: Position Title and Number</b> DEPUTY INSPECTOR GENERAL 01Y10501 01Y105
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<b>8. Pay Plan</b>	<b>9. Occ. Code</b>	<b>10. Grade/Level</b>	<b>11. Step/Rate</b>	<b>12. Total Salary</b>	<b>13. Pay Basis</b>	<b>16. Pay Plan</b>	<b>17. Occ. Code</b>	<b>18. Grade/Level</b>	<b>19. Step/Rate</b>	<b>20. Total Salary/Award</b>	<b>21. Pay Basis</b>
						ES	0340	00	00	160,784.00	PA
<b>12A. Basic Pay</b>		<b>12B. Locality Adj.</b>		<b>12C. Adj. Basic Pay</b>		<b>20A. Basic Pay</b>		<b>20B. Locality Adj.</b>		<b>20C. Adj. Basic Pay</b>	
.00				.00		160,784.00		.00		160,784.00	
<b>14. Name and Location of Position's Organization</b> OFFICE OF THE INSPECTOR GENERAL OFC ADMIN/ WASHINGTON, DC						<b>22. Name and Location of Position's Organization</b> OFFICE OF THE INSPECTOR GENERAL INSPEC GENERAL/WASHINGTON, DC					

HS OG0100000000000000 PP 17 2010

**EMPLOYEE DATA**

<b>23. Veterans Preference</b> [REDACTED] 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/38%	<b>24. Tenure</b> [REDACTED] 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite	<b>25. Agency Use</b>	<b>26. Veterans Preference for RIF</b> [REDACTED] YES [REDACTED] NO
<b>27. RESCI</b> [REDACTED]	<b>28. Annuitant Indicator</b> [REDACTED]	<b>29. Pay Rate Determinant</b> 0	

<b>30. Retirement Plan</b> [REDACTED]	<b>31. Service Comp. Date (Leave)</b> 05/19/90	<b>32. Work Schedule</b> F FULL TIME	<b>33. Part-Time Hours Per Biweekly Pay Period</b>
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**POSITION DATA**

<b>34. Position Occupied</b> 4 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	<b>35. FLSA Category</b> E E - Exempt N - Nonexempt	<b>36. Appropriation Code</b>	<b>37. Bargaining Unit Status</b> 8888
<b>38. Duty Station Code</b> 11-0010-001		<b>39. Duty Station (City - County - State or Overseas Location)</b> WASHINGTON DIST OF COLUMBIA DC	

<b>40. Agency Data</b>	<b>41.</b>	<b>42.</b>	<b>43.</b>	<b>44.</b>
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**45. Remarks**

<b>46. Employing Department or Agency</b> HOMELAND SECURITY	<b>50. Signature/Authentication and Title of Approving Official</b> E/S BY: [REDACTED]
<b>47. Agency Code</b> HS OG	<b>48. Personnel Office ID</b> 2731
<b>49. Approval Date</b> 07/04/10	<b>HUMAN RESOURCES OFFICER</b>

FOIA UNIT  
CASE NOTES

for

FOIA

2012-175

FOIA FILE #: ~~2012-075~~ 2012-075

Case File Assigned to KT

**Name and Address of Requester:**

Mr. Andrew Becker  
Center for Investigative Reporting  
2130 Center St. Suite 103  
Berkeley, CA 94704

Phone Number: [REDACTED]

DATE	NOTES
9/26/2012	After reviewing the spreadsheet provided by Jasmine, noticed first entry is 9/2006. Contacted jasmine, she stated that there are no travel records in the financial system going back to FY 2005. I called Mr. Becker and left a message. We have the vouchers going back for Mr. Skinner to March 2006, however, I would like to see if he's okay with just receiving what we have on the spreadsheet instead of processing the vouchers from 3/2006 through 9/2006.
9/27/12	Mr. Becker called me back. He is ok with receiving records for Skinner to 8/2006.
10/2/12	Completed redactions; COOP; revised KHall
9/28/12	Talked to Counsel Logan Perel. COOP Deployment [REDACTED] Redacted under TE location
10/2/2012	signed final KHall (+ [REDACTED])
10/3/2012	signed interim without spreadsheet [REDACTED]
10/25/12	signed final as revised as per box KHall

b5,  
b6







FOIA UNIT  
Case Notes for  
2012-119

<b>FOIA FILE #:</b> <u>2012-119</u>  <b>Name and Address of Requester:</b> Andrew Becker Center for Investigative Reporting 2130 Center St, Suite 103 Berkeley CA 94704  <b>Phone Number:</b> 510-809-3165	Case File Assigned to <u>KT</u>
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DATE	NOTES
5/22/2012	KG signed acknowledgement letter
5/22/2012	KT emailed ack letter to request
5/22/2012	Sent search request to Val Robertson
5/23/2012	Sent search request to Jasmine McCall for ME travel records
5/24/2012	Spoke with Jillian in EMO regarding any telework for ME. Sent search request 5/25/2012
5/24/2012	Spoke with ITD regarding phone bills. Sent search request 5/25/2012
6/6/2012	Sent emails to all offices with spreadsheet to use for telework schedules.
10/25/2012	Redactions to phone bills were made after discussing with OIP. Because request is specifically for telework, the T&A sheets for ME will be redacted to only include the pay period, and anytime she teleworked and accounted for it.
	Only two travel records were provided from Travel.
	We used the spreadsheet from MGMT for OIG employees telework from INV and MGMT and FO. Otherwise, we used the spreadsheet provided by each individual office. In case the [REDACTED]
11/13/14	Signed final [REDACTED]
11/14/12 KT	Loaded docs to SharePoint. Emailed notification

b5

# Deletion Page

Requester: Mr. Adam Butschek

Request #: 2013-073

7 Page(s) is/are being withheld in full by DHS/OIG and the following marked exemption(s) is/are being claimed.

**EXEMPTIONS CLAIMED:**

**FOIA: 5 U.S.C. § 552**

- b(1)     b(2)     b(3): \_\_\_\_\_
- b(4)     b(5)     b(6)     b(7)(A)     b(7)(C)     b(7)(D)
- b(7)(E)     b(7)(F)

**PRIVACY ACT: 5 U.S.C. § 552a**

- d(5)     j(1)     j(2)     k(1)     k(2)     k(3)
- k(4)     k(5)     k(6)     k(7)

Description of Document withheld: 7 pages of DHS-OIG FOIA Unit case notes are withheld.

COPY of FOIA  
Request 2012-119  
Release Packet

Includes: Final Response Letter, Documents  
Produced and Original FOIA Request



**NOV 14 2012**

Mr. Andrew Becker  
Center for Investigative Reporting  
2130 Center St, Suite 103  
Berkeley, CA 94704

Subject: Freedom of Information Act Request No. 2012-119 – Final Response

Dear Mr. Becker:

This responds to your Freedom of Information Act (FOIA) request to the Department of Homeland Security (DHS) Office of Inspector General (OIG), dated May 18, 2012, and seeking, in summary: (1) the DHS-OIG telework policy and administration; (2) information on DHS-OIG employees who telework; and (3) travel and telework records for DHS-OIG employee Madhuri Edwards, from fiscal year 2008 to the present (copy attached for reference). Your request was received in this office on May 21, 2012.

The DHS-OIG conducts independent investigations, audits, inspections, and special reviews of DHS personnel, programs, and operations to detect and deter waste, fraud, and abuse, and to promote integrity, economy, and efficiency within DHS. In response to your request, a search of the DHS-OIG's Offices of Audits (Audits), Counsel (OC), Emergency Management Oversight (EMO), Inspections (ISP), Information Technology Audits (IT Audits), Investigations (INV), and Management (MGMT) was conducted.

Due to the voluminous amount of records that would be responsive to item 2 of your request, DHS-OIG created a spreadsheet for each office including either pay period 10 or 11 from fiscal year 2012 as a "representative sampling" of DHS-OIG employees' telework schedules. This is not meant to be inclusive of any and all DHS-OIG employees who tele-worked during FY 2008 to the present; rather, it provides sample bi-weekly work schedules for DHS-OIG employees who telework.

For the remaining items in your request, our searches resulted in the attached records responsive to your request. We have reviewed the responsive records under the FOIA to determine whether they may be accessed under the FOIA's provisions. Based on that review, this office is providing the following:

  43   page(s) are being released in full (RIF);  
 148  page(s) are being released in part (RIP);  
   1  page(s) are withheld in full (WIF);  
      page(s) were referred to another entity.

The exemptions cited for withholding records or portions of records are marked below.

Freedom of Information Act, 5 U.S.C. § 552			Privacy Act, 5 U.S.C. § 552a
<input type="checkbox"/> 552(b)(1)	<input type="checkbox"/> 552(b)(4)	<input type="checkbox"/> 552(b)(7)(B)	<input type="checkbox"/> 552a(j)(2)
<input checked="" type="checkbox"/> 552(b)(2)	<input type="checkbox"/> 552(b)(5)	<input checked="" type="checkbox"/> 552(b)(7)(C)	<input type="checkbox"/> 552a(k)(2)
<input type="checkbox"/> 552(b)(3)	<input checked="" type="checkbox"/> 552(b)(6)	<input type="checkbox"/> 552(b)(7)(D)	<input type="checkbox"/> 552a(k)(5)
	<input type="checkbox"/> 552(b)(7)(A)	<input type="checkbox"/> 552(b)(7)(E)	<input type="checkbox"/> Other:

Pursuant to 5 C.F.R. § 293.311, information on federal employees that is subject to release in full, includes: names; present and past position titles and occupational series; present and past grades; present and past annual salary rates; present and past duty stations; position descriptions; identification of job elements; and performance standards (but not actual performance appraisals) the release of which would not interfere with law enforcement programs or severely inhibit agency effectiveness.

OIG, therefore, released the above information as included in these records, with the exception of names and other identifying information of other third parties to protect the identities of these individuals. Absent a Privacy Act, the release of such information concerning the third parties named in these records would result in an unwarranted invasion of personal privacy in violation of the PA.

**Exemption 2, 5 U.S.C. § 552(b)(2)**

Exemption 2 of the FOIA protects from mandatory disclosure, documents “related solely to the internal personnel rules and practices of an agency.” See 5 U.S.C. § 552(b)(2). DHS-OIG is invoking Exemption 2 to protect employees’ direct-access telephone numbers and electronic mail addresses.

**Exemption 6, 5 U.S.C. § 552(b)(6)**

Exemption 6 allows withholding of “personnel and medical files and *similar files* the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.” See 5 U.S.C. § 552(b)(6)(emphasis added). DHS-OIG is invoking Exemption 6 to protect the names and initials of lower level employees, and direct contact information.

**Exemption 7(C), 5 U.S.C. § 552(b)(7)(C)**

Exemption 7(C) protects from public disclosure “records or information compiled for law enforcement purposes...[if disclosure] could reasonably be expected to cause an unwarranted invasion of personal privacy.” See 5 U.S.C. § 552(b)(7)(C). The DHS-OIG is invoking Exemption 7(C) to protect the identities of DHS-OIG Special Agents and investigative assistants.

## Appeal<sup>1</sup>

You have the right to appeal this response. Your appeal must be in writing and received within 60 days of the date of this response. Please address any appeal to:

FOIA/PA Appeals Unit  
DHS/Inspector General  
STOP 2600  
245 Murray Drive, SW, Building 410  
Washington, DC 20528

Both the envelope and letter of appeal must be clearly marked, "Freedom of Information Act/Privacy Act Appeal." Your appeal letter must also clearly identify the DHS-OIG's response. Additional information on submitting an appeal is set forth in the DHS regulations at 6 C.F.R. § 5.9.

The Office of Government Information Services (OGIS) also mediates disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. If you wish to contact OGIS, you may email that entity at [ogis@nara.gov](mailto:ogis@nara.gov) or call 877-684-6448.

Sincerely,



Katherine R. Gallo  
Assistant Counsel to the Inspector General

Enclosures

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<sup>1</sup> Please be advised that Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. *See* 5 U.S.C. 552(c) (2006 & Supp. IV 2010). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.



Requester's Name: Mr. Andrew Becker

FOIA/PA NO.: 2012-119

### MIXED DOCUMENTS

43 (RIF)

148 (RIP)

1 (WIF)

           (DUP)

           (NR)

           Referred

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. MEOAKLANDCA092710_V01	
5. a. NAME (Last, first, middle initial)  Edwards, Madhuri M.		b. SOCIAL SECURITY NO.  ***-**-*****		6. PERIOD OF TRAVEL a. FROM 10/04/10 b. TO 10/07/10		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]		d. OFFICE TELEPHONE NO.  202-2-[REDACTED]		7. TRAVEL AUTHORIZATION a. NUMBER(S) 00QPEL b. DATE(S) 09/02/10		10. CHECK NO.	
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) [REDACTED], [REDACTED]		11. PAID BY			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE		b. AMOUNT RECEIVED			
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				b. AMOUNT RECEIVED			
D. Balance outstanding				b. AMOUNT RECEIVED			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right">▶ <b>Traveler's Initials</b></span>					
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small> TO <small>(f)</small>		
0907101342DF SWIC 037792274602 0	4.35	XD		09/24/10			
ACCOUNTING CLASSIFICATION: 11_09072010_143828-20YY^FIGDAOHQFO^FIG0200SEXXDA^0000000^XXXXXXXXXX^^^ - 1,247.01 NR- 13.50	650.65	US		09/24/10	DCA-Washington, PHX-Phoenix, AZ		
COMMENTS: To train staff							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE ▶				DATE	AMOUNT CLAIMED ▶		1247.01
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a))				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶				a. DIFFERENCES, IF ANY (Explain and show amount)			
DATE							
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 ▶			
DATE				\$ 1247.01			
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

RIP

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**

00QPPEL

**TRAVELER'S LAST NAME**

Edwards

DATE 10/20	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED							
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)				
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)											
		D-:RES: [REDACTED]															
10/04		AIR FARE (GOVCC-I)								0.00			650	65			
10/04		A-:OAKLAND, CA				45	75		100	00	145.75		145	75			
10/04		TMC FEE (GOVCC-I)									0.00				4	35	
10/04		TAXI													30	00	
10/04		EXCESS BAGGAGE													25	00	
10/04		EXCESS BAGGAGE													23	00	
10/04		TAXES: LODGING-DOMESTIC													0	51	
10/05		Subsistence				61	00		100	00	161.00		161	00			
10/06		Subsistence				61	00		100	00	161.00		161	00			
10/07		D-:OAKLAND, CA															
10/07		A:RES: [REDACTED]															
10/07		Subsistence				45	75				45.75		45	75			
10/07		TAV Fee -D															
									<b>SUBTOTALS</b>			0	100	513	50	733	51
									<b>TOTALS</b>			0	100	513	50	733	51

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

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

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

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

**TOTAL AMOUNT CLAIMED**

1,247.01

<b>TRAVEL VOUCHER</b> <small>(Read Privacy Act Statement below)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE  DEPARTMENT OF HOMELA	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. MENEWORLEANSJ092710_V01 4. SCHEDULE NO.
--	---	---	--

5. a. NAME (Last, first, middle initial)  Edwards, Madhuri M.	b. SOCIAL SECURITY NO.  ***-**-*****	6. PERIOD OF TRAVEL a. FROM 09/27/10 b. TO 09/30/10
c. MAILING ADDRESS (Include ZIP Code) [REDACTED]	d. OFFICE TELEPHONE NO. 202-2-[REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00QT5C b. DATE(S) 09/07/10
e. PRESENT DUTY STATION WASHINGTON, DC	f. RESIDENCE (City and State) [REDACTED], [REDACTED]	

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

<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <b>Traveler's Initials</b></span>				
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL FROM <small>(e)</small> TO <small>(f)</small>
092810152JWN WSR 037792392669 4	56.50	XD		09/28/10	DCA-Washington, MSY-New Orleans, L
ACCOUNTING CLASSIFICATION: 10_09072010_145449-20YY^FIGDAOHQFO^FIG0200SEXXDA^0000000^XXXXXXXXXX^ ^^ - 1,587.05 NR- 13.50					
COMMENTS: To train staff					

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.	DATE	AMOUNT CLAIMED ▶	1587.05
<small>NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).</small>			

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

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 ▶	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
DATE	d. NET TO TRAVELER ▶ \$ 1587.05

18. ACCOUNTING CLASSIFICATION  
SEE BLOCK 12 ABOVE

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

**TRAVEL AUTHORIZATION NO.**

00QT5C

**TRAVELER'S LAST NAME**

Edwards

DATE 10 20	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
09/27		D-:RES: [REDACTED]												
09/27		AIR FARE (GOVCC-I)								0.00				565.40
09/27		A-:NEW ORLEANS (JE)				53.25			104.00	157.25		157.25		
09/27		Rental Car No Reservations								0.00				241.13
09/27		TMC FEE (GOVCC-I)								0.00				56.50
09/27		EXCESS BAGGAGE												25.00
09/27		EXCESS BAGGAGE												23.00
09/27		TAXES: LODGING-DOMESTIC												17.52
09/27		PARKING/TOLLS												96.00
09/28		Subsistence				71.00			104.00	175.00		175.00		
09/29		Subsistence				71.00			104.00	175.00		175.00		
09/30		D-:NEW ORLEANS (JE)												
09/30		A:RES: [REDACTED]												
09/30		Subsistence				53.25				53.25		53.25		
09/30		TAV Fee -D												
									<b>SUBTOTALS</b>			0100	5601.50	1026.55
<i>If additional space is required, continue on another 1012-A BACK, leaving the front blank.</i>									<b>TOTALS</b>			0100	5601.50	1026.55

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

**TOTAL AMOUNT CLAIMED** 1,587.05

**OFFICE OF INSPECTOR GENERAL TELEWORK AGREEMENT**

**ATTACHMENT #1**

The following constitutes the terms and conditions of the Telework Agreement between:

Name of Employee: MADHURI M. EDWARDS  
Position Title, Series, and Grade: SUPERVISORY PROGRAM ANALYST, 343-14

Employee's Supervisor: [REDACTED]  
Employing Office: Office of Audits Duty station: Washington, DC.

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1. The days in a biweekly pay period this employee is authorized to telework in an approved alternative worksite that is specified below. Telework days are scheduled and will not be substituted without prior approval of the supervisor.

**Telework Schedule: (check one)**

- Situational** (occasional, non-routine)
- Core** (routine, regular, recurring) **NOTE:** If Core, please complete schedule below

Day	Telework Days (Week 1)	Start & End Times	Telework Days (Week 2)	Start & End Times
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

2. During these hours, the employee's alternative worksite will be: (Circle one or more)

- 1. Home office/work area
- 2. GSA Telework Center
- 3. Other Approved Alternative Worksite

Address of Alternative Worksite: [REDACTED]

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Phone Number(s): [REDACTED] 202-[REDACTED]

Fax Number(s): [REDACTED]

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E-mail Address (es): ed [REDACTED]@ [REDACTED]



**3. JOB DUTIES AND RESPONSIBILITIES:** The employee's work status and job duties and responsibilities will remain essentially unchanged as a result of this agreement. An employee approved for telework is required to satisfactorily complete all assigned work, consistent with the approach adopted for all other employees in the work group. The employee will meet/speak with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee agrees to provide the supervisor with a summary of all work performed during the telework period upon return to office, if required.

**4. JOB PERFORMANCE:** The employee agrees to perform only official duties at the alternative worksite and will not conduct personal business, such as making home repairs, during official work hours. The employee's job performance will be evaluated on criteria and milestones determined by the supervisor. While working at the alternative worksite and/or using government-furnished equipment, teleworking employees continue to be bound by Department of Homeland Security (DHS) standards of conduct, policy directives, and other guidance established by the OIG or DHS.

**5. SECURITY:** The employee will apply approved safeguards to protect government/agency records from unauthorized disclosure or damage and will comply with the Privacy Act\* requirements set forth in the Privacy Act of 1974, 5 U.S.C. § 552a. The employee must ensure compliance with all DHS and OIG rules, policies, practices, and procedures. In particular, the employee must be conversant with DHS Management Directive #11042.1, Safeguarding Sensitive but Unclassified (For Official Use Only) Information and protect all OIG resources, including OIG data and information, at the alternative worksite. No materials classified in the interest of National Security pursuant to Executive Order can be removed from the office for work at home. Materials that are or may be Sensitive but Unclassified or otherwise exempt or potentially exempt from public disclosure must be transported in a security pouch or via FedEx (both will be provided). The employee shall set up and maintain the homework area in accordance with the security standards specifically set forth in their signed OIG Security Audit Checklist form.

**\* Privacy Act Notice:** The information being requested will be used to implement the OIG telework policy and is intended to facilitate your participation in the Telework Program. Authority for this collection of information is found in Public Law 106-346, which requires agencies to establish telework programs, and in general laws which allow agencies to collect information for administrative purposes, such as 5 U.S.C. § 301. The information will be maintained in your official personnel folder, which is covered by a government-wide systems of records notice, OPM/GOVT-1, and used primarily within the OIG to monitor the Telework Program and to provide required reports to DHS. Provision of this information is voluntary, but if you do not provide it, you may not be able to participate in the OIG Telework Program.

**6. TELEWORKING EQUIPMENT AND SUPPLIES:** Government-owned equipment may be issued by the organization and used for the purposes of telework and limited personal use in accordance with DHS and OIG policies. The teleworker agrees to protect government equipment in accordance with these established procedures and understands that he or she is accountable to the OIG for any government-owned property that may be assigned to the teleworker.

**A. Home Office Furnishings and Maintenance (if home worksite).** The government will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) whatsoever, associated with the use of the employee's residence. The employee is responsible for the costs of establishing and maintaining the work area at home. The employee has designated the following location in his/her home as the homework areas: LIBRARY / OFFICE ROOM

**B. Telework Equipment.** The OIG may, within its sole discretion, provide to the employee certain equipment such as computer hardware, software, a phone card for long distance calls, and other equipment and supplies deemed necessary to perform assigned work off-site. The employee will be issued the following equipment: GATEWAY LAPTOP

- C. **Treatment of Equipment.** It is understood that such equipment is the sole and exclusive property of the OIG and is subject to the same business use restrictions as if it were on-site. The employee will not move the equipment from the designated work area, except as may be necessary to return the equipment to the OIG. The employee shall be liable for the condition of the equipment, except for normal wear and tear, and for damages caused by unauthorized use of such equipment.
- D. **Notification of OIG Equipment Failure.** The employee is expected to notify the supervisor within 24 hours of equipment malfunction or failure. In the event of such malfunction or failure, the OIG may, at its sole discretion, supply the employee with temporary replacement of OIG-owned equipment, or require the employee to work at the office.
- E. **Unauthorized Use of OIG Property.** The equipment, supplies, and other property provided by the OIG are provided exclusively for use in providing services to the OIG. The equipment may not be used by any person not employed by OIG (including household members).
- F. **Return of OIG Property.** The equipment, supplies, and other property provided by the OIG should be returned upon completion of the Telework assignment. Upon termination of employment, all equipment, supplies, documents, and other departmental property must be returned promptly to the OIG. In the event the telework arrangement set forth in the agreement ends, the employee's obligation to return OIG property continues.

**7. TIME AND ATTENDANCE AND LEAVE:** The employee's timekeeper will have a copy of the employee's schedule, and the employee's time and attendance will be recorded as performing official duties at the official duty station.

- A. **Work Schedules.** The employee agrees to abide by an established work schedule unless amended from time to time by the Supervisor or by mutual agreement. The employee acknowledges and agrees that compliance with this schedule is necessary to ensure maximum accessibility. The employee must obtain prior Supervisor approval for working anything other than the scheduled hours per day, including any overtime, credit hours, and compensatory time.
- B. **Leave Requests.** Requests for annual and sick leave will be handled the same as if the employee were in the office, including prior notification. The employee must obtain supervisory approval before taking leave in accordance with established office procedures. Use of annual leave or other leave credits during regularly scheduled telework time must be approved in advance by the supervisor.
- C. **Dependent Care.** Telework is not a substitute for dependent care. Teleworkers must make arrangements for dependent care. There should be a designated person present to provide primary care during employee work hours if dependents are present in the household premises. The OIG expects that the employee will make family care arrangements as needed and that such obligations will not interfere with work obligations and the safety obligations required. The employee may undertake family care obligations on a temporary basis only with prior OIG approval. The employee acknowledges and agrees that potential distractions and conflicting demands must be resolved in advance of starting this telework arrangement.

**8. SAFETY:** It is the teleworker's responsibility to ensure that the alternative work environment is conducive to productivity, comfort, safety, and health.

- A. **Designated Work Area.** The employee is required to identify a designated work area at home before the telework arrangement can begin. The employee should only work in this designated work area. No individuals, including friends or work associates, should have access to this work area during designated hours of work unless authorized beforehand by supervisor.
- B. **Maintenance of Work Area.** The employee shall maintain the homework area free of safety hazards and other dangers and shall use and maintain equipment and supplies in a safe and appropriate manner. (See the employee signed copy of "Safety Guidelines for the Home Work Space" form in setting up and maintaining a homework area).



- C. Work Area Inspections.** The employee agrees that the OIG has the right to make periodic visits to the employee's home office to audit the employee's compliance with this agreement. Reasonable efforts will be made to schedule such visits in advance.
- D. Reporting of Injury.** The employee should report any work-related injuries to his/her supervisor immediately, but no later than 24 hours after such injury, using the standard injury reporting process. This is no different than the expectation of an employee when working in the office. The employee agrees that it may be necessary for an OIG representative to visit the employee's home office to investigate an injury report.
- E. Employer Liability.** The Federal Employees Compensation Act covers teleworking employees for on-the-job injury or occupational illness at the alternative worksite when conducting official government business. Any accident or illness occurring at the alternative worksite must be brought to the immediate attention of the employee's supervisor. The supervisor must investigate all reports immediately following notification. The OIG assumes no liability for injuries to the employee that occur outside of the alternative worksite or outside of the employee's working hours. In addition, the OIG makes no representations on the personal tax and insurance implications of this telework arrangement; it is the employee's obligation to address these issues.

**9. EMERGENCY CLOSURE AND EARLY DISMISSALS:** The alternative worksite may be unaffected by emergencies leading to the closure of or dismissal from the traditional worksite, i.e., weather related closings. Therefore, work at the alternative worksite should continue. The converse may also be applicable. During an emergency dismissal or closure, the employee should continue to work at his/her alternative worksite. The employee can be required to work at the alternative worksite during emergency closures, even if that day is not a regular telework day or a day with specific approval for situational/episodic telework.

**10. TERMS OF THIS ARRANGEMENT:** Nothing in this agreement guarantees the employee a telework arrangement for any specific duration. This agreement can be modified or cancelled at any time by the OIG and/or the employee. Management may terminate participation in this arrangement at any time. The employee may withdraw from the program at any time.

**11. MISCELLANEOUS:** Both parties agree that this agreement supersedes any previous written or oral agreements between them relating to telework arrangements.

**I have read and understand the OIG Telework policies and agree to abide by these policies.**

Participating Employee's  
Signature

[Redacted Signature]

Date

\_\_\_\_\_

Supervisor's Signature

[Redacted Signature]

Date

10/1/07

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1. Telework agreement terminated on (date) \_\_\_\_\_

2. Individual initiating termination: Participant: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## Safety Guidelines for the Home Work Space

ATTACHMENT #2

Dear **EMPLOYEE**:

The following guidelines are designed to assist teleworkers in surveying the overall safety and adequacy of their alternative worksite. The following are only recommendations, and do not encompass every situation that may be encountered. Employees are encouraged to obtain professional assistance with issues concerning appropriate electrical service and circuit capacity for residential worksites. Please sign the bottom of this form acknowledging that you have read and understood it, and return the signed copy with your telework agreement to your supervisor. It is advisable to maintain a copy for your files.

1. Develop and practice a fire evacuation plan for use in the event of an emergency.
2. Check your smoke detectors regularly and replace batteries once a year.
3. Always have a working fire extinguisher conveniently located in your home and check the charge regularly.
4. Computers are heavy. Always place them on sturdy, level, well maintained furniture.
5. Choose office chairs that provide good supporting backrests and allow adjustments to fit you comfortably.
6. Locate your computer to eliminate noticeable glare from windows and lighting. Place the computer monitor at a height that is comfortable and does not produce neck or back strain. Locate computer keyboards at heights that do not cause wrist strain or place the keyboard on an adjustable surface.
7. Install sufficient lighting in locations to reduce glare on the work surface.
8. Arrange file cabinets so that opened drawers do not block aisles.
9. Be sure to leave aisle space, where possible, to reduce tripping hazards.
10. Always make sure electrical equipment is connected to grounded outlets/surge protectors.
11. Avoid fire hazards by never overloading electrical circuits.
12. Inspect and repair carpeting with frayed edges or loose seams. Avoid using throw rugs that can cause tripping hazards in your workspace.
13. Locate computers, phones, and other electrical equipment in a manner that keeps power cords out of walkways.
14. Always power down computers after the workday is over and always turn off all electrical equipment during thunderstorms.
15. Keep your work area clean and avoid clutter, which can cause fire and tripping hazards.
16. Do not allow non-government employees to operate or repair government-owned equipment.
17. Always keep government files and information in a secure place and do not advertise your home office to strangers.
18. Always use proper lifting techniques when moving or lifting heavy equipment and furniture.
19. Always report accidents and injuries immediately to your supervisor.

I acknowledge receipt of these safety guidelines and understand my responsibilities and the importance of an overall safety of my alternative worksite.

Employee's signature \_\_\_\_\_

Date \_\_\_\_\_

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**Security Audit Checklist for Home-Based Teleworkers**

ATTACHMENT #3

Name: MADHURI M. EDWARDS  
 Organization: DHS-OIG  
 Address: [REDACTED]  
 City/State: WASHINGTON, DC.  
 Business Telephone: 202- [REDACTED]

b6

Dear **EMPLOYEE**:

The following checklist is designed to assess the overall ability to protect OIG data and information processed, stored, or transmitted or received at the homework office. Please read and complete the security audit checklist. Upon completion, you and your first-line supervisor should sign and date the checklist in the spaces provided.

The alternative duty station is HOME OFFICE / WORK AREA

	Yes	No
<b>A. Physical Security</b>		
1. Will all doors and windows have adequate locking devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you have a lockable file cabinet or container available to store diskette, CD-ROMs, and documents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>B. Hardware Security</b>		
1. Will the computer hardware be positioned so unauthorized persons cannot see the screen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are there adequate environmental controls to protect the hardware from extreme temperatures and humidity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>C. Data Security</b>		
1. Will the computer and software (e.g., diskettes, CD-ROMs) be adequately protected from unauthorized access (e.g., friends, relatives, roommates, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will others be able to gain access to the computer from other systems (e.g., via Internet, dial-up, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>D. User Security</b>		
1. Are you familiar with computer virus detection and eradication procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you received Automated Information Systems security awareness and training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[REDACTED]  
 Employee's Signature      Date

[REDACTED] 10/11/07  
 Supervisor's Signature      Date

b6

## Supervisor Checklist For Telework Counseling

ATTACHMENT #4

Supervisors can use the following checklist or a similar checklist that incorporates their agency issues to ensure that telework requirements are met and that covered employees understand the policies and procedures of the OIG Telework Program.

1. Guidelines, policies and procedures of the Telework Program have been explained to the employee.
2. The employee's most recent performance appraisal rating is "Achieved Expectations" or better.
3. The provisions governing premium pay have been explained to the employee, including that he/she must receive supervisory approval in advance of working overtime.
4. Performance expectations have been discussed with the employee. Standards are in place and have been agreed to.
5. Policies and procedures covering classified, secure and Privacy Act protected material have been explained to the employee.
6. The employee has been given safety guidelines that identify safety and adequacy issues that the employee needs to consider.
7. Equipment issued to the employee has been documented. Equipment provided is noted below.

Gateway Laptop

\*Taken from OPM Website: [www.telework.gov](http://www.telework.gov)



b6

From: [redacted]  
Sent: Tuesday, August 10, 2010 3:00 PM  
To: [redacted]@bpd.treas.gov  
Subject: RE: Invoice for approval -- Cellco (Verizon) Invoice #92222947200001 0801 -- Please return by 08/18/10

please call. thanks

b2

b2

From: [redacted]@bpd.treas.gov [mailto:[redacted]@bpd.treas.gov]  
Sent: Tuesday, August 10, 2010 2:58 PM  
To: [redacted]  
Subject: Invoice for approval -- Cellco (Verizon) Invoice #92222947200001 0801 -- Please return by 08/18/10

b6

b6

CE BB#

Quite a few extra charges this month. There are three equipment purchases that billed, \$92.48(Less credit of \$36.04) on line [redacted] \$69.99 on [redacted] and \$69.99 on 202-[redacted] All three pay against line 2 in the amount of \$196.42. Then we have lines [redacted] 202-[redacted] usage charges are roaming fees. # [redacted] usage charges are for International long distance. ME BB#

Attached is an invoice that has been submitted by a vendor for which you have been designated as the Invoice Approver or COTR. Please take a moment to review the invoice. Once you have reviewed the invoice for accuracy and completeness, please complete the attached approval form and type your name in the COTR box at the bottom. This will serve as your 'electronic signature'. We ask that the completed approval form be returned to us **via email by the date in the subject line above.**

*Please note: According to the Prompt Pay Act, the Received/Rendered date on a service period should be the end of the actual service period on the invoice. The Inspected/Accepted date should be either the same date as the received/rendered date or any date thereafter. If any other dates are used, the approval form will be questioned by ARC. Thank You.*

If you should have any questions or need further information, please do not hesitate to contact me by phone (phone number listed below) or email me at [redacted]@bpd.treas.gov. b2

Thank you,

b6

Accounting Technician  
U.S. Department of the Treasury  
Bureau of the Public Debt  
304. [redacted] phone  
304. [redacted] fax

b6

----- Forwarded by DHS-IG/BPD on 08/10/2010 03:43 PM -----

"ASD ADMIN"  
[redacted]@BPD.TREAS.GOV>

To "DHS-IG" <[redacted]@bpd.treas.gov>

b2

cc

Subject Verizon 6457159177

08/10/2010 11:00 AM

b2



**Office of Inspector General  
Department of Homeland Security**

---

**OIG TELEWORK PROGRAM HANDBOOK**

**Version 2.0**

**February 2009**

**This handbook supplements  
OIG Directive 72-2, "Telework Program"**

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## DOCUMENT CHANGE HISTORY

Version	Date	Brief Description of Change	Affected Pages, Sections, or Paragraphs
1.0	April 2007	Initial Issuance	
2.0	February 2009	Content update, including the following changes:	
		<ul style="list-style-type: none"> <li>• Revised definition of Core Telework by eliminating maximum of 2 days per pay period.</li> </ul>	Page 3, Definition I, Telework Schedules, Paragraph 2, Core Telework.
		<ul style="list-style-type: none"> <li>• Revised definition of Official Worksite requiring teleworkers to report at least twice per biweekly payperiod to their official worksite pay entitlements.</li> </ul>	Page 3, Definition J, Official Worksite.
		<ul style="list-style-type: none"> <li>• Clarified that new employees on-board less than 90 calendar days are not eligible to telework.</li> </ul>	Pages 3-4, Section III.A Determining Telework Participation.
		<ul style="list-style-type: none"> <li>• Added requirement for employees to complete “Telework 101 for Employees” course.</li> </ul>	Page 5, Item 3, Successful Managerial Practices in Telework Situations; and Page 5, Section III.B, Requesting Telework Participation.
		<ul style="list-style-type: none"> <li>• Clarified that new telework agreements are required whenever teleworkers change positions or supervisors.</li> </ul>	Page 6, 2 <sup>nd</sup> paragraph.
		<ul style="list-style-type: none"> <li>• Added requirement that a copy of the certificate of completion for the “Telework 101 for Employees” course must accompany the telework agreement.</li> </ul>	Page 7, 2 <sup>nd</sup> paragraph.



Version	Date	Brief Description of Change	Affected Pages, Sections, or Paragraphs
2.0 (Cont.)	February 2009	<ul style="list-style-type: none"> <li>Updated telework information security requirements to reflect safeguards for Personally Identifiable Information.</li> </ul>	Page 8, Paragraph 2.C, Protection of Personally Identifiable Information.
		<ul style="list-style-type: none"> <li>Added instructions for documenting telework hours in webTA.</li> </ul>	Page 10, Paragraph 6, Time and Attendance.
		<ul style="list-style-type: none"> <li>Revised telework document and reporting requirements to include certificates of completion for Telework 101 training for both managers and employees, proper WebTA documentation, and submission of quarterly telework activities reports. Also, identified the OIG Telework Coordinator in the Human Resources and Workforce Management Division (HRD) as the point of contact to consolidate quarterly activities and annual telework reports for the Inspector General and Deputy Inspector General.</li> </ul>	Page 13, Section III.E, Documentation and Reporting Requirements.
		<ul style="list-style-type: none"> <li>Replaced the words “Duty Station” with “Official Worksite” for consistency with terminology in the directive and handbook.</li> </ul>	Page 14, Attachment #1, Telework Agreement.
		<ul style="list-style-type: none"> <li>Revised the telework agreement’s Security section by requiring teleworkers to be conversant with OIG Directive 66-1, Privacy Program, and the DHS Handbook on Safeguarding Sensitive Personally Identifiable Information.</li> </ul>	Page 20, Item 5, Security.
		<ul style="list-style-type: none"> <li>Expanded provisions of the Security Audit Checklist to include Telework Centers. Employees using Telework Centers must now certify that those centers meet the OIG’s security requirements.</li> </ul>	Page 19, Attachment #3, Security Audit Checklist for Alternative Worksites.

## I. INTRODUCTION

Telework has been promoted in the federal government since January 1990. On October 23, 2000, Public Law 106-346, § 359 and the accompanying Conference Report established the mandate for federal agencies to establish policies for implementing telework opportunities and to increase dramatically the numbers of teleworkers.

Telework (also known as telecommuting, flexiplace, and flexiwork) offers a creative and flexible way to accomplish the OIG's work. Telework options may afford management officials with increased opportunities to recruit and retain individuals. Technological advancements such as portable computers, high-speed telecommunication links and pocket communication devices have helped increase telework options for OIG employees to work almost anywhere.

OIG telework arrangements may be occasional or recurring. Work duties may be performed at home or at another worksite (i.e. another OIG office). The benefits of a telework program include, but are not limited to, the following:

- Telework may improve the quality of work life and job performance, and increase productivity by providing a distraction-free environment for reading, analysis and writing, and by reducing or eliminating commuting times.
- Telework improves morale and effectiveness by giving employees who have proven their ability to meet deadlines and produce high quality work more options to balance work and family demands.
- Telework increases employment opportunities to individuals with disabilities.
- Telework allows employees to spend less time in traffic and decreases traffic and parking congestion, energy consumption, and air and noise pollution.
- Telework can be used during times of crisis, or as an integral part of the OIG's Continuity of Operations Program (COOP) Plan, to ensure the OIG functions smoothly in times of emergencies, disasters, or inclement weather.

Telework is not appropriate in all situations or for all employees, and it is not an entitlement. The OIG Telework Program is a privilege that broadens work options to employees for whom this type of arrangement is appropriate. An effective telework program relies on the integrity and work ethic of participating employees and the active oversight of supervisors. It is encumbered upon the supervisor to closely monitor the work products of the employee, and for the employee to exhibit honesty and trustworthiness in complying with the telework agreement. The supervisor must ensure that the employee is producing quality products, and the employee must exert the same level of effort he or she exerts at the traditional worksite. The Telework Program requires this mutual commitment to accomplish the work of the organization and to uphold the telework agreement.

This handbook provides definitions, specific detailed information regarding the requirements and procedures in administering and implementing the OIG Telework Program, and required forms. The handbook should be used in conjunction with OIG Directive 72-2, "Telework Program." Additional telework information can be found at <http://www.telework.gov>.

## II. DEFINITIONS

- A. **Alternative Worksite**: A place where official duties are performed away from the primary office. The alternative worksite can be in the employee's home or another approved location equipped with standard office technology, which includes phones, desktop computers, fax machines, printers, copiers, e-mail, Internet access, etc. Examples include:
1. **Home-Based**: A specified work or office area in the employee's home that is suitable for the performance of official government business.
  2. **Telework Center**: A type of alternative worksite, typically a facility that houses workstations that are rented or leased providing a professional atmosphere conducive to effective job performance. Generally, a telework center is closer to the employee's home than the official worksite, reducing commuting time.
- B. **Approving Official**: A management official authorized to approve participation in the Telework Program for his/her employees (usually the first-line supervisor).
- C. **Eligibility Criteria (job-related)**: An occupation or position is eligible for telework if, either regularly or occasionally, some or all of its duties could be performed away from the principal place of duty.
- D. **Ineligibility Criteria (job-related)**: Positions that involve tasks, which are not suitable to be performed away from the traditional worksite (e.g. daily face-to-face contact, daily access to classified information required, etc.).
- E. **Qualifying Criteria (employee-related)**: Requirements an employee must meet to participate in a telework arrangement (e.g., performance ratings of at least "Achieved Expectations," no pending disciplinary action, limited time in the OIG, etc.).
- F. **Telework (also referred to as telecommuting and flexiplace)**: Any arrangement in which an employee regularly performs officially assigned duties at home or other worksites geographically convenient to the employee's residence and away from the traditional worksite.
- G. **Telework Agreement**: A written agreement, completed and signed by the participating employee and appropriate official(s) in his or her organizational unit (e.g. division, branch, etc.), that outlines the terms and conditions of the telework arrangement. The OIG Telework Agreement is shown in Attachment #1.

- H. **Telework Program:** A program that provides employees with the opportunity to work part of the workweek at an alternative worksite away from the traditional worksite.
- I. **Telework Schedules:** Telework schedules may be defined as “situational or episodic” or “core.” These schedules are described below.
1. **“Situational” or “Episodic” Telework:** The employee telecommutes on an occasional, non-routine or irregular basis. This type of telework can be a task-based arrangement where the employee works on a particular task or assignment from an alternative worksite. Individuals can also use this type of telework, as needed, in situations such as an emergency situation, or as an integral part of the OIG’s COOP Plan.
  2. **Core Telework:** The employee telecommutes on a routine, regular, and recurring basis per biweekly pay period.
- J. **Official Worksite (also called official duty station or traditional worksite):** The primary location where the employee regularly performs his or her duties without a telework agreement. For employees covered by a telework agreement, the official worksite is the location of the regular worksite for the employee’s position as long as the employee is scheduled to report physically at least twice each biweekly pay period.
- K. **Tour of Duty:** The limits within which an employee must complete his or her basic work requirement. Under a Flexible Work Schedule, tour of duty comprises all hours and days for which flexible time bands and core hours have been designated. Under a Compressed Work Schedule, tour of duty is a fixed schedule synonymous with the basic work requirement.

### III. PROGRAM ADMINISTRATION

#### A. DETERMINING TELEWORK PARTICIPATION

Telework is a management option rather than an employee entitlement. Telework is not appropriate in all situations or for all employees. Employees identified with performance, attendance, or motivation problems are not viable candidates for telework. Additionally, new employees on board less than 90 days are not eligible for telework.

The Inspector General (IG), Deputy Inspector General (DIG), DIG for Emergency Management Oversight, Assistant Inspectors General (AIGs), Deputy AIGs, Counsel, Managers and Supervisors are responsible for becoming familiar with OIG Directive 72-2, “Telework Program,” and this handbook to determine if the work and/or their employees may be eligible to participate in this program.

1. **Work Criteria and Characteristics:** Job characteristics may or may not be suitable in the Telework Program. Telework assignments involve tasks and work activities that are portable, do not depend on the employee being at the traditional worksite, and

are conducive to supervisory oversight. Examples of work activities appropriate for telework participation include, but are not limited to:

- Work activities that are portable and can be performed effectively outside the normal office or facility environment, such as data analysis; writing; reviewing proposals or reports; telephone-intensive tasks, such as setting up a conference and obtaining information; or computer-oriented tasks, such as programming, data entry, and word processing.
- Tasks which are easily quantifiable or primarily project-oriented so that progress can be measured by results rather than by direct observation.
- Contact with other employees and customers that is predictable and can be performed electronically or by telephone without loss of productivity.
- Tasks for which appropriate technology is available to perform the job off-site.
- Tasks that do not require daily access to materials not readily available off-site (e.g., reference files, manuals, databases, equipment, etc.).
- Work that has clearly defined performance measures.

Examples of work activities that may not be suitable for telework include, but are not limited to:

- Work that requires the employee to have frequent access to material that cannot be removed from the regular worksite.
- Work that requires the employee to have extensive face-to-face contact with the supervisor, other employees, clients, or the general public. This may include employees in trainee or entry-level positions.

2. Qualifying Employee Criteria and Characteristics: Telework requires an especially responsible and motivated individual who can work independently with little supervision. Participating employees must have a current (or expected) overall performance rating of at least “Achieved Expectations,” must have more than 90 calendar days in the position, and cannot exhibit any performance deficiencies since the last rating or have any pending disciplinary actions against them. Examples of employee characteristics shown to be successful in telework situations include, but are not limited to:

- Can function independently and has demonstrated dependability.
- Does not require close or constant supervision or guidance that may only be provided at the traditional worksite.
- Is highly motivated and a conscientious self-starter.
- Has demonstrated good time management skills.

Additionally, telework requires that employees with dependents ensure that family responsibilities must not interfere with working at home. Employees working off-site must not care for children or other dependents or perform household chores or other personal activities while working at the alternative worksite. Working at home may not be used as a substitute for childcare or elder care.

3. Successful Managerial Practices in Telework Situations: Managers and supervisors also contribute to participation in the Telework Program and are required to complete the on-line basic telework course “Telework 101 for Managers” found at [http://www.telework.gov/tools\\_and\\_resources/training/managers/index.aspx](http://www.telework.gov/tools_and_resources/training/managers/index.aspx). They are required to approve or disapprove a request for telework, ensure assignments are measurable, and monitor and report the teleworker’s activities. Managerial practices shown to be successful in telework situations include, but are not limited to:

- Having full confidence in the individuals they approve to work at alternative worksites. They should trust that the employee would honor the telework agreement and consider the employee’s proven ability to meet deadlines and produce quality work products when approving the telework request.
- Monitoring the employee’s work products and providing feedback and direction when necessary.
- Evaluating work performance by measuring results and assessing work products instead of relying on direct observation.
- Taking appropriate and timely action when the telework agreement has been violated in order to maintain the integrity and effectiveness of the program. Appropriate action will vary based on the nature of the violation and other related factors. This may include counseling or disciplining the employee for the violation, depending on the degree of the violation, lessening the number of days the employee may work at the alternative worksite, or withdrawal of telework privileges. Concerns about the appropriate action should be discussed with the OIG Human Resources and Workforce Management Division.
- Effectively communicating and giving clearly defined tasks and expectations. For further information, see Attachment #4, Supervisor Checklist for Telework Counseling.

## **B. REQUESTING TELEWORK PARTICIPATION**

Employees interested in teleworking need to discuss teleworking arrangements with their supervisor to determine if they are eligible to participate in the Telework Program. If the employee and job duties are appropriate for telework, the employee must complete the on-line basic telework course, “Telework 101 for Employees,” found at [http://www.telework.gov/tools\\_and\\_resources/training/employees/index.aspx](http://www.telework.gov/tools_and_resources/training/employees/index.aspx). Upon completion of the basic telework course, the employee may request participation



by notifying his/her supervisor in advance via email, verbally, or in writing. Employees requesting telework participation should include in their request such information as:

- Reason for requesting the teleworking arrangement.
- Benefits to the organization and the employee.
- Type of telework arrangement requested (Situational or Core); and if Core, the telework day(s).
- Location for alternative worksite.
- Equipment that will be needed or if plan to provide own equipment. **NOTE: Only OIG laptops may be used.**
- Requested effective date to begin teleworking.

The approving official (normally the immediate supervisor) has the authority to approve or disapprove each employee's participation, and should do so in a fair and equitable manner based on the work-related and employee criteria described in Section III.A., Determining Telework Participation. **(Note: New telework agreements are required whenever the teleworker changes positions or has changed supervisors.)**

If the request is disapproved, the disapproving official should notify the employee of the reason(s) for disapproval via email or in writing. Employees may contest the decision through the OIG Grievance Procedures, which are posted at [OIGCentral](#).

### **C. PARTICIPATING IN TELEWORK**

Any employee approved to participate in the telework program must sign and abide by a written telework agreement (Attachment #1). Supervisors and employees on core telework agreements are required to meet quarterly to discuss telework arrangements. In addition, teleworkers must satisfy work station requirements in the Safety Guidelines for the Home Work Space (see Attachment #2). These requirements call for identifying a designated work space that is quiet, safe, free of interruptions and properly equipped. Teleworkers must also self-certify their ability to protect OIG data and information (see the Security Audit Checklist for Alternative Worksites shown in Attachment #3).

1. Telework Agreement and Other Required Documents: If the request is approved, the telework agreement and other appropriate documentation will need to be signed and agreed upon by both the supervisor and the employee. The telework agreement (Attachment #1) documents the commitment by the employee and supervisor to adhere to applicable guidelines and policies, and outlines the terms and conditions of the telework arrangement.



The telework agreement includes the following information:

- Employee's name, position title, series and grade.
- Teleworking location (i.e., address of the alternative worksite, phone number, fax number, e-mail address).
- Duration of the employee's participation.
- Work schedule (e.g. identify the specific hours, days of the week, or pay period the employee will work at the alternative worksite, or indicate situational or episodic schedule with prescribed procedures to follow for approval of the specific requested days to be worked off-site).
- For short-term agreements, the employee and supervisor should identify the time period and number of days per biweekly pay period.
- Description of the work to be performed during the telework arrangement with expected delivery dates for each product.
- Any equipment, phones, supplies, etc., the OIG will provide to the employee.
- The employee's assurance that he/she will properly use and safeguard government property and records.

In addition to the telework agreement, a copy of the certificate of completion for "Telework 101 for Employees" and the following documents are required for employees who telework from their home:

- The Safety Guidelines for the Home Work Space (Attachment #2) must be signed acknowledging that the teleworker has read the guidelines and self-certifies that his/her home will comply with the stated safety requirements.
- The Security Audit Checklist for Alternative Worksites (Attachment #3) must be signed by the teleworker, who is self-certifying his/her ability to protect OIG data and information processed, stored, transmitted, or received at the home-based office or telework center.

If assistance is required, the supervisor and participating employee can contact the following divisions within the Office of Administration: (1) The Human Resources and Workforce Management Division can provide assistance in setting up a telework agreement; (2) the Security Division can advise on physical and information security requirements; and (3) the Information Technology Division can advise and provide required computer equipment.

All forms must be completed and signed by the participating employee and the approving official before the employee begins work at an alternative worksite. Only after discussion of the agreement with the employee, should the supervisor sign the telework agreement on behalf of the OIG. The Supervisor Checklist for Telework

Counseling (Attachment #4) helps ensure all aspects of the telework agreement are discussed and understood.

2. Information Security Requirements and Privacy Information Protections:

A. Use of Personally Owned Equipment and Software. OIG teleworkers cannot use personally owned equipment and software to process, access or store any OIG or DHS documents and information. For a related discussion, see Paragraph 3 below on Equipment and Resources.

B. Removal of Documents. Teleworkers may not remove the following data from their official worksite to alternative worksite locations:

- **Classified data** (i.e., Confidential, Secret, Top Secret or Sensitive Compartmented Information (SCI).
- **Sensitive Security Information (SSI).**

Materials that are or may be Sensitive but Unclassified or otherwise exempt or potentially exempt from public disclosure must be transported in a security pouch or via FedEx.

C. Protection of Personally Identifiable Information. Teleworkers must ensure that materials containing Personally Identifiable Information (PII) are not disclosed to anyone except those persons with authorized access to such information, and that the appropriate physical and technical safeguards are provided to ensure the security and confidentiality of the records (e.g., the information is maintained in either secured file cabinets or on computers that have been secured). For further guidance on PII, see OIG Directive 66-1, OIG Privacy Program, and the DHS Handbook on Safeguarding Sensitive Personally Identifiable Information. OIG Directive 66-1 is posted at [OIGCentral-OIG Privacy Program Directive](#), and the Handbook is posted at [OIGCentral-Sensitive PII Handbook](#).

D. Remote Access of the DHS or OIG Network. Teleworking employees must use DHS and OIG approved security authentication devices when accessing any DHS or OIG network remotely and must use due care, such as scanning for viruses, when accessing Internet websites. Failure to comply with these requirements may result in cancellation of the employee's telework agreement and appropriate disciplinary action may be taken.

3. Equipment and Resources. When preparing the telework agreement, employees should discuss with their supervisors what equipment and resources the OIG will provide or not provide. The OIG reserves the right to decline any request for equipment or resources.

Government equipment placed in an alternative worksite may be used for official purposes only. The OIG will be responsible for the service and maintenance of government-owned equipment.

Teleworking arrangements may increase an employee's home utility costs. The OIG assumes no responsibility for participating employees' expenses related to teleworking.

4. Work Schedules for Telework. The amount of time an employee may work away from the traditional worksite will vary depending on the individual arrangement made between the employee and supervisor, and the work involved. Telework arrangements may be "episodic or situational" and "core," recognizing that organizational and employee needs may vary considerably.
  - **"Episodic or situational" schedules** may be appropriate in situations when work requires intense concentration, when a project/assignment has a short turnaround time, and/or for e-training activities. Under such circumstances, the employee typically works for a day or two at home, away from the traditional worksite distractions, allowing the employee to focus more effectively on completion of the assignment. Approval for "episodic or situational" telework arrangements, including signing of a telework agreement, does not imply eligibility for core telework.
  - **Core scheduling** is teleworking on a routine, regular, and recurring basis per biweekly pay period.

The determination for the telework schedule will be considered on a case-by-case basis. This ensures the employee is available to attend meetings during the week; maintain direct interaction with his/her supervisor, coworkers and customers; and has access to equipment, files, and reference materials. Supervisors and employees on core telework agreements should meet quarterly to discuss telework arrangements to ensure expectations are being met.

5. Hours of Work. Management determines the employee's work schedule in the official worksite and at the alternative worksite. Employees who work on a Flexible Work Schedule or a Compressed Work Schedule, as covered under OIG Directive 72-1, "Alternative Work Schedules (AWS)," may also telework. The AWS directive is posted at [OIGCentral](#).

Assigned telework hours should parallel those work hours assigned to the employee at the traditional worksite, or may be specific to the alternative worksite. The supervisor must approve all telework schedules in advance. (NOTE: For Core Telework Schedules, employees should complete the OIG AWS Request form, which is posted at [OIGCentral](#).)

6. Time and Attendance. Proper monitoring and certification of employee work time is required in telework. Supervisors must review and certify time and attendance records to ensure that employees are paid only for work performed and that absences from scheduled tours of duty are properly accounted for.

WebTA has three transaction codes to document telework hours. These transaction codes are to be used in recording regular base pay when employees are performing work under a telework arrangement. The transaction codes, with their definitions, are listed below:

- (1) **Telework Home:** Telecommuting at home, but not as a part of a set schedule. (I.e. Situational telework).
- (2) **Telework Home less than or equal to 2 days (<= 2 days):** Telecommuting at home with a set schedule of 2 days or fewer per pay period. (i.e., Core telework).
- (3) **Telework Home greater than 2 days (>2 days):** Telecommuting at home with a set schedule of more than 2 days per pay period. (i.e., Core telework).

Employees who work core telework hours should change their default schedule to the appropriate telework hours scheduled for that day. In addition, timekeepers should process corrected time cards for employees who have previously indicated use of telework hours, whether situational or core.

7. Leave. Procedures for requesting and using leave that apply in the OIG traditional worksite also apply to telework arrangements. If an employee can not work some or all of their scheduled work hours while on telework, they must request leave (e.g. annual leave, sick leave, leave without pay) for that time, just as they would if they were working in the traditional worksite.
8. Overtime/Compensatory Time/Credit Hours. Employees may work overtime or earn compensatory time or credit hours, while teleworking if it is scheduled, ordered and approved in advance by the supervisor, using the same criteria that would be used for approving overtime, compensatory time, or credit hours at the traditional worksite. For further information on these criteria, refer to OIG Directive 72-1, "Alternative Work Schedules." Employees are responsible for requesting approval, in advance, to work in excess of their normal hours of duty.
9. Telework and Travel. The travel provisions that apply to employees working at a traditional worksite also apply to employees who telework.
10. Emergency Dismissal or Closing. During an emergency dismissal, closure, or similar occurrences not covered by OPM emergency dismissal guidance (e.g., part of a large organization is dismissed due to a lack of heat or cooling), the teleworker should continue to work at their alternative worksites. Teleworkers can be required to work during emergency closures even if that day is not a regular telework day or a day with specific approval for situational/episodic telework.

On a case-by-case basis, the supervisor may excuse a teleworker from duty during an emergency if the emergency adversely affects the telework site; if the teleworker is unable to access or get to the alternative telework site (telework center); if the teleworker faces a personal hardship (e.g. child care issues) that prevent him or her from working successfully; or if the teleworker's duties are such that he or she cannot continue to work without contacting the traditional worksite.

However, teleworkers should attempt to call their supervisor to determine if they should continue working, or not, in situations that may prevent employees from continuing to work at their alternative worksite (e.g., power failure), or if they know in advance of a situation that would preclude working at the alternative worksite. The supervisor should determine action on a case-by-case basis whether (a) excused absence should be granted; (b) offer the teleworker the option to take leave or use compensatory time off or credit hours, if applicable; or (c) require the employee to report for work at the traditional worksite.

#### 11. Safety Guidelines for Home-based Work Space.

A supervisor may disapprove an employee's request to work at home or may rescind approval based on actual or potential safety problems in the home. Employees working at home are responsible for ensuring that their workspaces are safe and comply with health and safety requirements found in the Safety Guidelines for the Home Work Space (Attachment #2). Home-based work offices must be clean and free from obstructions, unsafe conditions, or hazardous materials, and must be in compliance with all building codes.

When deemed appropriate, the supervisor may also inspect the home-based office for compliance with safety requirements. Inspections will be by appointment only with at least 24 hours advance notice to the employee. If safety issues are identified, the employee must correct them at personal expense prior to participating in the telework program. The supervisor maintains the complete checklist. If unable to continue to work at home due to safety deficiencies at a home-based workplace, the employee may correct the deficiencies at his or her own expense and request another inspection.

#### 12. Federal Employees Compensation Act (Workers' Compensation). Employees working at an alternative worksite are covered under the Federal Employees Compensation Act (FECA), or Workers' Compensation, only while performing official duties. For example, an employee leaves the designated area of the home-based workplace to answer the door or retrieve personal mail. On the way back to the computer, the employee falls down the steps and is injured. Since these activities are not part of the employee's official duties, workers' compensation benefits would not be appropriate.

### 13. Performance Management.

An employee must maintain a performance rating of at least “Achieved Expectations,” to be eligible for continued participation in the OIG Telework Program. Teleworker performance is monitored in the same manner as for all employees at the traditional worksite.

Performance standards should be based on a results-oriented approach and should describe the quantity and quality of expected work products and the method of evaluation. Managers can measure what the employee produces by examining the product or results of the employee’s efforts. Management tools such as project schedules, key milestones, regular status reports, team reviews, etc. may be helpful.

Supervisors may also call teleworkers at home. Teleworkers are required to complete all assigned work, consistent with the approach adopted for all other employees in the organization, and according to standards and guidelines in the teleworker’s performance plan.

#### **D. TERMINATION OF TELEWORK PARTICIPATION**

Supervisors and employees have the right to terminate the telework arrangement. The employee may terminate the telework agreement by giving advanced written notice to their supervisor.

If at any time it is determined that an employee’s participation in the Telework Program is adversely impacting work operations or the employee’s performance, the supervisor shall terminate or modify the employee’s participation. The supervisor must notify the employee by email and explain the reason(s) for terminating the agreement. Adverse impact on work or the employee’s performance may include, but is not limited to, the following:

- Employee performance or productivity standards are not being met.
- Employee conduct is unacceptable.
- The costs of the agreement are determined to be impractical.
- Technology changes require the employee to return to the OIG.
- A change in work assignment requires the employee to return to the OIG.
- The employee fails to adhere to the terms of the agreement.

If an employee’s telework agreement is cancelled, the employee may use the OIG Grievance Procedures for reconsideration of the action. The Grievance Procedures are posted at [OIGCentral](#). Employees have no automatic right to continue in the program in the event of a change in supervisor or position, and this program is not a condition of employment.

## **E. DOCUMENTATION AND REPORTING REQUIREMENTS**

Supervisors/Managers should retain the original individual telework agreements, a copy of the employee's certification for completion of "Telework 101 for Employees" training, and any other documents needed to monitor the telework arrangement. They should ensure telework hours are properly documented in the WebTA and submit quarterly telework activities reports through their chain of command to the OIG Telework Coordinator in the Human Resources and Workforce Management Division. In addition, they should submit a copy of the certificate of completion of "Telework 101 for Managers" to the OIG Telework Coordinator.

Participating employees should receive a copy of these documents, and ensure they properly document their telework hours in the WebTA and their telework activities.

The OIG Telework Coordinator will consolidate quarterly and annual telework reports for the IG and DIG, as required.



The following constitutes the terms and conditions of the Telework Agreement between:

Name of Employee: \_\_\_\_\_

Position Title, Series, and Grade: \_\_\_\_\_  
and

Employee's Supervisor: \_\_\_\_\_

Employing Office: \_\_\_\_\_ Official Worksite (i.e. duty station): \_\_\_\_\_

1. The days in a biweekly pay period this employee is authorized to telework in an approved alternative worksite that are specified below. Telework days are scheduled and will not be substituted without prior approval of the supervisor.

**Telework Schedule: (check one)**

**Situational** (occasional, non-routine)

**Core** (routine, regular, recurring). **NOTE:** If Core, please complete the schedule below.

Day	Telework Days (Week 1)	Start & End Times	Telework Days (Week 2)	Start & End Times
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

2. During these hours, the employee's alternative worksite will be: (Circle one or more)

1. Home-based work office
2. GSA Telework Center
3. Other Approved Alternative Worksite

**Information to be used In Contacting the Employee during Telework**

Address of Alternative Worksite: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax Number(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

3. **JOB DUTIES AND RESPONSIBILITIES:** The employee's work status and job duties and responsibilities will remain essentially unchanged as a result of this agreement. An employee approved for telework is required to complete the on-line basic "Telework 101 for Employees" course, and satisfactorily complete all assigned work, consistent with the approach adopted for all other employees in the work group. The employee will meet/speak with the supervisor to receive assignments and to review completed work as necessary or appropriate. The employee agrees to provide the supervisor with a summary of all work performed during the telework period upon return to office, if required.

4. **JOB PERFORMANCE:** The employee agrees to perform only official duties at the alternative worksite and will not conduct personal business, such as making home repairs, during official work hours. The employee's job performance will be evaluated on criteria and milestones determined by the supervisor. While working at the alternative worksite and/or using government-furnished equipment, teleworking employees continue to be bound by Department of Homeland Security (DHS) standards of conduct, policy directives, and other guidance established by the OIG or DHS.

5. **SECURITY:** The employee will apply approved safeguards to protect government/agency records from unauthorized disclosure or damage and will comply with the requirements set forth in the Privacy Act of 1974, 5 U.S.C. § 552a. The employee must ensure compliance with all DHS and OIG rules, policies, practices, and procedures. In particular, the employee must be conversant with the following DHS and OIG issuances: DHS Management Directive #11042.1, Safeguarding Sensitive but Unclassified (For Official Use Only) Information; OIG Directive 66-1, Privacy Program; and the DHS Handbook on Safeguarding Sensitive Personally Identifiable Information. The employee must also protect all OIG resources, including OIG data and information, at the alternative worksite. No materials classified in the interest of National Security pursuant to Executive Order can be removed from the office for work at home. Materials that are or may be Sensitive but Unclassified or otherwise exempt or potentially exempt from public disclosure must be transported in a security pouch or via FedEx (both will be provided). The employee shall set up and maintain the home-based work area or telework center in accordance with the security standards specifically set forth in their signed OIG Security Audit Checklist form.

6. **TELEWORKING EQUIPMENT AND SUPPLIES:** Government-owned equipment may be issued by the organization and used for the purposes of telework and limited personal use in accordance with DHS and OIG policies. The teleworker agrees to protect government equipment in accordance with these established procedures and understands that he or she is accountable to the OIG for any government-owned property that may be assigned to the teleworker.

**A. Home-based Work Office Furnishings and Maintenance.** The government will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) whatsoever, associated with the use of the employee's residence. The employee is responsible for the costs of establishing and maintaining the work area at home. The employee has designated the following locations in his/her home as the home-based work areas: \_\_\_\_\_.

**B. Telework Equipment.** The OIG may, within its sole discretion, provide to the employee certain equipment such as computer hardware, software, a phone card for long distance calls, and other equipment and supplies deemed necessary to perform assigned work off-site. The employee will be issued the following equipment: \_\_\_\_\_  
\_\_\_\_\_

**C. Treatment of Equipment.** It is understood that such equipment is the sole and exclusive property of the OIG and is subject to the same business use restrictions as if it were on-site. The employee will not move the equipment from the designated work area, except as may be necessary to return the equipment to the OIG. The employee shall be liable for the condition of the equipment, except for normal wear and tear, and for damages caused by unauthorized use of such equipment.

- D. Notification of OIG Equipment Failure.** The employee is expected to notify the supervisor within 24 hours of equipment malfunction or failure. In the event of such malfunction or failure, the OIG may, at its sole discretion, supply the employee with temporary replacement of OIG-owned equipment, or require the employee to work at the office.
- E. Unauthorized Use of OIG Property.** The equipment, supplies, and other property provided by the OIG are provided exclusively for use in providing services to the OIG. The equipment may not be used by any person not employed by OIG (including household members).
- F. Return of OIG Property.** The equipment, supplies, and other property provided by the OIG should be returned upon completion of the Telework assignment. Upon termination of employment, all equipment, supplies, documents, and other departmental property must be returned promptly to the OIG. In the event the telework arrangement set forth in the agreement ends, the employee's obligation to return OIG property continues.

**7. TIME AND ATTENDANCE AND LEAVE:** The employee's timekeeper will have a copy of the employee's schedule, and the employee's telework time and attendance will be recorded as performing official duties at the official duty station.

- A. Work Schedules.** The employee agrees to abide by an established work schedule unless amended from time to time by the Supervisor or by mutual agreement. The employee acknowledges and agrees that compliance with this schedule is necessary to ensure maximum accessibility. The employee must obtain prior Supervisor approval for working anything other than the scheduled hours per day, including any overtime, credit hours, and compensatory time.
- B. Leave Requests.** Requests for annual and sick leave will be handled the same as if the employee were in the office, including prior notification. The employee must obtain supervisory approval before taking leave in accordance with established office procedures. Use of annual leave or other leave credits during regularly scheduled telework time must be approved in advance by the supervisor.
- C. Dependent Care.** Telework is not a substitute for dependent care. Teleworkers must make arrangements for dependent care. There should be a designated person present to provide primary care during employee work hours if dependents are present in the household premises. The OIG expects that the employee will make family care arrangements as needed and that such obligations will not interfere with work obligations and the safety obligations required. The employee may undertake family care obligations on a temporary basis only with prior OIG approval. The employee acknowledges and agrees that potential distractions and conflicting demands must be resolved in advance of starting this telework arrangement.

**8. SAFETY:** It is the teleworker's responsibility to ensure that the alternative work environment is conducive to productivity, comfort, safety, and health.

- A. Designated Work Area.** The employee is required to identify a designated work area at home before the telework arrangement can begin. The employee should only work in this designated work area. No individuals, including friends or work associates, should have access to this work area during designated hours of work unless authorized beforehand by supervisor.
- B. Maintenance of Work Area.** The employee shall maintain the home-based work area free of safety hazards and other dangers and shall use and maintain equipment and supplies in a safe and appropriate manner. (See the employee signed copy of "**Safety Guidelines for the Home-based Work Space**" form in setting up and maintaining a home-based work area).
- C. Work Area Inspections.** The employee agrees that the OIG has the right to make periodic visits to the employee's home-based work office to audit the employee's compliance with this agreement. Reasonable efforts will be made to schedule such visits in advance.

**D. Reporting of Injury.** The employee should report any work-related injuries to his/her supervisor immediately, but no later than 24 hours after such injury, using the standard injury reporting process. This is no different than the expectation of an employee when working in the office. The employee agrees that it may be necessary for an OIG representative to visit the employee's home-based work office to investigate an injury report.

**E. Employer Liability.** The Federal Employees Compensation Act covers teleworking employees for on-the-job injury or occupational illness at the alternative worksite when conducting official government business. Any accident or illness occurring at the alternative worksite must be brought to the immediate attention of the employee's supervisor. The supervisor must investigate all reports immediately following notification. The OIG assumes no liability for injuries to the employee that occur outside of the alternative worksite or outside of the employee's working hours. In addition, the OIG makes no representations on the personal tax and insurance implications of this telework arrangement; it is the employee's obligation to address these issues.

**9. EMERGENCY CLOSURE AND EARLY DISMISSALS:** The alternative worksite may be unaffected by emergencies leading to the closure of or dismissal from the traditional worksite, i.e., weather related closings. Therefore, work at the alternative worksite should continue. The converse may also be applicable. The employee can be required to work at the alternative worksite during emergency closures, even if that day is not a regular telework day or a day with specific approval for situational/episodic telework.

**10. TERMS OF THIS ARRANGEMENT:** Nothing in this agreement guarantees the employee a telework arrangement for any specific duration. This agreement can be modified or cancelled at any time by the OIG and/or the employee. Management may terminate participation in this arrangement at any time. The employee may withdraw from the program at any time.

**11. MISCELLANEOUS:** Both parties agree that this agreement supersedes any previous written or oral agreements between them relating to telework arrangements.

**I have read and understand the OIG Telework policies and agree to abide by these policies.**

Participating Employee's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Telework agreement terminated on (date) \_\_\_\_\_

2. Individual initiating termination: Participant: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Privacy Act Notice:** The information being requested will be used to implement the OIG telework policy and is intended to facilitate your participation in the Telework Program. Authority for this collection of information is found in Public Law 106-346, which requires agencies to establish telework programs, and in general laws which allow agencies to collect information for administrative purposes, such as 5 U.S.C. § 301. The information will be maintained in your official personnel folder, which is covered by a government-wide systems of records notice, OPM/GOVT-1, and used primarily within the OIG to monitor the Telework Program and to provide required reports to DHS. Provision of this information is voluntary, but if you do not provide it, you may not be able to participate in the OIG Telework Program.

OIG Form 72-2-1 (Date: February 2009)

Dear **EMPLOYEE**:

The following guidelines are designed to assist teleworkers in surveying the overall safety and adequacy of their alternative worksite. The following are only recommendations, and do not encompass every situation that may be encountered. Employees are encouraged to obtain professional assistance with issues concerning appropriate electrical service and circuit capacity for residential worksites. Please sign the bottom of this form acknowledging that you have read and understood it, and return the signed copy with your telework agreement to your supervisor. It is advisable to maintain a copy for your files.

1. Develop and practice a fire evacuation plan for use in the event of an emergency.
2. Check your smoke detectors regularly and replace batteries once a year.
3. Always have a working fire extinguisher conveniently located in your home and check the charge regularly.
4. Computers are heavy. Always place them on sturdy, level, well maintained furniture.
5. Choose office chairs that provide good supporting backrests and allow adjustments to fit you comfortably.
6. Locate your computer to eliminate noticeable glare from windows and lighting. Place the computer monitor at a height that is comfortable and does not produce neck or back strain. Locate computer keyboards at heights that do not cause wrist strain or place the keyboard on an adjustable surface.
7. Install sufficient lighting in locations to reduce glare on the work surface.
8. Arrange file cabinets so that opened drawers do not block aisles.
9. Be sure to leave aisle space, where possible, to reduce tripping hazards.
10. Always make sure electrical equipment is connected to grounded outlets/surge protectors.
11. Avoid fire hazards by never overloading electrical circuits.
12. Inspect and repair carpeting with frayed edges or loose seams. Avoid using throw rugs that can cause tripping hazards in your workspace.
13. Locate computers, phones, and other electrical equipment in a manner that keeps power cords out of walkways.
14. Always power down computers after the workday is over and always turn off all electrical equipment during thunderstorms.
15. Keep your work area clean and avoid clutter, which can cause fire and tripping hazards.
16. Do not allow non-government employees to operate or repair government-owned equipment.
17. Always keep government files and information in a secure place and do not advertise your home office to strangers.
18. Always use proper lifting techniques when moving or lifting heavy equipment and furniture.
19. Always report accidents and injuries immediately to your supervisor.

**I acknowledge receipt of these safety guidelines and understand my responsibilities and the importance of overall safety of my alternative worksite.**

**Employee's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OIG Form 72-2-2 (Date: February 2009)

**Security Audit Checklist for Alternative Worksites**

ATTACHMENT #3

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Dear **EMPLOYEE**:

The following checklist is designed to assess your overall ability to protect OIG data and information processed, stored, or transmitted or received at your home-based office or telework center. Please read and complete the security audit checklist. Upon completion, you and your first-line supervisor should sign and date the checklist in the spaces provided.

The alternative duty station is  Home  Telework Center

	Yes	No
<b>A. Physical Security</b>		
1. Will all doors and windows have adequate locking devices?		
2. Do you have a lockable file cabinet or container available to store diskette, CD-ROMs, and documents?		
<b>B. Hardware Security</b>		
1. Will the computer hardware be positioned so unauthorized persons cannot see the screen?		
2. Are there adequate environmental controls to protect the hardware from extreme temperatures and humidity?		
<b>C. Data Security</b>		
1. Will the computer and software (e.g., diskettes, CD-ROMs) be adequately protected from unauthorized access (e.g., friends, relatives, roommates, etc.)?		
2. Will others be able to gain access to the computer from other systems (e.g., via Internet, dial-up, etc.)?		
<b>D. User Security</b>		
1. Are you familiar with computer virus detection and eradication procedures?		
2. Have you reviewed the OIG Telework Technical Orientation? (This is required and is accessible on the OIG Intranet)		

\_\_\_\_\_  
Employee's Signature                      Date

\_\_\_\_\_  
Supervisor's Signature                      Date

OIG Form 72-2-3 (Date: February 2009)

Supervisors should use the following checklist to ensure that telework requirements are met and that covered employees understand the policies and procedures of the OIG Telework Program.

- 1. Guidelines, policies and procedures of the Telework Program have been explained to the employee.
  
- 2. The employee's most recent performance appraisal rating is "Achieved Expectations" or better.
  
- 3. The provisions governing premium pay have been explained to the employee, including that he/she must receive supervisory approval in advance of working overtime.
  
- 4. Performance expectations have been discussed with the employee. Standards are in place and have been agreed to.
  
- 5. Policies and procedures covering classified material and personally identifiable information (PII) have been explained to the employee.
  
- 6. The employee has been given safety guidelines that identify issues the employee needs to consider.
  
- 7. Equipment issued to the employee has been documented. Equipment provided is noted below.

**\*Taken from OPM Website:** [www.telework.gov](http://www.telework.gov)

OIG Form 72-2-4 (Date: February 2009)





## **POLICY AND PROCEDURES MANUAL**

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<b>SUBJECT: Telework Program</b>	<b>DIRECTIVE NUMBER: 72-2 (REVISED)</b>
DISTRIBUTION: All Employees	DATE REVISED: 2-4-09

### **I. Purpose**

Telework, also known as telecommuting, provides eligible employees the opportunity to perform their duties at alternative worksites during an agreed-upon period during their workweek. This directive establishes policy, assigns authorities and responsibilities, and sets procedures for a Telework Program at the Department of Homeland Security (DHS), Office of Inspector General (OIG). This directive must be used in conjunction with the attached OIG Telework Program Handbook, which provides a glossary of terms and more detailed information, including Telework Program guidelines, criteria, procedures, and required forms for participation.

### **II. Scope**

This directive applies to all OIG employees, including supervisors and managers, who meet the qualifying criteria established in this policy.

### **III. Authorities**

- A. P.L. 106-346, "Making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2001, and for other purposes", Section 359 and accompanying conference report.
- B. Office of Personnel Management (OPM) Memorandum to Heads of Executive Departments and Agencies, subject: Establishing Telecommuting Policies, dated February 9, 2001.
- C. OPM Memorandum for Heads of Executive Departments and Agencies, subject: Washington, DC Area Dismissal or Closure Procedures, dated November 20, 2006.
- D. DHS Management Directive 11042.1, "Safeguarding Sensitive But Unclassified (For Official Use Only) Information."
- E. DHS Management Directive 3070.2, "Telework Directive."
- F. 5 CFR Part 531.605(d), Determining an employee's official worksite.

## IV. Policy

- A. **General:** The OIG Telework Program provides qualifying employees with an opportunity to perform their duties away from the office on a case-by-case basis, and allows the OIG to attract and retain valuable workers by boosting employee morale, productivity, and quality of life. The OIG may also use telework during times of crisis, or as an integral part of its Continuity of Operations Program (COOP) Plan to ensure the OIG will function smoothly in times of emergencies, disasters, or inclement weather.
- B. **Telework Arrangements:** Telework arrangements are encouraged as long as there is no negative impact to mission accomplishment or employee performance. The telework arrangement shall be for the performance of official duties, and may be performed at home or at another type of alternative worksite, such as another OIG office. Employees cannot treat this arrangement as an opportunity to conduct personal business or as an alternative to dependent care. Telework arrangements may be modified, adjusted, or terminated at any time deemed necessary by management or when requested by an employee.
- C. **Discretionary Authority:** Participation in a telework arrangement is a management prerogative and under no circumstances should be considered to be an employee entitlement or right. Management reserves the right to require employees to report to the traditional worksite on scheduled telework days, based on operational requirements. Telework is not appropriate in all situations or for all employees, and telework does not change terms and conditions of an employee's appointment. Employees have no automatic right to continue in the program due to changes in supervisor or position, and this program is not a condition of employment.
- D. **Telework Agreements and Other Required Documentation:** Participation in a telework arrangement requires a written telework agreement between the supervisor and the employee. New telework agreements need to be submitted whenever the teleworker changes positions or has changed supervisors. Additionally, if working at home or a Telework Center, the employee will be required to self-certify his/her ability to meet safety requirements and to protect OIG data and information.
- E. **Telework Training:** Prior to initiating a telework agreement, employees should view an online training presentation at [here](#). Information systems security training is required to ensure teleworkers understand responsibilities in safeguarding work-related information.

In addition, managers, supervisors and employees are required to complete the appropriate on-line Telework 101 course found at [www.telework.gov](http://www.telework.gov). Certificates of completion should be forwarded to the appropriate training coordinator, with a copy sent to the OIG Telework Coordinator.

- F. **Telework Participation:** Participation is voluntary and will be available equitably throughout the OIG workforce, consistent with position responsibilities and office needs, as determined by the Inspector General, Deputy Inspector General, or the Deputy Inspector General for Emergency Management Oversight, Assistant Inspectors General, their deputies, and Counsel. An employee must have a proven or expected performance rating of at least an “Achieved Expectations” to be eligible for participation or ongoing participation in the Telework Program. Also, while working at the alternative worksite and using government equipment, OIG employees will continue to be bound by DHS standards of conduct, and policy directives and any other guidance issued by the OIG or DHS. **(NOTE: New employees on board less than 90 days are not eligible for telework.)**
- G. **Telework Schedules and Work Hours:** Telework arrangements may be “core” or “episodic or situational.” Telework hours will be consistent with the employee’s tour of duty (e.g., Compressed Work Schedule, Flexible Work Schedule). Employees must request leave for hours that they cannot work during their scheduled telework hours. Employees who require overtime or compensatory time must schedule and obtain their supervisor’s advanced approval.
- H. **Official Worksite, or Duty Station, of Employees Covered by a Telework Agreement:** Telework agreements must identify the employee’s official worksite for location-based pay entitlements (e.g. locality payments, special rate supplements, and nonforeign area cost-of-living allowances). Teleworkers must be scheduled to physically report to their official worksite, or regularly perform work within the locality pay area for that worksite, **at least twice each biweekly pay period**. Exceptions to the twice-in-a-pay-period standard may be granted in appropriate situations of a temporary nature on a case-to-case basis. If employees covered under a telework agreement do not meet these requirements, the employee’s official worksite is the location of the employee’s telework site.
- I. **Use of Personal Equipment and Software:** OIG teleworkers will use government issued laptop computers when teleworking. It is not permissible for OIG teleworkers to use personally owned equipment and software to process, access or store any OIG or DHS documents and information.
- J. **Removal of Documents from the Official Worksite:** Teleworkers cannot remove the following data from their official worksite to alternative worksite locations:
- Classified data (i.e., Confidential, Secret, Top Secret or Sensitive Compartmented Information (SCI)).
  - Sensitive Security Information (SSI).

Materials that are or may be Sensitive but Unclassified or otherwise exempt or potentially exempt from public disclosure must be transported in a security pouch or via FedEx.

## V. Responsibilities

- A. **The Inspector General (IG) and Deputy Inspector General (DIG)** will delegate authority and responsibilities for this program and approve any funding applications at telework centers approved by the General Services Administration.
- B. **The Deputy Inspector General for Emergency Management Oversight (DIG-EMO), Assistant Inspectors General (AIGs), Deputy Assistant Inspectors General (DAIGs), and Counsel** are responsible for identifying positions in their respective areas that should be excluded from telework participation in whole or in part based on work-related reasons, reviewing program results to ensure fair and equitable application within their offices, and providing telework activities reports for their assigned offices. Also, they will ensure managers and supervisors under their direction are fully aware of and adhere to this directive; communicate telework requirements and criteria to employees; and make decisions on telework terminations and disapprovals by the employee's supervisor.
- C. **Managers and Supervisors** will:
- Participate with the appropriate AIG or DAIG in identifying positions to be excluded from telework eligibility based on work-related reasons.
  - Ensure their employees are informed of their responsibilities in the Telework Program, as well as appropriate uses of government-furnished equipment and information technology; approve (or disapprove) telework agreements and other required documents.
  - Provide teleworkers with clear criteria and tasks for telework, and monitor subordinate teleworkers' performance.
  - Conduct quarterly reviews with core telework employees to monitor the telework arrangement and prepare quarterly telework activity reports.
  - Ensure compliance with policy directives and any other guidance issued by the OIG, DHS, and OPM.
  - Complete "Telework 101 for Managers" training found at [http://www.telework.gov/tools\\_and\\_resources/training/managers/index.aspx](http://www.telework.gov/tools_and_resources/training/managers/index.aspx).
- D. **The Office of Administration's Human Resources and Workforce Management Division, or its servicing contractor,** will track employees' telework participation for OIG reporting purposes, coordinate quarterly and annual telework reports for the IG and DIG, and provide technical guidance to employees and managers to ensure compliance with all regulatory and legal requirements related to this directive.

- E. **The Office of Administration's Information Technology Division**, as needed, will provide technical advice on information systems services available to support telework activities and provide/install government equipment at the alternative worksites.
- F. **The Office of Administration's Security Division**, will provide technical advice on security issues in support of telework activities.
- G. **Employees** will:
  - 1. Ensure that telework activities do not interfere with their continuing responsibility of carrying out the duties of their position, nor conflict with the guidance provided in this directive and the OIG Telework Program Handbook.
  - 2. Be responsible for maintaining a performance level of at least "Achieved Expectations," and submitting documentation required for telework participation to their supervisor.
  - 3. Ensure home safety and protect all government-furnished equipment and software from possible theft and environmental damage.
  - 4. Complete "Telework 101 for Employees" training found at [http://www.telework.gov/tools\\_and\\_resources/training/employees/index.aspx](http://www.telework.gov/tools_and_resources/training/employees/index.aspx).

## VI. Procedures

- A. **Determining Telework Participation:** Employees, supervisors, and managers must review the attached OIG Telework Program Handbook before entering into a telework arrangement, as well as take the appropriate on-line Telework 101 training. The IG, DIG, DIG-EMO, AIGs, DAIGs, Counsel, managers, and supervisors are responsible for determining if telework assignments are appropriate and if an employee is eligible to participate in this program.
- B. **Requesting Telework Participation:** Eligible employees may request telework participation by notifying their supervisor in advance via e-mail, verbally, or in writing. The supervisor will approve or disapprove the telework request. If the request is denied, the employee may file a grievance through the process outlined in the OIG's Grievance Procedures at [OIGCentral](#).
- C. **Participating in Telework:** If the telework request is approved, the employee and his/her supervisor must establish and sign the OIG Telework Agreement attached to this directive, and submit the certification of completion for the Telework 101 training for employees. This agreement specifies terms of the telework arrangement and can be cancelled at any time

by the employee or at the supervisor's discretion. In addition, employees required to sign two forms: OIG Safety Guidelines for the Home-based Work Space and Security Audit Checklist for Alternative Worksites. The forms are attached to this directive.

Employees on core telework agreements should document work activities accomplished during telework hours for their supervisor. This can be done in the form of an email, weekly status report or something similar. Every fiscal quarter, supervisors and employees are required to meet and discuss the core telework arrangement to determine if the core agreement should be continued. [NOTE: This is also a good time to meet and discuss performance and the Individual Development Plan (IDP) progress.]

- D. **Maintaining Required Documentation:** Supervisors/Managers will retain the original copy of telework agreements and any other documents to monitor the telework arrangement. Copies of these documents should be given to participating employees. Also, a copy of these documents and the certificates of completions for the Telework 101 training must be forwarded to the OIG Telework Coordinator in the Human Resources and Workforce Management Division.
- E. **Reporting Requirements:** Supervisors/Managers will submit quarterly telework activities reports through their chain of command to the OIG Telework Coordinator. HRD will consolidate quarterly and annual telework reports for the IG and DIG.

**VII. Definitions:** See attached OIG Telework Program Handbook.

## **VIII. Questions**

Please contact [REDACTED] OIG Telework Coordinator, in the Office of Administration, Human Resources and Workforce Management Division at (202) [REDACTED]. For general information on telework programs, go to <http://www.telework.gov>.

APPROVED BY: Acting Assistant Inspector General for Management

Attachments (5)

[OIG Telework Program Handbook](#)

[OIG Telework Agreement \(OIG Form 72-2-1\)](#)

[Safety Guidelines for the Home-based Work Space \(OIG Form 72-2-2\)](#)

[Security Audit Checklist for Alternative Worksites \(OIG Form 72-2-3\)](#)

[Supervisor Checklist for Telework Counseling \(OIG Form 72-2-4\)](#)

## Bell, Mark

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**From:** Bell, Mark [redacted]@ [redacted] b6  
**Sent:** Thursday, March 06, 2008 8:25 AM  
**To:** [redacted]@ [redacted]  
**Subject:** FW: Telework Request b6  
**Attachments:** [redacted].pdf

Madhuri

I received your documents. Thank you

Please note my email [redacted] [redacted] b6

Mark

**From:** Bell, Mark J [mailto:[redacted]@ [redacted]] b6  
**Sent:** Thursday, March 06, 2008 7:29 AM  
**To:** Bell, Mark  
**Subject:** FW: Telework Request

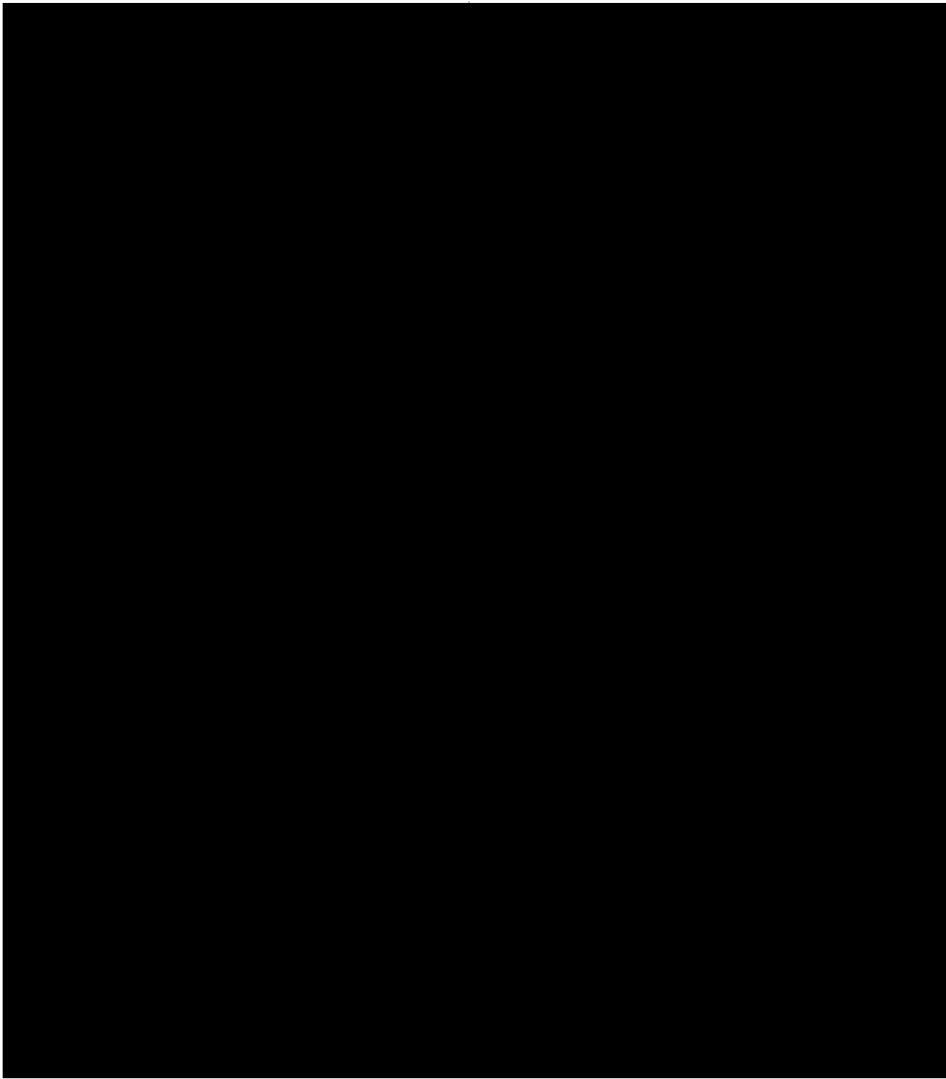
**From:** Charles Edwards [mailto:[redacted]@ [redacted]] b6  
**Sent:** Wednesday, March 05, 2008 4:21 PM  
**To:** Bell, Mark J  
**Cc:** [redacted]@ [redacted] b6  
**Subject:** Telework Request

Hi Mark,

Thank you for looking into this for me.

Madhuri





b6

**Bell, Mark**

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**From:** Bell, Mark [REDACTED]@[REDACTED]  
**Sent:** Friday, May 09, 2008 10:45 AM  
**To:** Edwards, Madhuri  
**Subject:** RE: Greetings

Great! [REDACTED] Non-responsive

Thanks

Mark

---

**From:** Edwards, Madhuri  
**Sent:** Friday, May 09, 2008 10:43 AM  
**To:** Bell, Mark  
**Subject:** RE: Greetings b6

I have [REDACTED] today. I am [REDACTED] and b6  
telework part-time starting next week.

Madhuri

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**From:** Bell, Mark  
**Sent:** Friday, May 09, 2008 9:26 AM  
**To:** Edwards, Madhuri  
**Subject:** RE: Greetings

Thanks!

Any word on when you can come into the office?

Mark

---

**From:** Edwards, Madhuri  
**Sent:** Thursday, May 08, 2008 10:27 AM  
**To:** Bell, Mark  
**Subject:** Greetings

Hi Mark,

I heard that [REDACTED] today. Just wanted to [REDACTED] and [REDACTED]! Non-responsive or b6

Thanks, Madhuri

**Bell, Mark**

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**From:** Bell, Mark  
**Sent:** Tuesday, January 13, 2009 8:13 AM  
**To:** Edwards, Madhuri  
**Subject:** Re: Request

No problem

**From:** Edwards, Madhuri  
**To:** Bell, Mark  
**Sent:** Tue Jan 13 06:41:48 2009  
**Subject:** Request  
Hi Mark,

I will be teleworking today. Hope it is fine with you.

Thanks, Madhuri

## Bell, Mark

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**From:** Bell, Mark  
**Sent:** Thursday, February 26, 2009 8:07 AM  
**To:** Edwards, Madhuri  
**Subject:** RE: Telework

OK

Mark Bell  
Department of Homeland Security  
Office of Inspector General  
Chief, Audit Operations  
202 [REDACTED]

b6

**From:** Edwards, Madhuri  
**Sent:** Wednesday, February 25, 2009 11:06 PM  
**To:** Bell, Mark  
**Subject:** Telework

Hi Mark,

I would like to telework the rest of this week. Hope it's fine with you.

Thanks, Madhuri

FYI, [REDACTED] is not finalized as yet by [REDACTED]...still waiting on it.

b6

RIP,  
b6

**Bell, Mark**

---

**From:** Bell, Mark  
**Sent:** Monday, March 02, 2009 8:09 AM  
**To:** Edwards, Madhuri  
**Subject:** Re: Today

Good idea

**From:** Edwards, Madhuri  
**To:** Bell, Mark  
**Sent:** Mon Mar 02 08:05:03 2009  
**Subject:** Today  
Hi Mark,

I am teleworking today.

Thanks,

Madhuri

**Bell, Mark**

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**From:** Edwards, Madhuri [REDACTED]  
**Sent:** Monday, April 27, 2009 10:34 AM  
**To:** Bell, Mark  
**Subject:** RE: [REDACTED]

Hi Mark,  
Hope all is well with you. I was going to send you an email over the weekend. Things have gotten [REDACTED] b6  
[REDACTED] and I need [REDACTED] to India this week. I am trying to get tickets for this Friday, May 1. I was  
going to ask you permission for telework as well. I will need [REDACTED] May and  
[REDACTED] August and I can telework the rest of the time. I would also like to request you a  
couple of hours permission today between 11:00 and 1:00 to [REDACTED] 6

As for [REDACTED]

Non-  
responsi  
ve

Looking forward to talking to you this afternoon, including my conversation with [REDACTED]

Non-responsive or b6

Thanks,

Madhuri

-----Original Message-----

**From:** Bell, Mark  
**Sent:** Sunday, April 26, 2009 9:15 PM  
**To:** Edwards, Madhuri  
**Subject:** [REDACTED]

Madhuri



Hope all is well. Talk to you tomorrow.

Non-Responsive or b6

Mark



**Bell, Mark**

---

**From:** Bell, Mark  
**Sent:** Thursday, April 30, 2009 12:33 AM  
**To:** Edwards, Madhuri  
**Subject:** RE: Private

Madhuri

[REDACTED] I will be in the  
[REDACTED] office tomorrow if you need me.

Mark

Mark Bell  
Department of Homeland Security  
Office of Inspector General  
Chief, Audit Operations  
202-255-[REDACTED]

---

**From:** Edwards, Madhuri  
**Sent:** Thursday, April 30, 2009 12:00 AM  
**To:** Bell, Mark  
**Subject:** Private

Hi Mark,

[REDACTED]

[REDACTED]

**Bell, Mark**

---

**From:** Edwards, Madhuri [IMCEAEX\_O=DHS\_OIG\_OU=DHS-OIG\_CN=RECIPIENTS\_CN=[REDACTED]@OIG.DHS.GOV]  
**Sent:** Monday, August 31, 2009 9:30 AM  
**To:** Bell, Mark  
**Subject:** Request

Hi Mark,

I am really thankful and appreciate all the consideration and understanding that you and the Office of Audits have shown towards me. It's been [REDACTED]

[REDACTED] So, I have one final request to kindly ask you if I can telework for 6 more weeks till about the middle of October. I promise that this will be my final request.

Thanks, Madhuri

**Bell, Mark**

---

**From:** Bell, Mark  
**Sent:** Tuesday, October 27, 2009 5:36 PM  
**To:** Edwards, Madhuri  
**Subject:** Re: Telework

Yes

**From:** Edwards, Madhuri  
**To:** Bell, Mark  
**Sent:** Tue Oct 27 17:35:37 2009  
**Subject:** Telework  
Hi Mark,

Since I have to get my new badge (PIV Card); it looks like I can get an [REDACTED] on Thursday. Will it be okay with you if I teleworked tomorrow and come to the Office on Thursday instead?

Thanks, Madhuri

**Bell, Mark**

---

**From:** Bell, Mark  
**Sent:** Friday, November 06, 2009 11:59 AM  
**To:** Edwards, Madhuri  
**Cc:** [REDACTED]  
**Subject:** RE: Time Card

Thanks

Mark Bell  
Department of Homeland Security  
Office of Inspector General  
Chief, Audit Operations  
202-2 [REDACTED]

**From:** Edwards, Madhuri  
**Sent:** Friday, November 06, 2009 11:57 AM  
**To:** Bell, Mark  
**Cc:** [REDACTED]  
**Subject:** RE: Time Card

I have entered telework and re-validated.

Madhuri

**From:** Bell, Mark  
**Sent:** Friday, November 06, 2009 11:28 AM  
**To:** Edwards, Madhuri  
**Cc:** [REDACTED]  
**Subject:** Time Card

Madhuri

Please adjust your timecard to reflect telework.

Thanks

Mark Bell  
Department of Homeland Security  
Office of Inspector General  
Chief, Audit Operations  
202-2 [REDACTED]


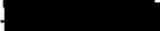
**Bell, Mark**

---

**From:** Bell, Mark  
**Sent:** Wednesday, March 10, 2010 8:56 AM  
**To:** Edwards, Madhuri  
**Subject:** RE: Request

That's is fine.

*Mark Bell*

DHS-OIG Office of Audit  
Chief, Audit Operations  
202-  
202-

**From:** Edwards, Madhuri  
**Sent:** Wednesday, March 10, 2010 12:49 AM  
**To:** Bell, Mark  
**Subject:** Request

Hi Mark,

Since I still have plenty to catch up with on my audit work, I hope it will be okay with you if I teleworked tomorrow and the day after. I will be in the office on Friday.

Thanks, Madhuri

[REDACTED]  
[REDACTED]

---

b6  
From: McGlathery, Louise  
Sent: Tuesday, June 23, 2009 12:06 PM  
To: [REDACTED]  
Subject: RE: Request

Thanks - just and fyi - they are about 10.5 hours ahead of us - so right now it's about 11:30pm there.

-----Original Message-----

b6  
From: [REDACTED]  
Sent: Tuesday, June 23, 2009 1:04 PM  
To: McGlathery, Louise  
Subject: Re: Request

Sure. We will work with Sprint to resolve.  
[REDACTED]

----- Original Message -----

b6  
From: McGlathery, Louise  
To: [REDACTED]  
Sent: Tue Jun 23 12:22:43 2009  
Subject: FW: Request

b6  
[REDACTED] - please see below from Charles - can you look into why Madhuri's blackberry has stopped sending/receiving? Thanks!

-----Original Message-----

b6  
From: Edwards, Charles  
Sent: Tuesday, June 23, 2009 12:16 PM  
To: McGlathery, Louise  
Subject: Request

Hi Louise,

b6  
Madhuri's bberry stopped getting messages for a couple of days. I took her battery out and placed it back again and she is still not able to receive or send any messages. Can you have [REDACTED] look into. Her laptop seems to be working fine.

Thanks,

Charles

b6

[Redacted]

From: [Redacted]  
Sent: Tuesday, June 29, 2010 4:16 PM  
To: [Redacted]  
Subject: RE: Global information on Aircard

~~This message has been archived~~

b6

[Redacted] Verizon rep says [Redacted] would need to know what country because the rates vary. The option with the monthly plans are for 12 months, but there is no penalty for cancelling after a month. So, if we go with the monthly plan [Redacted] but if it is India, you pay per KB, which is very costly to send emails, etc.

b5

b6

From: [Redacted]  
Sent: Tuesday, June 29, 2010 4:06 PM  
To: [Redacted]  
Subject: RE: Global information on Aircard

b6

[Redacted]

Does monthly plan require multi-year contract or is it activated month to month for usage?

[Redacted]

b6

[Redacted]

DHS Office of Inspector General  
Office of Administration/Information Technology Division

(202) [Redacted] (Office)

(202) [Redacted] (Mobile)

(202) 2-[Redacted] (Fax)

[Redacted].gov

b6

From: [Redacted]  
Sent: Tuesday, June 29, 2010 4:17 PM  
To: [Redacted]  
Subject: FW: Global

[REDACTED]  
From: [REDACTED]  
Sent: Tuesday, June 29, 2010 3:17 PM  
To: [REDACTED]  
Subject: FW: Global information on Aircard

b6

~~This message has been archived.~~

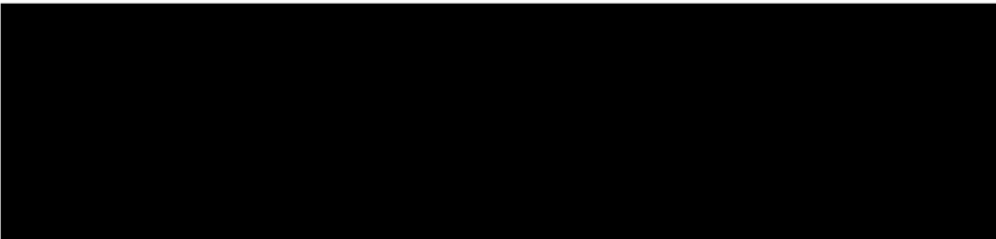
FYI. See below.

b6

From: [REDACTED]@VerizonWireless.com [mailto:[REDACTED]@VerizonWireless.com]  
Sent: Tuesday, June 29, 2010 3:05 PM  
To: [REDACTED]  
Subject: Global information

[REDACTED] b6

Per our conversation, please find the pricing below.



non responsive  
and/or b5

India

\$0.02 per kb (no allowance like above)

\*It would come out to \$20.00 per MB

On rental program

[http://b2b.vzw.com/international/Global\\_Travel/index.html](http://b2b.vzw.com/international/Global_Travel/index.html)  
<[http://b2b.vzw.com/international/Global\\_Travel/index.html](http://b2b.vzw.com/international/Global_Travel/index.html)>

The only difference is you would pay \$9.99 for shipping the card AND you must return within 30 days or they WILL charge \$199.99.

If you rent, you the customer must call and do it yourself. The phone number is 1.800.711.8300. I will NOT be able to do it for you.



[REDACTED]  
From: [REDACTED]@VerizonWireless.com  
Sent: Tuesday, June 29, 2010 1:57 PM  
To: [REDACTED]  
Subject: Global rental

b6

[REDACTED]  
*I am going to call you in a minute but I am enclosing below the information on Global rental. The only thing I say is that it states the program is ideal when your travel duration is less than 21 days.*

*I believe we have another option but I wanted you to know about this and you can make the decision as to what is best for your agency.*

The Global Travel program is the perfect short-term solution for the occasional or infrequent global traveler who needs to stay in touch when travelling internationally. This program is ideal when your travel duration is less than 21 days.

### Features & Benefits

- No daily rental fees.
- No security deposits.
- Customers keep their regular phone number and voice mail and transfer their contact lists using Backup Assistant.
- There are no separate bills; it all appears on customers' Verizon Wireless bills.

### How It Works

- Verizon Wireless covers more than 220 voice and over 200 data countries, more than 110 with 3G speeds – check our GlobalPhone, and GlobalEmail, or GlobalAccess tabs for details on specific destinations offered.
- Solutions are available for Blackberry, standard voice/text, and data card customers.
- Customers may call (800) 711-8300 to speak to a Global Services Activation Specialist for additional details or to place an order.

### Manufacturer User Guides

- [BlackBerry® 8830 World Edition Smartphone](#)
- [BlackBerry Storm™ 9530 Smartphone](#)
- [Motorola MOTO™ Z6c World Edition](#)
- [Samsung Renown™](#)

[REDACTED]  
b6 From: [REDACTED]  
Sent: Wednesday, June 23, 2010 11:47 AM  
To: [REDACTED]  
Subject: International Loaner for Madhuri Edwards

b6

~~This message has been archived.~~

b6

[REDACTED]  
[REDACTED] just assigned me a ticket today for Madhuri Edwards, that was from a walk in request from Charles on Friday morning, to request an International blackberry for his wife by July 1 to use until she returns.

b6

1. I ask [REDACTED] that whenever Charles or any other SES makes a request, that we should [REDACTED] [REDACTED] Even though I was out on Friday, I think this request should have been [REDACTED] b5

2. I would like for you to approve this request [REDACTED] b5

If you have questions, please call me.

Thanks

[REDACTED]  
DHS Office of Inspector General  
Office of Administration/Information Technology Division  
[REDACTED] desk  
[REDACTED] mobile b6  
[REDACTED] fax  
[REDACTED] .gov

b6

b6

b6

[Redacted]

From: [Redacted]  
Sent: Wednesday, June 23, 2010 1:59 PM  
To: [Redacted]  
Subject: RE: International Loaner for Madhuri Edwards

b6

~~This message has been archived.~~

ok. thanks

From: [Redacted]  
Sent: Wednesday, June 23, 2010 1:12 PM  
To: [Redacted]  
Subject: Re: International Loaner for Madhuri Edwards

b6

This is approved.

-----  
[Redacted] b6  
DHS - Office of Inspector General  
Office of Administration - Information Technology Division  
Office: (202) [Redacted]  
Mobile: (202) [Redacted] b6  
E-mail: [Redacted]

From: [Redacted]  
To: [Redacted]  
Sent: Wed Jun 23 13:11:30 2010  
Subject: RE: International Loaner for Madhuri Edwards

[Redacted] b6

What [Redacted] b5/b6

[Redacted] b6  
[Redacted]

DHS Office of Inspector General  
Office of Administration/Information Technology Division  
(202) [Redacted] (Office) b6  
(202) [Redacted] (Mobile)

### Employee Information

Employee ID [redacted] gov

b6

First Name	Madhuri	Department	Audit
Last Name	Edwards	Phone	Ext.

### Call Record

Status Closed Priority 3 Standard

### Call Description

### Close Information

Technician [redacted]

6/18/10 Per Charles Edwards walk in request please assign Mudhuri Edwards with an Loaner International Blackberry for July 1, 2010 until she return.

Solution  
8/30/10 returned International BB.

Call Type	Source	Cause	Blackberry: Info Requested
Blackberry	Walk in	Call Length	2 - 15 minutes to 1 hour

Received by	Modified By	Closed By
[redacted] 06/23/2010 10:43:22am	[redacted] 08/31/2010 09:40:30am	[redacted] 08/31/2010 08:40:28am

b6

### Assignment

Use right click to acknowledge and resolve

Group	Telecom	Assigned by	[redacted]	06/23/2010	10:50:41am
Technician	[redacted]	Acknowledged	[redacted]	06/23/2010	10:50:51am
Phone, Ext	[redacted] 0-	Resolved	[redacted]	06/23/2010	11:49:21am
Pager	202 [redacted]				
e-mail ID	[redacted] gov				
Availability					
Comments about assignment					

b6

Resolution Reassigned

### Assignment

Group Operations

Technician [redacted]  
Phone, Ext [redacted]  
e-mail ID [redacted].s.gov

Pager (202)-[redacted]

Availability  
Comments about assignment  
this has been approved.

Use right click to acknowledge and resolve

Assigned by [redacted] 06/23/2010 11:50:14am  
Acknowledged [redacted] 06/24/2010 12:53:52pm  
Resolved [redacted] 06/24/2010 12:53:57pm  
Resolution Reassigned

b6

### Assignment

Group Telecom

Technician [redacted]  
Phone, Ext [redacted]  
e-mail ID [redacted].s.gov

Pager 202-[redacted]

Availability  
Comments about assignment

Use right click to acknowledge and resolve

Assigned by [redacted] 06/24/2010 12:54:39pm  
Acknowledged [redacted] 06/24/2010 02:31:50pm  
Resolved [redacted] 06/24/2010 02:31:56pm  
Resolution Reassigned

b6

### Assignment

Group Helpdesk

Technician [redacted]  
Phone, Ext (408)-[redacted]  
e-mail ID [redacted].s.gov

Pager (202)-[redacted]

Assigned by [redacted] 06/24/2010 02:32:07pm

Use right click to acknowledge and resolve

b6

b2

Call ID: 000 [REDACTED] Stopwatch: 0:20:24 Count: 1 Status: Closed

Availability

Acknowledged

[REDACTED] 06/25/2010 05:35:18am

Comments about assignment

Resolved

[REDACTED] 07/01/2010 07:20:30pm

Resolution Completed

b6

---

## Journal

### Journal Entry

Entered by [REDACTED] 06/23/2010 11:51:00am

b6

Ticket has not been acknowledged.

---

## Journal

### Journal Entry

Entered by [REDACTED] 06/23/2010 10:55:39am

b6

---

## Journal

**Journal Entry**

Entered by [redacted]

08/23/2010

11:17:01am

b6

Sending an email for [redacted] approval.

---

**Journal**

**Journal Entry**

Entered by [redacted]

08/23/2010

11:48:48am

b6

Ticket will be reassigned to [redacted] for approval.

---

**Journal**

**Journal Entry**

Entered by [redacted]

08/23/2010

01:51:00pm

b6

Ticket has not been acknowledged.

---

### Journal

b6

#### Journal Entry

Entered by [redacted]

08/24/2010

12:51:01pm

Ticket has not been acknowledged.

### Journal

#### Journal Entry

Entered by [redacted]

08/24/2010

12:54:56pm

This is approved. Please assign to appropriate engineer to get it completed.

b6

### Journal

#### Journal Entry

Entered by [redacted]

08/24/2010

01:55:00pm

Ticket has not been acknowledged.

b6



b2

Call ID: 000 [REDACTED] Stopwatch: 0:20:24 Count: 1 Status: Closed

### Journal

#### Journal Entry

Entered by [REDACTED] 06/24/2010 02:32:42pm

[REDACTED] has approved Madhurt to have a loaner. Call will be assigned to [REDACTED] to issue the loaner.

b6

### Journal

#### Journal Entry

Entered by [REDACTED] 06/24/2010 04:35:01pm

Ticket has not been acknowledged.

b6

### Journal

#### Journal Entry

Entered by [REDACTED] 07/16/2010 09:55:59am

\*\*\*\*\*  
Call Record REOPENED  
Previously CLOSED by [REDACTED] on 07/01/2010 at 07:22:00pm  
Cause Code: Blackberry: New device requested  
  
Close Description: Blackberry voice and data services setup completed ok.  
202 [REDACTED]

b6

\*\*\*\*\*  
ME BB#

---

## Journal

### Journal Entry

Entered by [REDACTED]

07/22/2010

08:03:56am

Ticket pending until Madhuri returns the loaner unit.

b6

---

## Journal

### Journal Entry

Entered by [REDACTED]

08/13/2010

08:44:53am

Ticket pending until Madhuri returns the loaner unit from International Travel.

b6

[REDACTED]  
From: [REDACTED]  
Sent: Wednesday, September 22, 2010 10:43 AM  
To: [REDACTED]; [REDACTED]  
Subject: RE: [REDACTED] Lost BB Form  
Attachments: [REDACTED] lost Madhuri BB 92010.pdf

b6

Missing BB found by Mr. Edwards more information in the report.

-----Original Message-----

From: [REDACTED]  
Sent: Monday, September 20, 2010 1:59 PM  
To: [REDACTED]; [REDACTED]  
Subject: RE: [REDACTED] Lost BB Form

b6

[REDACTED]  
Please document in more detail the timeline of events in regards to Madhuri's getting her a International Blackberry. Please include dates and what inventory forms were signed off from the beginning.

Also, what was done out of the norm if anything, as far as issuing and receiving the BB in this case.

[REDACTED]  
DHS Office of Inspector General  
Office of Management/Information Technology Division  
(202) [REDACTED] (Office)  
(202) [REDACTED] (Mobile)  
(202) [REDACTED] (Fax)  
[REDACTED].GOV

b6

-----Original Message-----

From: [REDACTED]  
Sent: Monday, September 20, 2010 1:05 PM  
To: [REDACTED]  
Subject: RE: [REDACTED] Lost BB Form

b6

Thanks [REDACTED],

Can you please include in the report, the date that you issued her the loaner unit, also whether she signed a receipt form. After you include that, I am going to issue her and her supervisor a copy of the report, once we are done, since it was her unit that was lost and she is named in the report. Thank you.

-----Original Message-----

From: [REDACTED]  
Sent: Monday, September 20, 2010 11:50 AM  
To: [REDACTED]  
Subject: [REDACTED] Lost BB Form

b6

Here is the report Lost Blackberry form.

b6

[REDACTED]  
**From:** McGlathery, Louise  
**Sent:** Friday, May 15, 2009 11:30 AM  
**To:** [REDACTED]  
**Subject:** RE: International Blackberry support for Madhuri Edwards

b6

Sure – sounds like a good plan....

b6

---

**From:** [REDACTED]  
**Sent:** Friday, May 15, 2009 9:28 AM  
**To:** McGlathery, Louise  
**Subject:** RE: International Blackberry support for Madhuri Edwards

Louise,

b6

Do you want me to place an order for Mark Bell to have international capabilities from his desk phone? He does not have a Sprint calling card, and [REDACTED] is out of the office, so [REDACTED] his assistant has one, and he can use [REDACTED] until [REDACTED] gets back.

Let me know if it is ok to do the order.

[REDACTED]

b6

---

**From:** McGlathery, Louise  
**Sent:** Friday, May 15, 2009 8:16 AM  
**To:** [REDACTED]  
**Subject:** RE: International Blackberry support for Madhuri Edwards

Great – I thought we had other options besides swapping his bberry out. Yes – go ahead and activate both options for Mark. It's ok if it's not activated until next week. Madhuri begins her travel on Sunday – so she's not going to be in active working mode until mid-week next week anyway. I'm running to a 9:30 meeting...will give you a buzz when I return. Thanks much for your usual responsiveness to our hot fires!!

b6

---

**From:** [REDACTED]  
**Sent:** Friday, May 15, 2009 9:08 AM  
**To:** McGlathery, Louise  
**Subject:** RE: International Blackberry support for Madhuri Edwards

Good Morning Louise,

b6

Mark Bell has two international calling capabilities. One from his desk phone, and one from the Sprint Calling card. [REDACTED] or myself can assist him in using both options. The Sprint Calling card is the most cost efficient, however he can have both options made available to him.

I will place an order to give him international calling capabilities. It will probably go into effect by Tuesday. I can ensure today, that his calling card has international capabilities, I believe everyone has that capability. Let me know if you want me to proceed with both options.

Thanks

[REDACTED]

b6

---

**From:** McGlathery, Louise  
**Sent:** Friday, May 15, 2009 7:48 AM  
**To:** [REDACTED]  
**Subject:** International Blackberry support for Madhuri Edwards

b6

b6

[REDACTED] – Madhuri is going to be on travel in India for an extended period of time. Her supervisor, Mark Bell, has asked that she be provided a blackberry that permits international calling capabilities. [REDACTED] has identified a Sprint unit that can be swapped out with her current unit while she is on extended leave/travel. This will be a temporary assignment of this device. When she returns, we'll give her the standard unit back.

b6

[REDACTED] – please contact Charles directly to coordinate swapping the two handhelds out.

[REDACTED] – a question for you – Mark Bell needs to be able to talk to Madhuri directly while she is away – he's requesting international call capabilities too. Does he need to have his handheld swapped – or can we give him this capability in another way? Thanks to you both for taking care of this.

Louise McGlathery  
Chief Information Officer  
DHS Office of the Inspector General  
Office of Administration/Information Technology Division  
(202) [REDACTED] (Office)  
(202) [REDACTED] (Mobile)  
(202) 254-4296 (Fax)  
[REDACTED].gov

b6

[REDACTED]

---

**From:** McGlathery, Louise  
**Sent:** Friday, May 15, 2009 10:13 AM  
**To:** [REDACTED]  
**Subject:** RE: International Blackberry support for Madhuri Edwards

Thanks [REDACTED] –just approved – will alert Charles immediately that it's ready for him....

---

**From:** [REDACTED]  
**Sent:** Friday, May 15, 2009 9:59 AM  
**To:** McGlathery, Louise  
**Subject:** RE: International Blackberry support for Madhuri Edwards

Louise,

I will need to do a MOD to add international to her Blackberry service. I will need you and Charles to approve immediately, so I can send the order to Sprint to add the service. Thank you!

[REDACTED]

---

**From:** McGlathery, Louise  
**Sent:** Friday, May 15, 2009 8:16 AM  
**To:** [REDACTED]  
**Subject:** RE: International Blackberry support for Madhuri Edwards

[REDACTED]

6/30/2010

Duplicate email  
already processed

RIP  
Doc #6

[REDACTED]  

---

**From:** [REDACTED]  
**Sent:** Tuesday, August 10, 2010 3:00 PM  
**To:** [REDACTED]@bpd.treas.gov  
**Subject:** RE: Invoice for approval -- Cellco (Verizon) Invoice #92222947200001 0801 -- Please return by 08/18/10

please call. thanks

---

**From:** [REDACTED]G@bpd.treas.gov [mailto:[REDACTED]G@bpd.treas.gov]  
**Sent:** Tuesday, August 10, 2010 2:58 PM  
**To:** [REDACTED]  
**Subject:** Invoice for approval -- Cellco (Verizon) Invoice #92222947200001 0801 -- Please return by 08/18/10

[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Duplicate  
email  
already  
processed

08/10/2010 11:00 AM





Office of Inspector General

Office of Administration  
Information Technology Division  
Cell Phone and Blackberry  
Damage, Lost or Stolen Form

Last Name [redacted] First Name [redacted] Phone Number 202-[redacted]

OIG Office Administration OIG Office Location Headquarters

Location of Incident [redacted] floor Suite [redacted] Date of Incident Aug 31, 2010

Damaged  Lost  Stolen  
Cell Number 202-[redacted]  
If stolen, was police report filed?  Yes  No  
If unit was stolen, please attach a copy of the Police report.

ME  
BB#

Brief Description on How Blackberry was Damaged, Lost or Stolen?

6/18/10 Per Charles Edwards walk in request please assign Mudhuri Edwards with an Loaner International Blackberry for July 1, 2010 until she return.  
8/31/10 Mudhuri Edwards returned the Loaner International Blackberry for July 1, 2010, need her sprint device activate. Issued her another Sprint 8330. [redacted] couldnt find her old unit, and Madhuri claims she has returned it.  
8/31/10 Check my work area and all recent excess units for any sign of unit 8330, MEID Dec. [redacted] Pin# [redacted]  
The norm for all International loaners I do not request or hold anyone primary unit no exception for this case.

b2

b2

This statement I deem to be truthful to the best of my recollection.

Date Sep 20, 2010 Employee Signature [redacted]

Date 9-20-10 Supervisor Signature [redacted]

b6

b6

Print Form

b6

[Redacted]

**From:** [Redacted]  
**Sent:** Monday, September 20, 2010 12:20 PM  
**To:** [Redacted]  
**Subject:** RE: [Redacted] Lost BB Form

b6

**Attachments:** [Redacted] lost Madhuri BB 92010.pdf



[Redacted] lost Madhuri  
BB 92010.pdf...

OK

[Redacted]

[Redacted]

[Redacted]

Duplicate

[Redacted]

[Redacted]

RIP, b6

Doc: 8

b6

[REDACTED]  
**From:** [REDACTED]  
**Sent:** Wednesday, September 22, 2010 8:53 AM  
**To:** Edwards, Madhuri  
**Cc:** [REDACTED]  
**Subject:** Sprint Blackberry

Good Morning Madhuri,

After going thru our inventory, we were unable to locate your old Sprint blackberry. ITD only has record of them issuing you the Verizon Wireless International device and you returning that device. [REDACTED] indicated that you said you gave the device back, can you let us know who you provided your old Sprint device to. Thanks!

b6

b6

[REDACTED]  
DHS Office of Inspector General  
Office of Administration/Information Technology Division  
[REDACTED] desk  
202 [REDACTED] mobile  
[REDACTED] fax  
[REDACTED] gov



Office of Inspector General

Office of Administration  
Information Technology Division  
Cell Phone and Blackberry  
Damage, Lost or Stolen Form

Last Name [redacted]

First Name [redacted]

Phone Number 202 [redacted]

OIG Office Administration

OIG Office Location Headquarters

Location of Incident [redacted] th floor Suite [redacted]

Date of Incident Aug 31, 2010

Damaged  Lost  Stolen

If stolen, was police report filed?  Yes  No

Cell Number 202- [redacted]

If unit was stolen, please attach a copy of the Police report.

ME  
BB#

Brief Description on How Blackberry was Damaged, Lost or Stolen?

The Standard operating procedure is that we do not request or hold anyone primary unit with no exception. [redacted] and [redacted] was issued the same type of International service recently and there was no paper work done because we didn't exchange them with there sprint Blackberries.

6/18/10 Per Charles Edwards walk in request please assign Mudhuri Edwards with an Loaner International Blackberry for July 1, 2010 until she return.

07/01/2010 Madhuri Edwards was issued an Loaner Verizon 8830 phone number [redacted] signed the receipt form. There was no exchange of her sprint blackberry with me or Charles Edwards [redacted]

8/31/10 Mudhuri Edwards returned the Loaner International Blackberry for July 1, 2010, need her sprint device activate. Issued her another Sprint 8330 [redacted] couldn't find her old unit, and Madhuri claims she has returned it.

8/31/10 Check my work area and all recent excess units for any sign of unit 8330, MEID Dec. [redacted] Pin# [redacted]

9/22/10 At 10:45am this morning Mr. Charles Edwards found and returned the missing sprint 8330 BB, ESN# [redacted] and Pin# [redacted]

b6

b2

b2

This statement I deem to be truthful to the best of my recollection.

Date Sep 20, 2010

Employee Signature [redacted]

Date [redacted]

Supervisor Signature [redacted]

Print Form



Office of Inspector General

Office of Administration  
Information Technology Division  
Cell Phone and Blackberry  
Damage, Lost or Stolen Form

Last Name [REDACTED]	First Name [REDACTED]	Phone Number 202 [REDACTED]
OIG Office Administration	OIG Office Location Headquarters	
Location of Incident [REDACTED] floor Suite [REDACTED]	Date of Incident Aug 31, 2010	
<input type="radio"/> Damaged <input checked="" type="radio"/> Lost <input type="radio"/> Stolen	If stolen, was police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Number 202 [REDACTED]	If unit was stolen, please attach a copy of the Police report.	

ME  
BB#

Brief Description on How Blackberry was Damaged, Lost or Stolen?

6/18/10 Per Charles Edwards walk in request please assign Mudhuri Edwards with an Loaner International Blackberry for July 1, 2010 until she return.

8/31/10 Mudhuri Edwards returned the Loaner International Blackberry for July 1, 2010, need her sprint device activate. Issued her another Sprint 8330. [REDACTED] couldnt find her old unit, and Madhuri claims she has returned it.

8/31/10 Check my work area and all recent excess units for any sign of unit 8330, MEID Dec. [REDACTED] Pin# [REDACTED]

The norm for all international loaners I do not request or hold anyone primary unit no exception for this case.

07/01/2010 Madhuri Edwards was issued an Loaner Verizon 8830 phone number [REDACTED] and signed the receipt form.

As of 10:45am this morning Mr. Charles Edwards found and returned the missing sprint 8330 BB, ESN# [REDACTED] Pin# [REDACTED]

ME  
BB#

b2

This statement I deem to be truthful to the best of my recollection.

Date Sep 20, 2010	Employee Signature [REDACTED]
Date [REDACTED]	Supervisor Signature [REDACTED]

Print Form

Doc 8

Non-Responsive

Account/DAC Number  
948895225/0033589080  
Account Name  
DHS OIG

Billing Period  
05/02/09-06/01/09  
Invoice Date  
June 05, 2009

Page  
519 of 1004  
Invoice Number  
948895225-073



202 [REDACTED], DHS OIG

ME  
BB#

> SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
<b>Monthly Recurring Access Charges</b>		
Custom 1000 for 05/02 - 06/01		49.33
GSA Service & Repair Program for 05/02 - 06/01		0.99
Sprint Worldwide BlackBerry Plan for 05/15 - 06/01		39.66
Unl Sprint Data/BlackBerry Pk for 05/02 - 05/15		23.33
<b>Total Monthly Recurring Access Charges</b>		<b>\$113.31</b>
You are charged on a pro-rated basis when you sign up for service, or when you add to or remove units from a rate plan.		
<b>Service Discounts</b>		
Business Discount Sprint 25%		-9.92
Business Discount Sprint 25%		-12.33
Business Discount Sprint 25%		-5.83
BlackBerry Access Discount		-4.63
BlackBerry Access Discount		-7.87
<b>Total Service Discounts</b>		<b>-\$40.58</b>
<b>Sprint Surcharges</b>		
* Federal -Univ Serv Assess Non-LD	2.730%	1.01
<b>Total Sprint Surcharges</b>		<b>\$1.01</b>
*Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with governmental programs. The amounts, and the components used to calculate Surcharge amounts, are subject to change.		
<b>Total Charges for DHS OIG</b>		<b>\$73.74</b>

> SUBSCRIBER ACTIVITY DETAIL

To view coverage maps and rates visit Sprint.com.

**Data Services Usage Detail**

Service	Peak/ Off Peak	Number of KB/ Events Used	Less KB/ Events in Plan	Less Other KB/Events	Billable KB	Rate	Total Charges
Unl Sprint Data/BlackBerry Pk		1351.00	1351.00				0.00
Sprint Worldwide BlackBerry Plan		43.00	43.00				0.00
International Wireless Data Roaming India-CDMA		1386.00	1386.00				0.00
<b>Total Data Services Charges</b>							<b>\$0.00</b>

RIP b6

may statement



ME BB#

Account/DAC Number  
948895225/0033589080  
Account Name  
DHS OIG

Billing Period  
05/02/09-06/01/09  
Invoice Date  
June 05, 2009

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520 of 1004  
Invoice Number  
948895225-073



202- [REDACTED], DHS OIG cont.

> SUBSCRIBER INFORMATIONAL REPORTS

The following reports are compiled as a courtesy to help you analyze usage trends and manage your subscriber activity.

Your Rate Plans

Plan	Services
International Calls Enabled	International Calling
GSA Service & Repair Program	Nextel Service and Repair
Sprint Worldwide Blackbry Plan	BlackBerry Email-CDMA
	Sprint Data Services
Custom 1000	Call Detail
	America - Roaming Included
	Caller ID
	Domestic LD Rate \$0
	Modified Nights and Weekends
	SMS Text Messages
	Anytime Minutes
	Long Distance While Roaming
	Mobile To Mobile Minutes
	Short Messages
	Enhanced VoiceMail
Unlimited Night & Wknd Minutes	Cellular Minutes

non-responsive

non-responsive

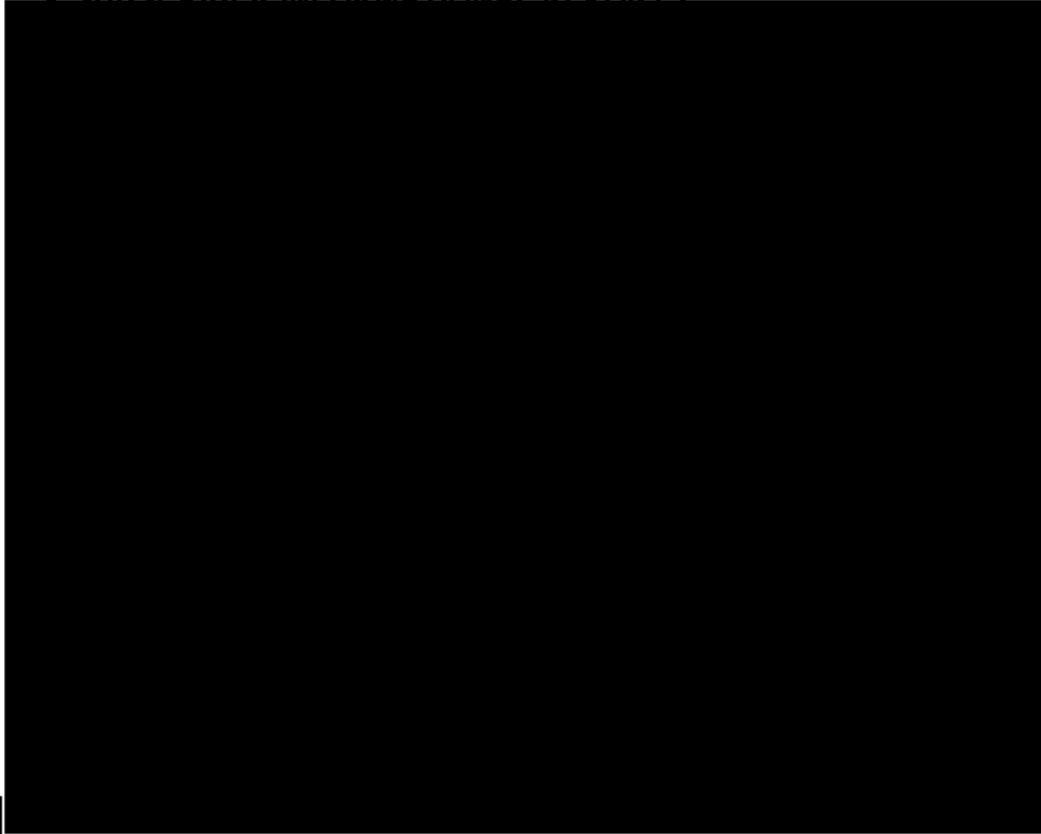
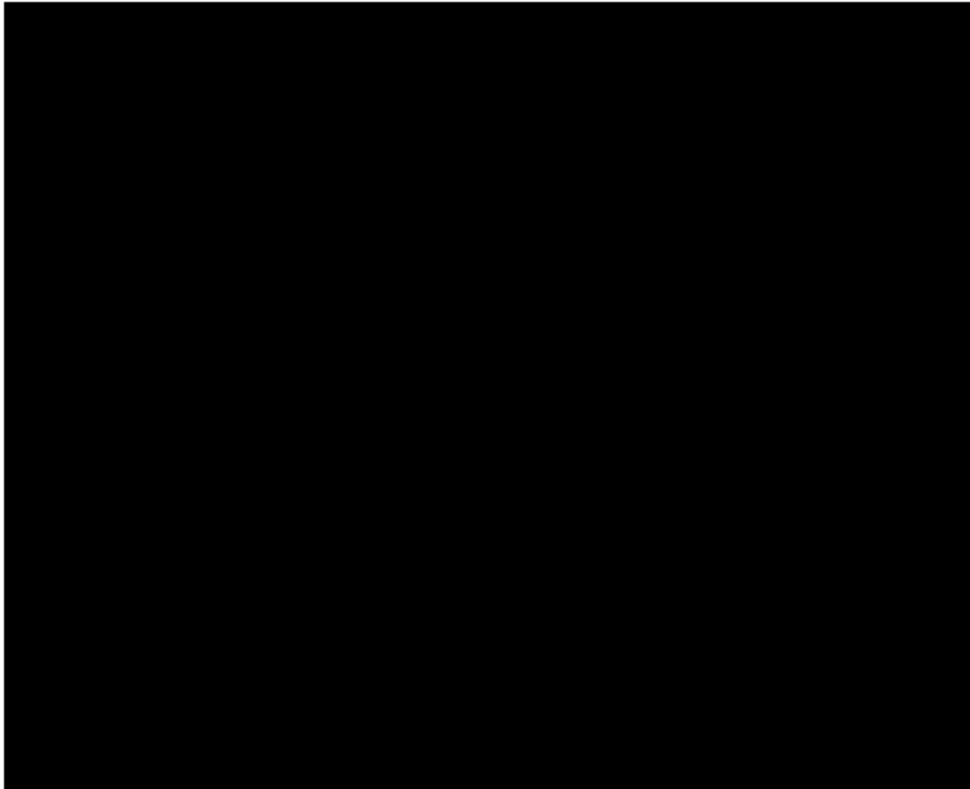
Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
06/02/09-07/01/09  
Invoice Date  
July 05, 2009

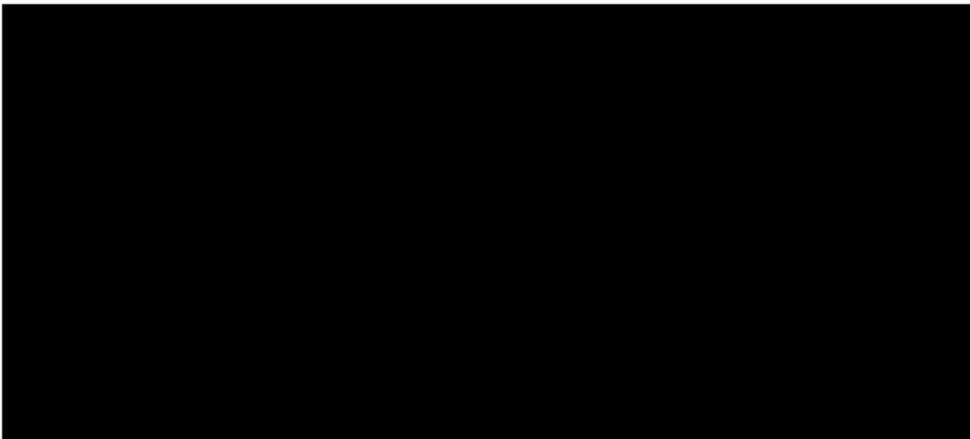
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Invoice Number  
948895225-074



> SUBSCRIBER INFORMATIONAL REPORTS



> SUBSCRIBER ACTIVITY DETAIL



ME International BB

202 [REDACTED] DHS OIG

ME  
BB#

> SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
Monthly Recurring Access Charges		
Custom 1000 for 06/23 - 07/01		14.80
GSA Service & Repair Program for 06/23 - 07/01		0.30
Sprint Worldwide Blackbry Plan for 06/23 - 07/01		21.00
Total Monthly Recurring Access Charges		\$36.10

Continued...

Non-responsive

RIP b6

June statement





202 [REDACTED], DHS OIG cont.

> SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
You are charged on a pro-rated basis when you sign up for service, or when you add to or remove units from a rate plan.		
<b>Service Discounts</b>		
Business Discount Sprint 25%		-3.70
Business Discount Sprint 25%		-5.25
<b>Total Service Discounts</b>		<b>-\$8.95</b>
<b>Cellular Services Charges</b>		
International Roaming Minutes		14.94
<b>Total Cellular Services Charges</b>		<b>\$14.94</b>
<b>Sprint Surcharges</b>		
* Federal - Univ Serv Assess Non-LD	3.130%	0.81
<b>Total Sprint Surcharges</b>		<b>\$0.81</b>
*Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with governmental programs. The amounts, and the components used to calculate Surcharge amounts, are subject to change.		
<b>Total Charges for DHS OIG</b>		<b>\$42.90</b>

> SUBSCRIBER ACTIVITY DETAIL

To view coverage maps and rates visit Sprint.com.

**Roaming Call Detail**

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
1	06/25	09:54P	India	WASHINGTON, DC	202 [REDACTED]	IR ITD emp	1:00	2.49
2	06/25	09:57P	India	WASHINGTON, DC	202 [REDACTED]	IR ITD emp	1:00	2.49
3	06/25	10:00P	India	WASHINGTON, DC	202 [REDACTED]	IR OIG Hpd	1:00	2.49
4	06/25	10:01P	India	WASHINGTON, DC	202 [REDACTED]	IR	2:00	4.98
5	06/26	12:40A	India	Incoming	Unavailable	IR	1:00	2.49

**Total Roaming Charges 6:00 \$14.94**

**Data Services Usage Detail**

Service	Peak/Off Peak	Number of KB/Events Used	Less KB/Events in Plan	Less Other KB/Events	Bilable KB	Rate	Total Charges
International Wireless Data Roaming							
India		444.00	444.00				0.00
<b>Total Data Services Charges</b>							<b>\$0.00</b>

> SUBSCRIBER INFORMATIONAL REPORTS

The following reports are compiled as a courtesy to help you analyze usage trends and manage your subscriber activity.

**Your Rate Plans**

Plan	Services
International Calls Enabled	International Calling
GSA Service & Repair Program	Nextel Service and Repair
Sprint Worldwide Blackbry Plan	BlackBerry Email-CDMA
	Sprint Data Services
Custom 1000	Call Detail
	America - Roaming Included
	Caller ID
	Domestic LD Rate \$0
	Modified Nights and Weekends
	Picture Mail Service
	SMS Text Messages
	Anytime Minutes
	Long Distance While Roaming
	Mobile To Mobile Minutes
	Short Messages
	Enhanced VoiceMail
Unlimited Night & Wknd Minutes	Cellular Minutes

**Airtime Usage Detail**

Plan	Incoming/Outgoing	Peak/Off Peak	Total Min:Sec	*Plan Min:Sec	Other Min:Sec	Bilable Min:Sec	Total Charges
INT ROAM AIR 2.49							
Roaming Minutes			6:00			6:00	14.94

**Total Airtime Usage Charges \$14.94**

\*Plan Min:Sec include Anytime minutes, Additional (Bonus) minutes, Mobile to Mobile minutes, Mobile to Home minutes, and Mobile to Office minutes.  
For this bill period, this phone has used 00:00 Mobile to Mobile minutes, 00:00 Mobile to Home minutes, and 00:00 Mobile to Office minutes.

Non-Responsive

RIP b6

June Statement

Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
07/02/09-08/01/09  
Invoice Date  
August 05, 2009

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Invoice Number  
948895225-075



	Rate/Date	Amount
<b>Monthly Recurring Access Charges</b>		
GSA Service & Repair Program for 07/02 - 08/01		0.99
Sprint Worldwide Blackbry Plan for 07/02 - 08/01		69.99
<b>Total Monthly Recurring Access Charges</b>		<b>\$120.31</b>
<b>Service Discounts</b>		
Business Discount Sprint 25%		-17.50
Business Discount Sprint 25%		-12.33
<b>Total Service Discounts</b>		<b>-\$29.83</b>
<b>Cellular Services Charges</b>		
International Roaming Minutes		216.63
<b>Total Cellular Services Charges</b>		<b>\$216.63</b>
<b>Sprint Surcharges</b>		
* Federal -Univ Serv Assess Non-LD	3.130%	7.94
<b>Total Sprint Surcharges</b>		<b>\$7.94</b>
*Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with governmental programs. The amounts, and the components used to calculate Surcharge amounts, are subject to change.		
<b>Total Charges for DHS OIG</b>		<b>\$315.05</b>

> SUBSCRIBER ACTIVITY DETAIL

To view coverage maps and rates visit Sprint.com.

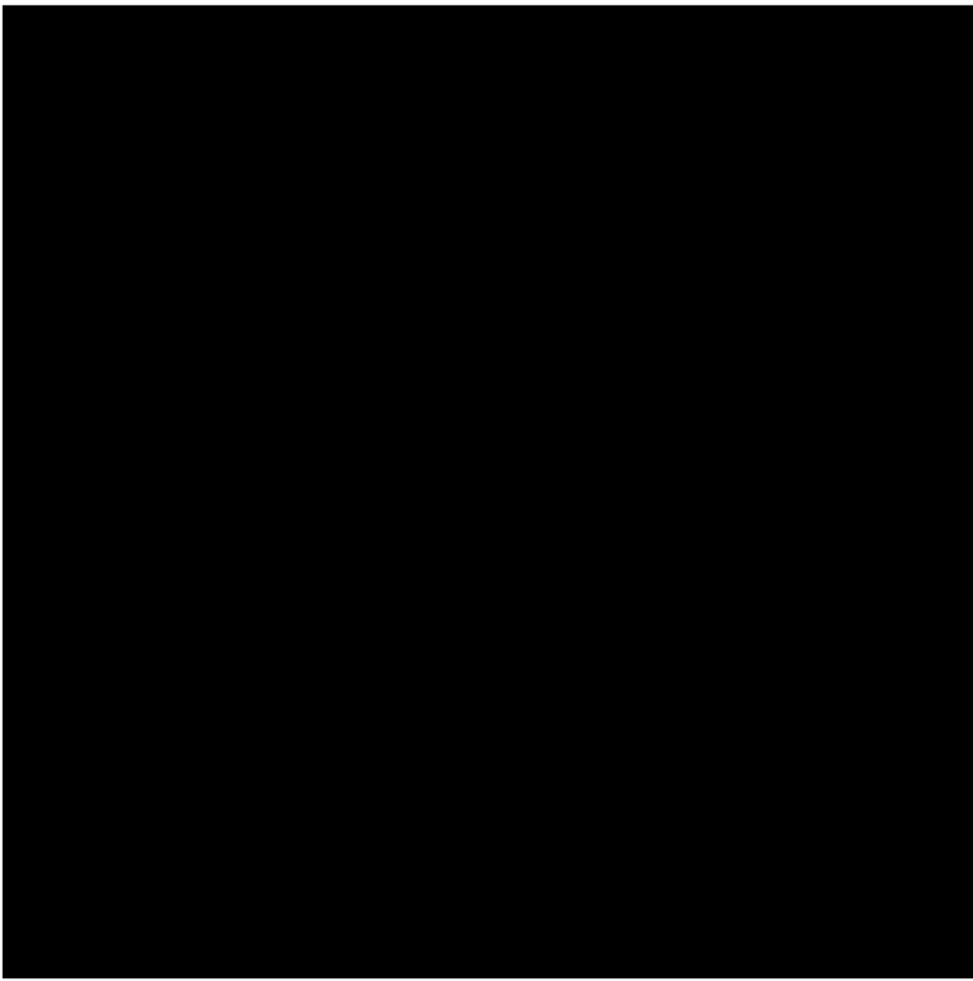
**Roaming Call Detail**

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
1	07/01	11:46P	India	WASHINGTON, DC	202 [REDACTED]	IR CE BB#	1:00	2.49
2	07/01	11:59P	India	Incoming	Unavailable	IR	1:00	2.49
3	07/02	12:00A	India	PARKERSBG, WV	304 [REDACTED]	IR BPD #	7:00	17.43
4	07/02	09:12P	India	WASHINGTON, DC	202 [REDACTED]	IR Audit empl	13:00	32.37
5	07/06	07:01P	India	WASHINGTON, DC	202 [REDACTED]	IR CE BB#	7:00	17.43
6	07/06	08:56P	India	WASHINGTON, DC	202 [REDACTED]	IR CE BB#	1:00	2.49
7	07/07	01:09A	India	WASHINGTON, DC	202 [REDACTED]	IR	4:00	9.96
8	07/07	01:13A	India	WASHINGTON, DC	202 [REDACTED]	IR	3:00	7.47
9	07/07	01:37A	India	WASHINGTON, DC	202 [REDACTED]	IR CE BB#	1:00	2.49
10	07/07	12:45P	India	WASHINGTON, DC	202 [REDACTED]	IR	4:00	9.96
11	07/09	12:29A	India	WASHINGTON, DC	202 [REDACTED]	IR	3:00	7.47
12	07/09	11:39P	India	WASHINGTON, DC	202 [REDACTED]	IR	5:00	12.45
13	07/13	11:50P	India	Incoming	Unavailable	IR	5:00	12.45
14	07/15	01:32A	India	WASHINGTON, DC	202 [REDACTED]	IR	4:00	9.96
15	07/15	01:40A	India	WASHINGTON, DC	202 [REDACTED]	IR CE BB#	3:00	7.47
16	07/15	02:25A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
17	07/18	09:47A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
18	07/18	09:48A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49

Continued...

NR

ME BB#



202 [REDACTED], DHS OIG

> SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
<b>Monthly Recurring Access Charges</b>		
Custom 1000 for 07/02 - 08/01		49.33

ME BB#

202 [REDACTED], DHS OIG cont.

### > SUBSCRIBER ACTIVITY DETAIL

#### Roaming Call Detail

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
19	07/18	09:49A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
20	07/18	09:50A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
21	07/18	09:55A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
22	07/18	09:20P	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
23	07/18	09:21P	India	[REDACTED]	[REDACTED]	IR	1:00	2.49
24	07/19	11:52A	India	[REDACTED]	[REDACTED]	IR	1:00	2.49
25	07/19	11:52A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
26	07/22	08:08P	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
27	07/22	08:31P	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
28	07/22	08:55P	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
29	07/23	12:58A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
30	07/23	01:23A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
31	07/23	01:23A	India	Incoming	Unavailable	IR	1:00	2.49
32	07/23	01:54A	India	WASHINGTON, DC	202 [REDACTED]	IR	2:00	4.98
33	07/26	01:45A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
34	07/26	01:46A	India	WASHINGTON, DC	202 [REDACTED]	IR	6:00	14.94

**Total Roaming Charges 87:00 \$216.63**

#### Data Services Usage Detail

Service	Peak/Off Peak	Number of KB/Events Used	Less KB/Events in Plan	Less Other KB/Events	Billable KB	Rate	Total Charges
International Wireless Data Roaming							
India		1538.00	1538.00				0.00
<b>Total Data Services Charges</b>							<b>\$0.00</b>

### > SUBSCRIBER INFORMATIONAL REPORTS

The following reports are compiled as a courtesy to help you analyze usage trends and manage your subscriber activity.

#### Your Rate Plans

Plan	Services
International Calls Enabled	International Calling
GSA Service & Repair Program	Nextel Service and Repair
Sprint Worldwide Blackbry Plan	BlackBerry Email-CDMA
	Sprint Data Services

Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
07/02/09-08/01/09  
Invoice Date  
August 05, 2009

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Invoice Number  
948895225-075



#### Your Rate Plans

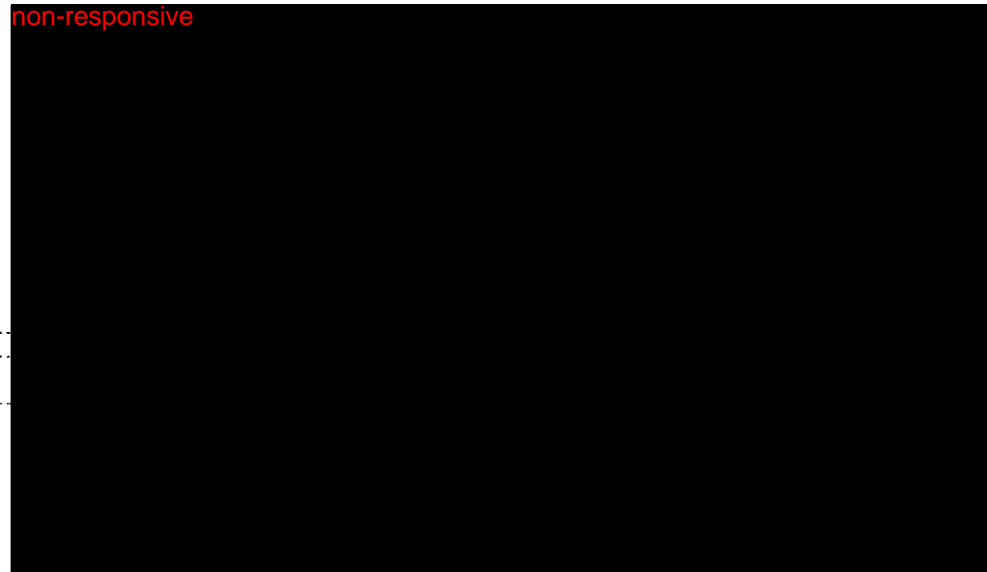
Plan	Services
Custom 1000	Call Detail
	America - Roaming Included
	Caller ID
	Domestic LD Rate \$0
	Modified Nights and Weekends
	Picture Mail Service
	SMS Text Messages
	Anytime Minutes
	Long Distance While Roaming
	Mobile To Mobile Minutes
	Short Messages
	Enhanced VoiceMail
Unlimited Night & Wknd Minutes	Cellular Minutes

#### Airtime Usage Detail

Plan	Incoming/Outgoing	Peak/Off Peak	Total Min:Sec	*Plan Min:Sec	Other Min:Sec	Billable Min:Sec	Total Charges
INT ROAM AIR 2.49							
Roaming Minutes			87:00			87:00	216.63

**Total Airtime Usage Charges \$216.63**

\*Plan Min:Sec include Anytime minutes, Additional (Bonus) minutes, Mobile to Mobile minutes, Mobile to Home minutes, and Mobile to Office minutes.  
For this bill period, this phone has used 00:00 Mobile to Mobile minutes, 00:00 Mobile to Home minutes, and 00:00 Mobile to Office minutes.



Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
08/02/09-09/01/09  
Invoice Date  
September 05, 2009

Page  
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Invoice Number  
948895225-076



ME  
BB#

202- [REDACTED], DHS OIG

> SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
<b>Monthly Recurring Access Charges</b>		
Custom 1000 for 08/02 - 09/01		49.33
GSA Service & Repair Program for 08/02 - 09/01		0.99
Sprint Worldwide Blackbry Plan for 08/02 - 09/01		69.99
<b>Total Monthly Recurring Access Charges</b>		<b>\$120.31</b>
<b>Service Discounts</b>		
Business Discount Sprint 25%		- 17.50
Business Discount Sprint 25%		- 12.33
BlackBerry Access Discount		- 12.50
<b>Total Service Discounts</b>		<b>-\$42.33</b>
<b>Cellular Services Charges</b>		
International Roaming Minutes		12.45
<b>Total Cellular Services Charges</b>		<b>\$12.45</b>
<b>Sprint Surcharges</b>		
* Federal - Univ Serv Assess Non-LD	3.130%	1.55
<b>Total Sprint Surcharges</b>		<b>\$1.55</b>
*Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with governmental programs. The amounts, and the components used to calculate Surcharge amounts, are subject to change.		
<b>Total Charges for DHS OIG</b>		<b>\$91.98</b>

> SUBSCRIBER ACTIVITY DETAIL

To view coverage maps and rates visit Sprint.com.

**Roaming Call Detail**

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
1	08/03	01:30A	India	Incoming	Unavailable	IR	1:00	2.49
2	08/07	02:10A	India	WASHINGTON, DC	202 [REDACTED]	IR	1:00	2.49
3	08/12	10:07P	India	WASHINGTON, DC	202 [REDACTED]	IR	3:00	7.47
<b>Total Roaming Charges</b>								<b>5:00 \$12.45</b>

**Data Services Usage Detail**

Service	Peak/Off Peak	Number of KB/Events Used	Less KB/Events in Plan	Less Other KB/Events	Billable KB/Events	Rate KB/Events	Total Charges
International Wireless Data Roaming							

**Data Services Usage Detail**

Service	Peak/Off Peak	Number of KB/Events Used	Less KB/Events in Plan	Less Other KB/Events	Billable KB/Events	Rate KB/Events	Total Charges
India		865.00	865.00				0.00
<b>Total Data Services Charges</b>							<b>\$0.00</b>

> SUBSCRIBER INFORMATIONAL REPORTS

The following reports are compiled as a courtesy to help you analyze usage trends and manage your subscriber activity.

**Your Rate Plans**

Plan	Services
International Calls Enabled	International Calling
GSA Service & Repair Program	Nextel Service and Repair
Sprint Worldwide Blackbry Plan	BlackBerry Email-CDMA
	Sprint Data Services
Custom 1000	Call Detail
	America - Roaming Included
	Caller ID
	Domestic LD Rate \$0
	Modified Nights and Weekends
	Picture Mail Service
	SMS Text Messages
	Anytime Minutes
	Long Distance While Roaming
	Mobile To Mobile Minutes
	Short Messages
	Enhanced VoiceMail
Unlimited Night & Wknd Minutes	Cellular Minutes

**Airtime Usage Detail**

Plan	Incoming/Outgoing	Peak/Off Peak	Total Min:Sec	*Plan Min:Sec	Other Min:Sec	Billable Min:Sec	Total Charges
INT ROAM AIR 2.49							
Roaming Minutes			5:00			5:00	12.45
<b>Total Airtime Usage Charges</b>							<b>\$12.45</b>

\*Plan Min:Sec include Anytime minutes, Additional (Bonus) minutes, Mobile to Mobile minutes, Mobile to Home minutes, and Mobile to Office minutes.  
For this bill period, this phone has used 00:00 Mobile to Mobile minutes, 00:00 Mobile to Home minutes, and 00:00 Mobile to Office minutes.

RIP b6

Aug. statement

non-responsive

Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
09/02/09-10/01/09  
Invoice Date  
October 05, 2009

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Invoice Number  
948895225-077



### > SUBSCRIBER ACTIVITY DETAIL

To view coverage maps and rates visit Sprint.com.

#### Roaming Call Detail

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
1	08/31	06:35P	India	WASHINGTON,DC	202	IR IT empl	1:00	2.49
2	08/31	06:36P	India	WASHINGTON,DC	202	IR	1:00	2.49
3	08/31	06:37P	India	WSHNGTNZN1,DC	202	IR audit empl	5:00	12.45
4	09/02	09:18P	India	VOICE MAIL,DC	202	IR voicemail	1:00	2.49
5	09/08	10:05P	India	MARLTON,NJ	856	IR audit empl	1:00	2.49
6	09/08	10:09P	India	Incoming	Unavailable	IR	28:00	69.72
7	09/08	10:39P	India	Incoming	Unavailable	IR	8:00	19.92
8	09/16	07:57P	India	VOICE MAIL,DC	202	IR voicemail	1:00	2.49
9	09/18	02:52A	India	VOICE MAIL,DC	202	IR	1:00	2.49
10	09/18	05:52P	India	WASHINGTON,DC	202	IR CE BB#	2:00	4.98
11	09/18	07:45P	India	WASHINGTON,DC	202	IR	1:00	2.49
12	09/21	08:16P	India	MARLTON,NJ	856	IR audit empl	10:00	24.90
13	09/21	08:32P	India	WASHINGTON,DC	202	IR IT empl	1:00	2.49
14	09/22	02:06A	India	WASHINGTON,DC	202	IR CE BB#	1:00	2.49
15	09/25	11:06P	India	WASHINGTON,DC	202	IR IT empl	11:00	27.39

Total Roaming Charges 73:00 \$181.77

#### Data Services Usage Detail

Service	Peak/Off Peak	Number of KB/Events Used	Less KB/Events in Plan	Less Other KB/Events	Billable KB/Events	Rate KB/Events	Total Charges
International Wireless Data Roaming							
India		1458.00	1458.00				0.00
<b>Total Data Services Charges</b>							<b>\$0.00</b>

### > SUBSCRIBER INFORMATIONAL REPORTS

The following reports are compiled as a courtesy to help you analyze usage trends and manage your subscriber activity.

#### Your Rate Plans

Plan	Services
International Calls Enabled	International Calling
GSA Service & Repair Program	Nextel Service and Repair
Sprint Worldwide Blackbry Plan	BlackBerry Email-CDMA
	Sprint Data Services

Continued...

ME BB#

202 [REDACTED], DHS OIG

### > SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
<b>Monthly Recurring Access Charges</b>		
Custom 1000 for 09/02 - 10/01		49.33
GSA Service & Repair Program for 09/02 - 10/01		0.99
Sprint Worldwide Blackbry Plan for 09/02 - 10/01		69.99
<b>Total Monthly Recurring Access Charges</b>		<b>\$120.31</b>
<b>Service Discounts</b>		
Business Discount Sprint 25%		-12.33
Business Discount Sprint 25%		-17.50
BlackBerry Access Discount		-12.50
<b>Total Service Discounts</b>		<b>-\$42.33</b>
<b>Cellular Services Charges</b>		
International Roaming Minutes		181.77
<b>Total Cellular Services Charges</b>		<b>\$181.77</b>
<b>Sprint Surcharges</b>		
* Federal -Univ Serv Assess Non-LD	3.010%	6.58
<b>Total Sprint Surcharges</b>		<b>\$6.58</b>
*Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with governmental programs. The amounts, and the components used to calculate Surcharge amounts, are subject to change.		
<b>Total Charges for DHS OIG</b>		<b>\$266.33</b>

RIP b6

Sept. statement

Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
09/02/09-10/01/09  
Invoice Date  
October 05, 2009

Page  
267 of 1016  
Invoice Number  
948895225-077



202 [REDACTED] DHS OIG cont.

> SUBSCRIBER INFORMATIONAL REPORTS

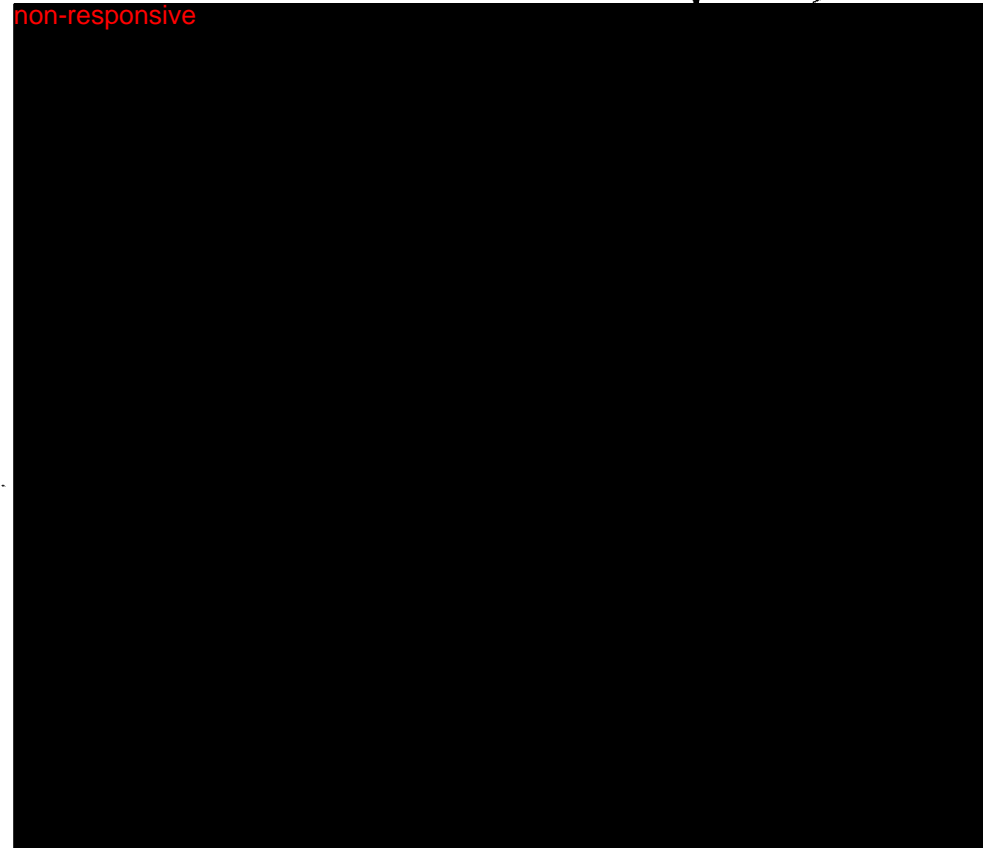
Your Rate Plans

Plan	Services
Custom 1000	Call Detail America - Roaming Included Caller ID Domestic LD Rate \$0 Modified Nights and Weekends SMS Text Messages Anytime Minutes Long Distance While Roaming Mobile To Mobile Minutes Short Messages Enhanced VoiceMail Unlimited Night & Wknd Minutes Cellular Minutes

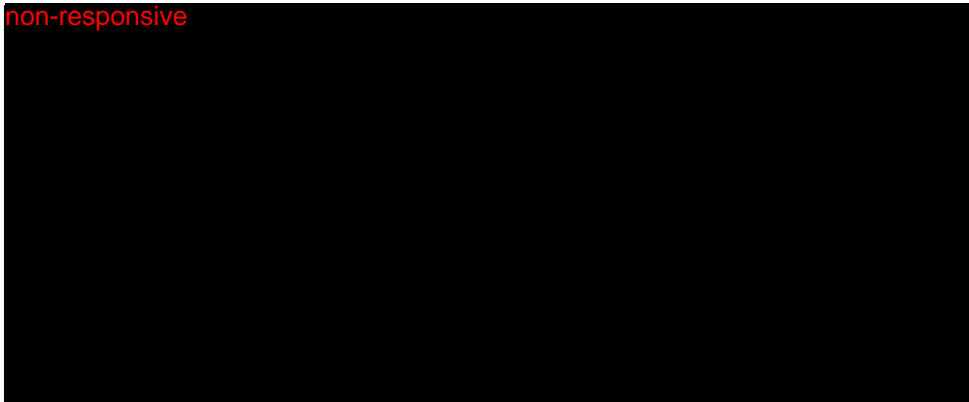
Airtime Usage Detail

Plan	Incoming/ Outgoing	Peak/ Off Peak	Total Min:Sec	*Plan Min:Sec	Other Min:Sec	Billable Min:Sec	Total Charges
INT ROAM AIR 2.49							
Roaming Minutes			73:00			73:00	181.77
<b>Total Airtime Usage Charges</b>							<b>\$181.77</b>

\*Plan Min:Sec include Anytime minutes, Additional (Bonus) minutes, Mobile to Mobile minutes, Any Mobile,Anytime minutes, Mobile to Home minutes, and Mobile to Office minutes.  
For this bill period, this phone has used 00:00 Mobile to Mobile minutes, 00:00 Any Mobile,Anytime, 00:00 Mobile to Home minutes, and 00:00 Mobile to Office minutes.



non-responsive



non-responsive



non-responsive

Non-Responsive





202 [REDACTED], DHS OIG

> SUBSCRIBER ACTIVITY SUMMARY

	Rate/Date	Amount
<b>Monthly Recurring Access Charges</b>		
Custom 400 for 10/02 - 11/01		29.33
GSA Service & Repair Program for 10/02 - 11/01		0.99
Sprint Worldwide Blackbry Plan for 10/02 - 11/01		69.99
<b>Total Monthly Recurring Access Charges</b>		<b>\$100.31</b>
<b>Service Discounts</b>		
Business Discount Sprint 25%		-7.33
Business Discount Sprint 25%		-17.50
BlackBerry Access Discount		-12.50
<b>Total Service Discounts</b>		<b>-\$37.33</b>
<b>Cellular Services Charges</b>		
International Roaming Minutes		122.01
<b>Total Cellular Services Charges</b>		<b>\$122.01</b>
<b>Sprint Surcharges</b>		
* Federal - Univ Serv Assess Non-LD	3.010%	4.33
<b>Total Sprint Surcharges</b>		<b>\$4.33</b>
*Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with governmental programs. The amounts, and the components used to calculate Surcharge amounts, are subject to change.		
<b>Total Charges for DHS OIG</b>		<b>\$189.32</b>

> SUBSCRIBER ACTIVITY DETAIL

To view coverage maps and rates visit Sprint.com.

**Roaming Call Detail**

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
1	09/28	07:08P	India	WASHINGTON, DC	202 [REDACTED]	IR } CE BB#	1:00	2.49
2	09/29	02:24A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
3	09/29	10:20P	India	VOICE MAIL, DC	202 [REDACTED]	IR audit	5:00	12.45
4	09/30	08:17P	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
5	09/30	09:50P	India	WASHINGTON, DC	202 [REDACTED]	IR } CE BB#	3:00	7.47
6	09/30	11:03P	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
7	10/01	02:39A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
8	10/01	07:05P	India	WASHINGTON, DC	202 [REDACTED]	IR audit empl	2:00	4.98
9	10/02	12:49A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
10	10/06	02:21A	India	WASHINGTON, DC	202 [REDACTED]	IR } CE BB#	2:00	4.98
11	10/06	02:32A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
12	10/10	11:30A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49

**Roaming Call Detail**

No.	Date	Time	Call From	Call To	Number	Footnote (pg.2)	Min:Sec	Total Charges
13	10/10	11:31A	India	WASHINGTON, DC	202 [REDACTED]	IR } CE BB#	1:00	2.49
14	10/10	11:32A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
15	10/10	11:33A	India	[REDACTED]	[REDACTED]	IR } Private #	1:00	2.49
16	10/10	11:34A	India	[REDACTED]	[REDACTED]	IR }	1:00	2.49
17	10/10	11:35A	India	BETHESDA, MD	301 [REDACTED]	IR }	1:00	2.49
18	10/10	11:37A	India	BETHESDA, MD	301 [REDACTED]	IR }	1:00	2.49
19	10/10	11:37A	India	[REDACTED]	[REDACTED]	IR } Private #	1:00	2.49
20	10/10	11:38A	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
21	10/10	02:49P	India	WASHINGTON, DC	202 [REDACTED]	IR } CE BB#	4:00	9.96
22	10/10	04:16P	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
23	10/14	09:26P	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
24	10/14	09:27P	India	WASHINGTON, DC	202 [REDACTED]	IR } Audit Empl	6:00	14.94
25	10/16	12:25A	India	WASHINGTON, DC	202 [REDACTED]	IR } CE BB#	3:00	7.47
26	10/16	08:41P	India	WASHINGTON, DC	202 [REDACTED]	IR }	1:00	2.49
27	10/16	08:42P	India	WASHINGTON, DC	202 [REDACTED]	IR } Audit empl	5:00	12.45
<b>Total Roaming Charges</b>							<b>49:00</b>	<b>\$122.01</b>

**Data Services Usage Detail**

Service	Peak/Off Peak	Number of KB/Events Used	Less KB/Events in Plan	Less Other KB/Events	Billable KB/Events	Rate KB/Events	Total Charges
<b>International Wireless Data Roaming</b>							
India		746.00	746.00				0.00
UK		16.00	16.00				0.00
<b>Total Data Services Charges</b>							<b>\$0.00</b>

> SUBSCRIBER INFORMATIONAL REPORTS

The following reports are compiled as a courtesy to help you analyze usage trends and manage your subscriber activity.

**Your Rate Plans**

Plan	Services
International Calls Enabled	International Calling
GSA Service & Repair Program	Nextel Service and Repair
Sprint Worldwide Blackbry Plan	BlackBerry Email-CDMA
	Sprint Data Services
Custom 400	Call Detail
	America - Roaming Included
	Caller ID
	Domestic LD Rate \$0
	Modified Nights and Weekends
	SMS Text Messages
	Anytime Minutes
	Long Distance While Roaming
	Mobile To Mobile Minutes
	Short Messages
	Enhanced VoiceMail

Continued...

ME BB#

202- [REDACTED], DHS OIG cont.

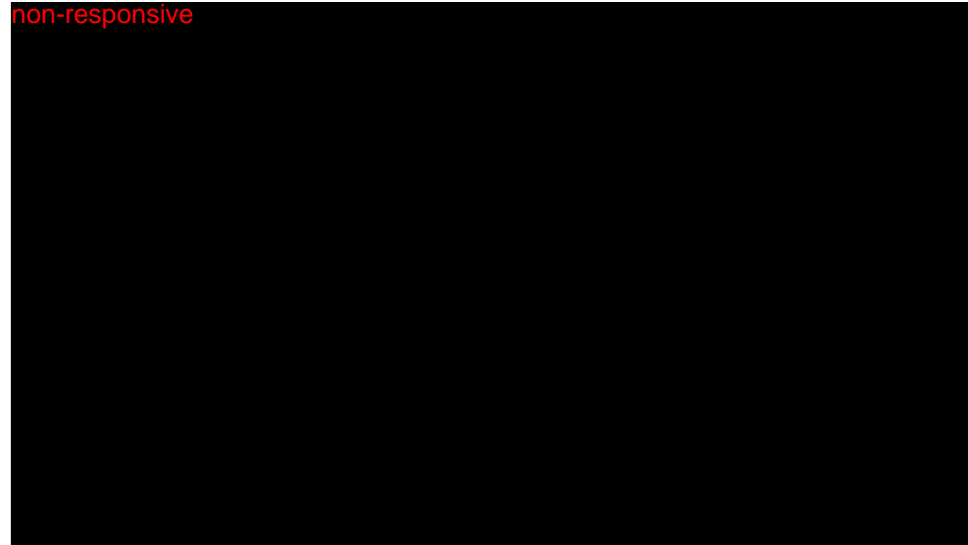
Account/DAC Number  
948895225/0033587976  
Account Name  
DHS OIG

Billing Period  
10/02/09-11/01/09  
Invoice Date  
November 05, 2009

Page  
261 of 992  
Invoice Number  
948895225-078



non-responsive



> SUBSCRIBER INFORMATIONAL REPORTS

Your Rate Plans

Plan	Services
Unlimited Night & Wknd Minutes	Cellular Minutes

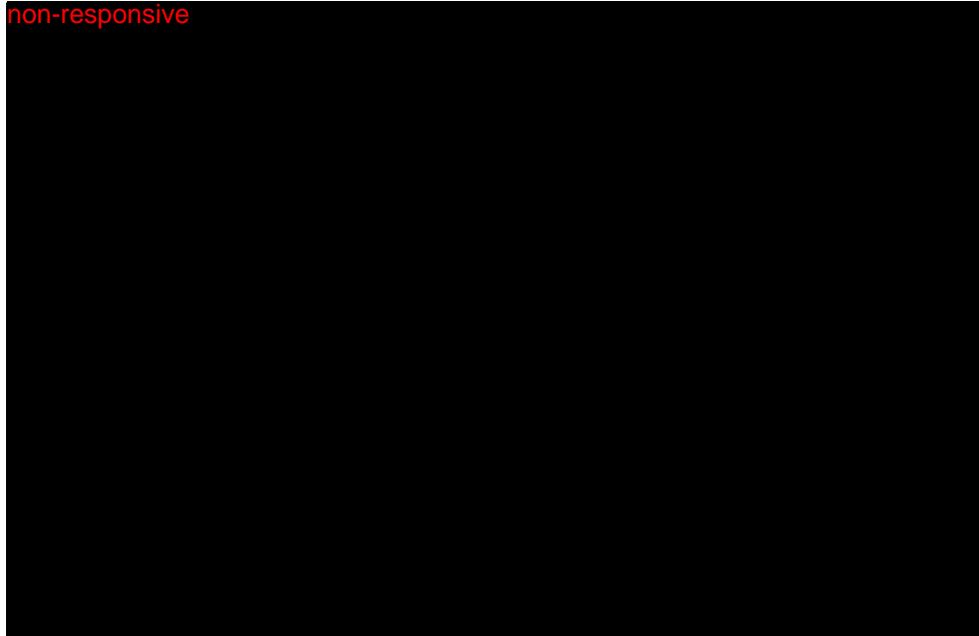
Airtime Usage Detail

Plan	Incoming/ Outgoing	Peak/ Off Peak	Total Min:Sec	*Plan Min:Sec	Other Min:Sec	Billable Min:Sec	Total Charges
<b>INT ROAM AIR 2.49</b>							
Roaming Minutes			49:00			49:00	122.01

**Total Airtime Usage Charges \$122.01**

\*Plan Min:Sec include Anytime minutes, Additional (Bonus) minutes, Mobile to Mobile minutes, Any Mobile,Anytime minutes, Mobile to Home minutes, and Mobile to Office minutes.  
For this bill period, this phone has used 00:00 Mobile to Mobile minutes, 00:00 Any Mobile,Anytime, 00:00 Mobile to Home minutes, and 00:00 Mobile to Office minutes.

non-responsive



non-responsive



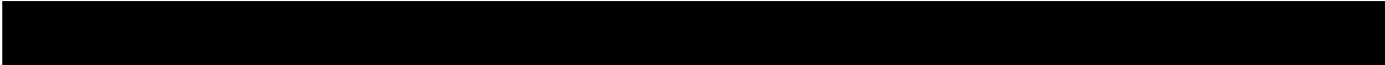
RIP b6

Oct. Statement



All information in the following 62 pages is withheld pursuant to FOIA exemption b6 or is non-responsive to the request. Exemption b2 is used to withhold the URLs at the bottom of the page.

Name: **Madhuri M. Edwards** Pay Period: **02 : Jan 16, 2011 to Jan 29, 2011**

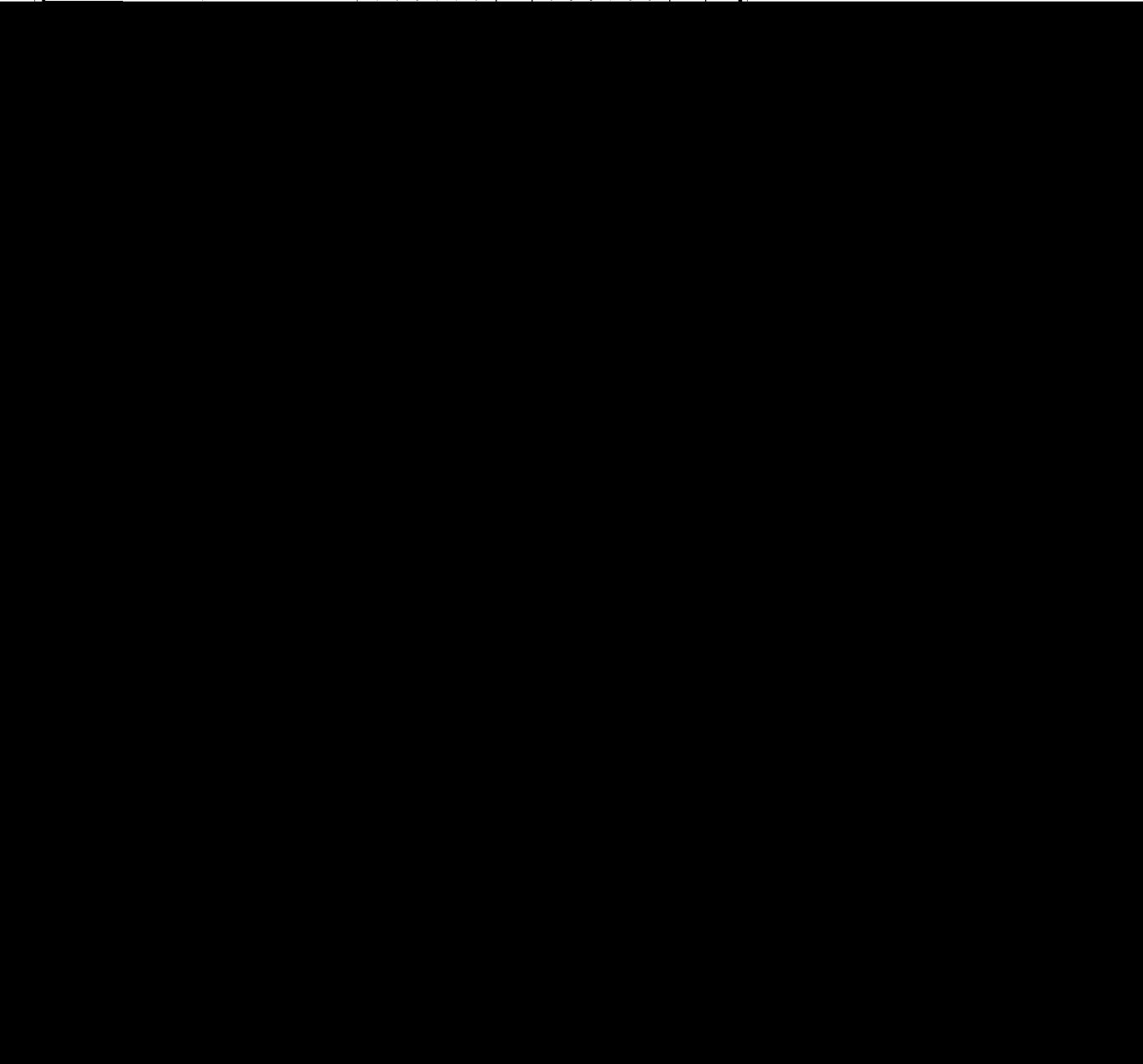


Transaction	Prj	Sfx	Account	Jan							Jan							Total		
				16	17	18	19	20	21	22	23	24	25	26	27	28	29			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	

**Work Time**



Telework Home	(No Stored Account)	9	9	18	9	9	18	36
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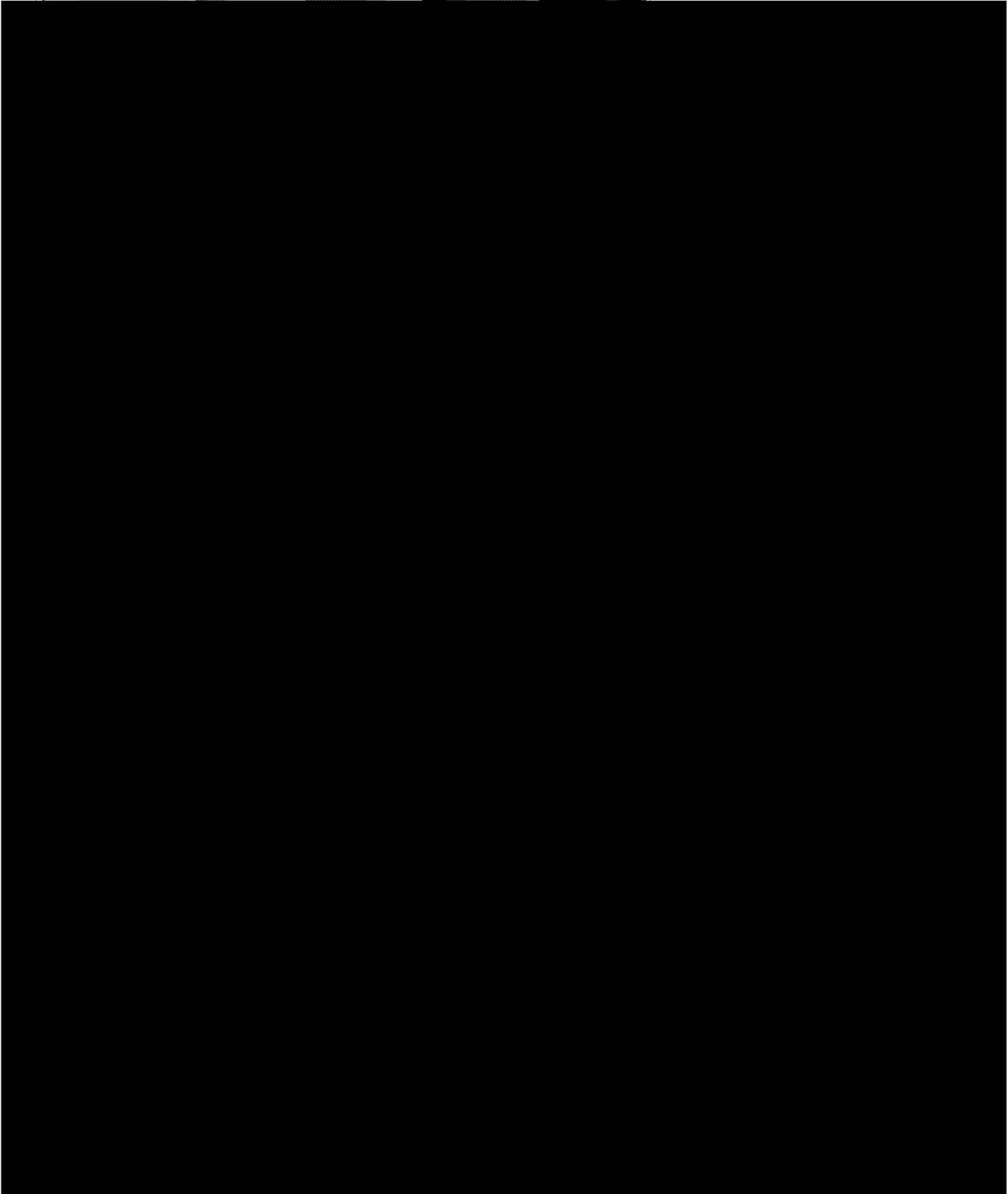
Name: **Madhuri M. Edwards** Pay Period: **01 : Jan 2, 2011 to Jan 15, 2011**



Transaction	Pfx	Sfx	Account	Jan							Jan							Wk 2	Total	
				2	3	4	5	6	7	8	9	10	11	12	13	14	15			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home			(NPC Stored Account)				9				9							9		18
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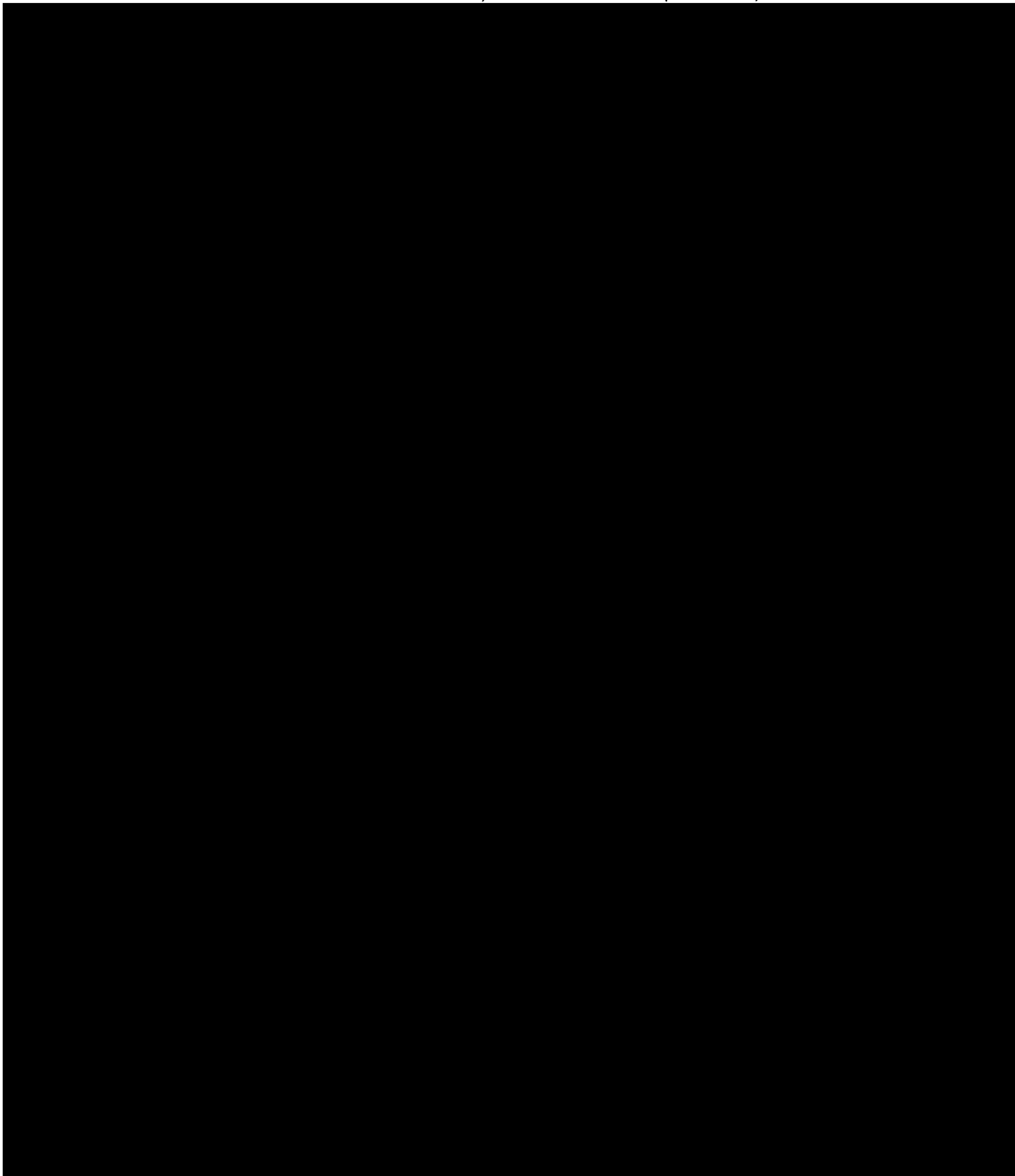
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Name:

**Madhuri M. Edwards**

Pay Period:

**26 : Dec 19, 2010 to Jan 1, 2011**



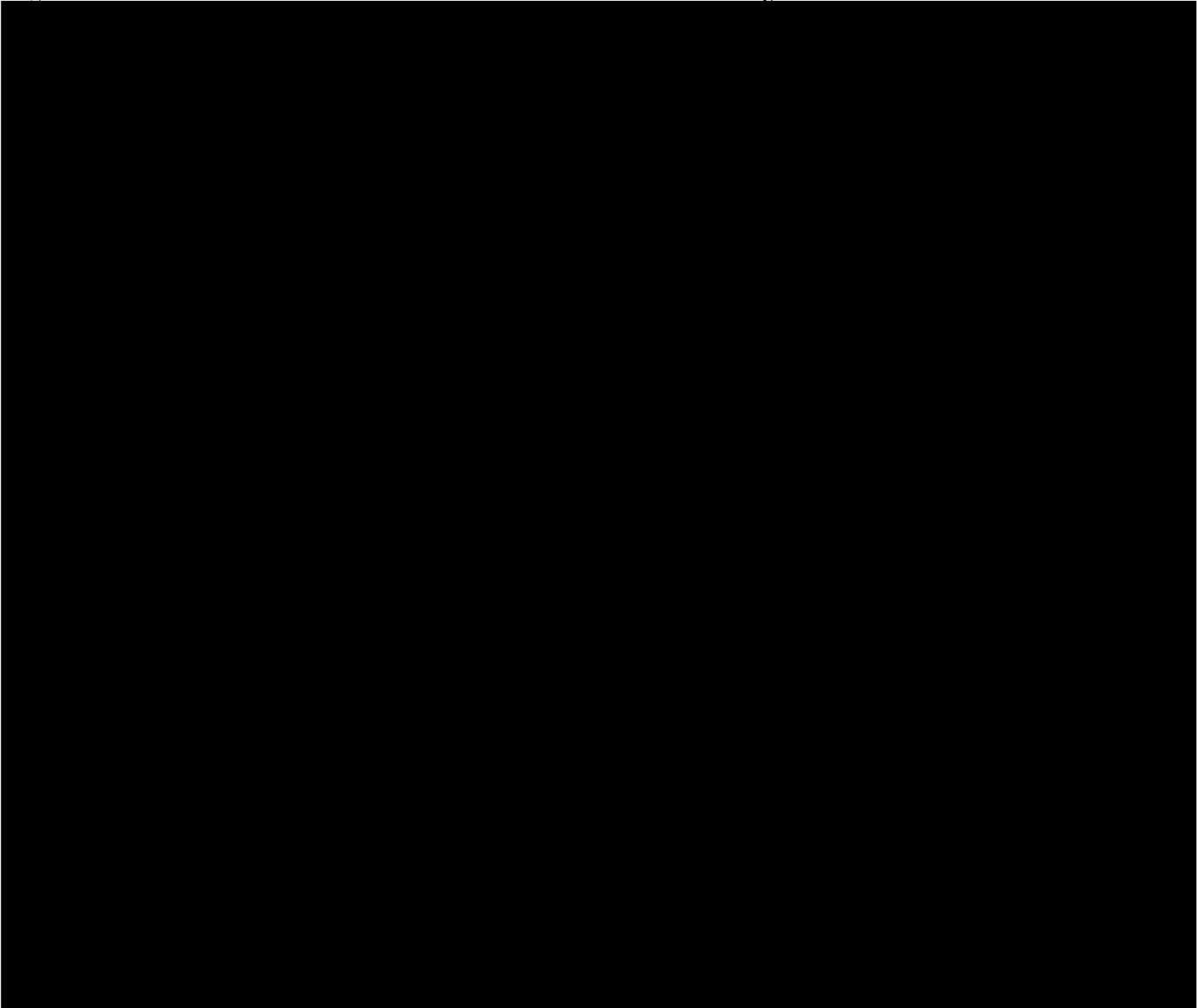
Name: **Madhuri M. Edwards** Pay Period: **25 : Dec 5, 2010 to Dec 18, 2010**



Transaction	Pfx	Sfx	Account	Dec							Dec							Wk 2	Total	
				5	6	7	8	9	10	11	12	13	14	15	16	17	18			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S		



Telework Home											9										9	18
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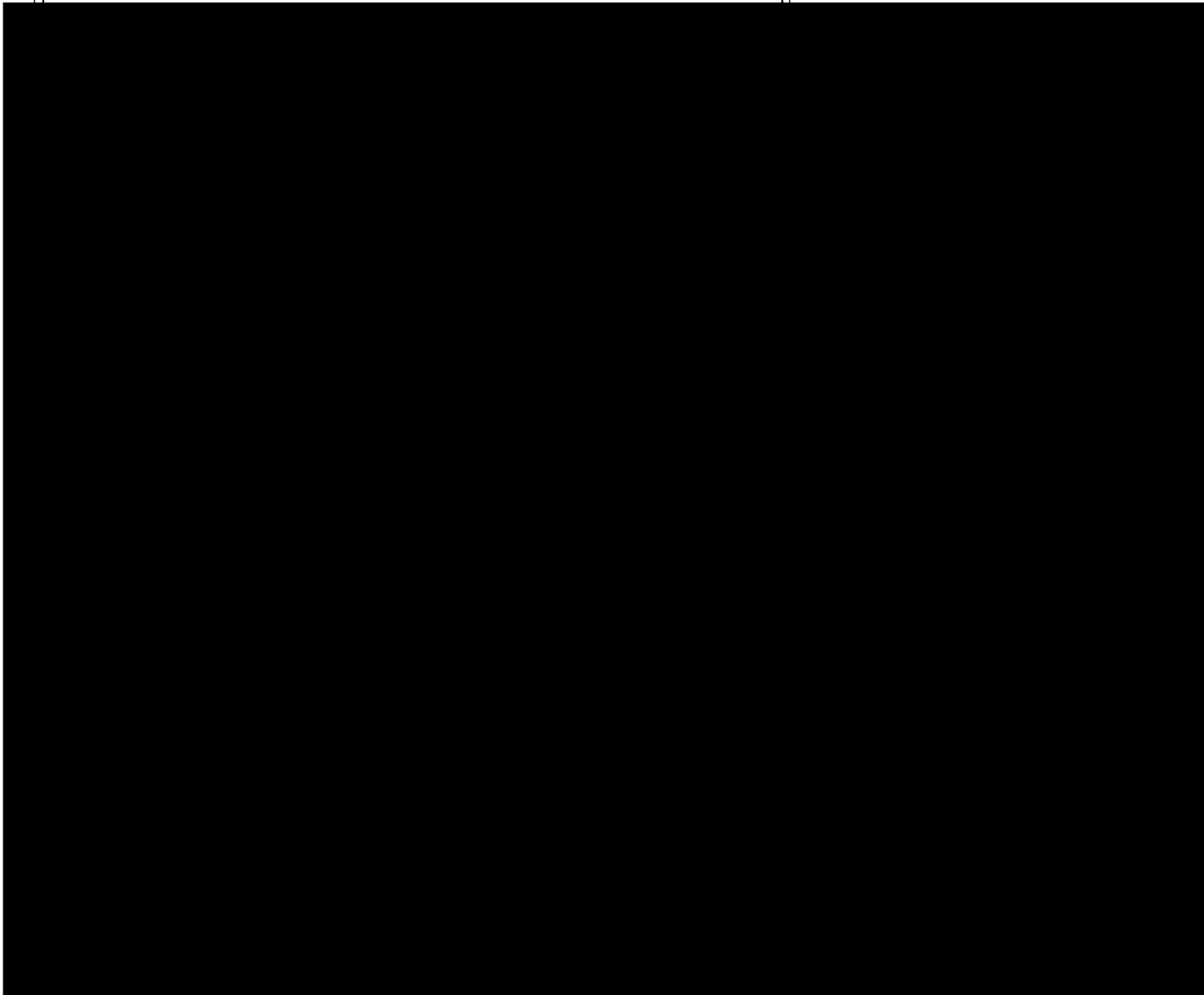
Name: **Madhuri M. Edwards** Pay Period: **24 : Nov 21, 2010 to Dec 4, 2010**



Transaction	Pfx	Sfx	Account	Nov					Wk 1	Nov				Dec			Wk 2	Total	
				21	22	23	24	25		26	27	28	29	30	1	2			3
				S	M	T	W	T	F	S	S	M	T	W	T	F	S		



Telework Home			(W-8 Stored Account)					9						9					9	18
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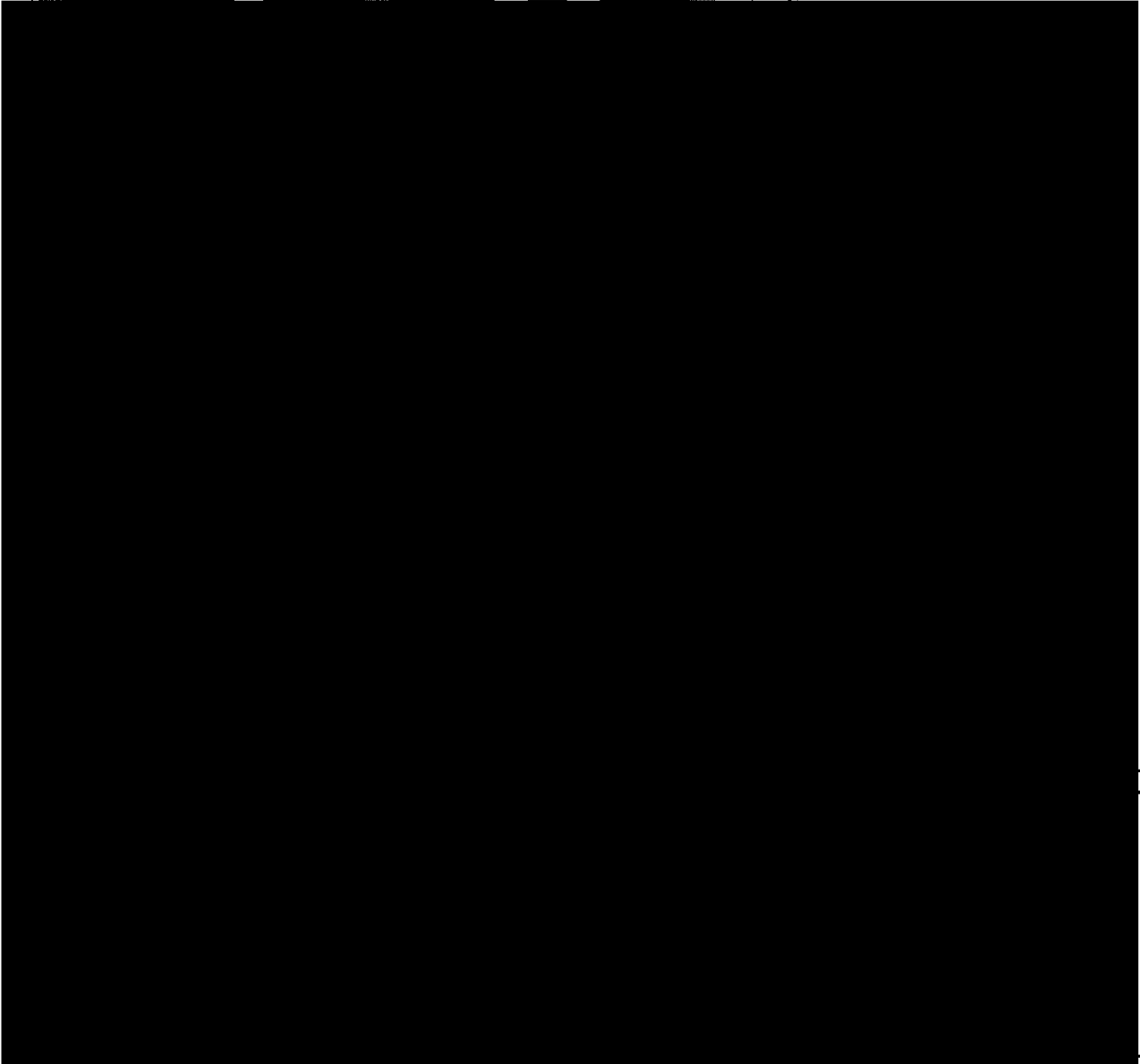
Name: **Madhuri M. Edwards** Pay Period: **23 : Nov 7, 2010 to Nov 20, 2010**



Transaction	Pfx	Sfx	Account	Nov					Nov					Wk 1	Wk 2	Total
				7	8	9	10	11	12	13	14	15	16			
				S	M	T	W	T	F	S	S	M	T	W	F	S



Telework Home	(NFC stored Account)											9		8		17	17
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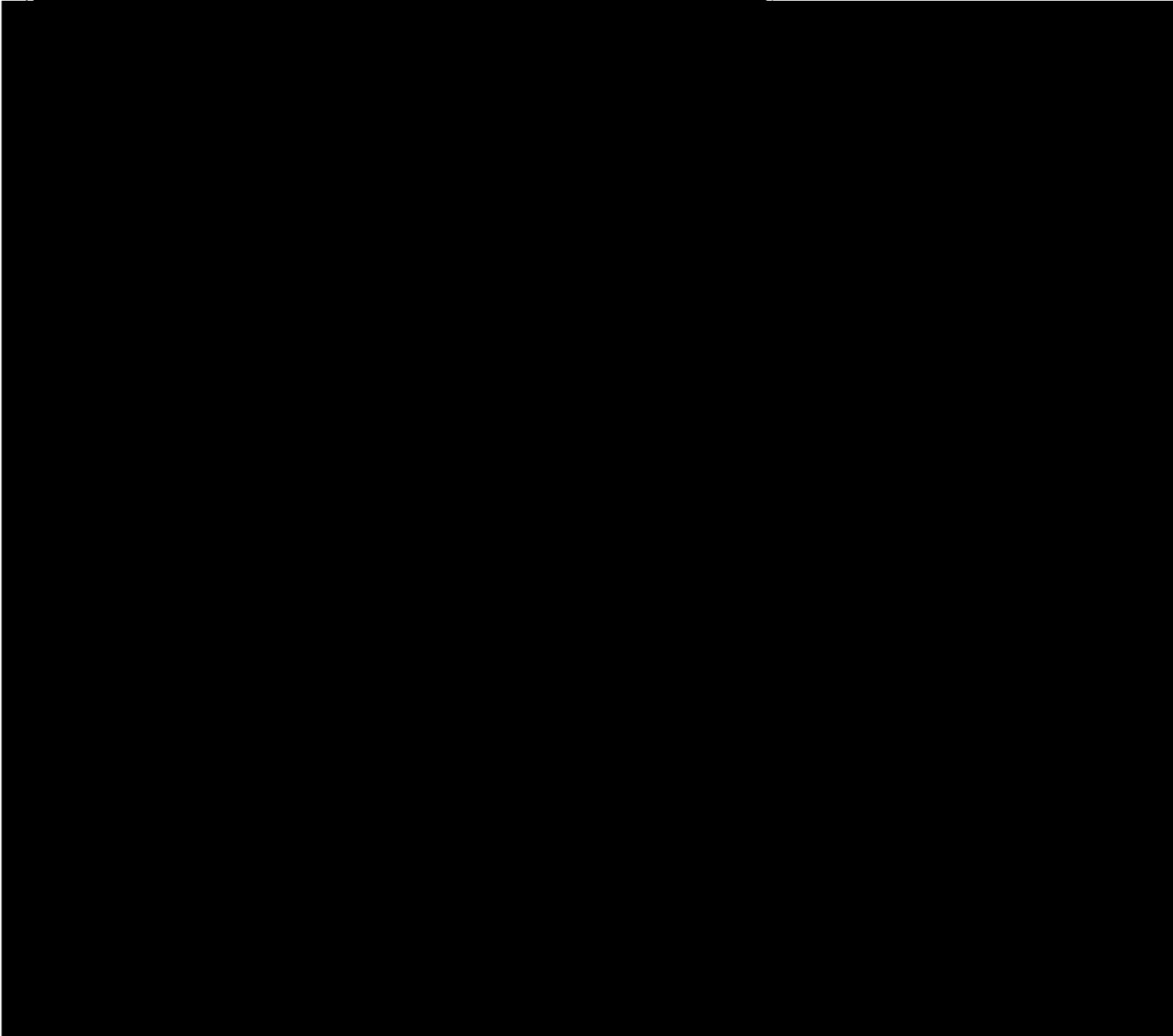
Name: **Madhuri M. Edwards** Pay Period: **23 : Nov 7, 2010 to Nov 20, 2010**



Transaction	Pfx	Sfx	Account	Nov							Nov							Total		
				7	8	9	10	11	12	13	14	15	16	17	18	19	20			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	



Telework Home			(NPC- Stored Account)									9		8				17	17
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Name: **Madhuri M. Edwards** Pay Period: **22 : Oct 24, 2010 to Nov 6, 2010**



Transaction	Pfx	Sfx	Account	Oct							Nov						Wk 2 Total			
				24	25	26	27	28	29	30	31	1	2	3	4	5		6		
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home	(WFC - stored account)				9						9								9	18
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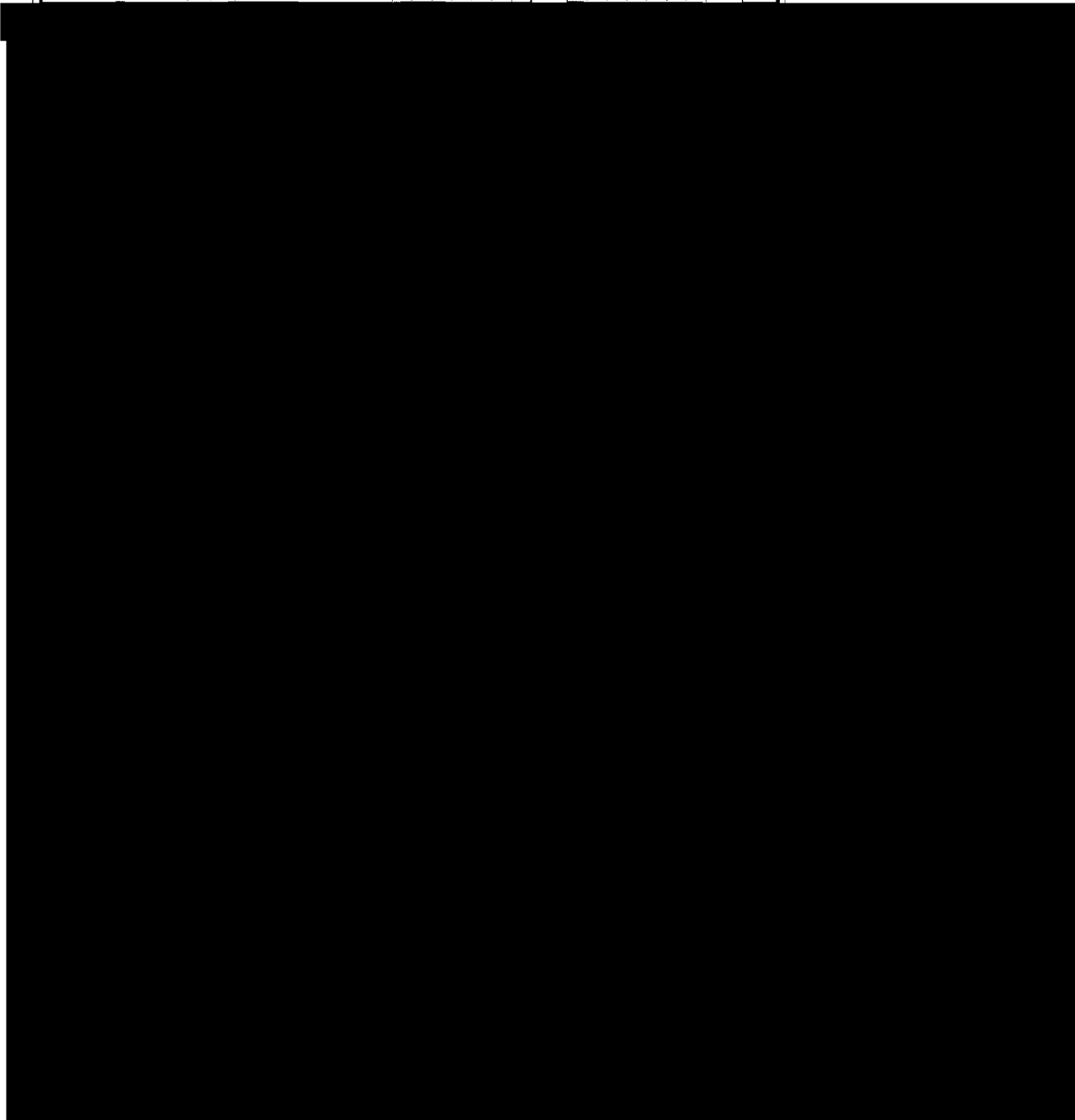
Name: **Madhuri M. Edwards** Pay Period: **21 : Oct 10, 2010 to Oct 23, 2010**



Transaction	Pfx	Sfx	Account	Oct							Oct							Total		
				10	11	12	13	14	15	16	17	18	19	20	21	22	23			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	



Telework Home			(No stored account)				9				9				9			9	18
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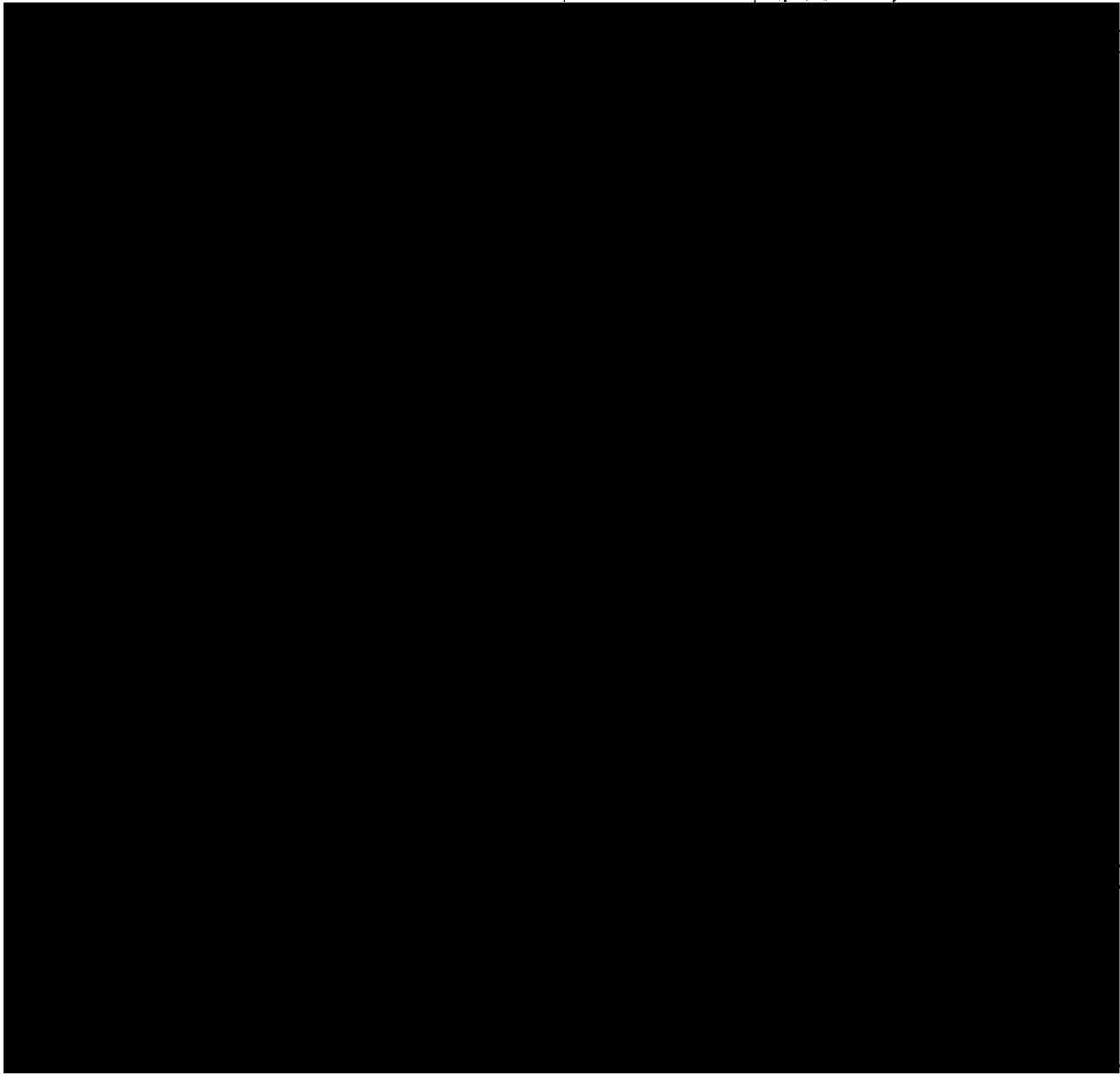


Name:

**Madhuri M. Edwards**

Pay Period:

**20 : Sep 26, 2010 to Oct 9, 2010**



RIP

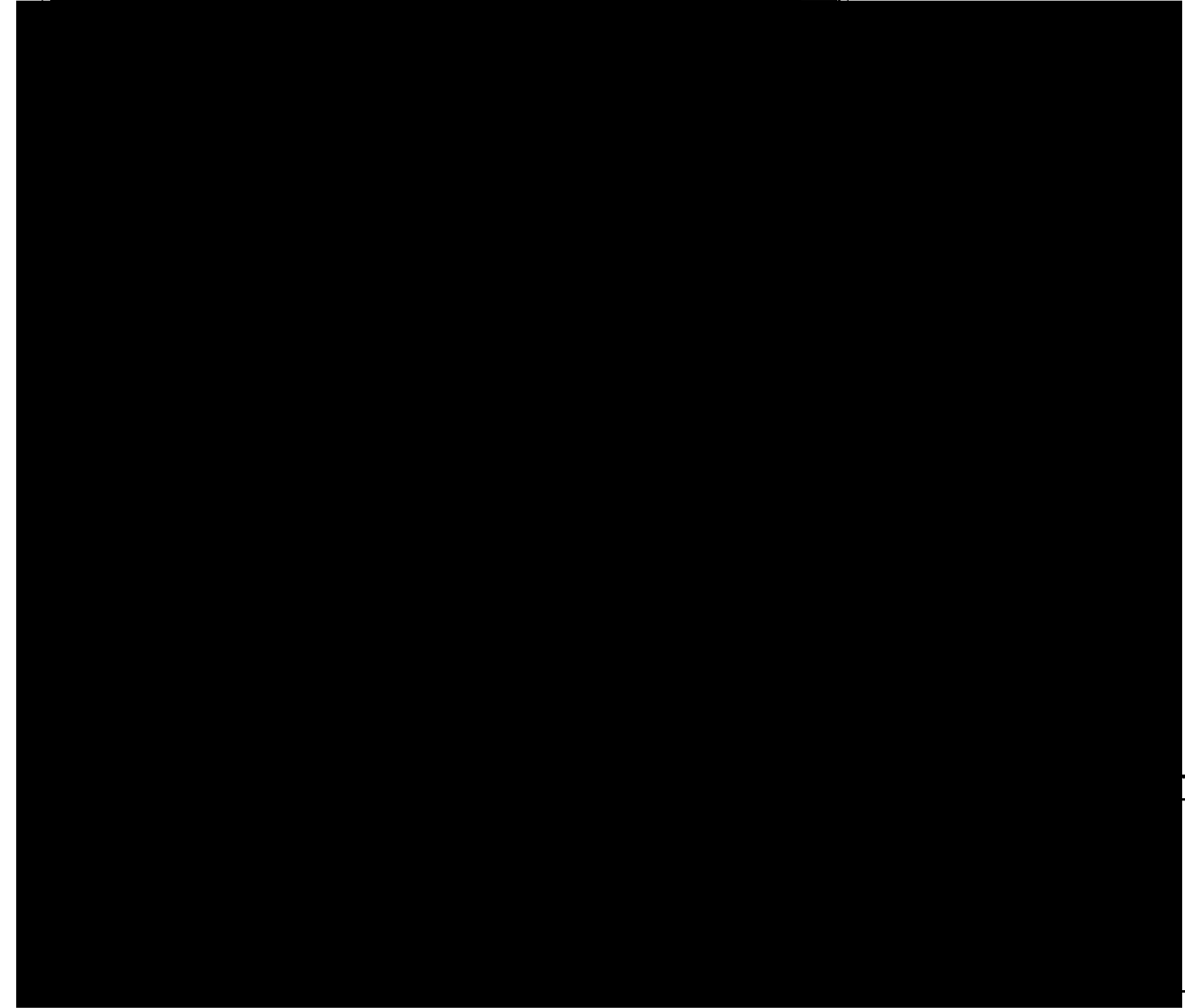
Name: **Madhuri M. Edwards** Pay Period: **19 : Sep 12, 2010 to Sep 25, 2010**



Transaction	Pfx:Sfx	Account	Sep							Sep							Wk 2	Total	
			12	13	14	15	16	17	18	19	20	21	22	23	24	25			
			S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home	(W/C Stored Account)		9						9								9	18
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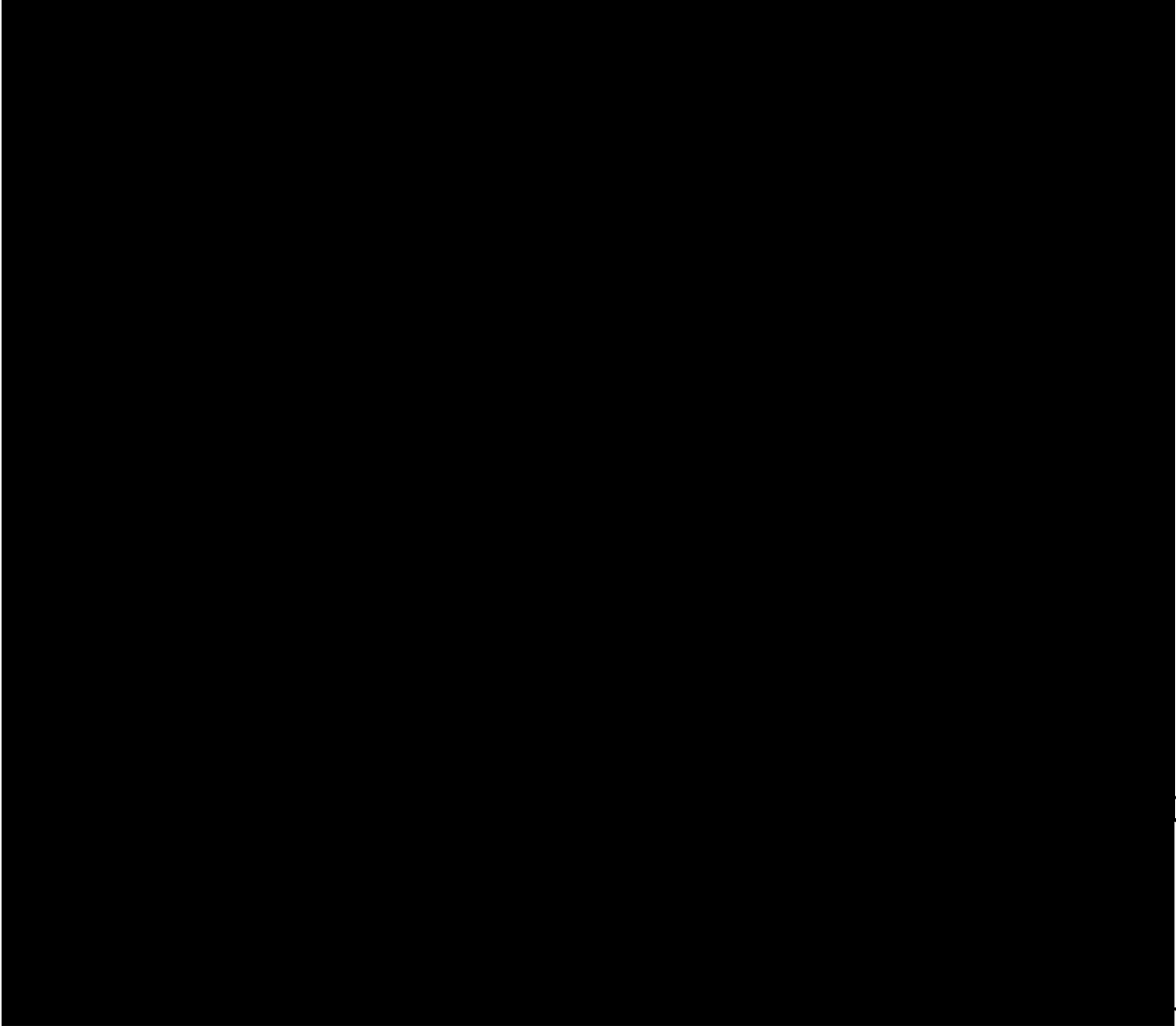
Name: **Madhuri M. Edwards** Pay Period: **18 : Aug 29, 2010 to Sep 11, 2010**



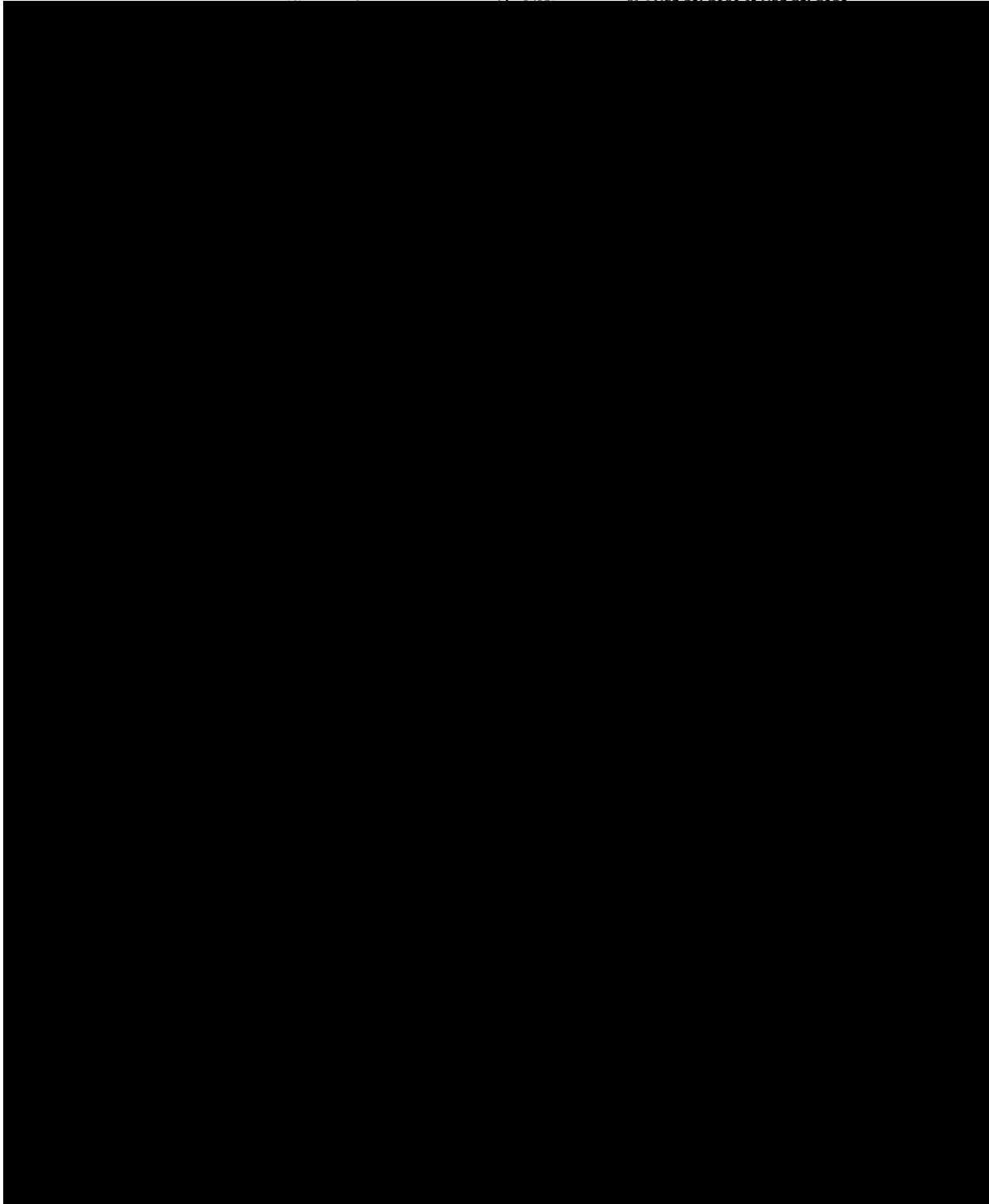
Transaction	Pfx	Sfx	Account	Aug			Sep			Sep			Wk 2	Total					
				29	30	31	1	2	3	4	5	6			7	8	9	10	11
				S	M	T	W	T	F	S	S	M	T	W	T	F	S		



Telework Home			(WFC Stored Account)			9		9		18				9				9	27
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Name: **Madhuri M. Edwards** Pay Period: **17 : Aug 15, 2010 to Aug 28, 2010**



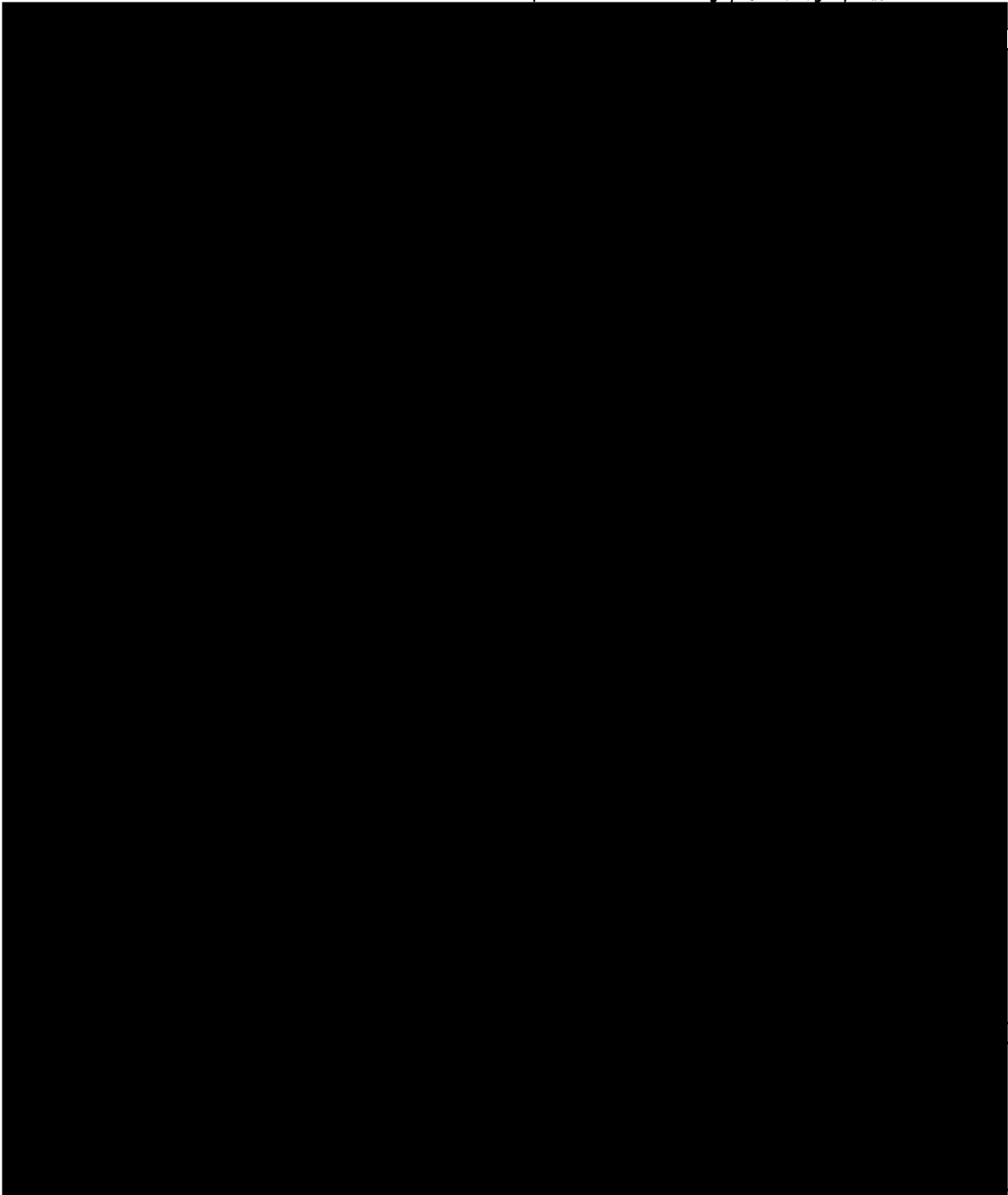
RIP

Name:

Madhuri M. Edwards

Pay Period:

16 : Aug 1, 2010 to Aug 14, 2010



0

RIP

6/4/2012

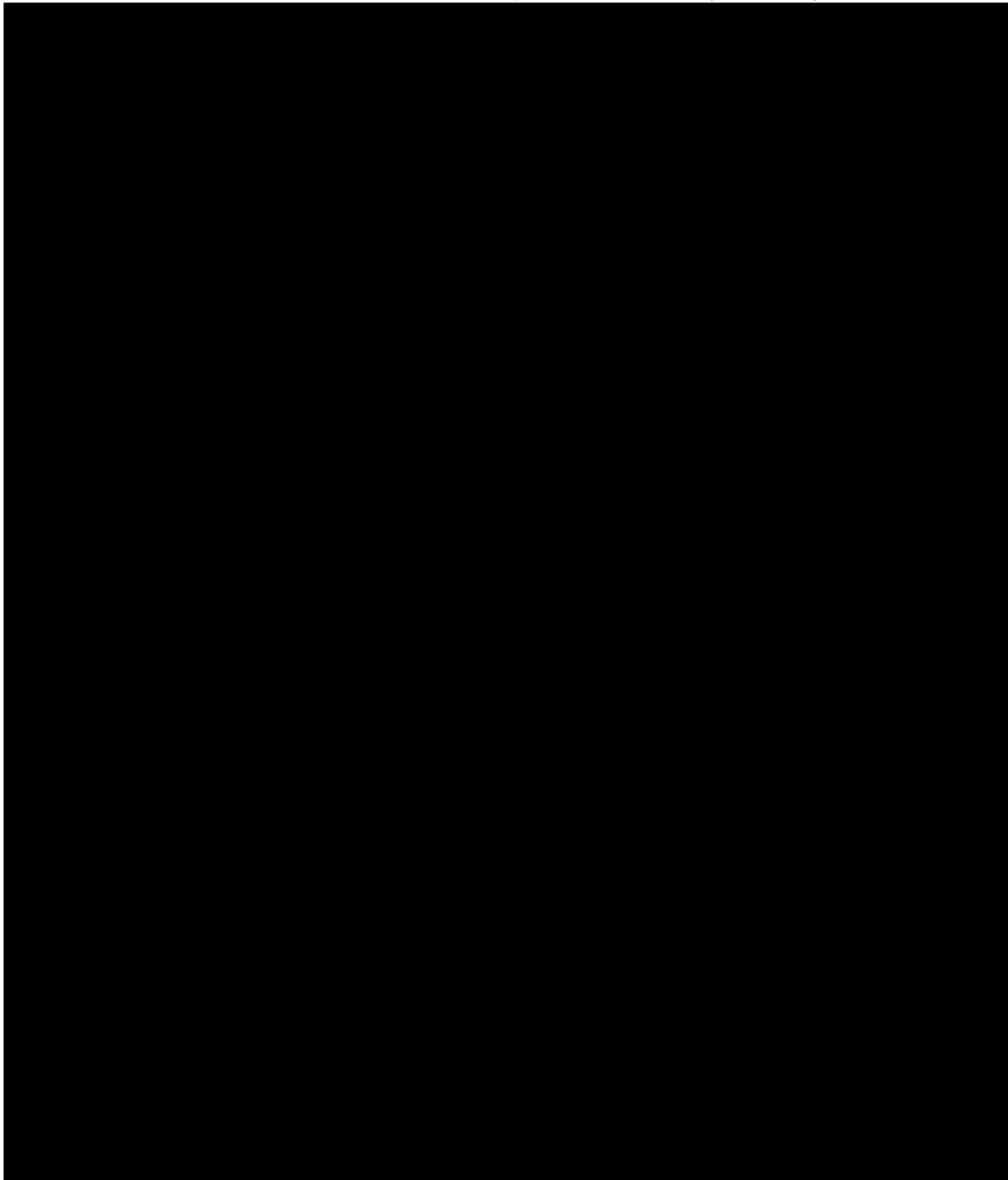
b2

Name:

**Madhuri M. Edwards**

Pay Period:

**15 : Jul 18, 2010 to Jul 31, 2010**

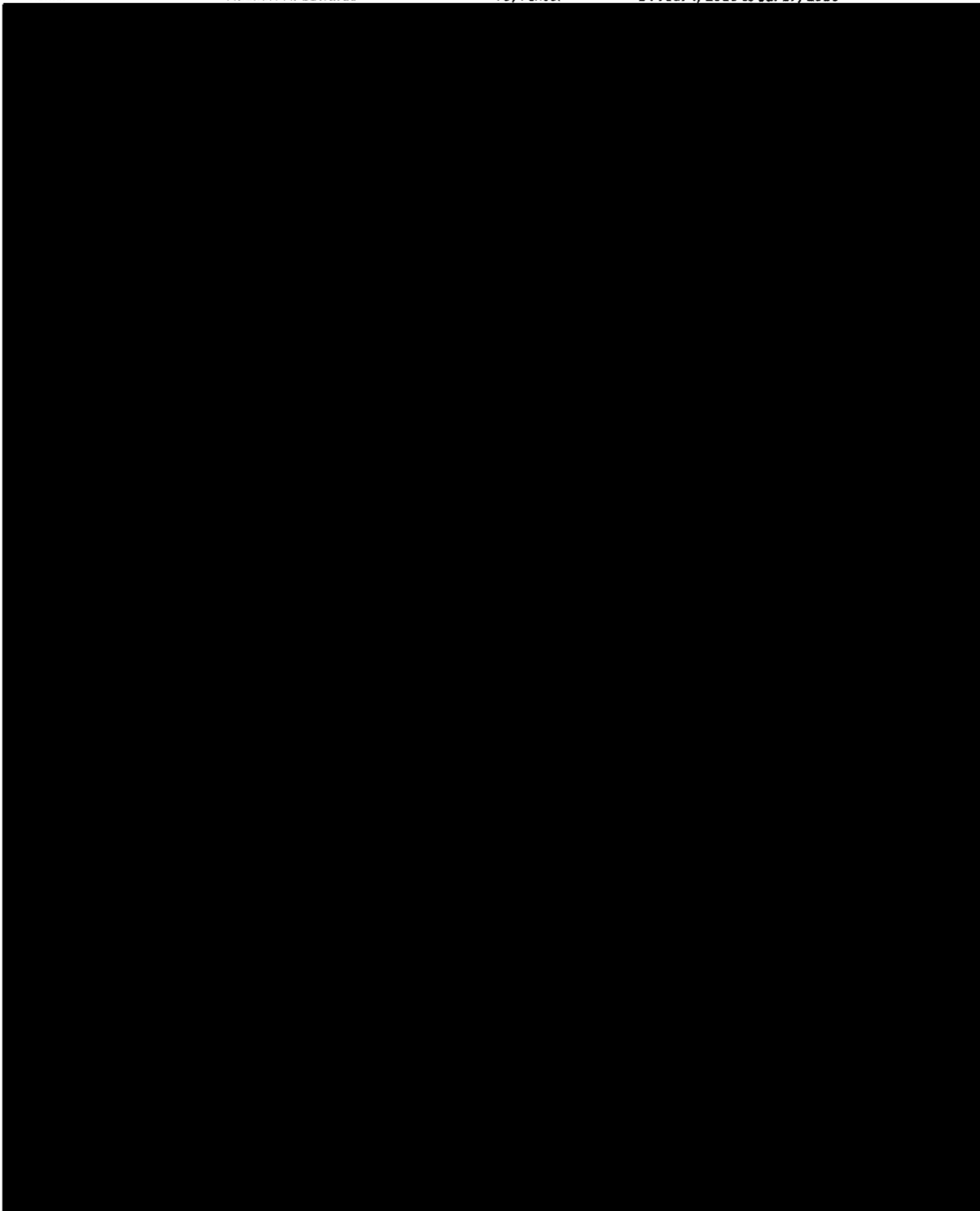


RIP

b2

6/4/2012

Name: **Madhuri M. Edwards** Pay Period: **14 : Jul 4, 2010 to Jul 17, 2010**



RIP

6/4/2012



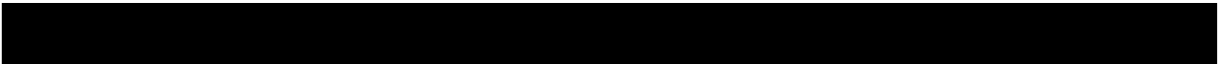
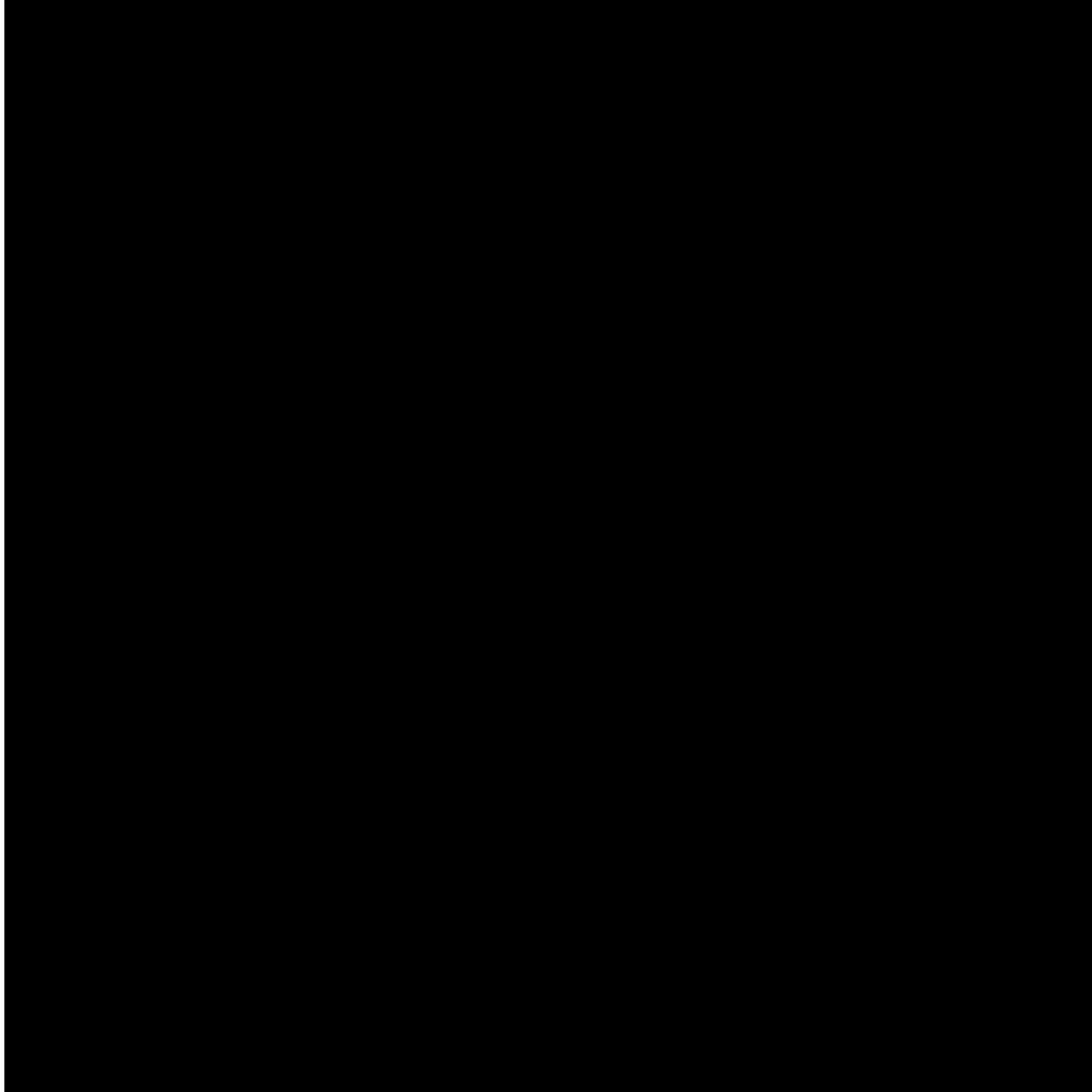
Name: **Madhuri M. Edwards** Pay Period: **13 : Jun 20, 2010 to Jul 3, 2010**



Transaction	Pfx	Sfx	Account	Jun					Jun			Jul			Wk 2	Total				
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				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



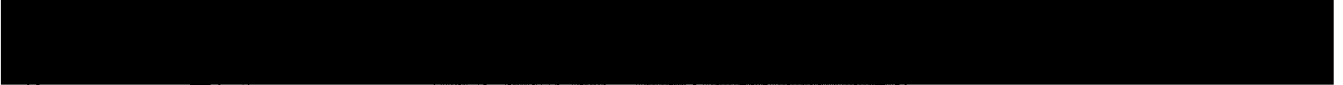
Telework Home								8			8									8
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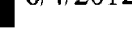
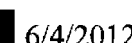
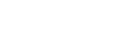
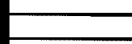
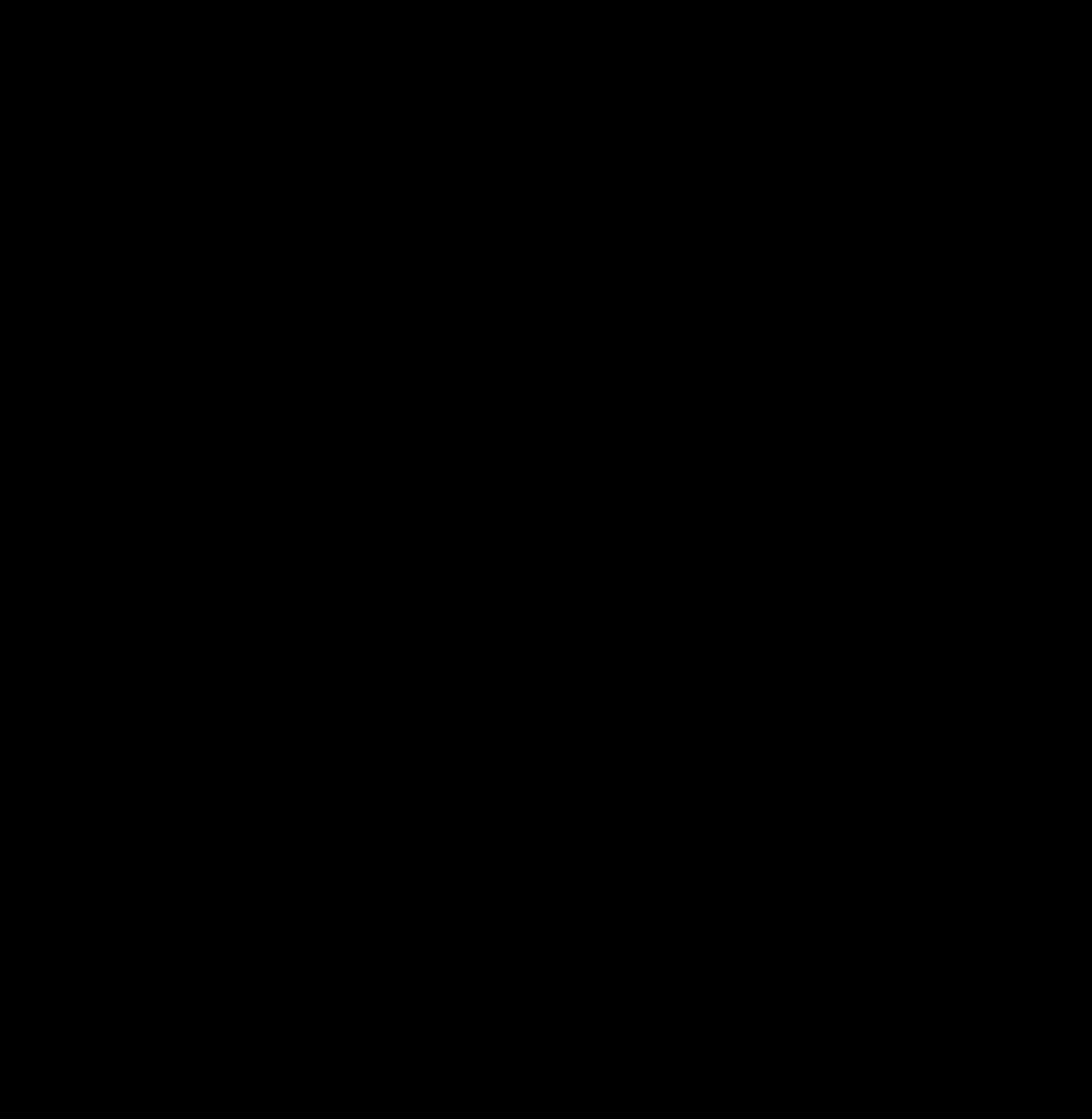
Name: **Madhuri M. Edwards** Pay Period: **12 : Jun 6, 2010 to Jun 19, 2010**



Transaction	Pfx	Sfx	Account	Jun							Jun							Wk 2	Total	
				6	7	8	9	10	11	12	13	14	15	16	17	18	19			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home							8				8				8				8	16
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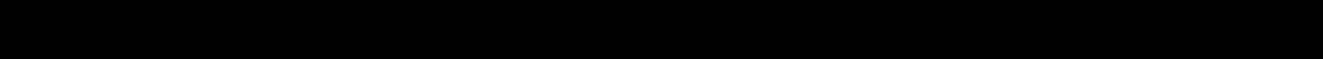


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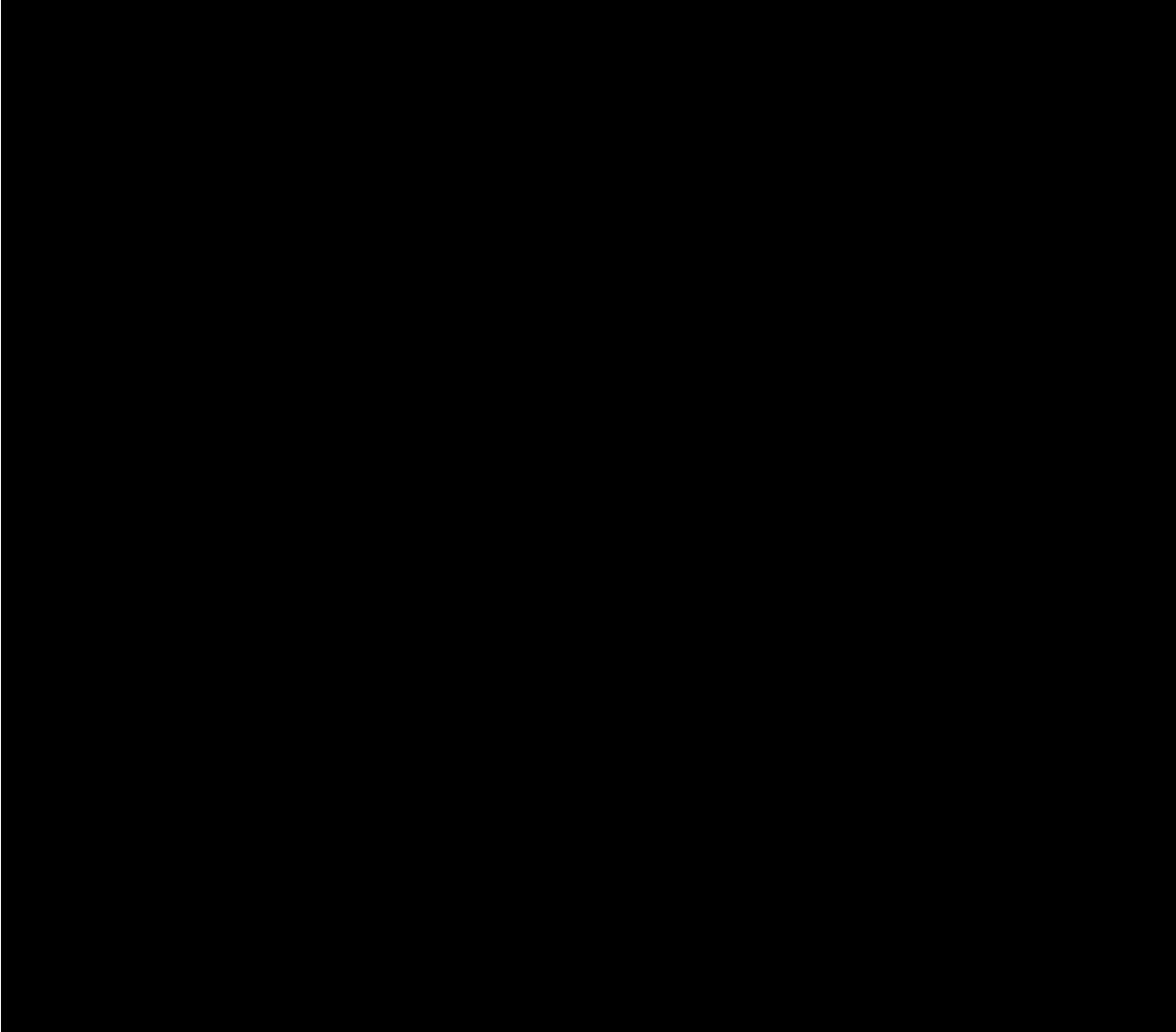
Name: **Madhuri M. Edwards** Pay Period: **11 : May 23, 2010 to Jun 5, 2010**



Transaction	Pfx	Sfx	Account	May					May		Jun					Wk 2	Total			
				23	24	25	26	27	28	29	30	31	1	2	3			4	5	
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home			(NFC Stored Account)				9			9			9	9					18	27
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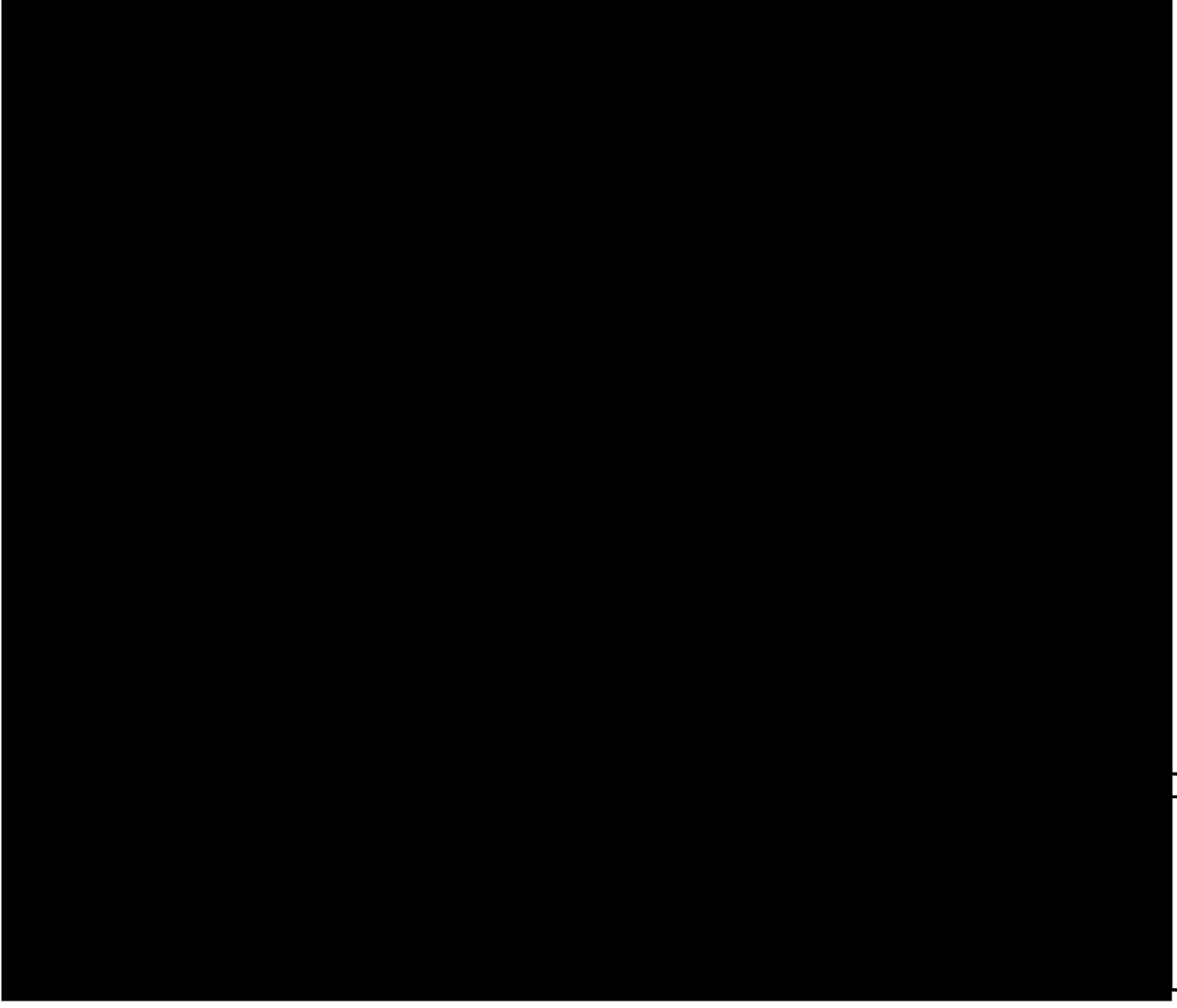
Name: **Madhuri M. Edwards** Pay Period: **09 : Apr 25, 2010 to May 8, 2010**



Transaction	Pfx	Sfx	Account	Apr					May	May					Wk 1	Wk 2	Total
				25	26	27	28	29	30	1	2	3	4	5			



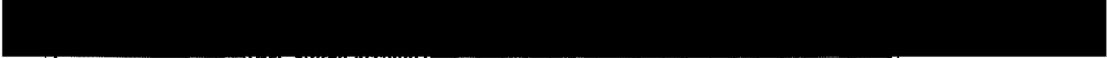
Telework Home			(NFC Stored Account)				9					9					9			9	18
---------------	--	--	----------------------	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	---	----



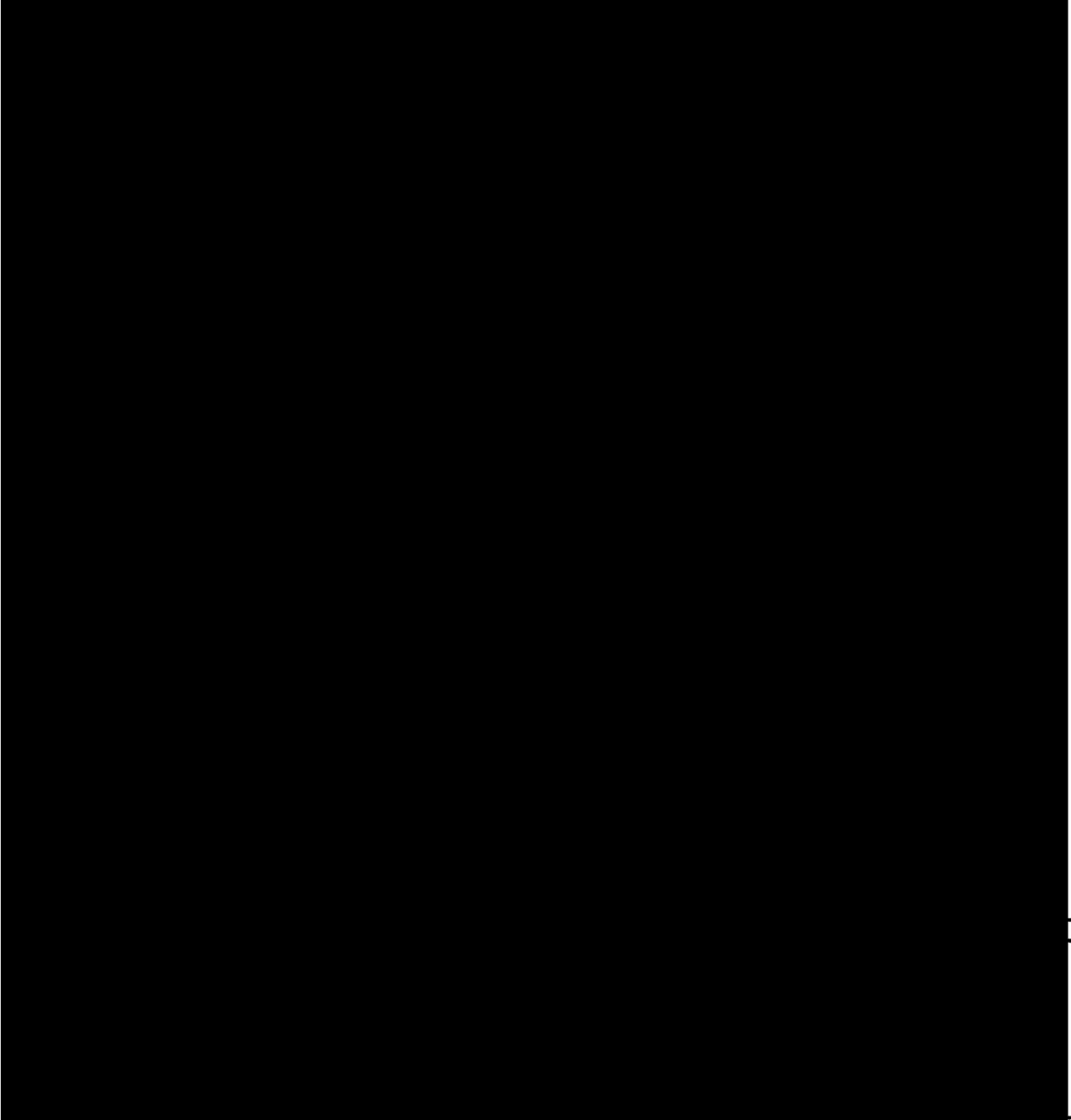
Name: **Madhuri M. Edwards** Pay Period: **08 : Apr 11, 2010 to Apr 24, 2010**



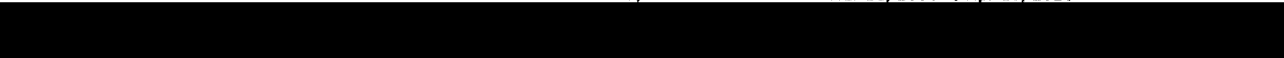
Transaction	Pfx	Sfx	Account	Apr							Apr							Wk 2	Total	
				11	12	13	14	15	16	17	18	19	20	21	22	23	24			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home			(WFC Stored Account)				9				9							9	9	18	27
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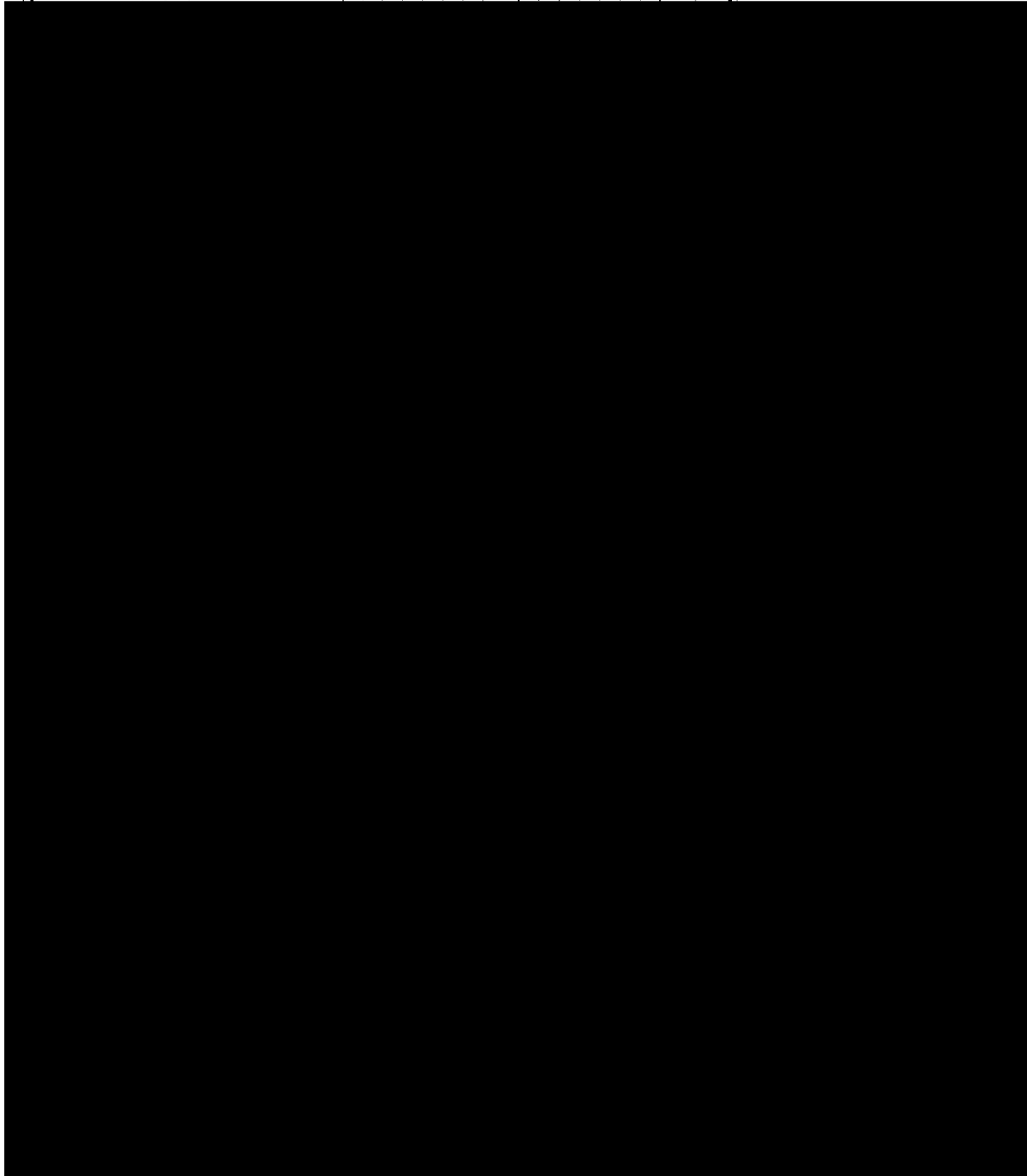
Name: **Madhuri M. Edwards** Pay Period: **07 : Mar 28, 2010 to Apr 10, 2010**



Transaction	Pfx	Sfx	Account	Mar			Apr			Apr					Wk 2	Total				
				28	29	30	31	1	2	3	4	5	6	7			8	9	10	
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S		



Telework Home			(WFC Storage Account)					9			9							9		18
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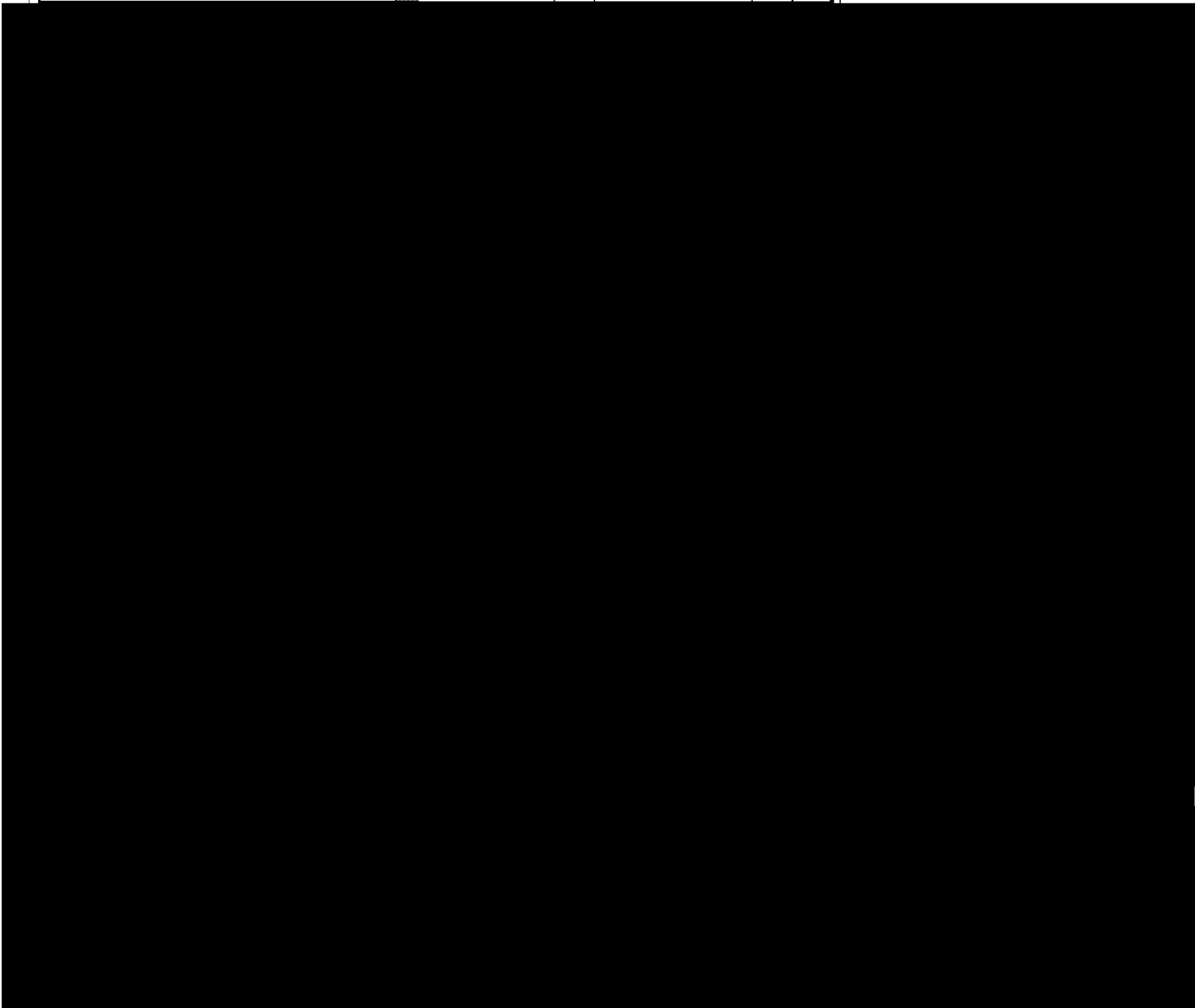
Name: **Madhuri M. Edwards** Pay Period: **06 : Mar 14, 2010 to Mar 27, 2010**



Transaction	Pfx	Sfx	Account	Mar							Wk 1	Mar							Wk 2	Total
				14	15	16	17	18	19	20		21	22	23	24	25	26	27		
				S	M	T	W	T	F	S		S	M	T	W	T	F	S		



Telework Home			(WFC - stored account)			9	9				18		9	9	8				26	44
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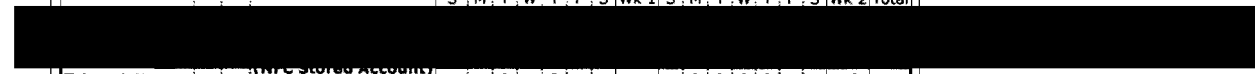




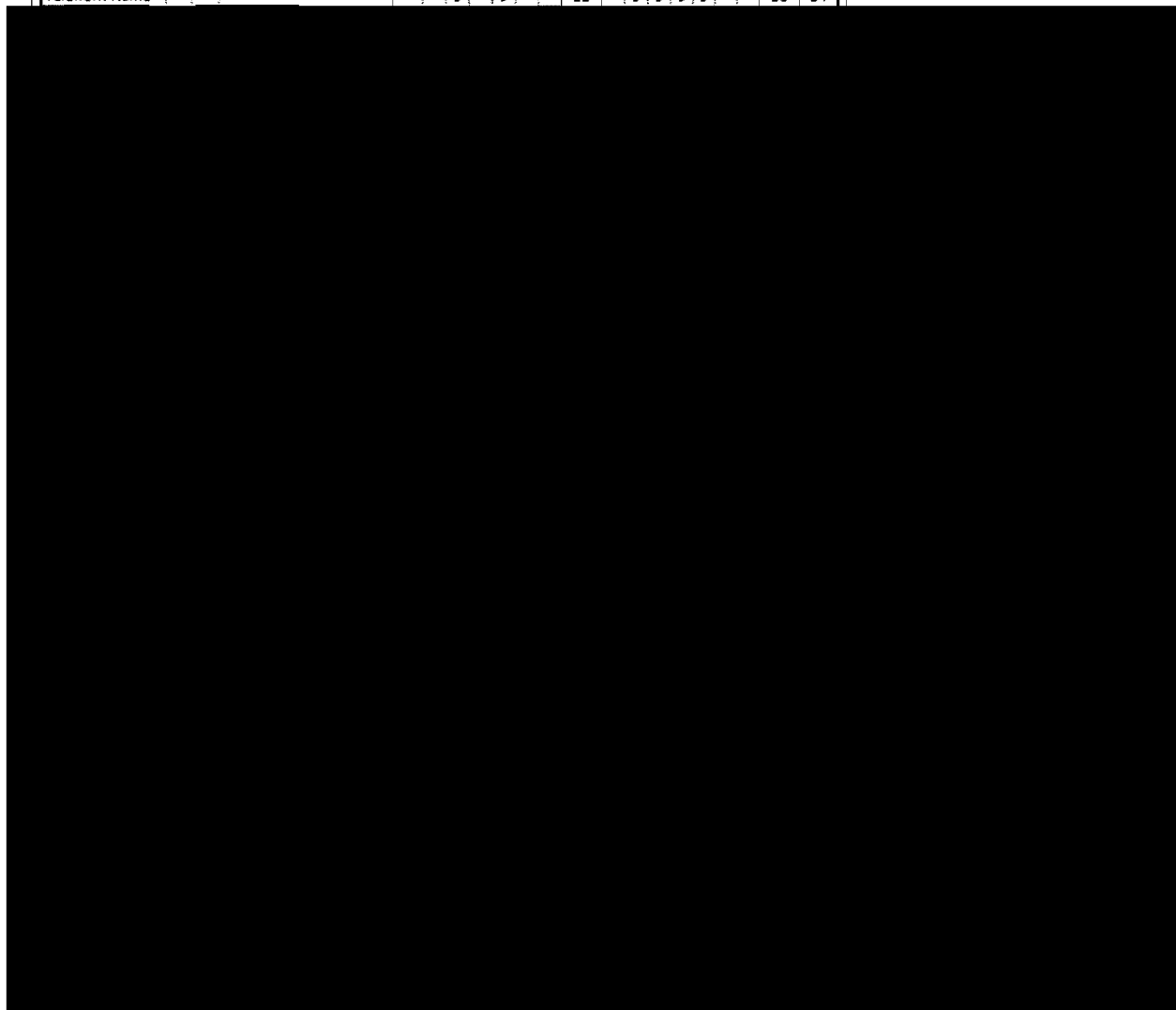
Name: **Madhuri M. Edwards** Pay Period: **05 : Feb 28, 2010 to Mar 13, 2010**



Transaction	Pfx	Sfx	Account	Feb						Mar						Wk 2	Total		
				28	1	2	3	4	5	6	7	8	9	10	11			12	13
				S	M	T	W	T	F	S	S	M	T	W	T	F	S		



Telework Home			(NFC Stored Account)		9	9				18		9	9	9				36	54
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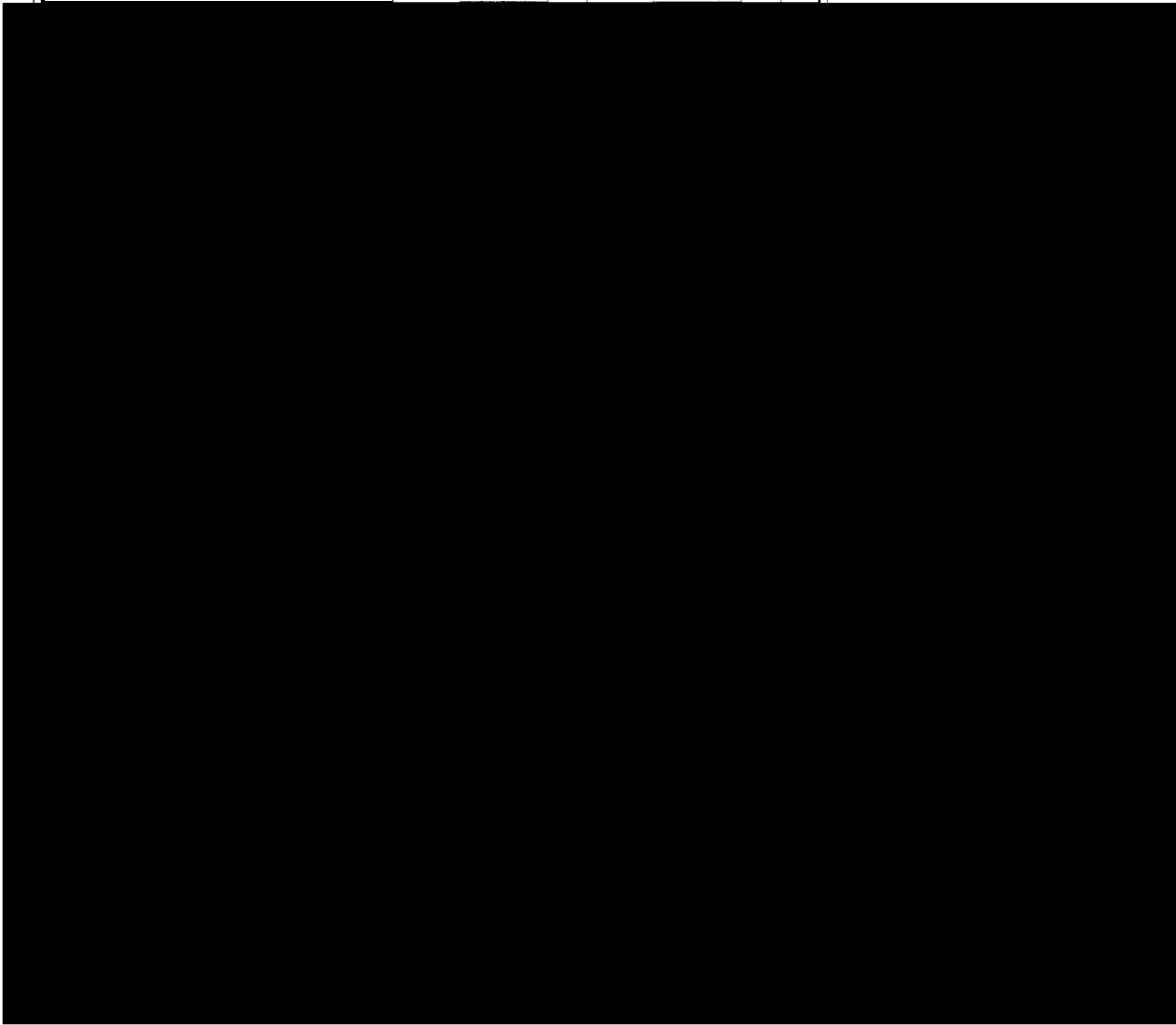
Name: **Madhuri M. Edwards** Pay Period: **04 : Feb 14, 2010 to Feb 27, 2010**



Transaction	Pfx	Sfx	Account	Feb							Feb							Total	
				14	15	16	17	18	19	20	21	22	23	24	25	26	27		Wk 1
				S	M	T	W	T	F	S	S	M	T	W	T	F	S	Wk 1	Wk 2



Telework Home			(W/C Stored Account)	9	9	9			27	9	9	0					26	S3
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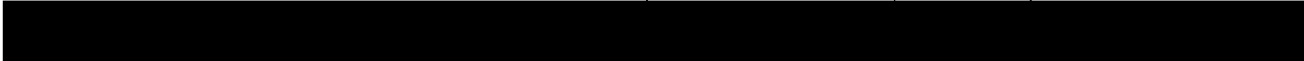
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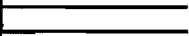
Name: **Madhuri M. Edwards** Pay Period: **03 : Jan 31, 2010 to Feb 13, 2010**



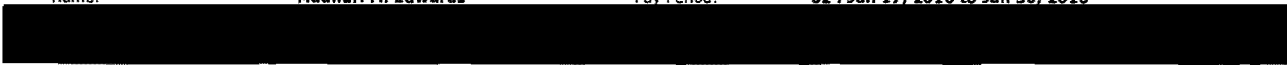
Transaction	Pfx	Sfx	Account	Jan							Feb							Wk 2	Total	
				31	1	2	3	4	5	6	7	8	9	10	11	12	13			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home			(WFC Stored Account)			9					9				9	9	9		27	36
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Name: **Madhuri M. Edwards** Pay Period: **02 : Jan 17, 2010 to Jan 30, 2010**



Transaction	Pfx	Sfx	Account	Jan							Jan							Wk 2 Total		
				17	18	19	20	21	22	23	24	25	26	27	28	29	30			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	Total



Telework Home			(NPL Stored Account)			9	9			18									18	
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Name: **Madhuri M. Edwards** Pay Period: **01 : Jan 3, 2010 to Jan 16, 2010**



Transaction	Pfx	Sfx	Account	Jan					Jan					Total						
				3	4	5	6	7	8	9	10	11	12		13	14	15	16		
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	



Telework Home			(WFO - Shared Account)	9						18		9						35	53
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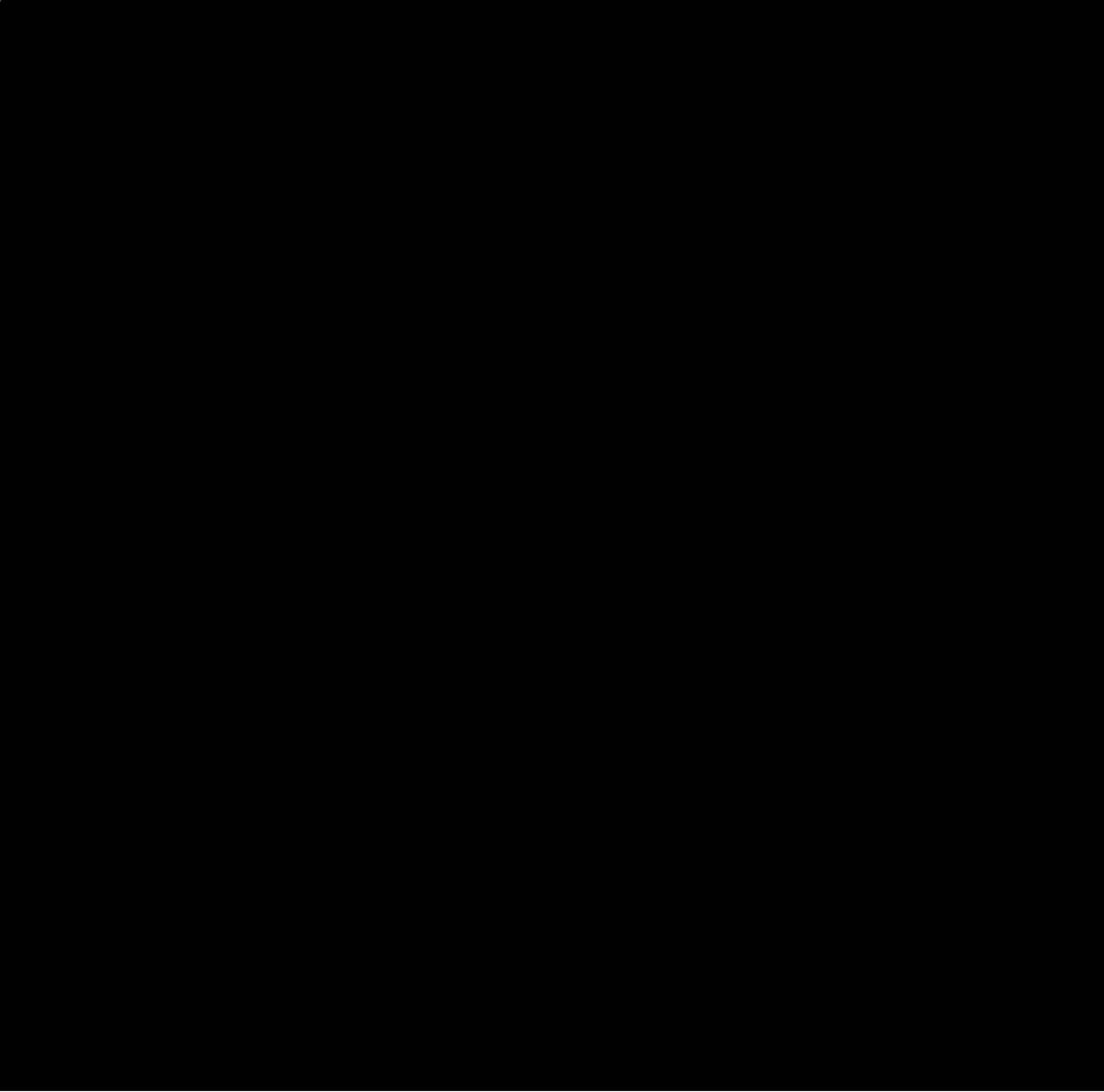
Name: **Madhuri M. Edwards** Pay Period: **26 : Dec 20, 2009 to Jan 2, 2010**



Transaction	Pfx	Sfx	Account	Dec							Dec							Jan		Total
				20	21	22	23	24	25	26	27	28	29	30	31	1	2	Wk 1	Wk 2	



Telework Home			(NFC Stored Account)	9	5			14			9	8			17	31	
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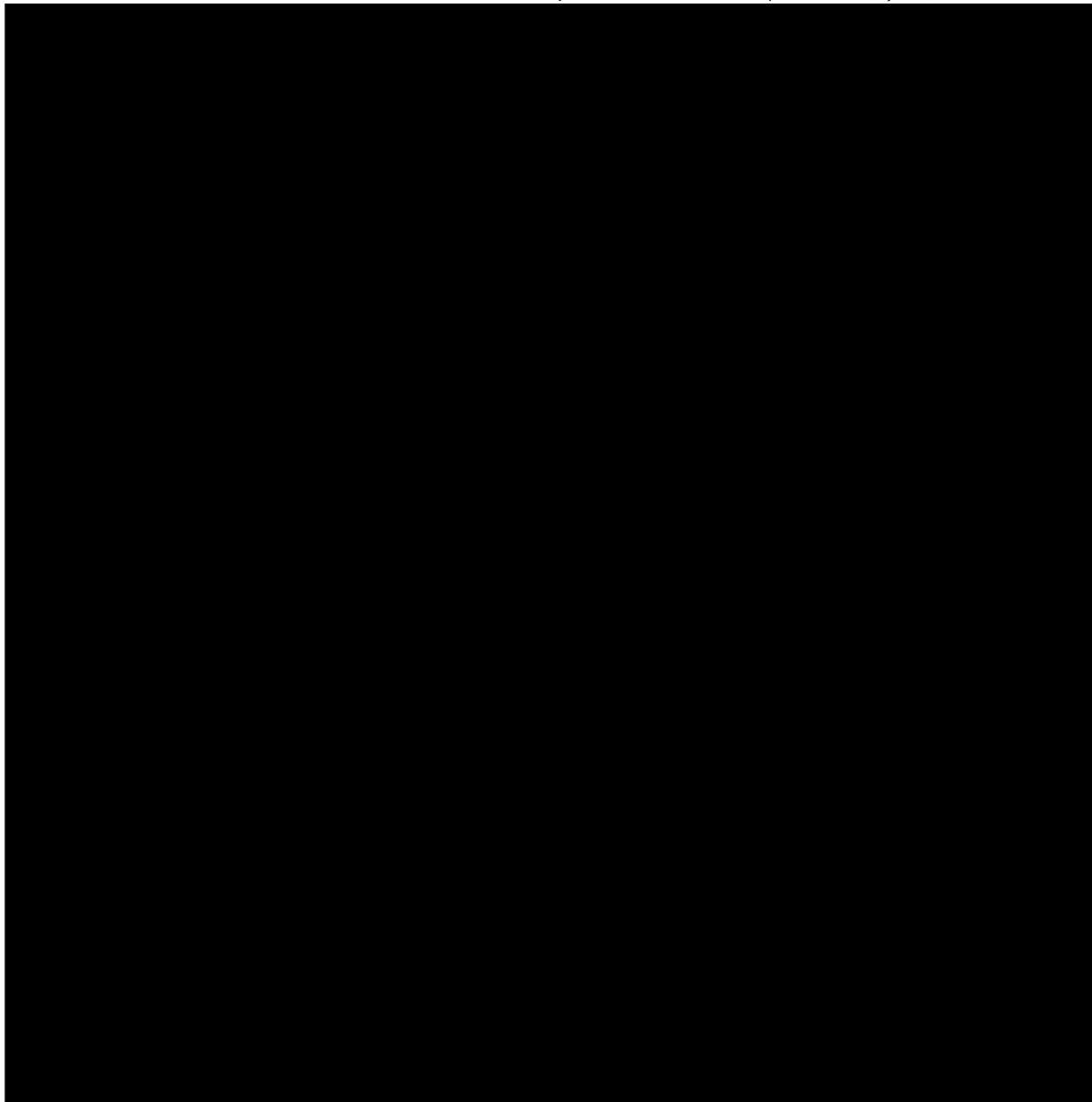


Name:

**Madhuri M. Edwards**

Pay Period:

**25 : Dec 6, 2009 to Dec 19, 2009**







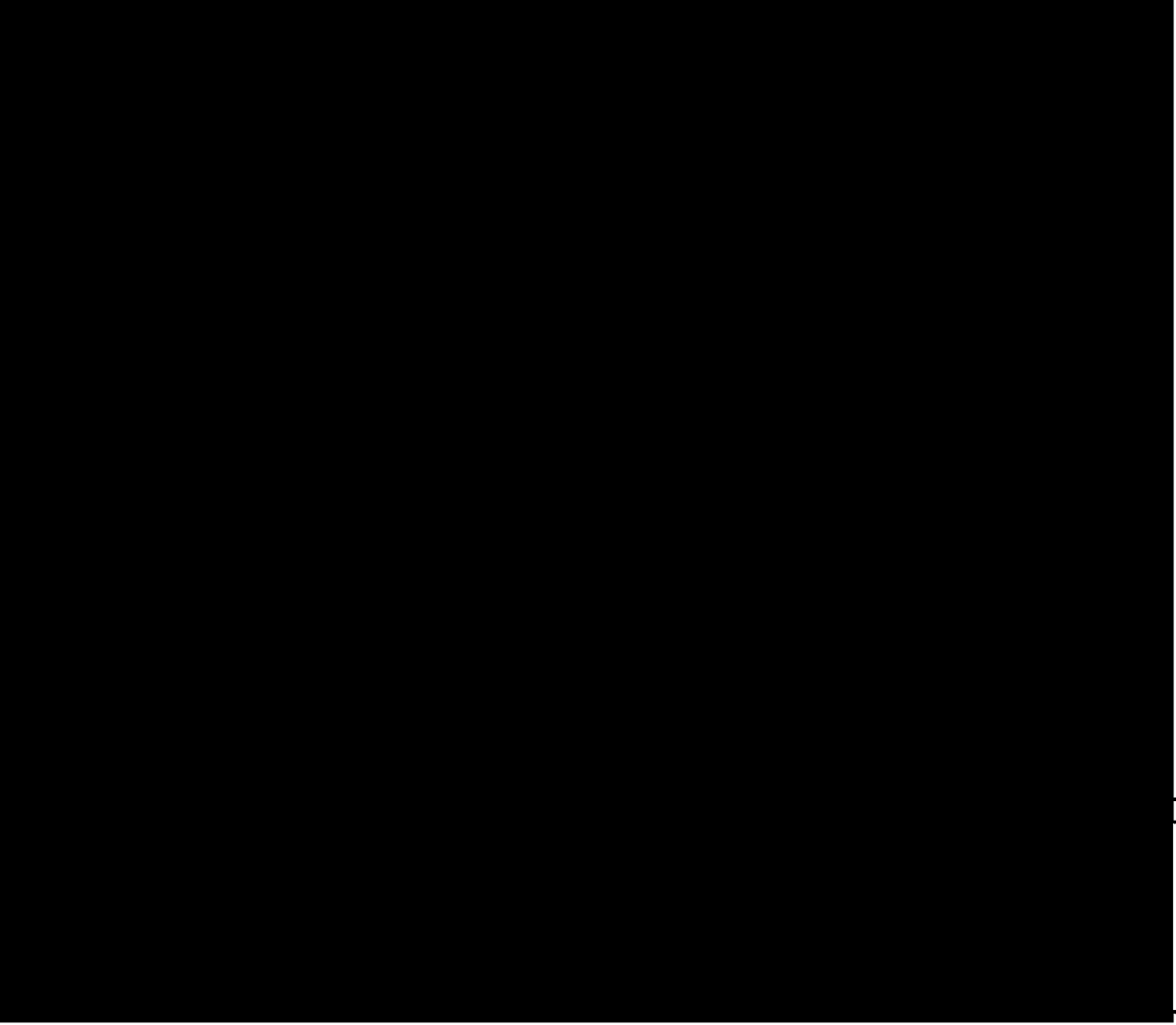
Name: Madhuri M. Edwards Pay Period: 23 : Nov 8, 2009 to Nov 21, 2009



Transaction	Pfx	Sfx	Account	Nov							Nov							Total		
				8	9	10	11	12	13	14	15	16	17	18	19	20	21			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S	Wk 2	



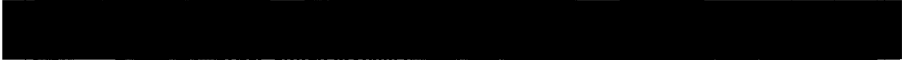
Telework Home			(NFC Stored Account)							9								9								18	27
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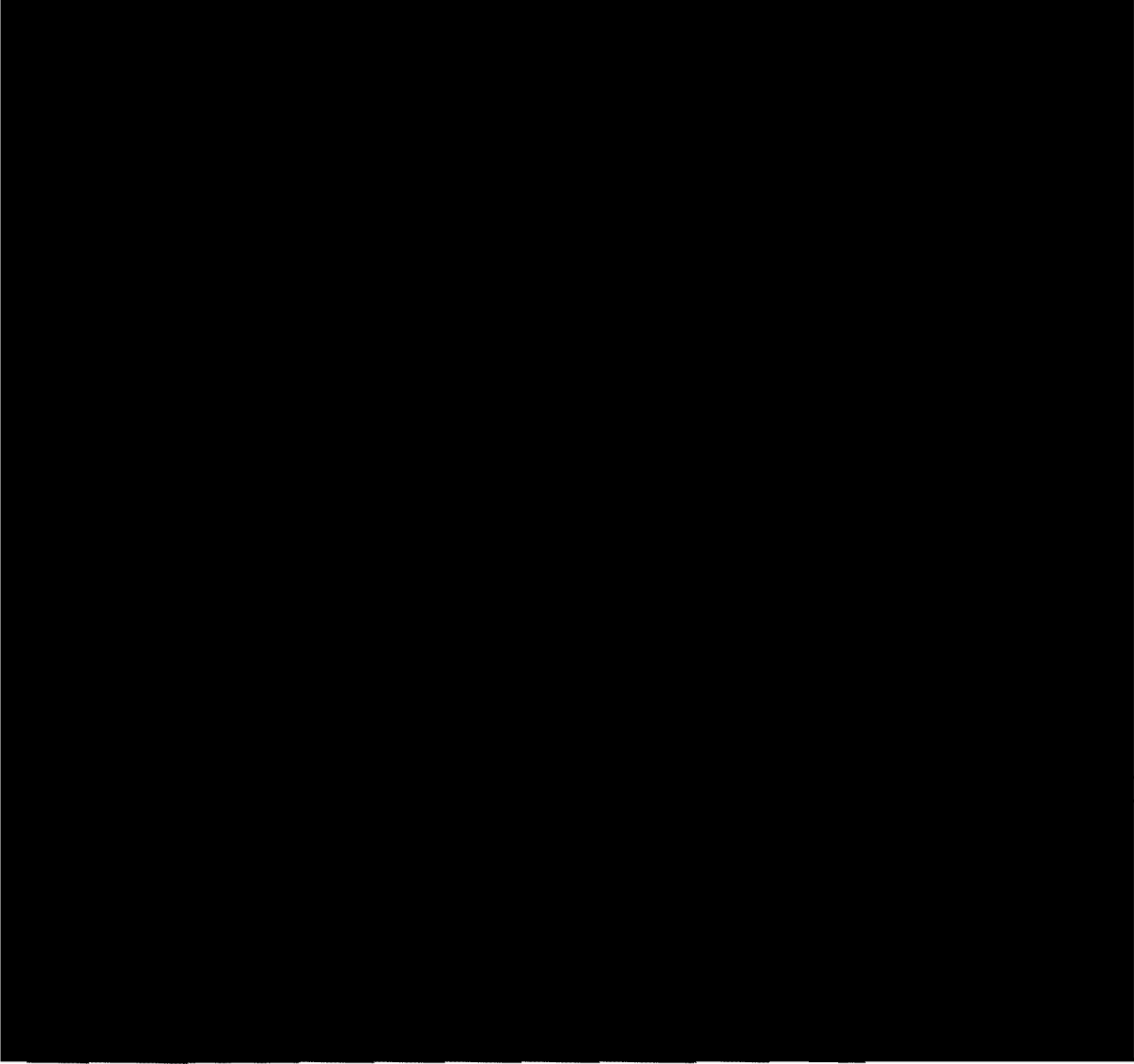
Name: **Madhuri M. Edwards** Pay Period: **22 : Oct 25, 2009 to Nov 7, 2009**



Transaction	Pfx	Sfx	Account	Oct							Nov							Wk 2	Total	
				25	26	27	28	29	30	31	1	2	3	4	5	6	7			
				S	M	T	W	T	F	S	Wk 1	S	M	T	W	T	F	S		



Telemwork Home			(NFC Stored Account)		9	9		8		26			9		9			18	44
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RIP

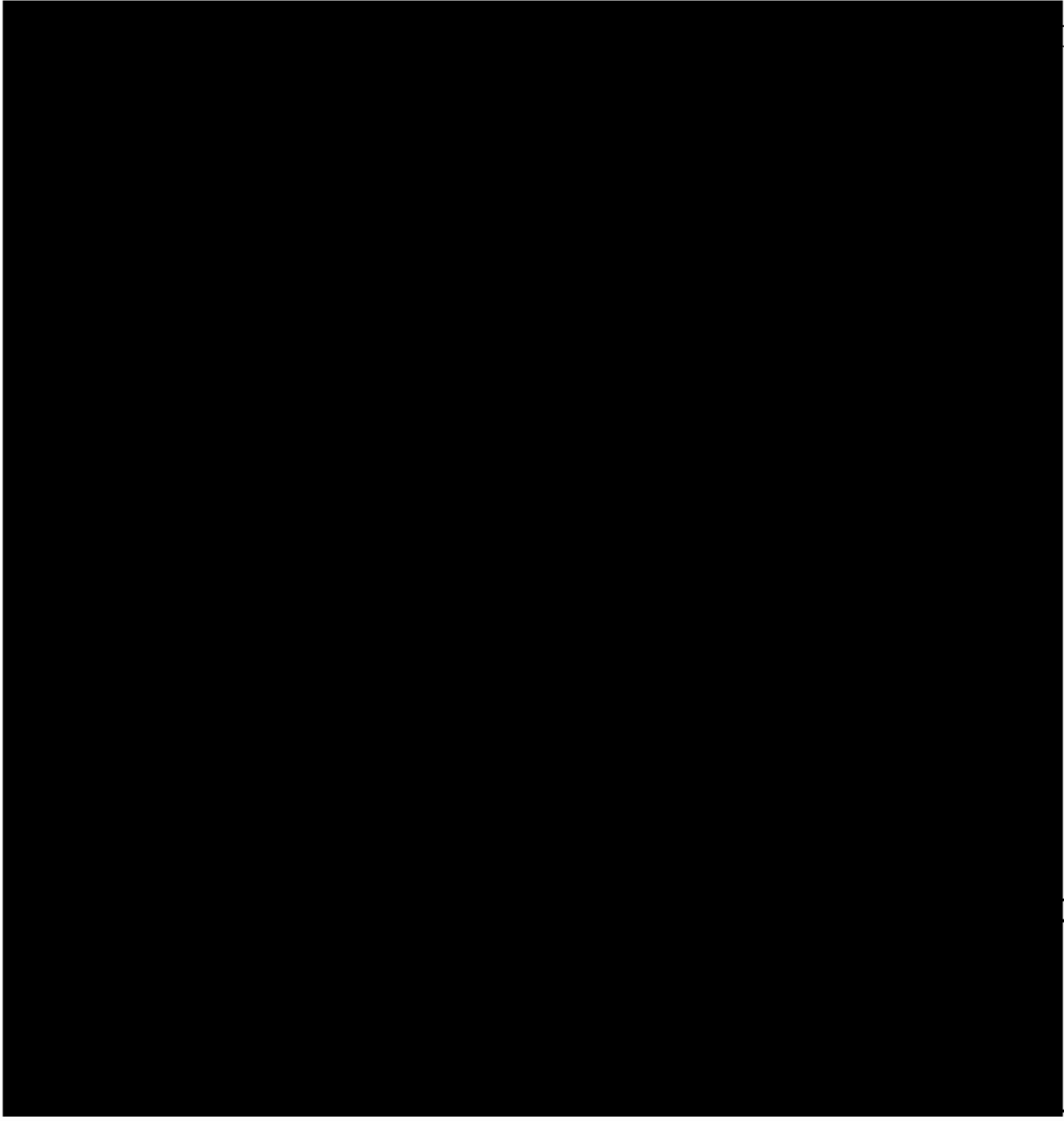


Name:

**Madhuri M. Edwards**

Pay Period:

**21 : Oct 11, 2009 to Oct 24, 2009**



RIP

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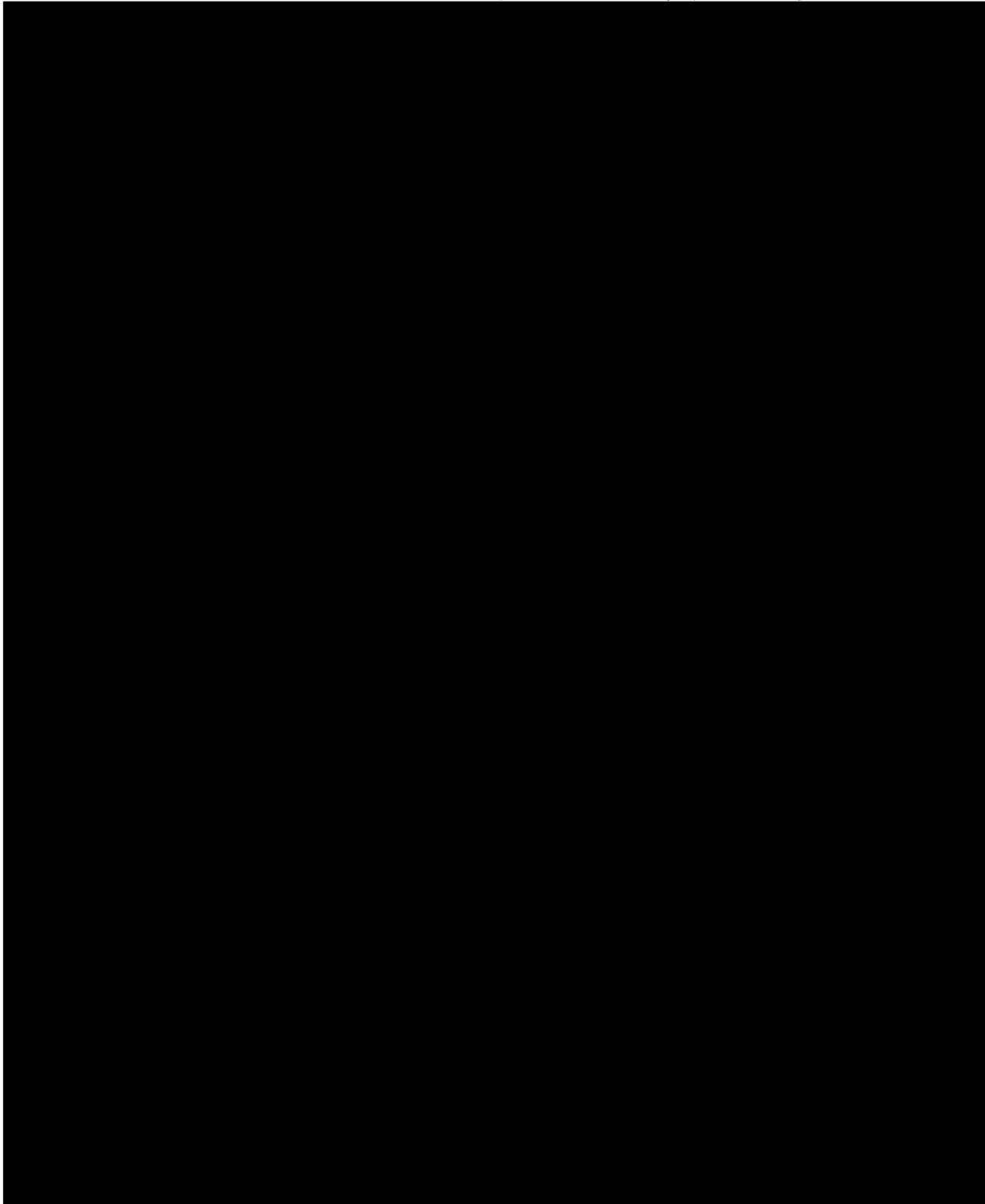
6/6/2012

Name:

**Madhuri M. Edwards**

Pay Period:

**20 : Sep 27, 2009 to Oct 10, 2009**



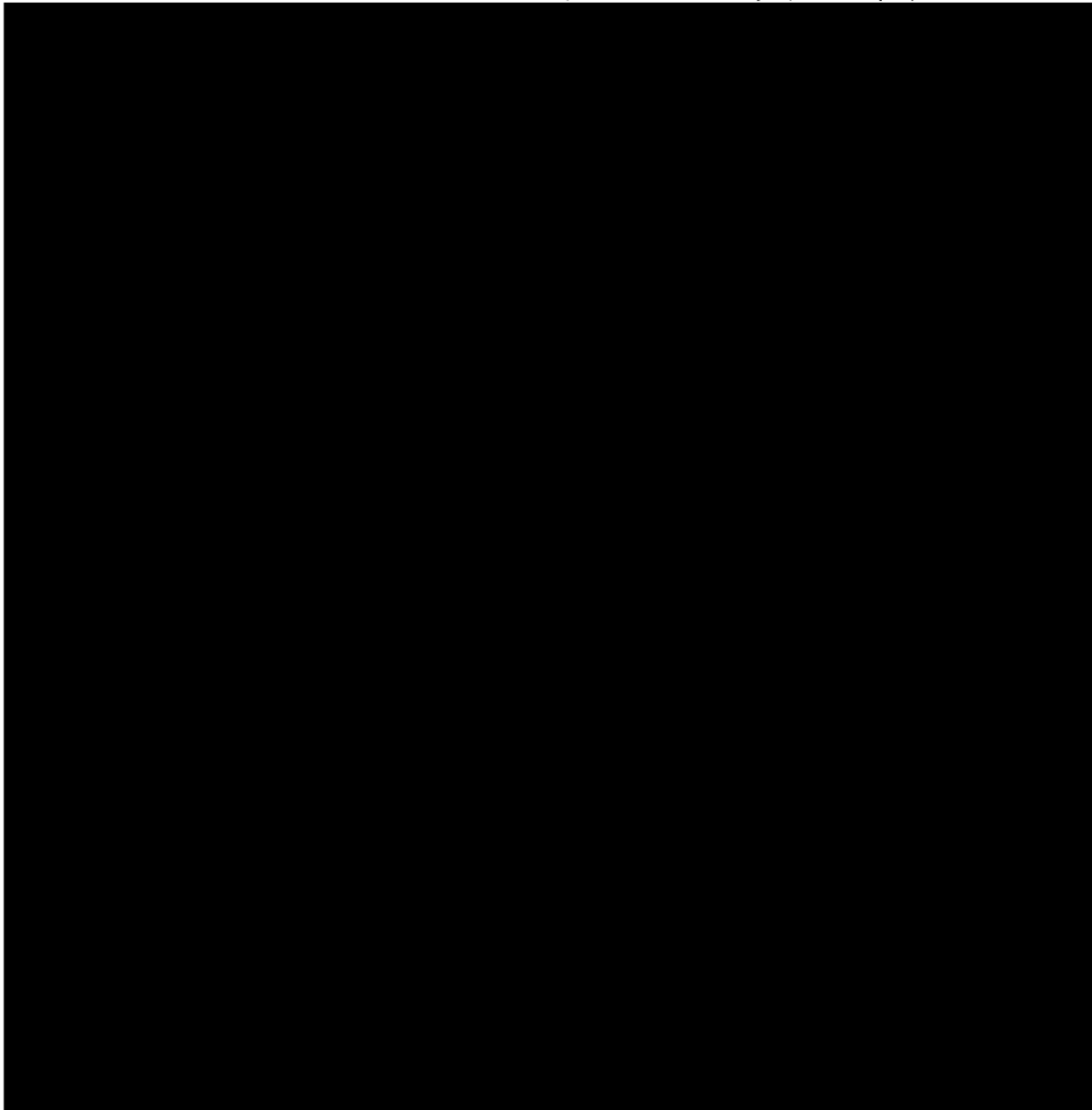
RIP

Name:

**Madhuri M. Edwards**

Pay Period:

**19 : Sep 13, 2009 to Sep 26, 2009**



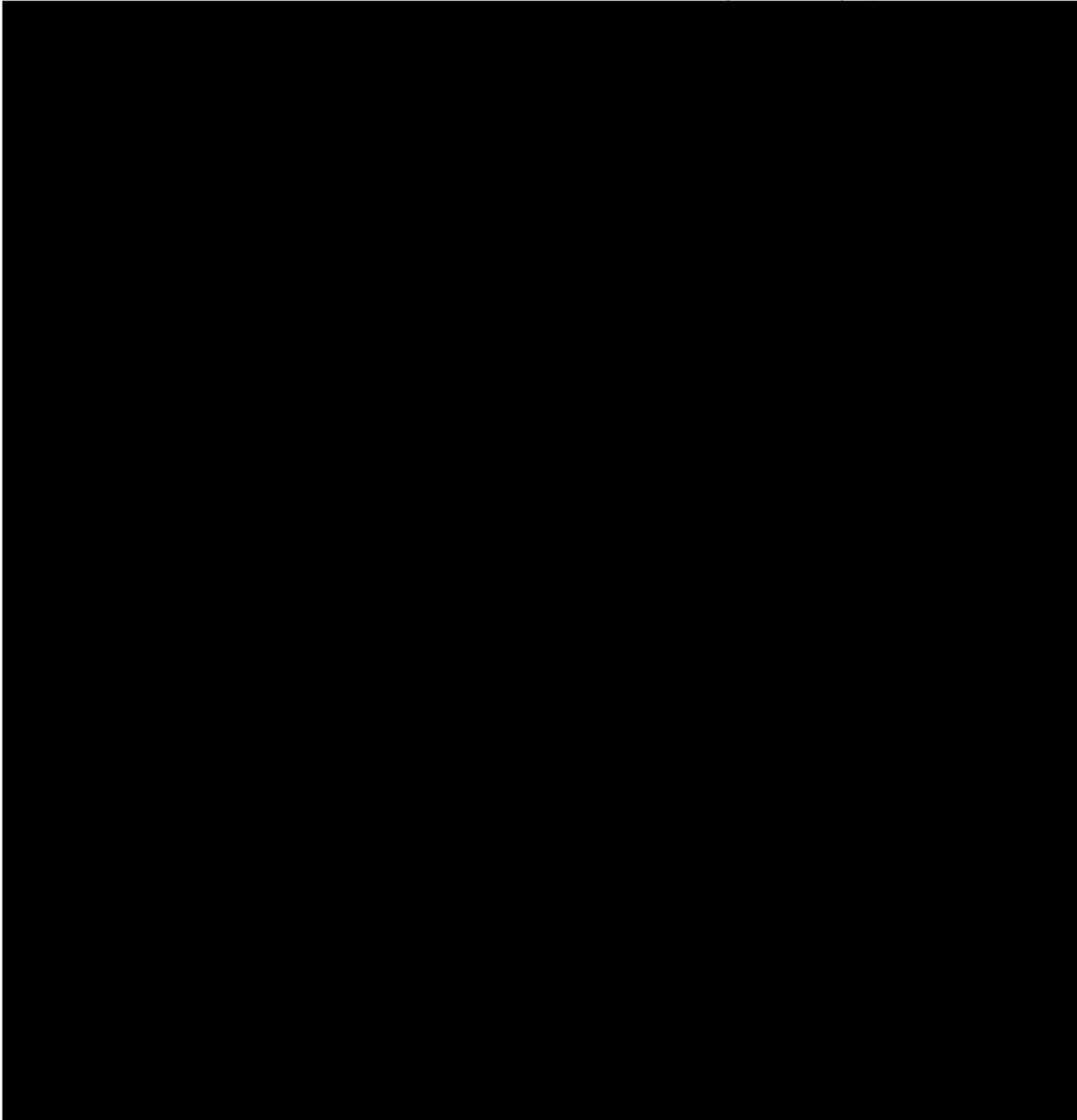
RIP

Name:

**Madhuri M. Edwards**

Pay Period:

**18 : Aug 30, 2009 to Sep 12, 2009**



RIP

/6/2012

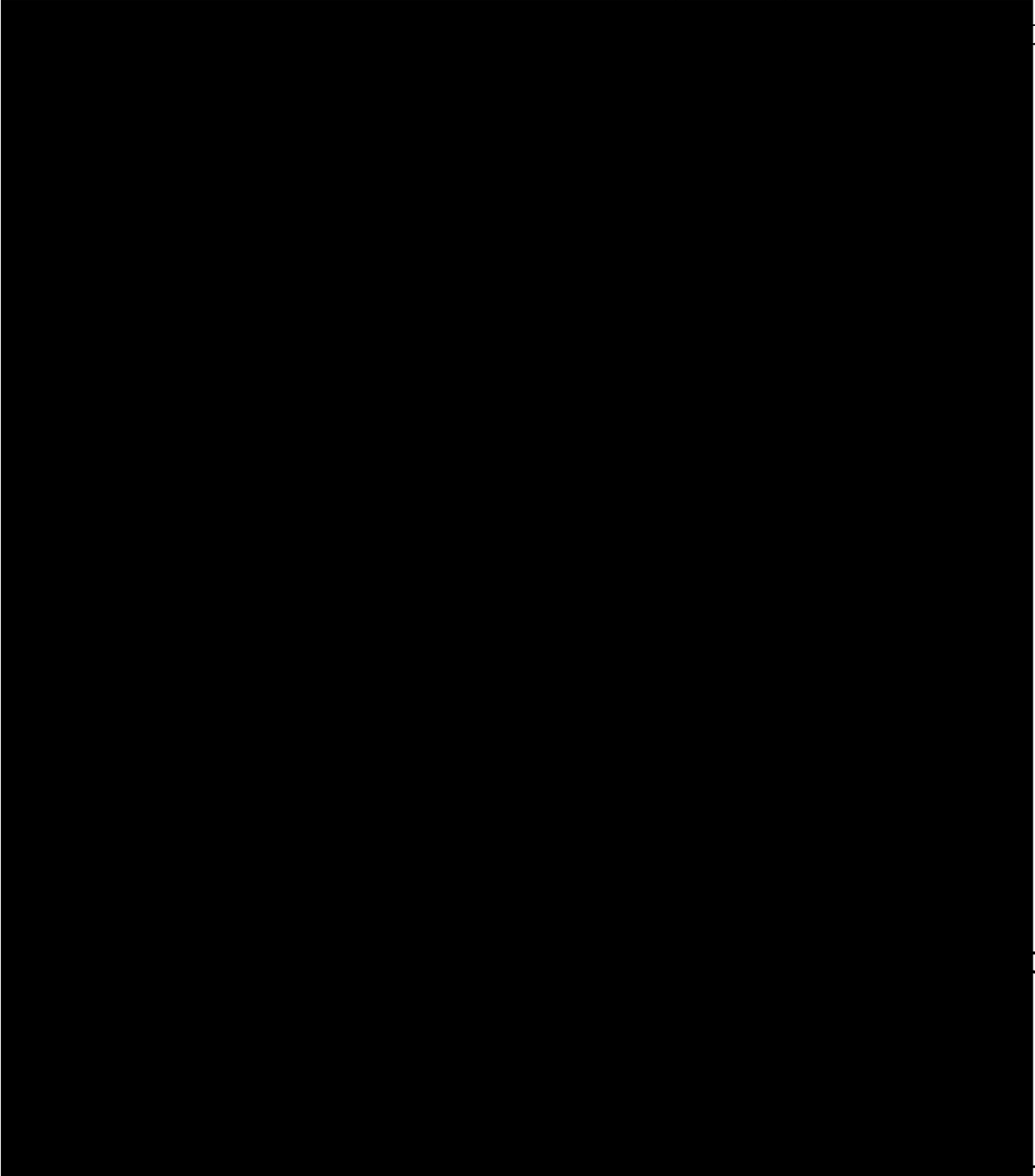


Name:

**Madhuri M. Edwards**

Pay Period:

**17 : Aug 16, 2009 to Aug 29, 2009**



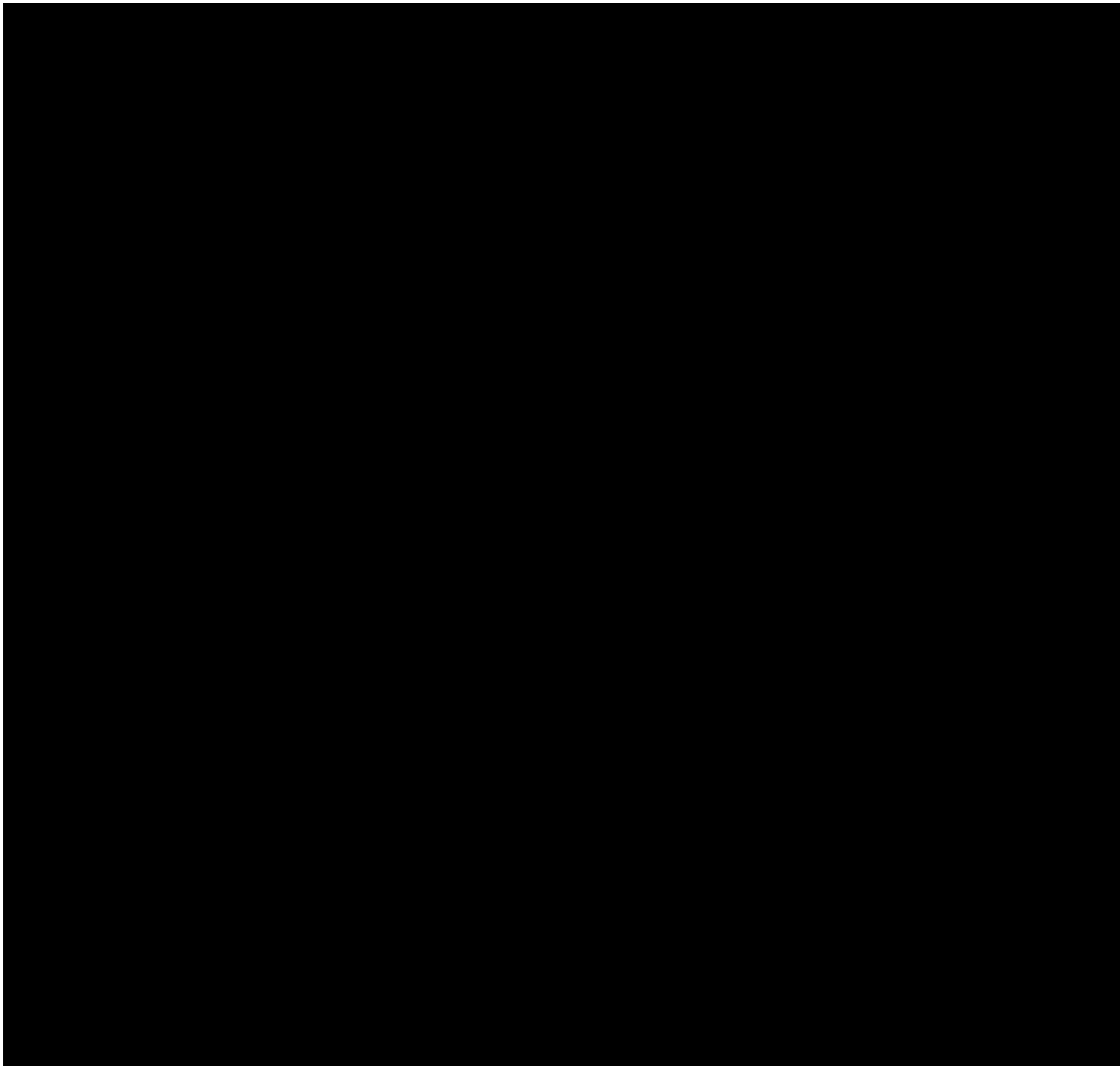
RIP

Name:

**Madhuri M. Edwards**

Pay Period:

**16 : Aug 2, 2009 to Aug 15, 2009**



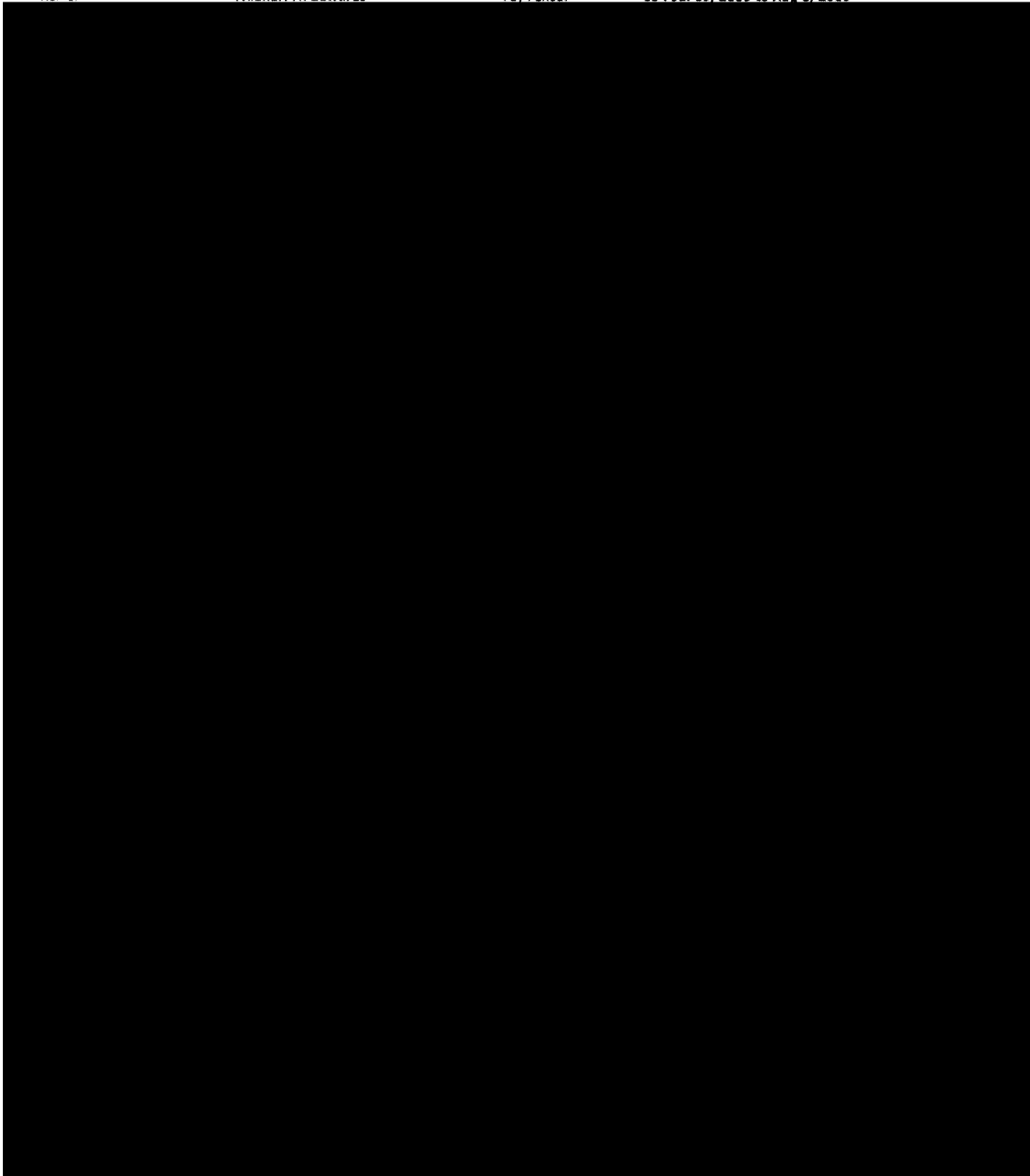
RIP

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6/6/2012



Name: **Madhuri M. Edwards** Pay Period: **15 : Jul 19, 2009 to Aug 1, 2009**



RIP

Name:

**Madhuri M. Edwards**

Pay Period:

**14 : Jul 5, 2009 to Jul 18, 2009**



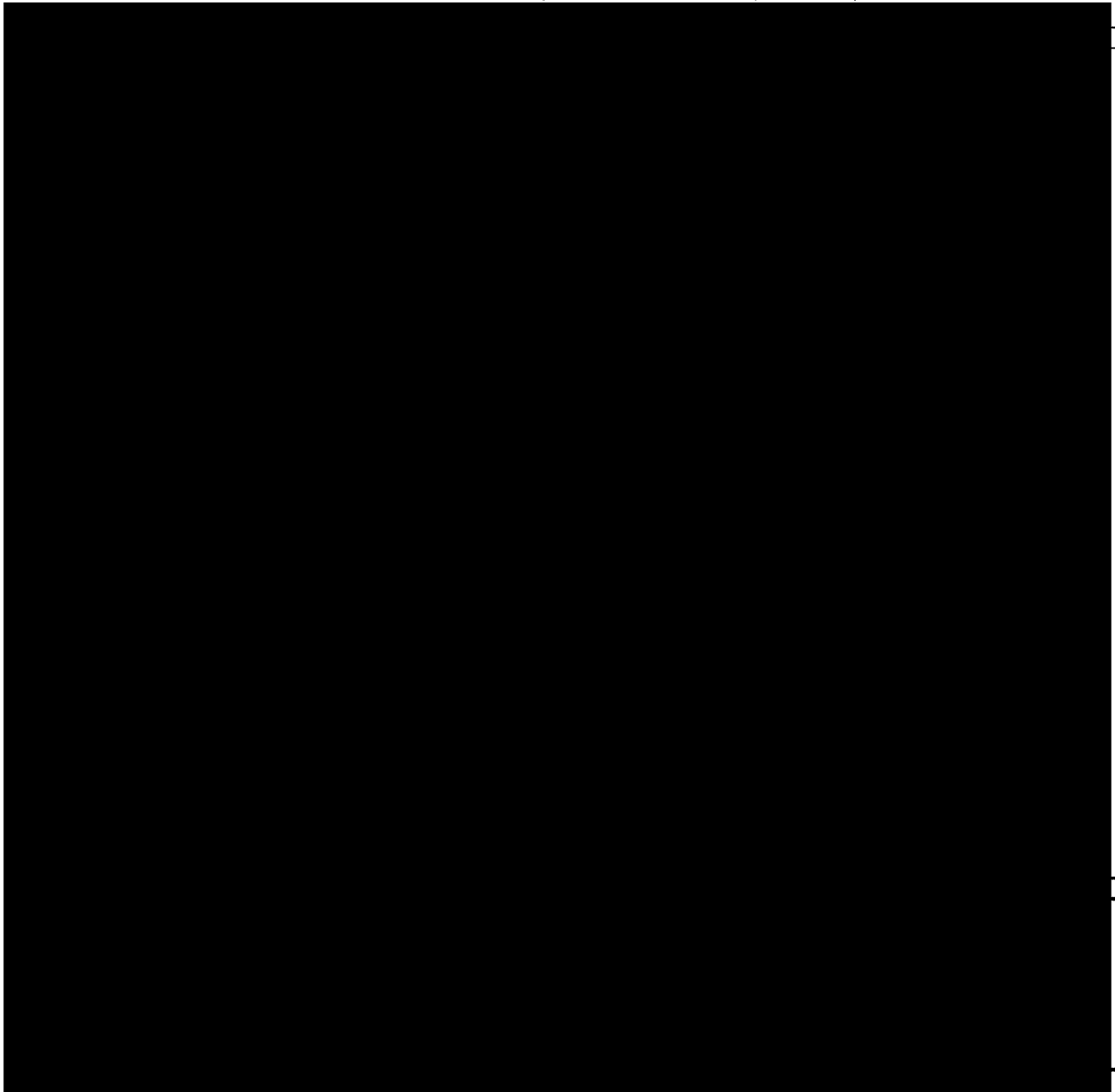
RIP

Name:

**Madhuri M. Edwards**

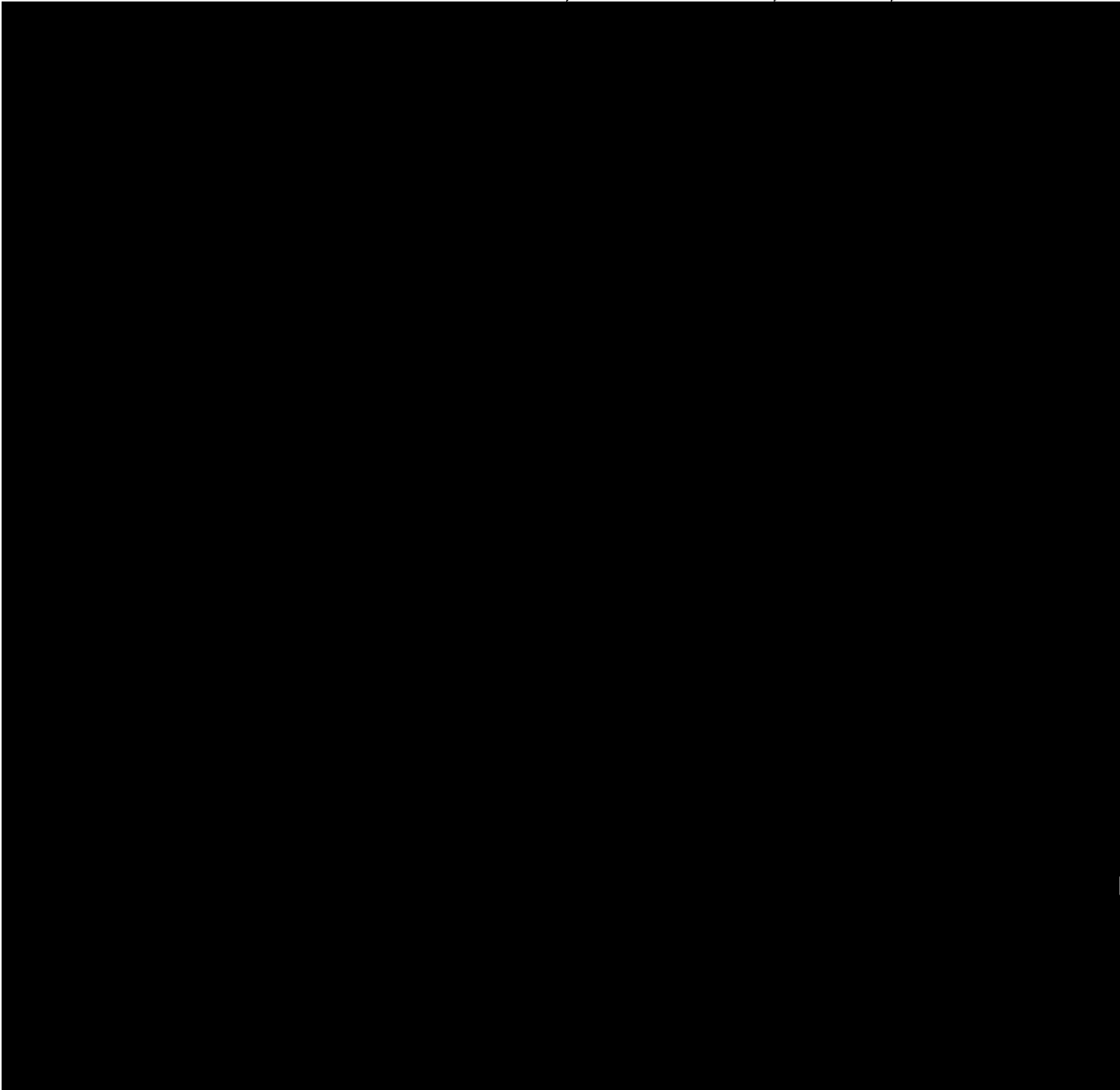
Pay Period:

**13 : Jun 21, 2009 to Jul 4, 2009**



RIP

Name: **Madhuri M. Edwards** Pay Period: **12 : Jun 7, 2009 to Jun 20, 2009**



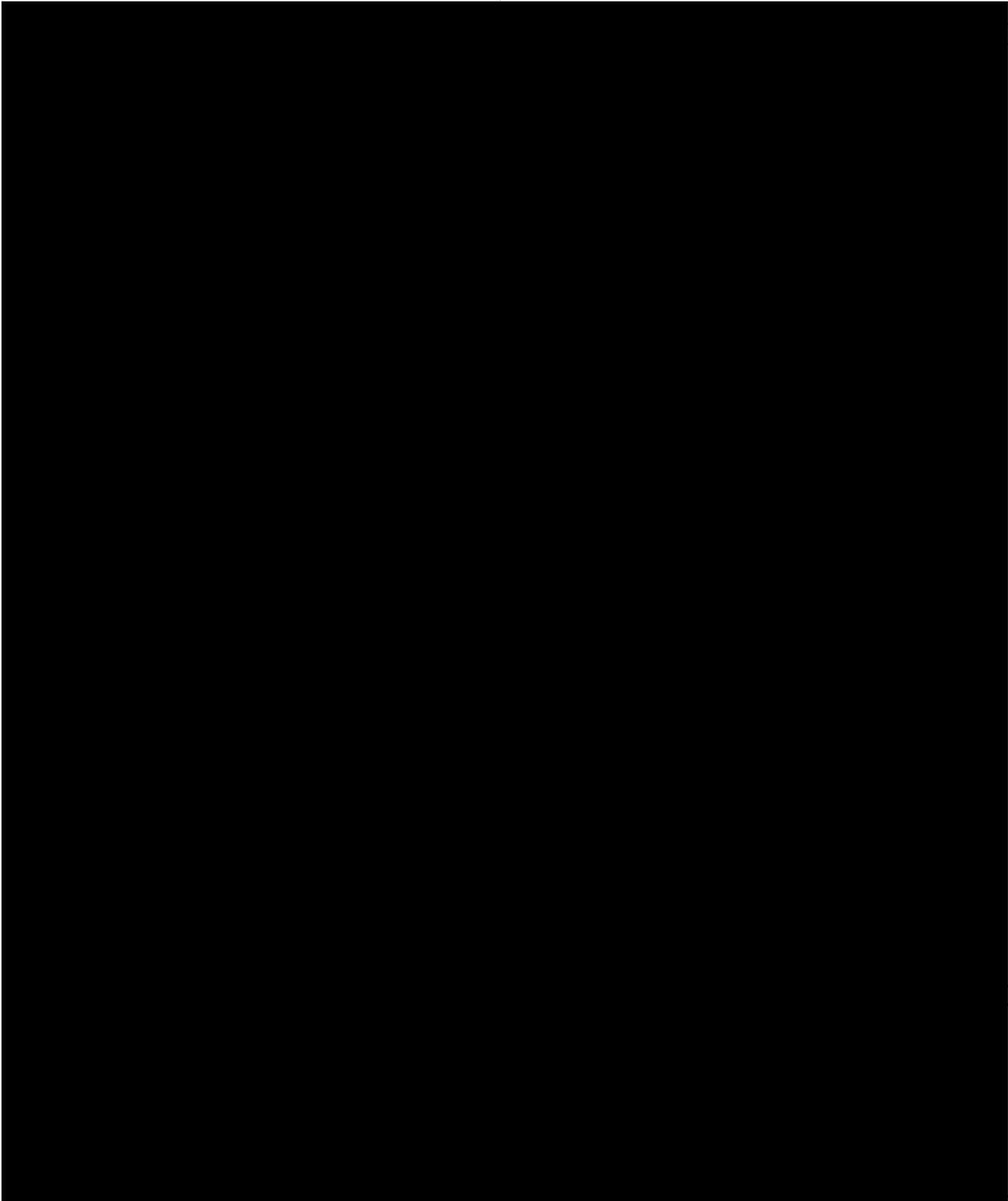
RIP

Name:

**Madhuri M. Edwards**

Pay Period:

**11 : May 24, 2009 to Jun 6, 2009**



RIP

6/6/2012

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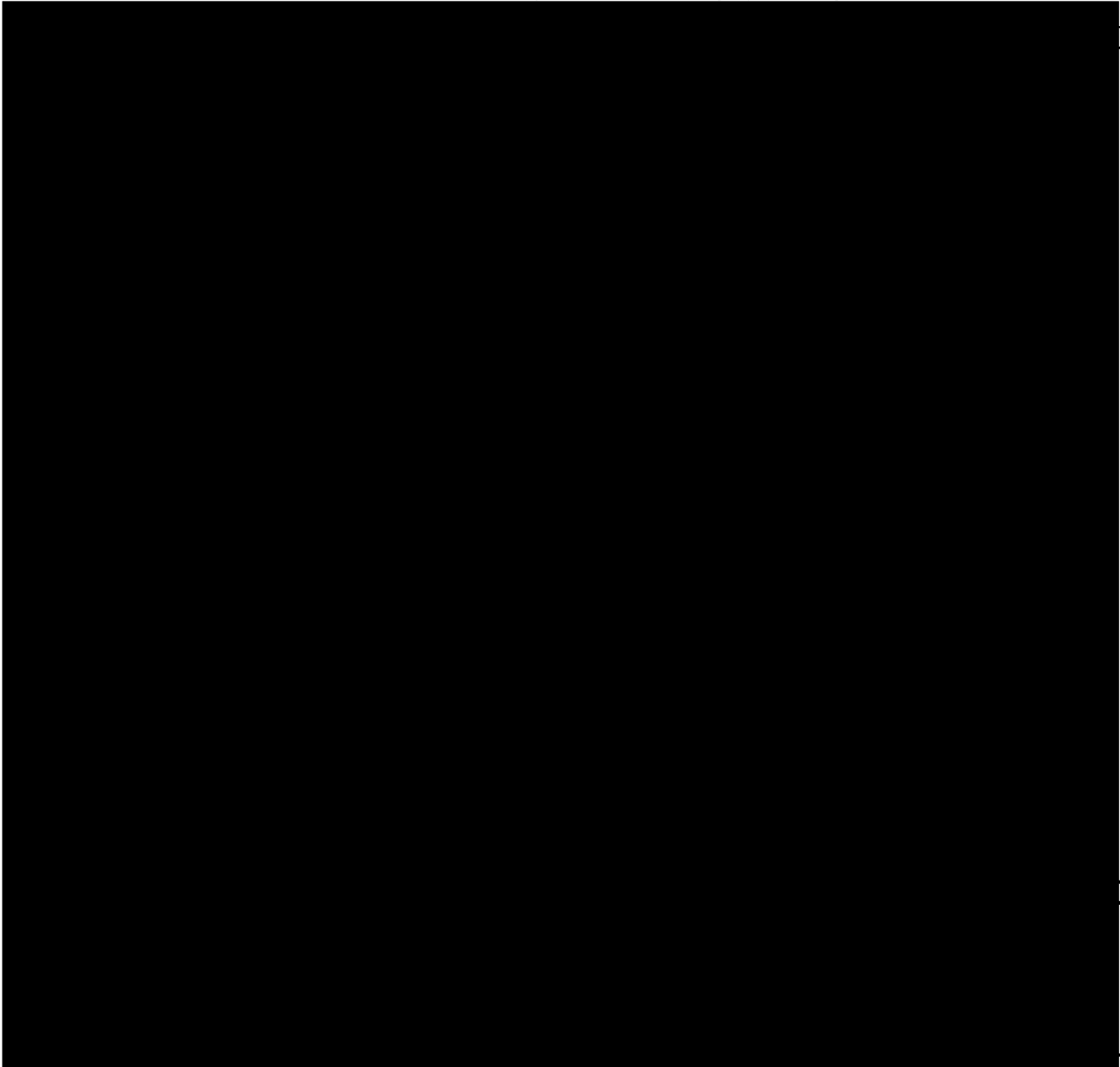


Name:

**Madhuri M. Edwards**

Pay Period:

**10 : May 10, 2009 to May 23, 2009**

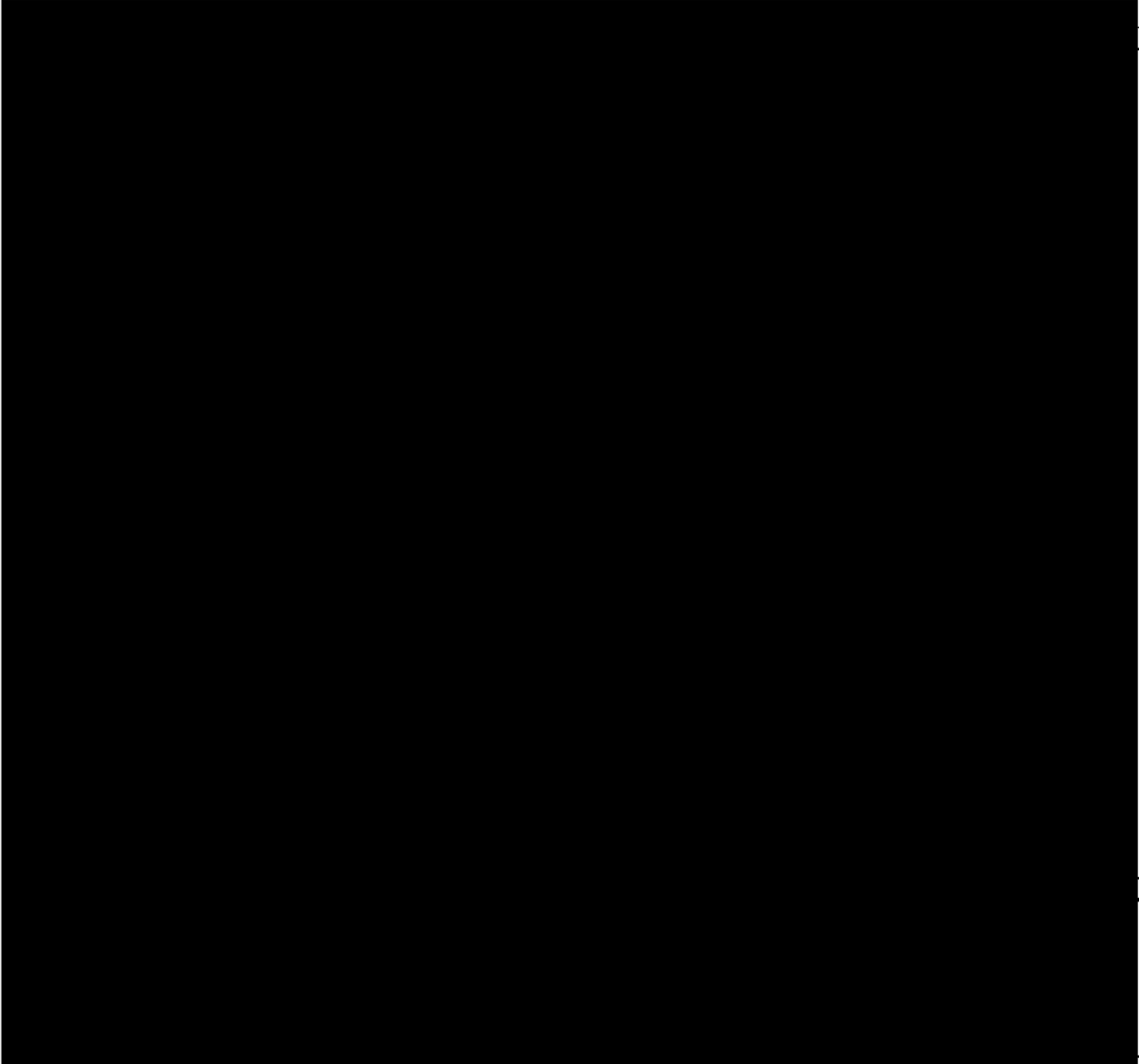


Name:

**Madhuri M. Edwards**

Pay Period:

**09 : Apr 26, 2009 to May 9, 2009**



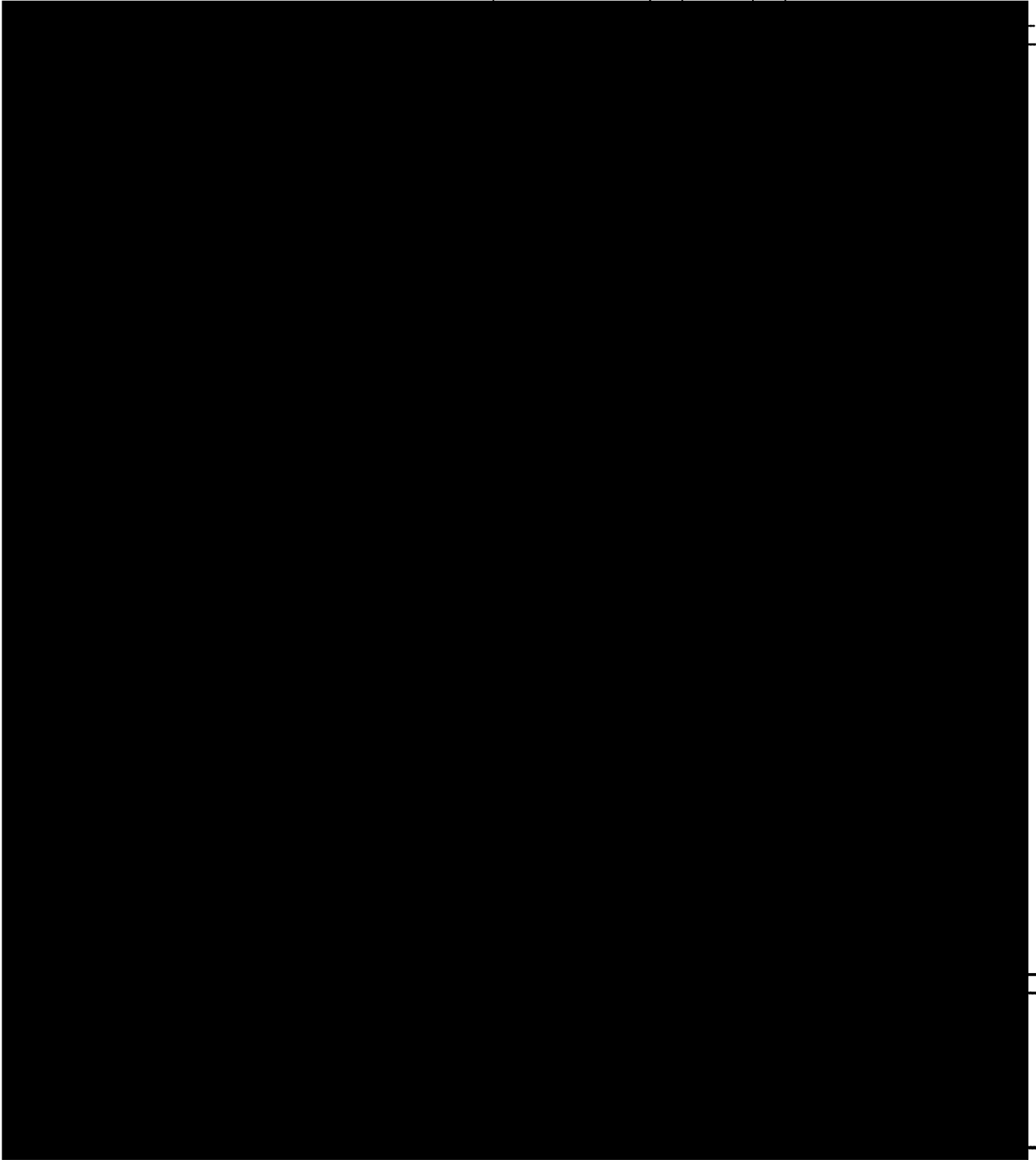
RIP

Name:

**Madhuri M. Edwards**

Pay Period:

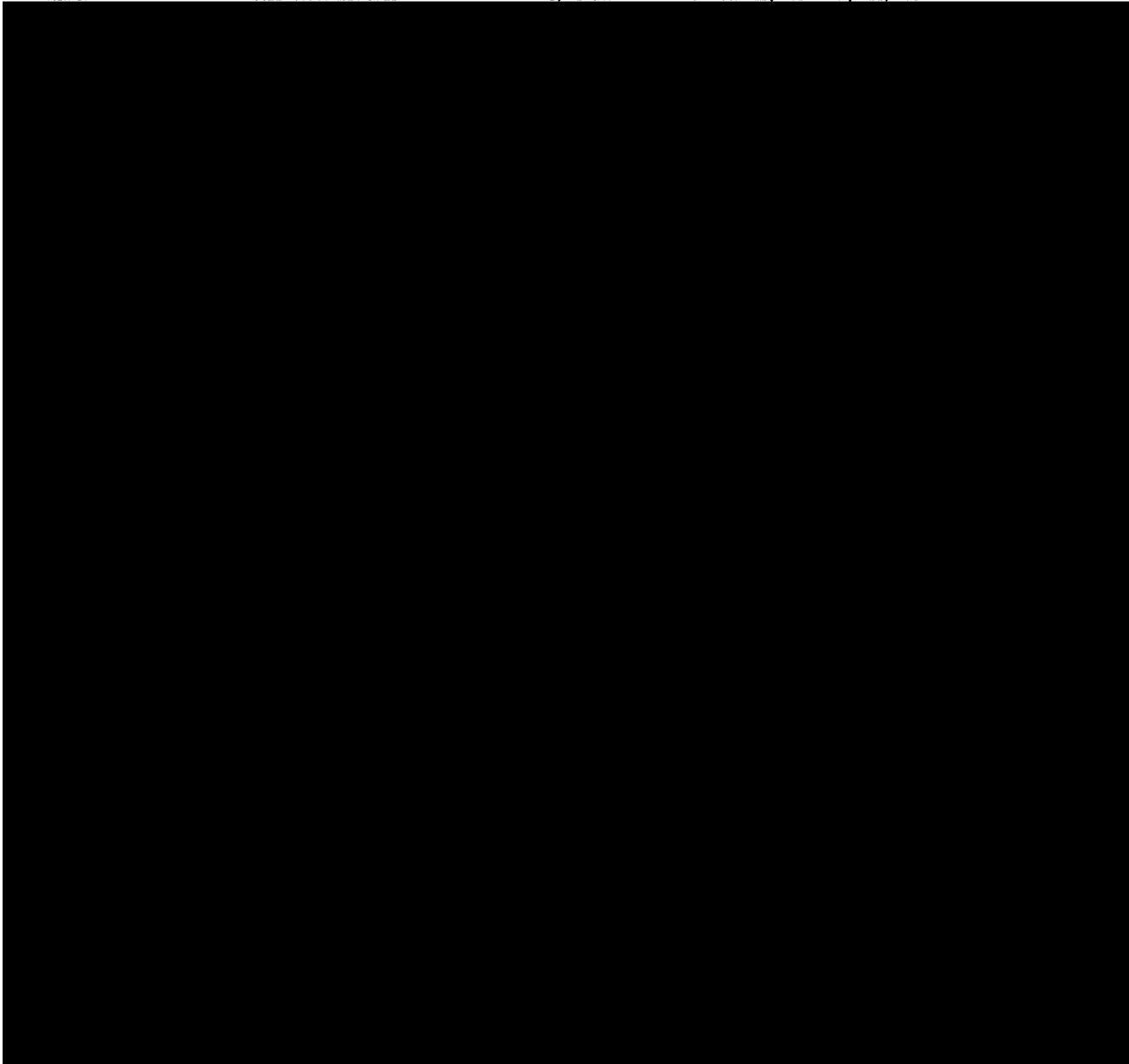
**08 : Apr 12, 2009 to Apr 25, 2009**



RIP



Name: **Madhuri M. Edwards** Pay Period: **07 : Mar 29, 2009 to Apr 11, 2009**



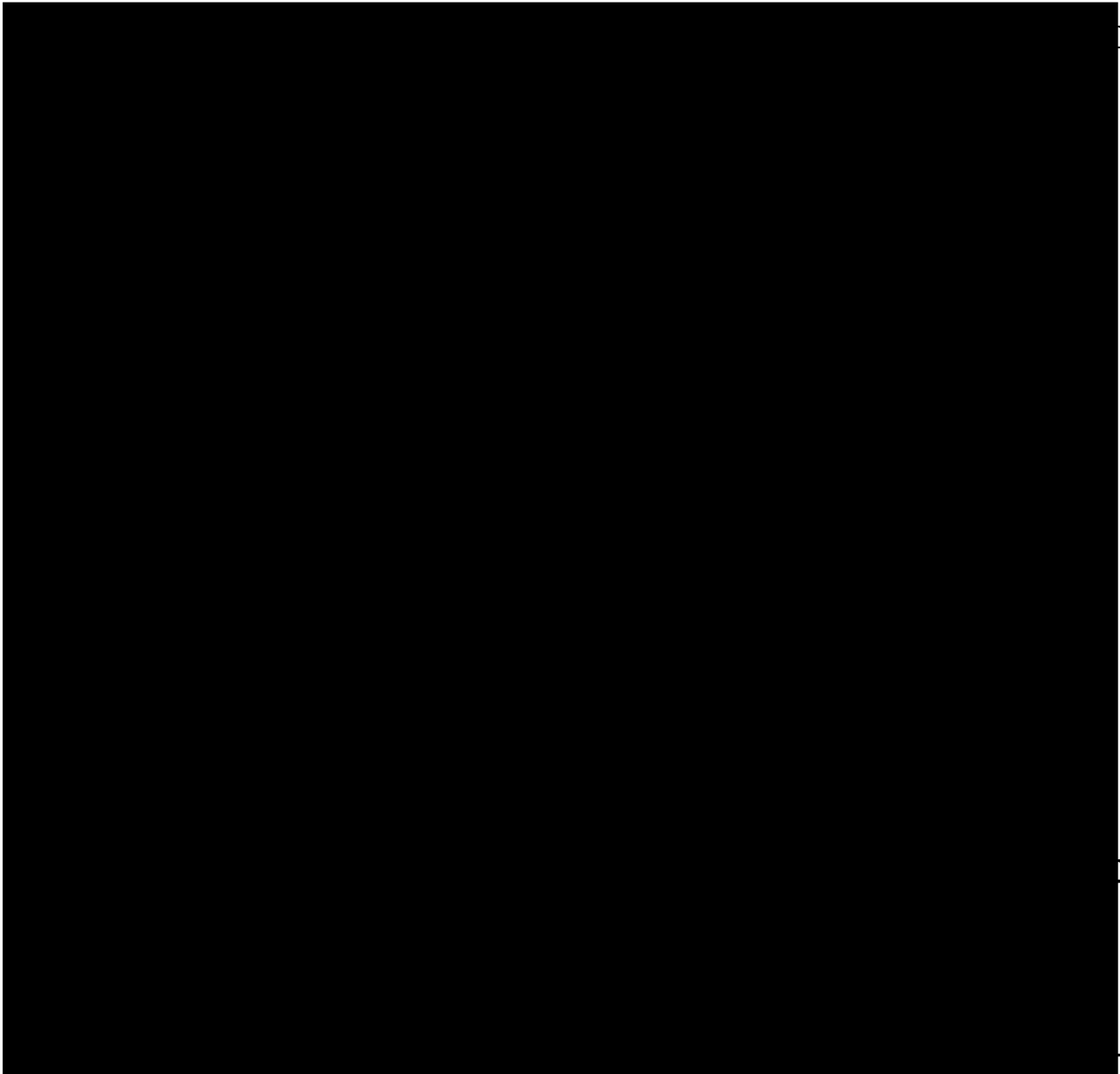
RIP

Name:

**Madhuri M. Edwards**

Pay Period:

**06 : Mar 15, 2009 to Mar 28, 2009**

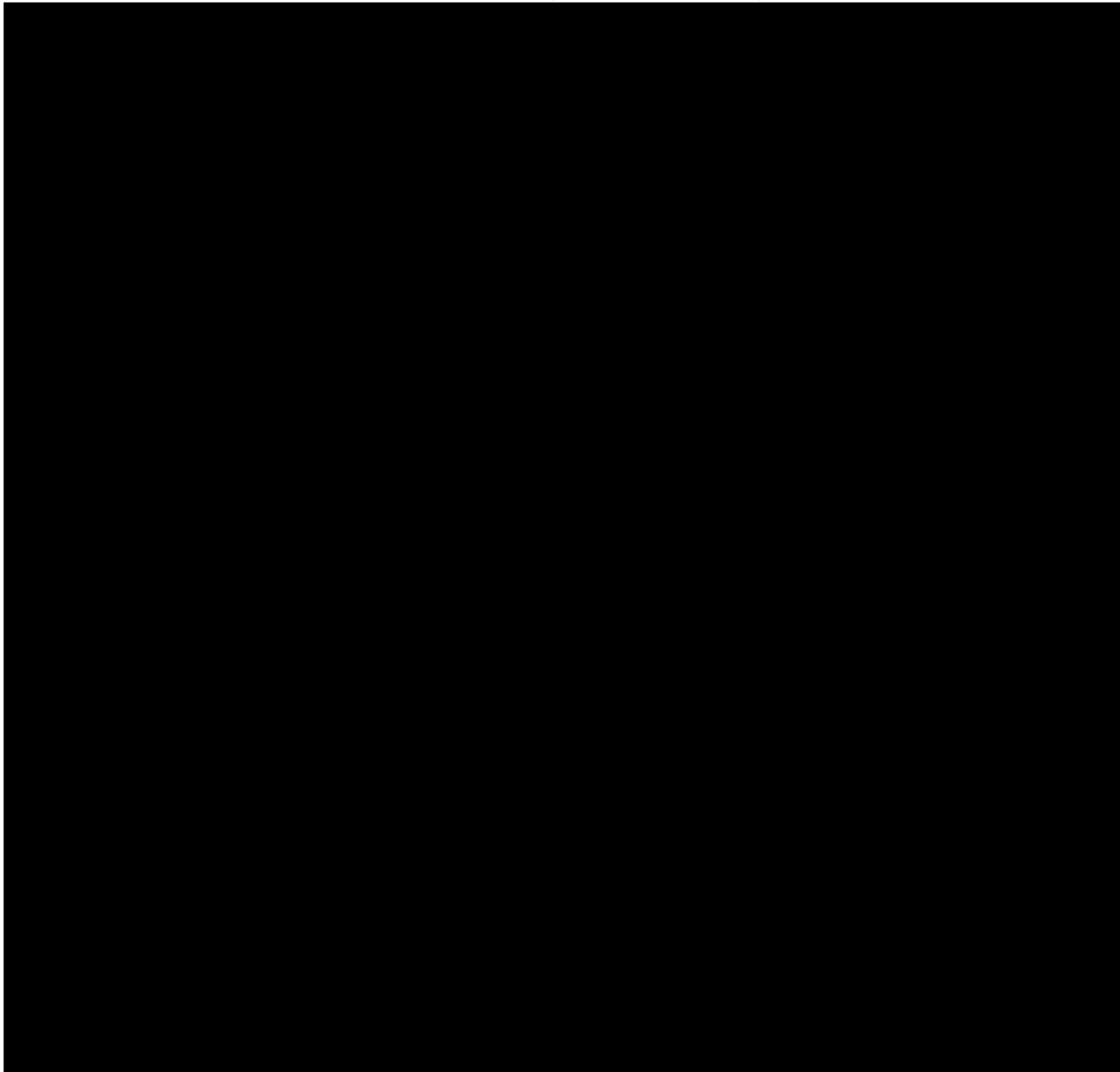


Name:

**Madhuri M. Edwards**

Pay Period:

**05 : Mar 1, 2009 to Mar 14, 2009**

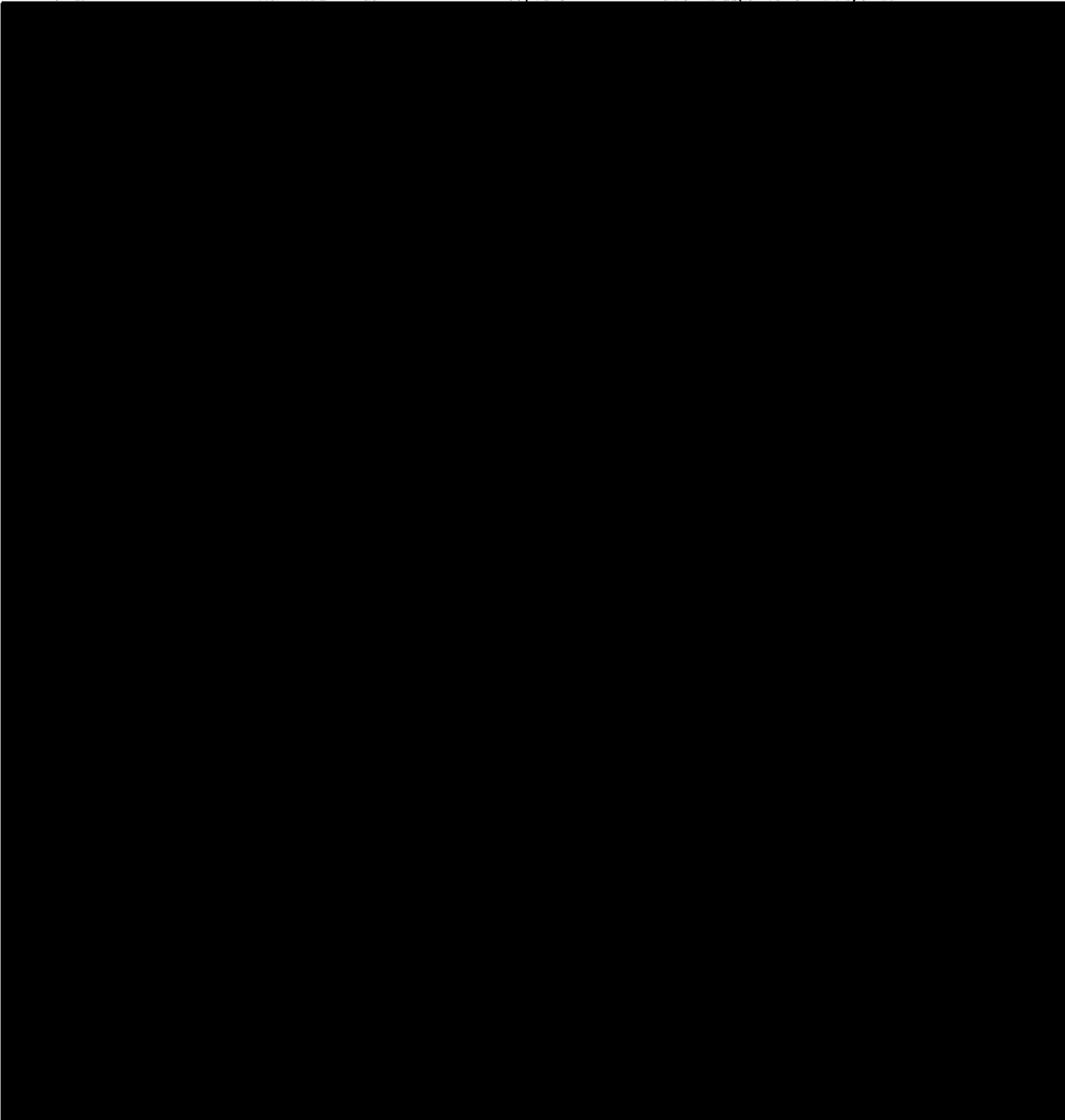


RIP

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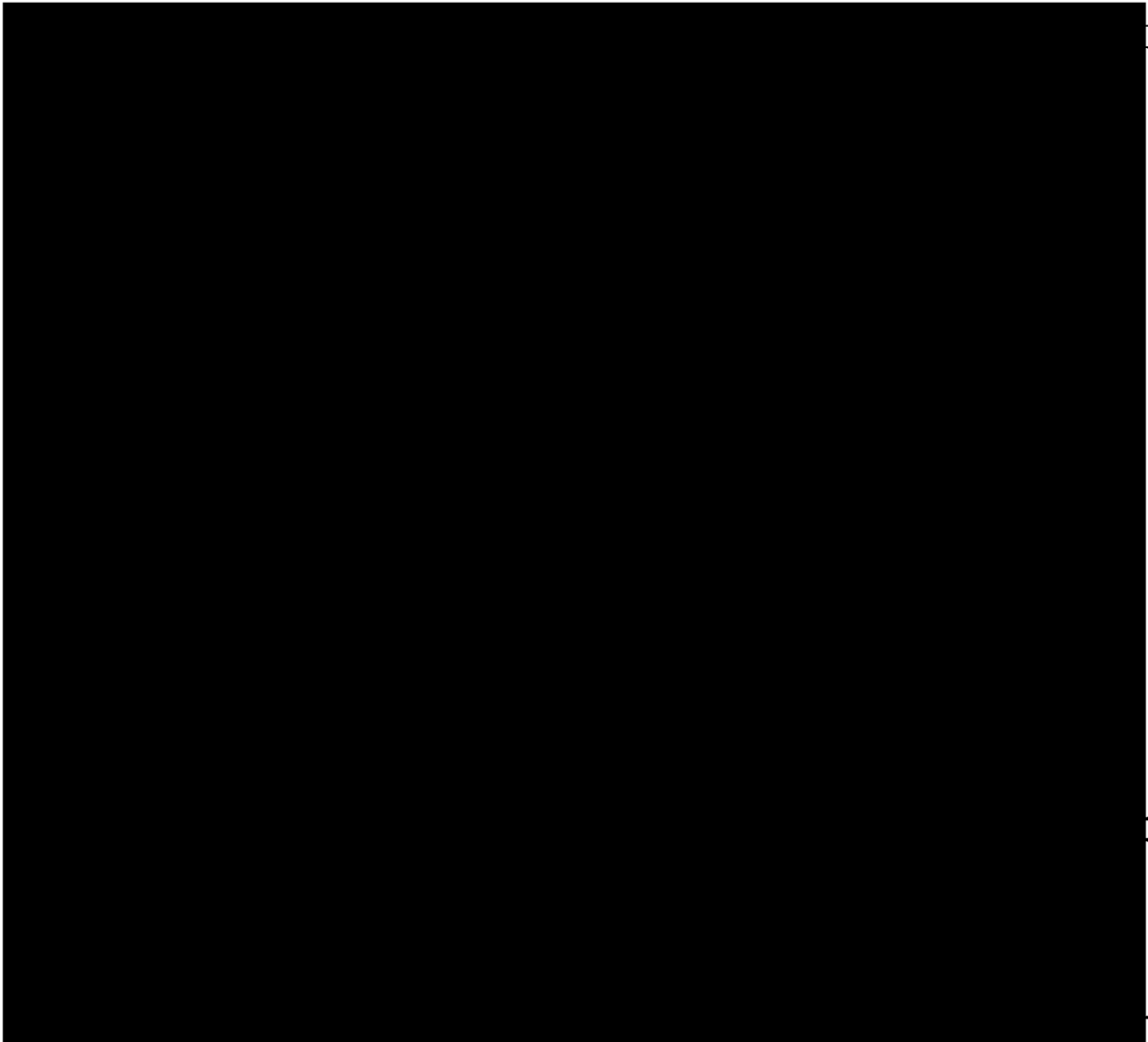
6/6/2012

Name: **Madhuri Edwards** Pay Period: **04 : Feb 15, 2009 to Feb 28, 2009**



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Name: **Madhuri Edwards** Pay Period: **03 : Feb 1, 2009 to Feb 14, 2009**

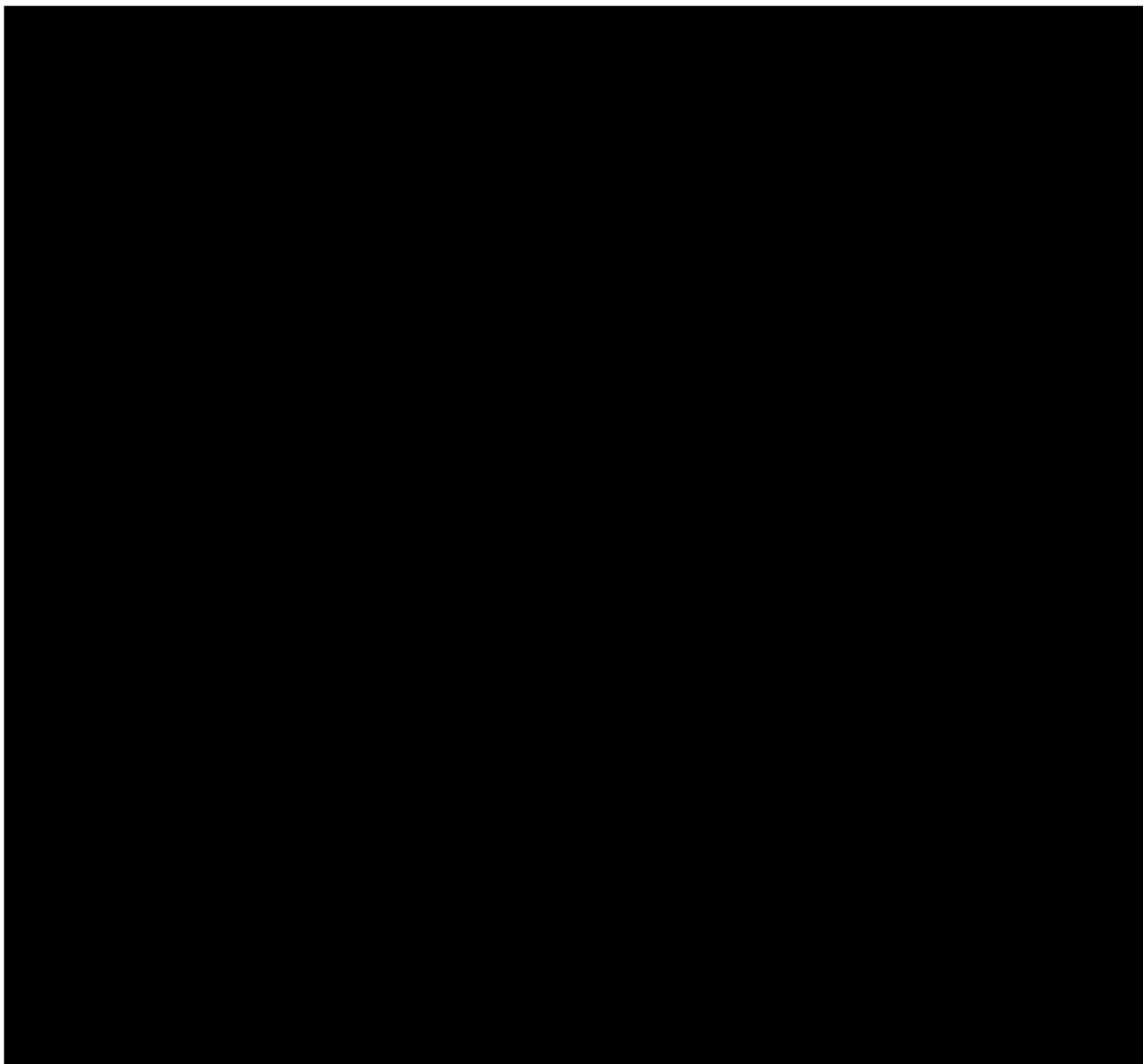


Name:

**Madhuri Edwards**

Pay Period:

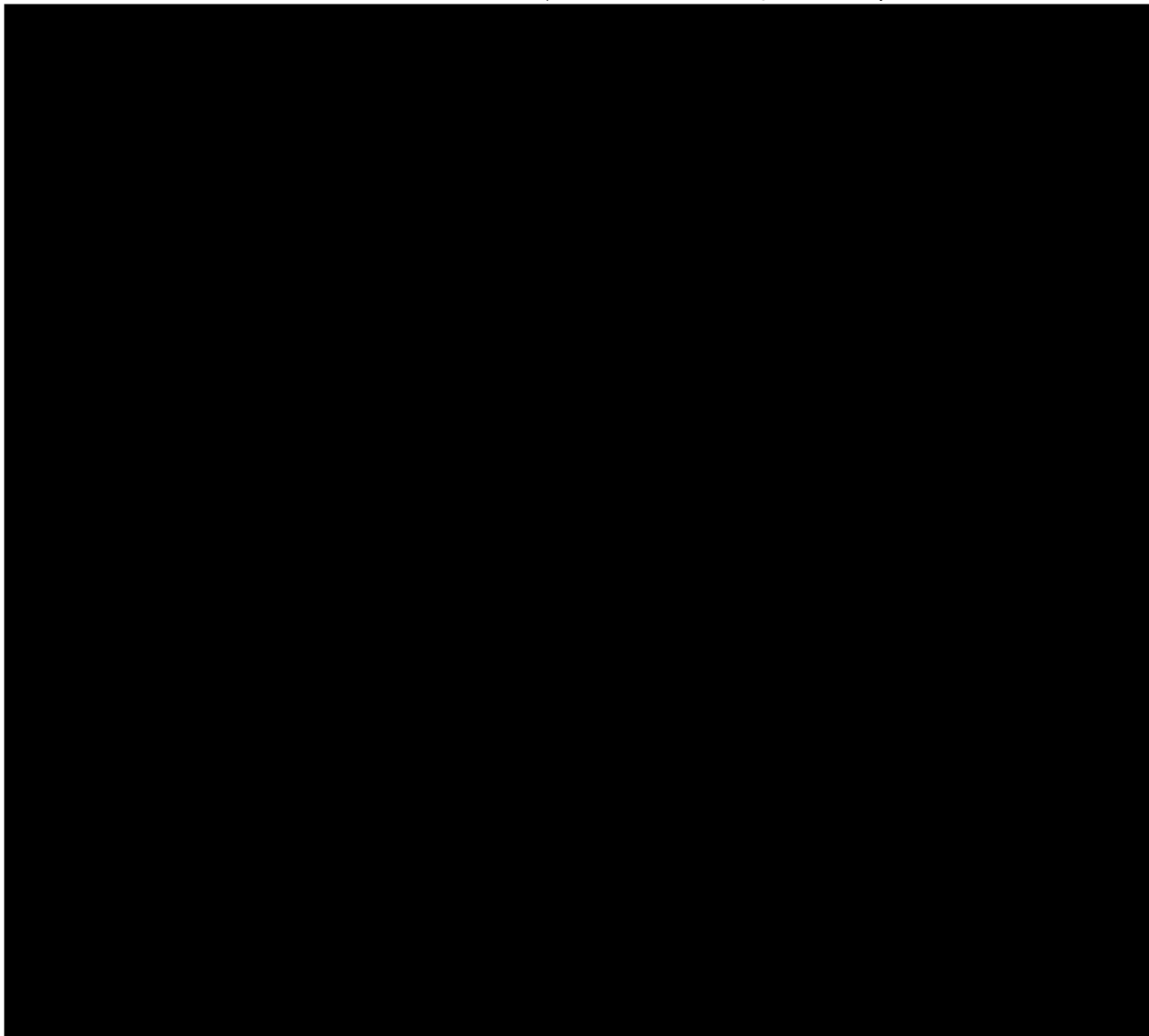
**02 : Jan 18, 2009 to Jan 31, 2009**



RIP

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Name: **Madhuri Edwards** Pay Period: **01 : Jan 4, 2009 to Jan 17, 2009**



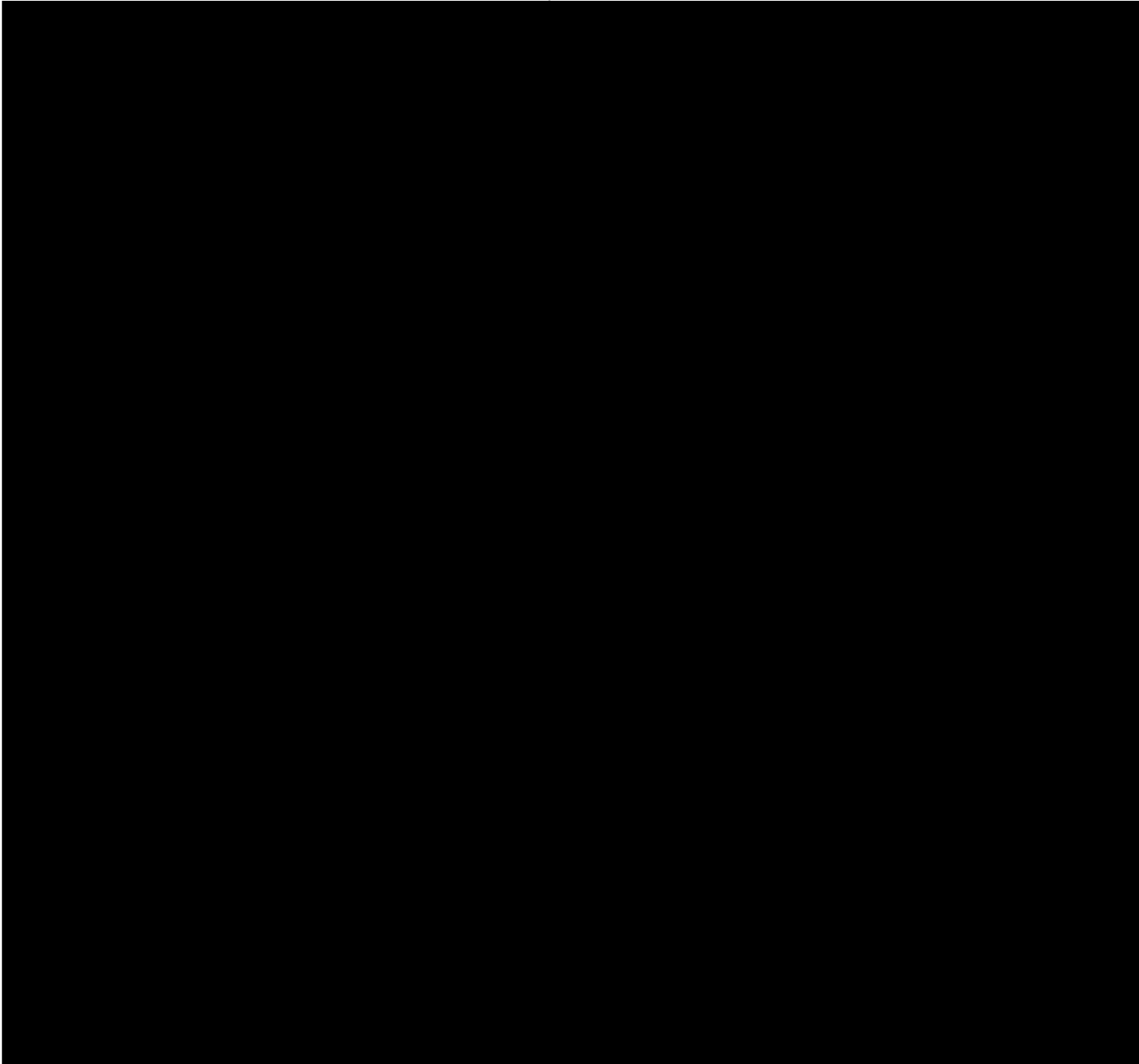
RIP

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6/6/2012

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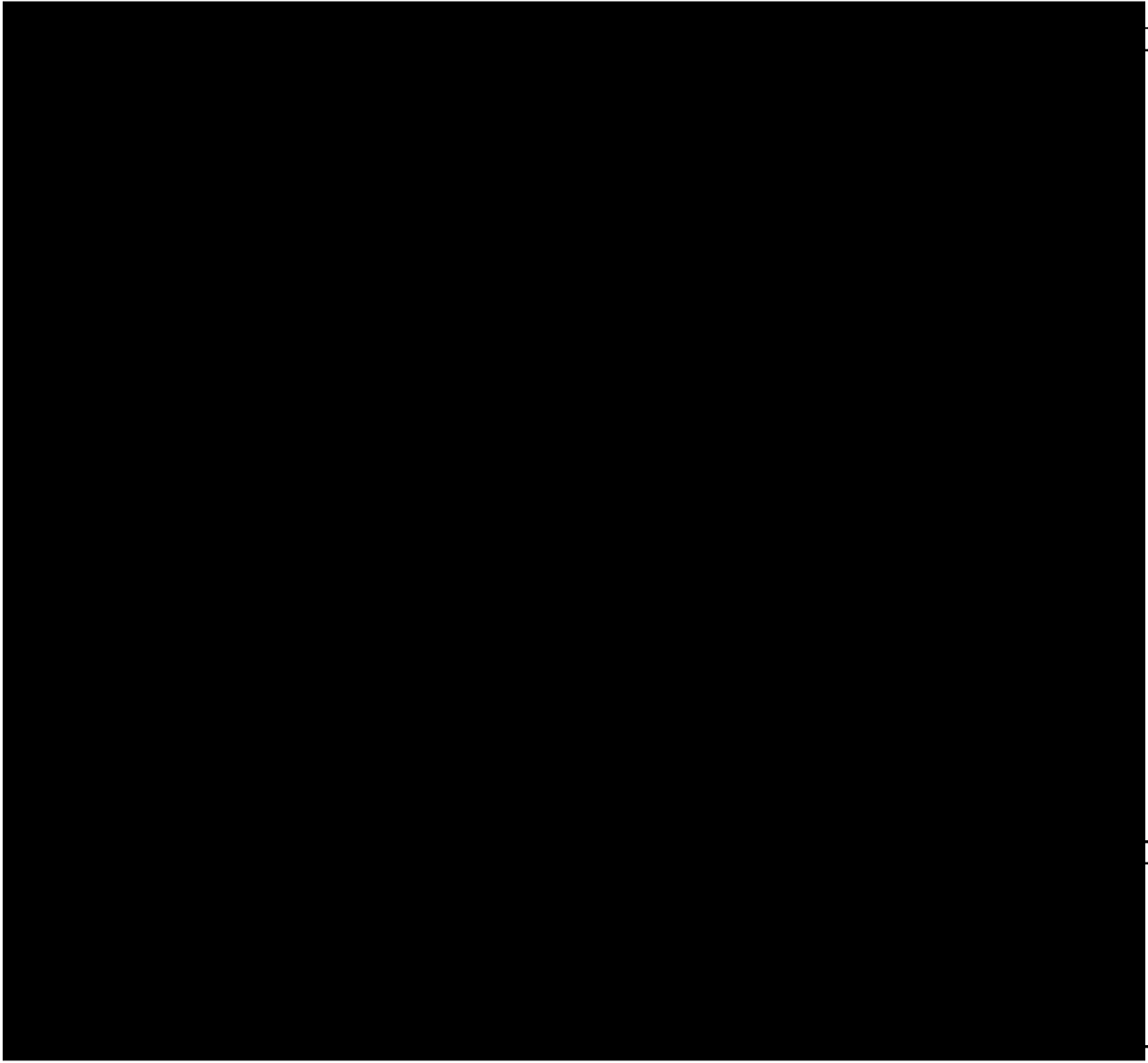
Name: **Madhuri Edwards** Pay Period: **26 : Dec 21, 2008 to Jan 3, 2009**



RIP



Name: **Madhuri Edwards** Pay Period: **25 : Dec 7, 2008 to Dec 20, 2008**



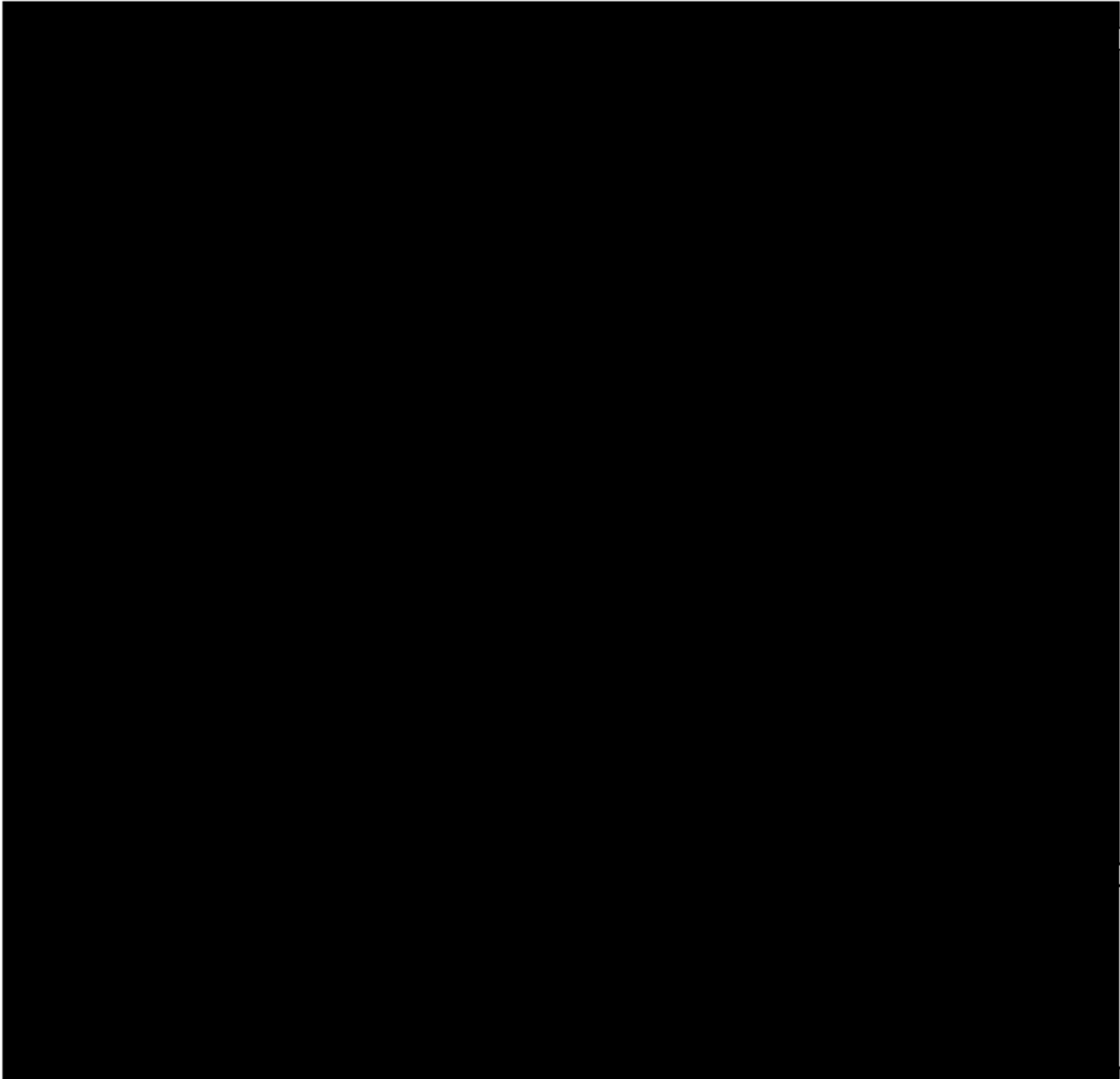
RIP

Name:

**Madhuri Edwards**

Pay Period:

**24 : Nov 23, 2008 to Dec 6, 2008**



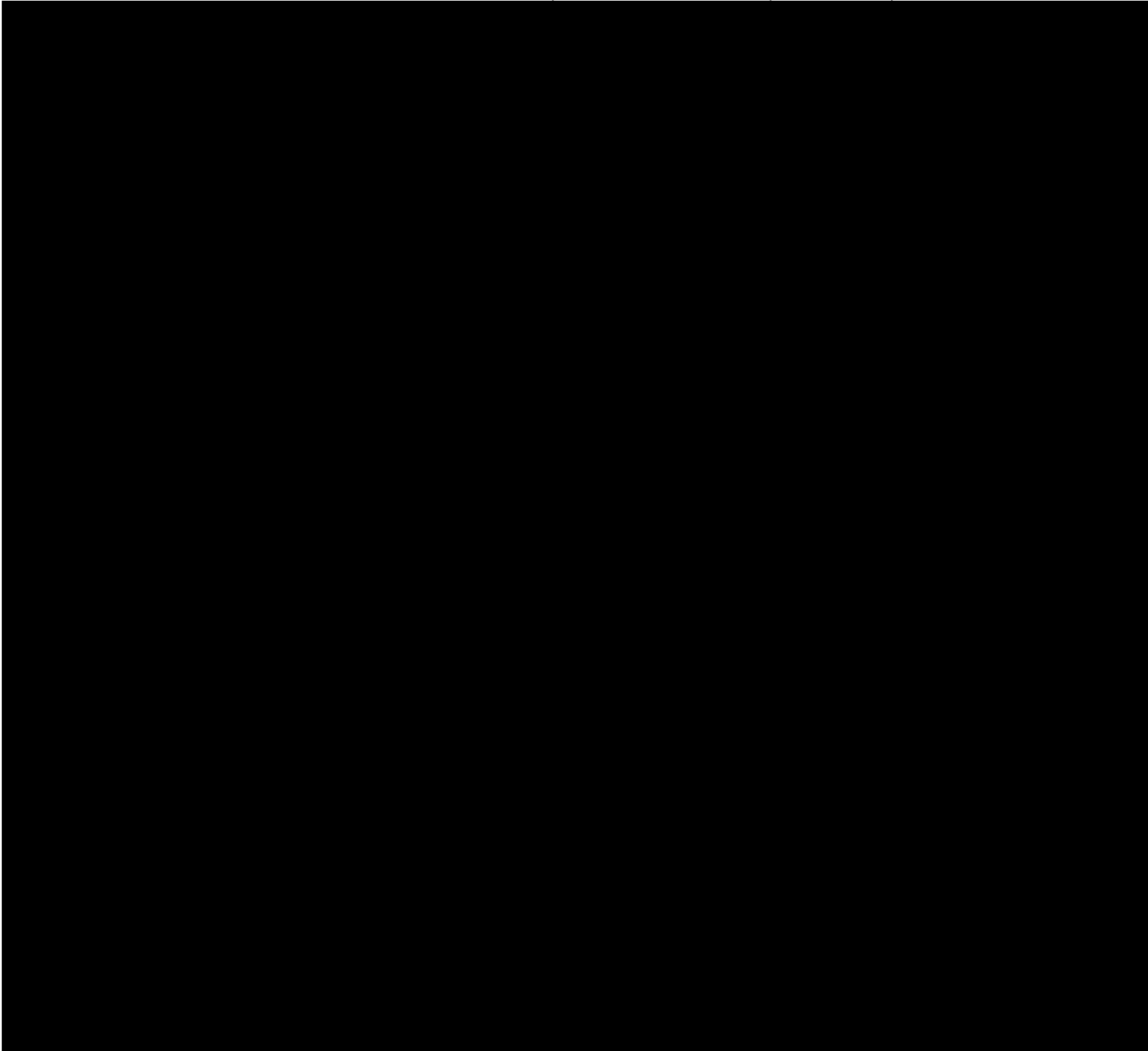
RIP

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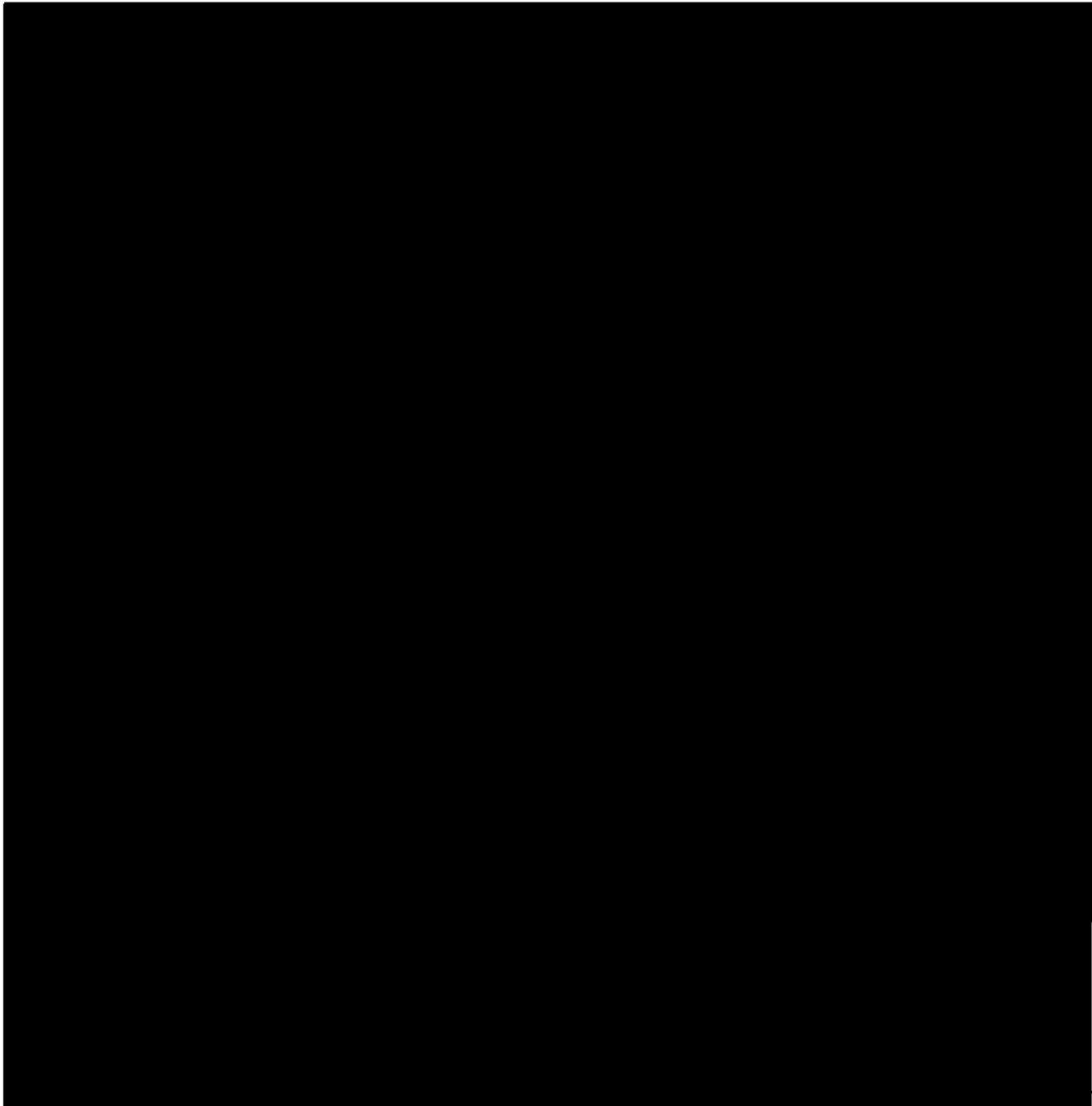
Name: **Madhuri Edwards** Pay Period: **23 : Nov 9, 2008 to Nov 22, 2008**



RIP

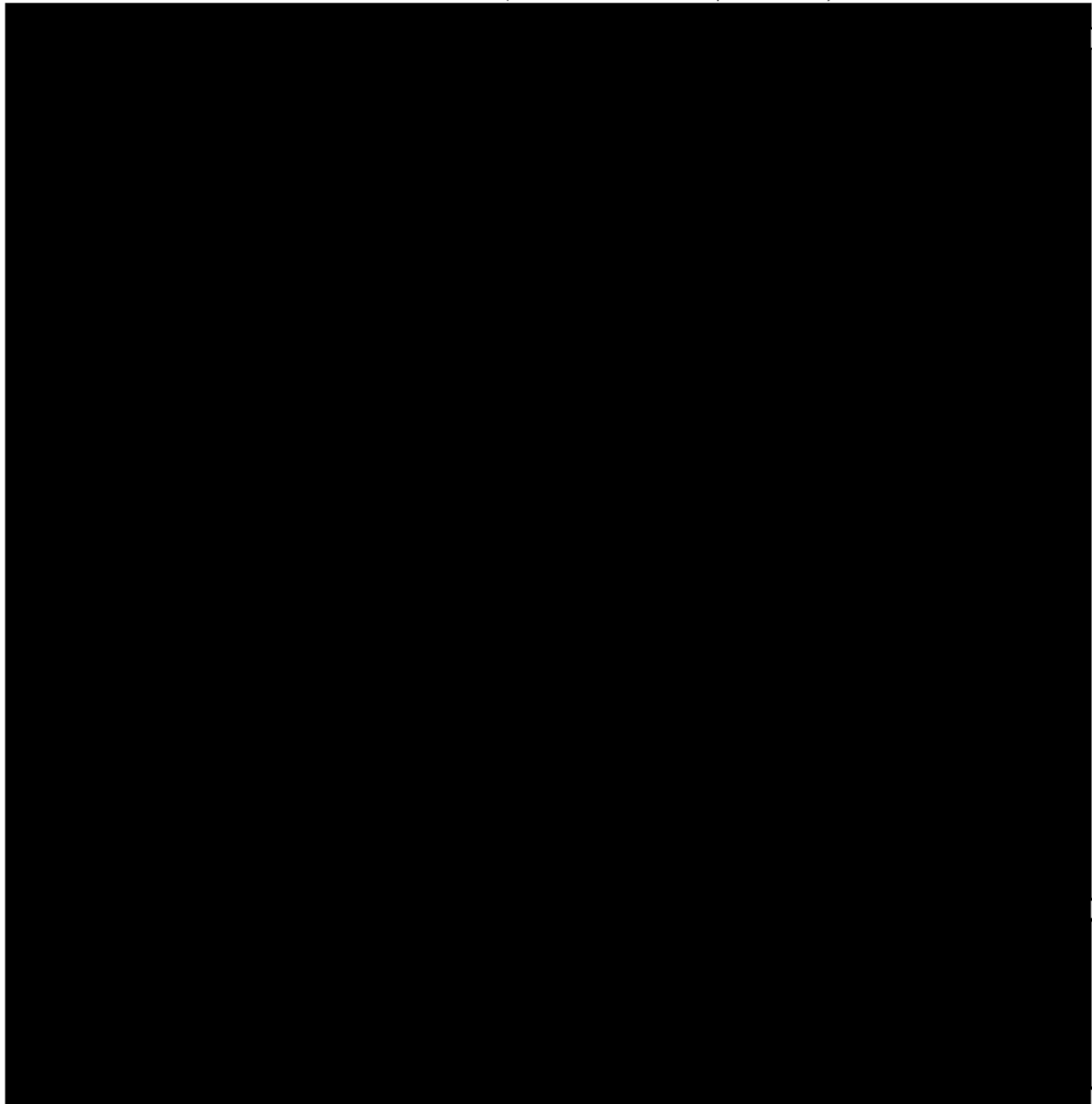
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Name: **Madhuri Edwards** Pay Period: **22 : Oct 26, 2008 to Nov 8, 2008**



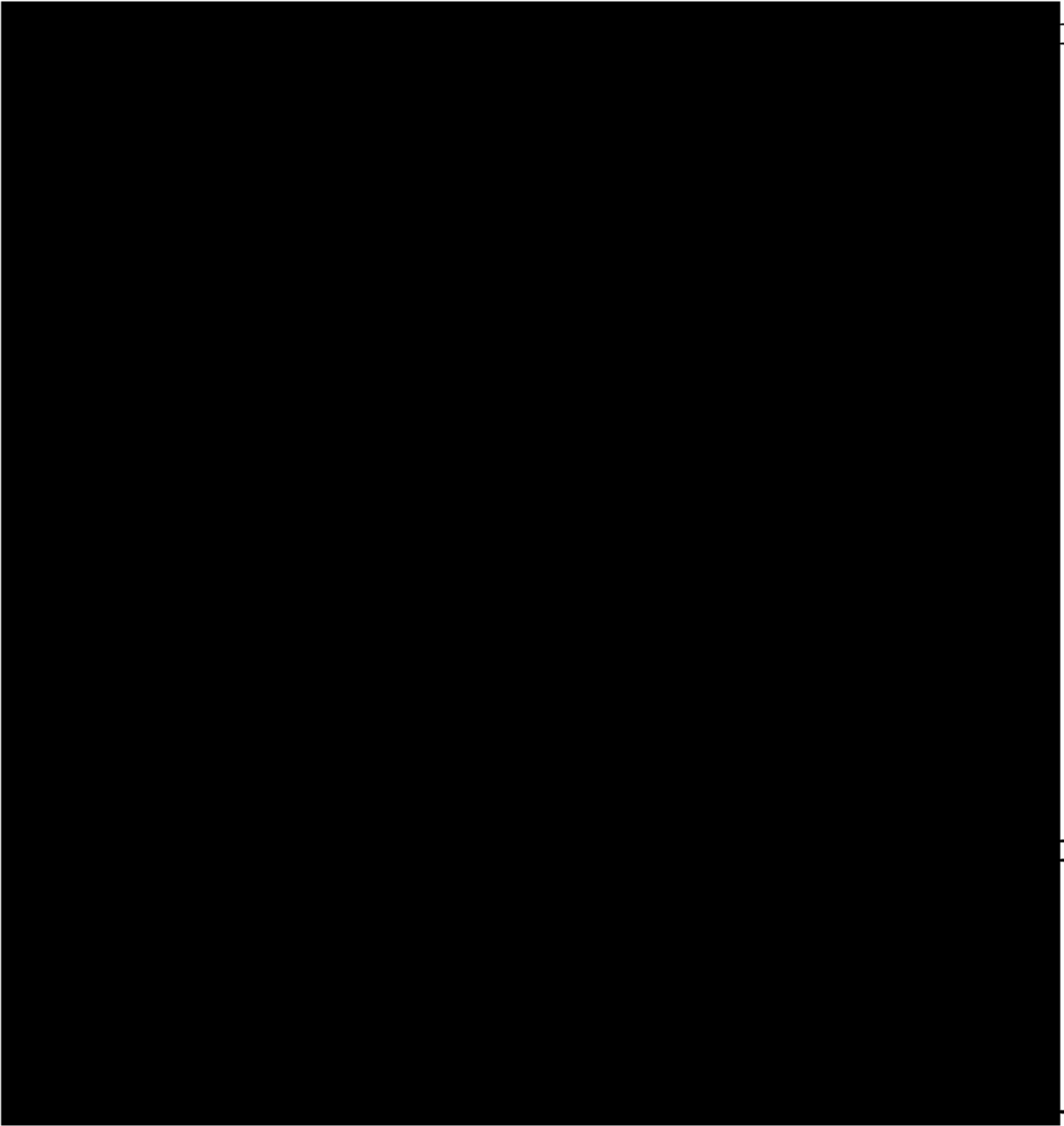
RIP

Name: **Madhuri Edwards** Pay Period: **21 : Oct 12, 2008 to Oct 25, 2008**



RIP

Name: **Madhuri Edwards** Pay Period: **20 : Sep 28, 2008 to Oct 11, 2008**



Offices of Management and Front Office telework schedules pay period 10 FY 2012

EMPLOYEE TELEWORK HOURS PP-10-2012, MAY 6, 2012 THRU MAY 19, 2012

FirstName	LastName	Divisio	Year	PP	TCodeDesc	CORE/SIT	Hours	C	S
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	████████████████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	████████████████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	██████████	█	██		
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████	████	██	██	██	██████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	██████████	█	██		
████	████	██	██	██	████████████████████	█	██		
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████	████	██	██	██	██████████	█	██		
							██	█	█
Dorothy	Alridge	MGMT	2012	10	Telework Home	S	8		
Debra	Apanavage	MGMT	2012	10	Telework Home > 2days	c	80		
Kiana	Barrett-Clybourn	MGMT	2012	10	Telework Home	S	16		
Shereta	Byrd	MGMT	2012	10	Telework Home <= 2 days	c	3.5		
Arnel	Cortez	MGMT	2012	10	Telework Home <= 2 days	c	12		
Diana	Decanio	MGMT	2012	10	Telework Home > 2days	c	24		
Frank	Deffer	MGMT	2012	10	Telework Home	S	21		
Jamie	Gerwitz	MGMT	2012	10	Telework Alt. Site <= 2 days	c	8		
Danae	Hampton	MGMT	2012	10	Telework Home	S	7		
Renita	Hunter	MGMT	2012	10	Telework Home <= 2 days	c	20		

duplicate

C=CORE  
S=SITUATIONAL

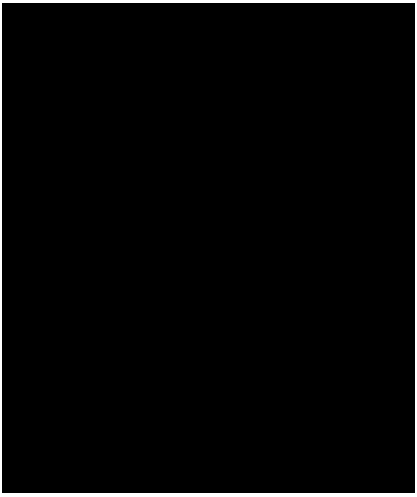
EMPLOYEE TELEWORK HOURS PP-10-2012, MAY 6, 2012 THRU MAY 19, 2012

FirstName	LastName	Divisio	Year	PP	TCodeDesc	CORE/SIT	Hours	C	S
Tonya	Hymes	MGMT	2012	10	Telework Alt. Site <= 2 days	c	16		
Judy	Kuo	MGMT	2012	10	Telework Home	S	16		
Vincent	Lynch	MGMT	2012	10	Telework Home	S	9		
Jasmine	McCall	MGMT	2012	10	Telework Home <= 2 days	c	69.5		
Daniel	Petrowski	MGMT	2012	10	Telework Home	S	16		
Charlene	Savoy	MGMT	2012	10	Telework Home <= 2 days	c	18		
Gina	Street	MGMT	2012	10	Telework Home <= 2 days	c	16		
Isabelle	Tran	MGMT	2012	10	Telework Home	S	32		
Michelle	Weaver	MGMT	2012	10	Telework Home > 2days	c	62		
							<b>TOTAL</b>	<b>11</b>	<b>8</b>
Tequilla	Holmes	PA	2012	10	Telework Home	S	18		
Arlen	Salazar	PA	2012	10	Telework Home	S	9		
							<b>TOTAL</b>	<b>0</b>	<b>2</b>

C=CORE  
S=SITUATIONAL



Office of Investigations telework pay period 11 FY 2012



INV	2012	10	Telework Home <= 2 days	c	9
INV	2012	10	Telework Home	S	32
INV	2012	10	Telework Home	S	8
INV	2012	10	Telework Home	S	8
INV	2012	10	Telework Home	S	8
INV	2012	10	Telework Home	S	6
INV	2012	10	Telework Home <= 2 days	c	14
INV	2012	10	Telework Alt. Site	c	8
INV	2012	10	Telework Home	S	8
INV	2012	10	Telework Home	S	8
INV	2012	10	Telework Home	S	8
<b>TOTAL</b>					<b>3 8</b>

Office of Counsel telework schedule for pay period 11 FY 2012

RDO = Regular Day Off CTO = Core Telework (MAX of 4 days per pay period)

All Staff not on CTO must have a Situational Telework Agreement in place

DUTY STATION	EMPLOYEE	Home/	S/C	PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2					
				MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
WASH DC	BUCK, Keri	Home/	S	X						X				
WASH DC	EYL, Nancy	Home/	C											X
WASH DC	GALLO, Kathy	Home/	C				X						X	
WASH DC	GRANT-WATKINS, Doreen	Home/	C							X				
WASH DC	GRAMIAN, Nikki	Home/	S											
WASH DC	HOMSEY, Michele	Home/	C			X		X				X		
WASH DC	KUEHN, Stephanie	Home/	C	X		X						X		
WASH DC	THIND, Aneet	Home/	C					X						

Office of Inspections telework schedule for pay period 11 FY 2012

RDO = Regular Day Off CTO = Core Telework (MAX of 4 days per pay period) All Staff not on CTO must have a Situational Telework Agreement in place

DUTY STATION	EMPLOYEE	Location of telework	S/C	PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2					
				MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
WASH DC	Crawford, Anthony	Home/		X										
WASH DC	Crowell, LaDana	Home/						X						
WASH DC	Eide, Lorraine	Home/		X		X		X		X				
WASH DC	Einsweiler, Heidi	Home/				X								
WASH DC	Firth, Dagmar	Home/					X							
WASH DC	Lawlor, Kara	Home/						X						
WASH DC	Lindsey, Jennifer	Home/								X				
WASH DC	McCarron, William	Home/												X
WASH DC	Outten-Mills, Deborah	Home/				X								X
WASH DC	Smith, Pharyn	Home/												X
WASH DC	Yutzey, Katherine	Home/					X							

Office of Emergency Management Oversight (EMO) telework schedule for pay period 11 FY 2012

All Staff not on CTO must have a Situational Telework Agreement in place

DUTY STATION	EMPLOYEE	Location of telework	S/C	PAY PERIOD - WEEK 1 (pp11)					PAY PERIOD - WEEK 2 (pp11)					
				MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI	
New Orleans, LA	Burbank, Jeanette	Home	S											
New Orleans, LA	Campora, Jeffrey	Home	S					X						X
New Orleans, LA	Chauvin, Bryan	Home	S											
New Orleans, LA	Cheung, Tai	Home	C					X						X
New Orleans, LA	Fussell, Natalie	Home	C			X		X			X	X	X	
New Orleans, LA	Haney, William	Home	C	X	X	X	X	X			X	X	X	
New Orleans, LA	Hetzler, Rebecca	Home	C			X	X	X			X	X	X	
New Orleans, LA	Jackson, Ronald	Home	C			X	X				X	X	X	
New Orleans, LA	Johnson, Rodney	Home	S											
New Orleans, LA	Martinez, Judy	Home	C					X						X
New Orleans, LA	McClendon, Dwight	Home	S											
New Orleans, LA	Mitchell, James	Home	C	X		X	X	X			X	X	X	
New Orleans, LA	Monachello, Mary	Home	C	X		X		X			X	X		
New Orleans, LA	Polledo, John	Home	C	X		X		X			X	X		
New Orleans, LA	Scott, Timothy	Home	C	X		X	X	X			X	X	X	
New Orleans, LA	Stipe, Susan	Home	S											
New Orleans, LA	Washington, Chiquita	Home	C	X		X	X	X			X	X	X	
Oakland, CA	Anand, Ravinder	Home	C	X			X					X		
Oakland, CA	Finn, Elizabeth	Home	S											
Oakland, CA	Flynn, Jeff	Home	S											
Oakland, CA	Gradin, Renee	Home	S				X				X			
Oakland, CA	Johnson, Curtis	Home	C											
Oakland, CA	Lankford, Jack	Home	S			X								
Oakland, CA	Long, Montul	Home	C	X										
Oakland, CA	Maiava, Arona	Home	S											
Oakland, CA	Melara, Humberto	Home	S											
Oakland, CA	Ochoa, Louis	Home	C											
Oakland, CA	Paige, Cynthia	Home	S											
Oakland, CA	Polster, Devin	Home	S	X				X				X		
Oakland, CA	Sibal, Paul	Home	S											
Oakland, CA	Stark Willard	Home	S											

Oakland, CA	Tan, Connie	Home/	S										X
Dallas, TX	Denson, Doug	Home/	C							X	X		
Dallas, TX	Dodd, Chris	Home/	S								X		
Dallas, TX	Dugan, Moises	Home/	S								X		
Dallas, TX	Epperly, Pat	Home/	C	X		X	X	X					
Dallas, TX	Farias, Jacob	Home/	S							X			
Dallas, TX	Fox, DeAnna	Home/	C					X	X				
Dallas, TX	Hadley, Tonda	Home/	C	X		X	X	X			X	X	X
Dallas, TX	Hamrick, Paige	Home/	C	X		X	X	X			X	X	
Dallas, TX	Landry, Brandon	Home/	C						X			X	
Dallas, TX	Lough, Bill	Home/	C	X		X	X					X	X
Dallas, TX	Popovich, Sonja	Home/	S										
Dallas, TX	Smith, Lori	Home/	C	X		X	X						
Dallas, TX	Smith, Patti	Home/	C									X	X
Dallas, TX	Snedeker, Sharon	Home/	C										
Dallas, TX	Spruiell, Cheryl	Home/	C	X		X	X	X		X	X	X	X
Biloxi, MS	Arnold, Larry	Home/	S				X						
Biloxi, MS	Dixon, J. Hugh	Home/	S										
Biloxi, MS	James, Mary J.	Home/	S			X							
Biloxi, MS	Lewis, Alicia	Home/	S			X							
Biloxi, MS	Miller, James M.	Home/	S					X				X	
Biloxi, MS	Peyton, Emma C.	Home/	S					X					
Biloxi, MS	Powe, Melissa	Home/	S						X				
Biloxi, MS	Skrmetti, John P.	Home/	S										
Biloxi, MS	Smith, Lynn	Home/	S										
Biloxi, MS	Rosetti, Gary	Home/	S										
Biloxi, MS	Toney, Sharonda A.	Home/	S					X				X	
Biloxi, MS	Walton, Terrance	Home/	S					X					
Atlanta, GA	Aubin, Donald	Home/	S			X	X						
Atlanta, GA	Aviles, Carlos	Home/	S	X		X	X				X		
Atlanta, GA	Bryant, Adrienne	Home/	S		X	X			X				
Atlanta, GA	Cummings, Ronald	Home/	S										
Atlanta, GA	Dienye, Amos	Home/	S			X		X		X	X		
Atlanta, GA	Esquerdo, Angelica	Home/	S				X	X				X	

Atlanta, GA	Flowers, Calbert	Home/		S									
Atlanta, GA	Jones, Larry	Home/		S			X	X		X		X	X
Atlanta, GA	Johnson, William	Home/		S									
Atlanta, GA	Kimble, David	Home/		S	X		X						
Atlanta, GA	Parker, Claudette	Home/		S									
Atlanta, GA	Pubilliones, Felipe	Home/		S				X				X	X
Atlanta, GA	Ramjohn, Nadine	Home/		S									
Atlanta, GA	Russell, Omar	Home/		S		X					X		
Atlanta, GA	Schmidt, John	Home/		S		X	X		X		X		
Atlanta, GA	Stoneham, Mary	Home/		S									
Atlanta, GA	White, Helen	Home/		S			X		X		X	X	X
San Juan, PR	Andino, Oscar	Home/		S									
San Juan, PR	Maldando, Salvador	Home/		S									
San Juan, PR	Serrano, Vilmarie	Home/		S		X	X						
WASH DC	Alvarez, Christine	Home/		C			X					X	
WASH DC	Armstrong, Sonja	Home/		C				X				X	X
WASH DC	Beard, D. Michael	Home/		S									
WASH DC	Dupree, Adrian	Home/		C	X				X	X		X	
WASH DC	Gardner, Nigel	Home/		C	X					X			
WASH DC	Henry, Ayana	Home/		C	X				X	X			X
WASH DC	Josephs, Stuart	Home/		C			X		X			X	X
WASH DC	Kelly, John	Home/		S									
WASH DC	Letnaunchyn, Kimberly	Home/		C	X				X	X		X	
WASH DC	McPhail, Paul	Home/		C			X		X			X	
WASH DC	McTighe, Kaye	Home/		C	X		X			X		X	
WASH DC	Meenan, John	Home/		S									
WASH DC	Milbert, Jillian	Home/		C			X		X				X
WASH DC	Naas, Aaron	Home/		N/A									
WASH DC	Nicholson, Nathaniel	Home/		C	X			X		X		X	
WASH DC	Norman, Donald	Home/		S									
WASH DC	Powell, Trudi	Home/		S									
WASH DC	Valrance, Kenneth	Home/		C	X		X			X		X	
WASH DC	Woo, John	Home/		N/A									

**OFFICE OF AUDIT**

RDO = Regular Day Off CTO = Core Telework (MAX of 4 days per pay period)													
All Staff not on CTO must have a Situational Telework Agreement in place													
DUTY STATION	ADMIN OFFICER	EMPLOYEE	S/C	PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2				
				MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
WASH DC	non-responsive	AKINSIKA, MODUPE	S										
HOUSTON		BARNETT, JAMES	C	X			X		X			X	
DENVER		BEBOW, BROOKE	S										
WASH DC		BELL, MARK	S										
WASH DC		BESS, JAMES	C	X	X	X	X	X	X	X	X	X	
WASH DC		BEST, ALEXANDER	C						X				X
CHICAGO		BUCHANAN, BEVERLY	C				X	X				X	X
WASH DC		BUMGARDNER, DON	S										
MIAMI		BUSH, BEVERLY	S										
WASH DC		BUTLER, JEWEL	S										
WASH DC		CARROLL, CECILIA	C	X					X	X			X
DENVER		CHRISTIAN, STEPHANIE	S										
DENVER		COUCH, LORINDA	C	X					X	X			X
WASH DC		DANG, NGA	C						X				X
MARLTON		DEELY, DENNIS	C	X					X	X			X
BOSTON		DUDDY, MAUREEN	S										
WASH DC		FASEHUN, OLUKEMI	S										
MARLTON		FERRARA, ROBERT	C										X
WASH DC		FIELY, JEROME	S										
MIAMI		FLEISHER, JULIE	C		X		X				X		X
SAC CA		GALLAGHER, KARL	C	X	X	X	X	X	X	X	X	X	X
BOSTON		GENAO, JEANNE	C						X				X

OFFICE OF AUDIT

DUTY	ADMIN			PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2				
WASH DC	non-responsive	GILLIES, WILLIAM	S										
WASH DC		GREENE, ROBERT	S										
WASH DC		HALL, AMY	N/A										
MARLTON		HAYNES, CHRISTINE	S										
WASH DC		HENRY, AYANA	S										
HOUSTON		HOWARD, LINDA	S										
WASH DC		HOWES, SHELLEY	S										
WASH DC		ISLAM, MOHAMMED	C	X				X	X				X
WASH DC		JOHN, SANDRA	S										
WASH DC		JOHNSON, RICHARD	C	X					X				
WASH DC		JOHNSON, ROBERT	S										
WASH DC		JOHNSON, TAMMY	S										
CHICAGO		JONES, CHERYL	S										
WASH DC		JORDAN, INEZ	S										
SAC CA		LEONARD, ROBERT	C	X	X	X	X	X	X	X	X	X	X
WASH DC		LU, DAVID	C				X	X	X				X
MARLTON		MAZZA, RENEE	C	X				X	X				X
WASH DC		McCOY, JOHN	S										
WASH DC		MOORE, STEFFANIE	S										
CHICAGO		MOSHER, BRADLEY	S										
MARLTON		O'MALLEY, PATRICK	C	X			X		X				X
WASH DC		PARROTT, FRANK	C	X	X				X	X			
MIAMI		PEREIRA, MARYANN	C	X				X	X				X



OFFICE OF AUDIT

DUTY	ADMIN			PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2				
DENVER	non-responsive	PETTERSEN, SEAN	S										
HOUSTON		PHAN, VICTORIA	C	X			X		X				X
WASH DC		RAMBOW, ANDREA	S										
WASH DC		RICHARDS, ANNE	S										
WASH DC		SAENGER, STEPHANIE	S										
WASH DC		SHIFFER, JOHN	S										
WASH DC		SIVIY, MICHAEL	S										
WASH DC		SMITH, ANDREW	C				X	X				X	X
DENVER		SNOW, HOLLY	C	X				X	X			X	
MIRAMAR		STARINSKY, YESENIA	C	X				X	X				X
DENVER		TOBO, PATRICK	S										
WASH DC		TRODDEN, SHARON	C	X				X	X			X	
WASH DC		VIRAY, LOVELLA	C	X				X	X				X
WASH DC		VONDER HAAR, LISA	S										
HOUSTON		WILLIAMS, LAPARACINA	S										
WASH DC		WILSON, JEFFERY	C		X		X			X		X	
WASH DC		WOO, JOHN	S										
WASH DC		WOOD, PAUL	C	X				X	X				X

**OFFICE OF AUDIT**

RDO = Regular Day Off CTO = Core Telework (MAX of 4 days per pay period)

All Staff not on CTO must have a Situational Telework Agreement in place

DUTY STATION	EMPLOYEE	S/C	PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2				
			MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
WASH DC	AHMAD, KALIMUDDIN	S										
WASH DC	ALBERT, DUANE	S										
MARLTON	ALVINO, GARY	C		X		X			X		X	
WASH DC	AREVALO, RUTH	C	X				X	X				X
WASH DC	AULTMAN, IRENE	S										
DENVER	BEAR, JACQUELINE	C	X				X	X				X
DENVER	BELLINGER, TIFFANY	S										
MIAMI	BENITEZ-REXACH, JOSE	C	X				X	X			X	
BOSTON	BENSON, PATRICIA	C					X					X
BOSTON	BOBROWSKI, THOMAS	S										
WASH DC	BOZEMAN, DOUGLAS	C						X				X
WASH DC	BRUNELLE, MICHAEL	C	X				X	X			X	
MARLTON	BRUNER, BARRY	S										
WASH DC	BUZESAN, CORNELIU	C	X				X	X				
WASH DC	BYERLY, CHRISTOPHER	C				X	X				X	X
DENVER	BYNES, KATRINA	C	X				X	X				X
WASH DC	CAMPBELL, DOUG	C	X				X	X				X
DENVER	CAST, PRISCILLA	S										
MARLTON	CHAMBERLAIN, JOHN	C	X				X	X				X
BOSTON	CHRISTOPHER, PETER	C					X					X
WASH DC	CLARK, ELIZABETH	C				X	X				X	X
CHICAGO	COCCARO, MARISA	C	X			X					X	X

RIP

OFFICE OF AUDIT

DUTY	ADMIN			PAY PERIOD - WEEK 1					PAY PERIOD - WEEK 2				
WASH DC	non-responsive	COHANNE, POLIN	N/A										
MARLTON		COLACHE, ANTHONY	C	X				X	X			X	
HOUSTON		COSMAN, SHAWN	S	X				X	X			X	
WASH DC		CRISSEY, SCOTT	S										
DENVER		CROWNOVER, GARY	C				X	X				X	X
WASH DC		DEAN, RALLEISHA	C	X				X	X				X
BOSTON		DEHAVEN, DAVID	S										
DENVER		DIAZ, JAMES	C	X				X	X			X	
MARLTON		DONAHUE, KEVIN	C		X		X			X		X	
CHICAGO		DORAN, STEPHEN	C				X	X				X	X
WASH DC		EMSWILER, PHILIP	C					X					
WASH DC		ESTRELLA, MELISSA	S										
MIRAMAR		EVANS, APRIL	C	X	X				X	X			
BOSTON		EXARCHOS, APOSTOLOS	C				X						X
CHICAGO		FELICIANO, VIRGINIA	C	X			X		X				X
WASH DC		FLOYD, CAROLYN	C		X			X	X				
MIRAMAR		FRANCIS, HORTENCIA	C		X			X		X			X
WASH DC		FRANKLIN, HOPE	S										
WASH DC		GARDNER, KAREN	S										
BOSTON		GENAO, JEANNE	C				X	X				X	X
WASH DC	GORDAN, VASHTI	C	X				X	X					
WASH DC	GREER, GARRICK	S											
WASH DC	GRESHAM, CALLECE	S											

OFFICE OF AUDIT

DUTY	ADMIN			PAY PERIOD - WEEK 1				PAY PERIOD - WEEK 2				
WASH DC	non-responsive	HAMLIN, THOMAS	C	X			X		X			X
HOUSTON		HENDERSON-McCOWIN, LATRINA	C	X			X		X		X	
CHICAGO		HERMAN, ANDREW	C	X			X		X			X
DENVER		HYATT, JEANNETTE	S									
CHICAGO		HYLAND, KATHLEEN	C	X					X			X
WASH DC		JACA-MENDEZ, ALEJANDRO	C	X				X	X			X
MARLTON		JACKSON, EBENEZER	S									
MARLTON		JACKSON, TIA	C	X				X	X			X
MARLTON		JADICK, JOHN	C	X			X		X			X
MIAMI		JATHAR, NICK	S									
WASH DC		JONES-QUINTANILLA, SHANELLE	C	X				X	X			X
DENVER		JOSEPH, JOHNSON	C	X				X	X			X
WASH DC		JOYCE, RICHARD	C					X				
BOSTON		KELLETT, KENDRA	C	X				X	X			X
WASH DC		KIM, JASON	C	X				X				X
WASH DC		KINARD, DAVID	C					X				X
HOUSTON		KING, KEVIN	C		X			X	X			X
BOSTON		KOCH, LINDSEY	S									
WASH DC		KOHLER, JOHN	C	X				X	X			X
MARLTON		KOTECKI, RICHARD	C	X				X	X			X
MIAMI	LASTRA, ARMANDO	C	X			X		X			X	
HOUSTON	LEAL, ENRIQUE	C	X				X	X			X	
HOUSTON	LEUNG, VICTOR	C		X			X		X		X	

OFFICE OF AUDIT

DUTY	ADMIN			PAY PERIOD - WEEK 1				PAY PERIOD - WEEK 2					
WASH DC	non-responsive	LEYVA, DIANNE	C				X					X	
WASH DC		LOPER, KENDRA	C	X			X		X			X	
CHICAGO		LUCAS, FRANK	C	X			X		X				X
MARLTON		LUTGEN, KEITH	C	X				X	X				X
WASH DC		MARSEILLE, ANDRE	S										
DENVER		MATTINGLY, ANNE	C	X				X	X				X
DENVER		MAY-FRASER, TESSA	C		X			X	X				
WASH DC		MCNULTY, MEGAN	C	X					X				
MARLTON		McPHERSON, KATHERINE	C	X				X	X			X	
WASH DC		MEDINA-ORTIZ, GLORIA	C		X			X		X			X
WASH DC		MOGG, REBECCA	C	X				X	X			X	
WASH DC		MOTLEY, MELISSA	C	X	X				X				X
WASH DC		MUN, JEFF	C	X				X					X
DENVER		NACKERUD, KEITH	C	X				X	X				X
WASH DC		NEEDHAM, MEREDITH	C				X	X				X	X
CHICAGO		NEWMAN-DUCKWORTH, FALON	C	X				X	X				X
DENVER		NOLL, MATTHEW	C	X				X	X				X
MARLTON		ODIÑA, KRISTINE	C	X					X				X
BOSTON		PEDERSEN, EMILY	S										
WASH DC		PERGOLIZZI, NANCY	C					X					X
MARLTON		PHILLIPS, MARK S	S										
HOUSTON		PIZARRO, ELIECE (DAWN)	C		X		X			X		X	
HOUSTON		PORTER, DAVID	S										

RIP

OFFICE OF AUDIT

DUTY	ADMIN			PAY PERIOD - WEEK 1				PAY PERIOD - WEEK 2					
WASH DC	non-responsive	PRIESTMAN, GWENDOLYN	C	X			X		X				X
DENVER		RABINOFF, AMY	C										
MIRAMAR		SANTANA, JUAN	S										
WASH DC		SCOTT, SHAMIKA											
MARLTON		SMITH, ASHLEY	C	X				X	X			X	
WASH DC		SMYTHE, BRIAN	C	X				X		X			X
WASH DC		SOTO, EDWIN	C	X	X				X				X
DENVER		STAVER, MICHAEL	S										
WASH DC		STERN, ERICA											
WASH DC		THOET, ROGER	C					X					X
WASH DC		TINDULL, TERRELL	C	X				X	X			X	
MIAMI		VERNIER, SUE	C	X				X	X			X	
CHICAGO		WARD-GREER, SANDRA	S										
WASH DC		WEATHERLY, PAMELA	S										
BOSTON		WEINSHEL, MARISSA	S										
BOSTON		WEIR, TRISTAN	C	X				X	X				
WASH DC		WILSON, JEFFERY	C		X		X			X		X	
WASH DC		WOODS-FERGUSON, ELAINE	C	X			X		X				X
WASH DC		WOOLSON, MELISSA	C	X				X	X				X
MIAMI		YANES, IGNACIO	C		X		X			X		X	
WASH DC	ZELNICK, TODD	S											

Holiday - May 28

X = Telework day

# IT Audits Telework - 2012 - Pay Period 11

Pay period 11 - Week 1

Pay period 11 - Week 2

Employee	Location of Telework	Type of Telework	Pay period 11 - Week 1					Pay period 11 - Week 2				
			Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
			21-May	22-May	23-May	24-May	25-May	28-May	29-May	30-May	31-May	1-Jun
Adelman, Craig		Did not Telework						holiday				
Argeris, Elizabeth		Did not Telework						holiday				
Bartuska, Barbara M	Home/ [REDACTED]	Situational			X		X	holiday			X	X
Bernard, Kristen D.		Did not Telework						holiday				
Brooks, Ann		Did not Telework						holiday				
Bunning, David	Home/ [REDACTED]	Situational						holiday				X
Burke, Beverly	Home/ [REDACTED]	Core	X	X		X		holiday			X	X
Burke, Kevin		Did not Telework						holiday				
Calder, Thea		Did not Telework						holiday				
Cary, Tarsha L.	Home [REDACTED]	Situational				X		holiday				X
Chambliss-Williams, Pamela J.		Did not Telework						holiday				
Cuevas, Sheila	Home/ [REDACTED]	Situational	X	X				holiday	X			
Dale, Beverly	Home [REDACTED]	Situational					X	holiday	X		X	
Dominguez, Jason D		Did not Telework						holiday				
Dunham, Erin M.	Home [REDACTED]	Situational						holiday			X	X
Durst, Robert Steve	Home [REDACTED]	Situational			X			holiday		X		
Frenyea, Shannon	Home [REDACTED]	Situational						holiday				X
Glazier, Bridget N.	Home/ [REDACTED]	Situational					X	holiday				
Greene, Philip M.		Did not Telework						holiday				
Hamlin, Anna	Home [REDACTED]	Situational				X		holiday			X	X
Harsche, Richard J		Did not Telework						holiday				
He, Gengshu		Did not Telework						holiday				
Horton, Michael G.		Did not Telework						holiday				
Ho, Sandra C		Did not Telework						holiday				
Huiswoud, Sharon	Home/ [REDACTED]	Situational					X	holiday		X		
Kim, Andrew		Did not Telework						holiday				
Kim, Michael	Home/ [REDACTED]	Situational						holiday		X		
Leaming, Marj	Home [REDACTED]	Situational	X			X		holiday				
Lee, Eun Suk		Did not Telework						holiday				

Manduzio, James A.	Home	[REDACTED]	Situational	X				X	holiday				
Matthews, Sharell	Home/	[REDACTED]	Situational					X	holiday				X
McGrath, Daniel			Did not Telework						holiday				
Mullinix, Kevin			Did not Telework						holiday				
Nadon, Patrick	Home	[REDACTED]	Situational	X		X			holiday			X	X
Nicholson, Anthony	Home	[REDACTED]	Situational					X	holiday		X		
Nijhawan, Swati	Hom	[REDACTED]	Situational	X		X		X	holiday	X	X		
Patel, Raj			Did not Telework						holiday				
Rios, Rita			Did not Telework						holiday				
Rohrback, Thomas			Did not Telework						holiday				
Ryno, Megan			Did not Telework						holiday				
Saunders, Richard	Home/	[REDACTED]	Situational						holiday				X
Shappee, Frederick	Home/	[REDACTED]	Situational					X	holiday				X
Somade, Bolajoko			Did not Telework						holiday				
Staats, Steven			Did not Telework						holiday				
Strickler, Amanda			Did not Telework						holiday				
Thai, Tuyet Quan	Home/	[REDACTED]	Core	X	X		X	X	holiday	X		X	X
Thapanawat, Pachern			Did not Telework						holiday				
Tsang, Tom			Did not Telework						holiday				
Tseng, Steve			Did not Telework						holiday				
Twitty, Charles J.	Home/	[REDACTED]	Situational					X	holiday		X		X
Wilshere, Joshua Leigh	Home	[REDACTED]	Situational	X	X	X			holiday	X	X		
Wilson, Gregory P			Did not Telework						holiday				
Worner, Matthew S.			Did not Telework						holiday				
Wrightson, Scott W.			Did not Telework						holiday				
Zappone, Aaron	Home/	[REDACTED]	Situational						holiday				X



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Re: [REDACTED]  
**Date:** Tuesday, March 09, 2010 7:16:33 PM

---

non-responsive

[REDACTED]. Madhuri emailed me and said that she hoped that I could accomodate her request to telework on thursdays because that's [REDACTED] I asked her if she would be taking leave [REDACTED] and that [REDACTED]. So she called me and I [REDACTED]. Then Charles called!

b5/b6

[REDACTED]

[REDACTED]

[REDACTED]

b6 and/or non-responsive

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**From:** [REDACTED] b6  
**To:** [REDACTED]  
**Subject:** FW: Phone number  
**Date:** Thursday, July 08, 2010 2:16:04 PM

---

in case you need this

-----Original Message-----

**From:** Edwards, Madhuri  
**Sent:** Tuesday, July 06, 2010 10:30 AM  
**To:** [REDACTED] b6  
**Subject:** Phone number

Hi [REDACTED] my international work phone number is: 202 [REDACTED] b6



MS BB#

**Summary for : 202** [REDACTED]  
**HQ**

**Your Calling Plan**

**AC for Global Email 600**  
\$101.27 monthly access charge  
600 monthly allowance minutes  
\$.25 per minute after allowance

**Friends & Family**

**TXT Messaging Unlimited**  
Unlimited TXT Message

**M2M National Unlimited**  
Unlimited Mobile to Mobile

**UNL Night & Weekend Min**  
Unlimited OFFPEAK

**GlobalEmail Blkbry Enterprise**  
Unlimited monthly kilobyte

**Beginning on 03/12/09:**  
**22% Access Discount**

**Charges**

**Monthly Access Charges**

AC for Global Email 600 08/02 – 09/01	101.27
22% Access Discount 08/02 – 09/01	-22.28
	<b>\$78.99</b>

**Usage Charges**

Voice	.00
Data	.00
Roaming	225.90
	<b>\$225.90</b>

**Verizon Wireless' Surcharges**

Fed Universal Service Charge	3.62
Regulatory Charge	.13
	<b>\$3.75</b>

**Total Current Charges for 202** [REDACTED] **\$308.64**

**Usage Charges**

Voice	Allowance	Used	Billable	Cost
SharePlan <i>minutes</i>	600 (shared)	3	---	---
Mobile to Mobile <i>minutes</i>	unlimited	21	---	---
Night/Weekend <i>minutes</i>	unlimited	1	---	---
<b>Total Voice</b>				<b>\$0.00</b>
<b>Data</b>				
Kilobyte Usage <i>kilobytes</i>	unlimited	72	---	---
<b>Total Data</b>				<b>\$0.00</b>
<b>Roaming</b>				
<b>Current Voice Usage</b>				
Roaming Minutes <i>minutes</i>		300	300	207.00
Other Call Charges				18.90
<b>Current Data Usage</b>				
Global Roam – India <i>kilobytes</i>	Unlimited	866	---	---
<b>Total Roaming</b>				<b>\$225.90</b>
<b>Total Usage Charges</b>				<b>\$225.90</b>

Have more questions about your charges? Get details for all your voice and data Usage Charges at [vzw.com/mybusinessaccount](http://vzw.com/mybusinessaccount).



Invoice Number Account Number Date Due Page  
 6457159177 922229472-00001 Past Due 470 of 511

Detail for : 202-██████████

Voice

Date	Time	Number	Rate	Usage Type	Origination	Destination	Min.	Airtime Charges	Long Dist/ Other Chgs	Total
7/02	8:48A	000-000-0086	Peak	PlanAllow,CalIVM	Washington DC	Voice Mail CL	1	--	--	--
7/02	8:49A	000-000-0086	Peak	PlanAllow,CalIVM	Washington DC	Voice Mail CL	1	--	--	--
7/02	8:51A	202-██████████	Peak	PlanAllow CE office#	Washington DC	Washington DC	1	--	--	--
7/02	10:51A	Unavailable	Peak	M2MAllow	Washington DC	Incoming CL	1	--	--	--
7/02	9:41P	202-██████████	Off-Peak	N&W CE Office	██████████ VA	Washington DC	1	--	--	--
7/02	9:43P	301-██████████	Off-Peak	M2MAllow	██████████ VA	██████████	4	--	--	--
7/02	10:08P	301-██████████	Off-Peak	M2MAllow unknown private	██████████ VA	██████████	2	--	--	--
7/02	10:16P	301-██████████	Off-Peak	M2MAllow number	██████████ VA	██████████	5	--	--	--
7/02	10:25P	301-██████████	Off-Peak	M2MAllow	██████████ VA	██████████	7	--	--	--
7/02	10:31P	301-██████████	Off-Peak	M2MAllow	██████████ VA	██████████	2	--	--	--

Roaming

Date	Time	Number	Usage Type	Origination	Destination	Min.	Airtime Charges	Long Dist/ Other Chgs	Total
7/06	12:04A	██████████	Home #	India / ZZ	██████████	1	.69	.21	.90
7/06	12:05A	202-██████████	CE Office #	India / ZZ	Washington DC	1	.69	.21	.90
7/06	12:06A	Unavailable		India / ZZ	Incoming CL	5	3.45	--	3.45
7/06	12:11A	Unavailable		India / ZZ	Incoming CL	1	.69	--	.69
7/06	7:39A	██████████	Private #	India / ZZ	██████████	1	.69	.21	.90
7/06	7:40A	Unavailable		India / ZZ	Incoming CL	3	2.07	--	2.07
7/06	7:43A	Unavailable		India / ZZ	Incoming CL	24	16.56	--	16.56
7/08	11:44P	202-██████████	CE office #	India / ZZ	Washington DC	1	.69	.21	.90
7/08	11:45P	301-██████████	private #	India / ZZ	██████████	1	.69	.21	.90
7/08	11:47P	301-██████████	private #	India / ZZ	██████████	1	.69	.21	.90
7/09	12:28A	Unavailable		India / ZZ	Incoming CL	16	11.04	--	11.04
7/14	1:33A	202-██████████	CE BB#	India / ZZ	Washington DC	1	.69	.21	.90
7/14	1:40A	Unavailable		India / ZZ	Incoming CL	9	6.21	--	6.21
7/14	1:53A	Unavailable		India / ZZ	Incoming CL	17	11.73	--	11.73
7/14	6:53P	202-██████████	CE Office	India / ZZ	Washington DC	1	.69	.21	.90
7/14	6:56P	Unavailable		India / ZZ	Incoming CL	2	1.38	--	1.38
7/14	7:34P	202-██████████		India / ZZ	Washington DC	17	11.73	3.63	15.36
7/14	7:52P	202-██████████		India / ZZ	Washington DC	24	16.56	5.12	21.68
7/15	9:22P	202-██████████	CE office #	India / ZZ	Washington DC	4	2.76	.85	3.61
7/15	10:46P	Unavailable		India / ZZ	Incoming CL	1	.69	--	.69
7/15	10:47P	Unavailable		India / ZZ	Incoming CL	18	12.42	--	12.42
7/19	1:20A	301-██████████		India / ZZ	██████████	1	.69	.21	.90
7/19	1:20A	202-██████████	CE office #	India / ZZ	Washington DC	1	.69	.21	.90
7/19	1:21A	301-██████████		India / ZZ	██████████	1	.69	.21	.90
7/19	1:49A	Unavailable		India / ZZ	Incoming CL	12	8.28	--	8.28
7/21	12:35A	202-██████████	CE office #	India / ZZ	Washington DC	1	.69	.21	.90
7/21	1:09A	Unavailable		India / ZZ	Incoming CL	3	2.07	--	2.07
7/21	2:32A	Unavailable		India / ZZ	Incoming CL	7	4.83	--	4.83
7/21	7:26A	Unavailable		India / ZZ	Incoming CL	32	22.08	--	22.08
7/22	1:07A	202-██████████	CE office #	India / ZZ	Washington DC	4	2.76	.85	3.61
7/22	6:38P	202-██████████	CE office #	India / ZZ	Washington DC	3	2.07	.64	2.71



Detail for : 202- [REDACTED]

Roaming, continued

Date	Time	Number	Usage Type	Origination	Destination	Min.	Airtime Charges	Long Dist/ Other Chgs	Total
7/22	6:43P	Unavailable		India / ZZ	Incoming CL	25	17.25	--	17.25
7/22	7:11P	202-[REDACTED]	CE Office	India / ZZ	Washington DC	1	.69	.21	.90
7/22	7:11P	202-[REDACTED]	CE Office	India / ZZ	Washington DC	1	.69	.21	.90
7/22	7:14P	202-[REDACTED]	CE BB	India / ZZ	Washington DC	1	.69	.21	.90
7/22	7:16P	202-[REDACTED]	unknown govt #	India / ZZ	Washington DC	7	4.83	1.49	6.32
7/22	7:23P	202-[REDACTED]	CE BB	India / ZZ	Washington DC	8	5.52	1.70	7.22
7/22	7:35P	202-[REDACTED]	unknown govt #	India / ZZ	Wshngtnzn1 DC	2	1.38	.42	1.80
7/22	7:38P	202-[REDACTED]	CE Office	India / ZZ	Washington DC	1	.69	.21	.90
7/28	9:04P	202-[REDACTED]	unknown govt #	India / ZZ	Washington DC	1	.69	.21	.90
7/28	9:07P	202-[REDACTED]	unknown govt #	India / ZZ	Wshngtnzn1 DC	1	.69	.21	.90
7/29	2:03A	202-[REDACTED]	CE office	India / ZZ	Washington DC	1	.69	.21	.90
7/29	2:06A	Unavailable		India / ZZ	Incoming CL	36	24.84	--	24.84
7/29	2:42A	202-[REDACTED]	CE Office	India / ZZ	Washington DC	1	.69	.21	.90



Summary for : 202-[REDACTED] HQ

ME DC BB

Your Calling Plan

AC for Global Email 600
\$101.27 monthly access charge
600 monthly allowance minutes
\$.25 per minute after allowance

Friends & Family

TXT Messaging Unlimited
Unlimited TXT Message

M2M National Unlimited
Unlimited Mobile to Mobile

UNL Night & Weekend Min
Unlimited OFFPEAK

GlobalEmail Blkbry Enterprise
Unlimited monthly kilobyte

Beginning on 03/12/09:
22% Access Discount

Charges

Monthly Access Charges

Table with 2 columns: Description, Amount. Rows include AC for Global Email 600 07/02 - 08/01 (101.27) and 22% Access Discount 07/02 - 08/01 (-22.28), totaling \$78.99.

Usage Charges

Table with 2 columns: Description, Amount. Row: Data (.00), totaling \$0.00.

Verizon Wireless' Surcharges

Table with 2 columns: Description, Amount. Rows include Fed Universal Service Charge (1.32) and Regulatory Charge (.16), totaling \$1.48.

Total Current Charges for 202-[REDACTED] \$80.47

Usage Charges

Table with 5 columns: Data, Allowance, Used, Billable, Cost. Row: Kilobyte Usage (kilobytes, unlimited, 271, --, --). Totals: Total Data (\$0.00), Total Usage Charges (\$0.00).

Have more questions about your charges? Get details for all your voice and data Usage Charges at vzw.com/mybusinessaccount.



**Summary for : 202** [REDACTED]  
**HQ**

ME DC BB

**Your Calling Plan**

**AC for Global Email 600**  
 \$101.27 monthly access charge  
 600 monthly allowance minutes  
 \$.25 per minute after allowance

**Friends & Family**

**TXT Messaging Unlimited**  
 Unlimited TXT Message

**M2M National Unlimited**  
 Unlimited Mobile to Mobile

**UNL Night & Weekend Min**  
 Unlimited OFFPEAK

**GlobalEmail Blkbry Enterprise**  
 Unlimited monthly kilobyte

**Beginning on 03/12/09:**  
**22% Access Discount**

**Charges**

**Monthly Access Charges**

AC for Global Email 600 09/02 – 10/01	101.27
22% Access Discount 09/02 – 10/01	-22.28
	<b>\$78.99</b>

**Usage Charges**

Data	.00
Roaming	2.80
	<b>\$2.80</b>

**Verizon Wireless' Surcharges**

Fed Universal Service Charge	1.45
Regulatory Charge	.13
	<b>\$1.58</b>

**Total Current Charges for 202**-[REDACTED] **\$83.37**

**Usage Charges**

Data	Allowance	Used	Billable	Cost
Kilobyte Usage <i>kilobytes</i>	unlimited	104	--	--
<b>Total Data</b>				<b>\$0.00</b>
Roaming	Allowance	Used	Billable	Cost
<b>Current Voice Usage</b>				
Roaming Minutes <i>minutes</i>		3	3	2.07
Other Call Charges				0.63
<b>Current Data Usage</b>				
TXT Int'l Roaming – Rcv'd <i>messages</i>	--	2	2	.10
Global Roam – India <i>kilobytes</i>	Unlimited	618	--	--
<b>Total Roaming</b>				<b>\$2.80</b>
<b>Total Usage Charges</b>				<b>\$2.80</b>

Have more questions about your charges? Get details for all your voice and data Usage Charges at [vzw.com/mybusinessaccount](http://vzw.com/mybusinessaccount).

**Roaming**

Date	Time	Number	Usage Type	Origination	Destination	Min.	Airtime Charges	Long Dist/ Other Chgs	Total
8/04	8:30P	202-[REDACTED]	CE Office	India / ZZ	Washington DC	1	.69	.21	.90
8/11	9:04P	214-[REDACTED]	govt number	India / ZZ	Frisco TX	2	1.38	.42	1.80

These documents are withheld pursuant to FOIA exemption b6 or are non-responsive to the FOIA request.



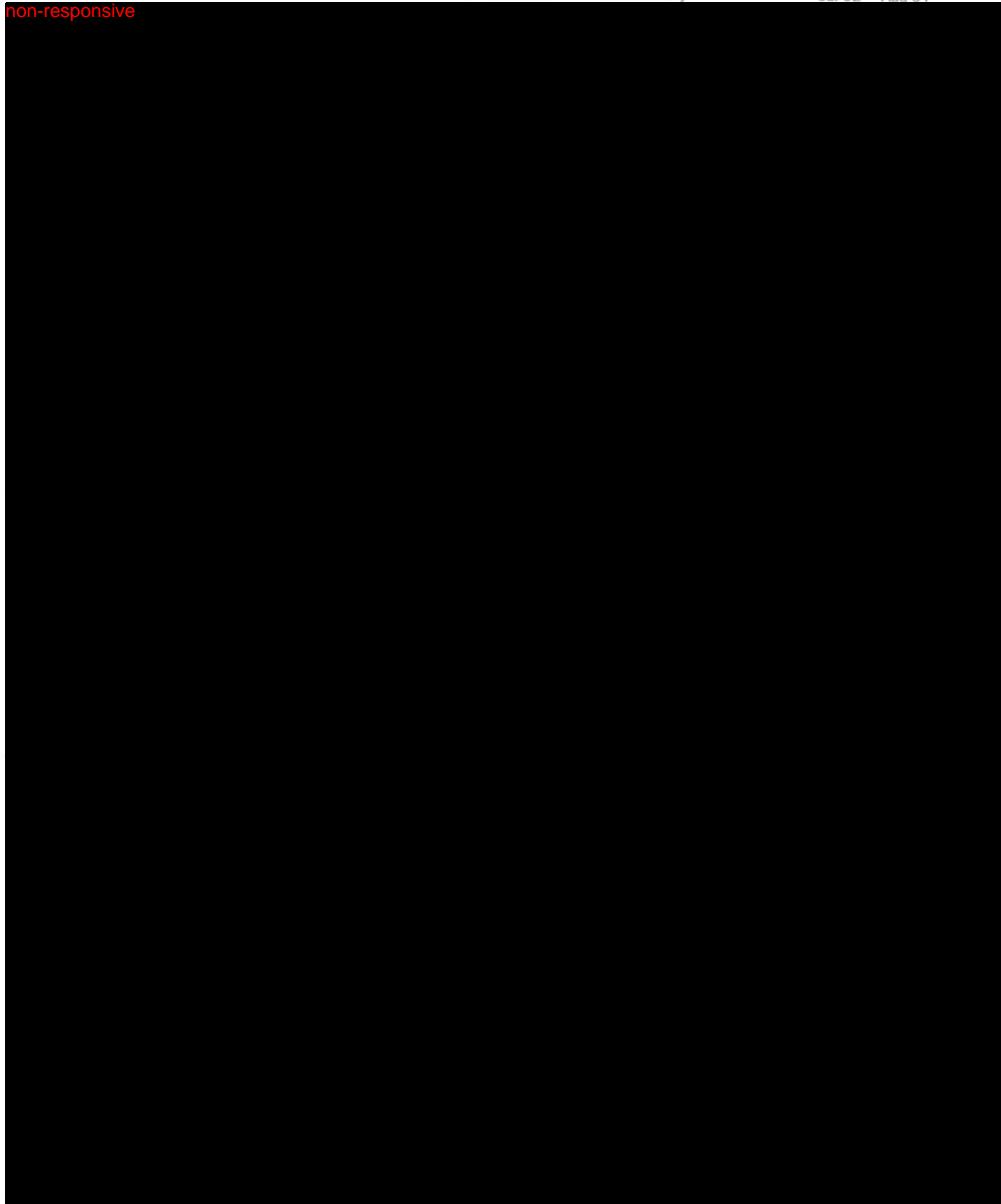
PO BOX 4004  
ACWORTH, GA 30101

Manage Your Account	Account Number	Date Due
At <a href="http://vzw.com/mybusinessaccount">vzw.com/mybusinessaccount</a>	922229472-00001	Past Due
Invoice Number	6457159177	

### Quick Bill Summary

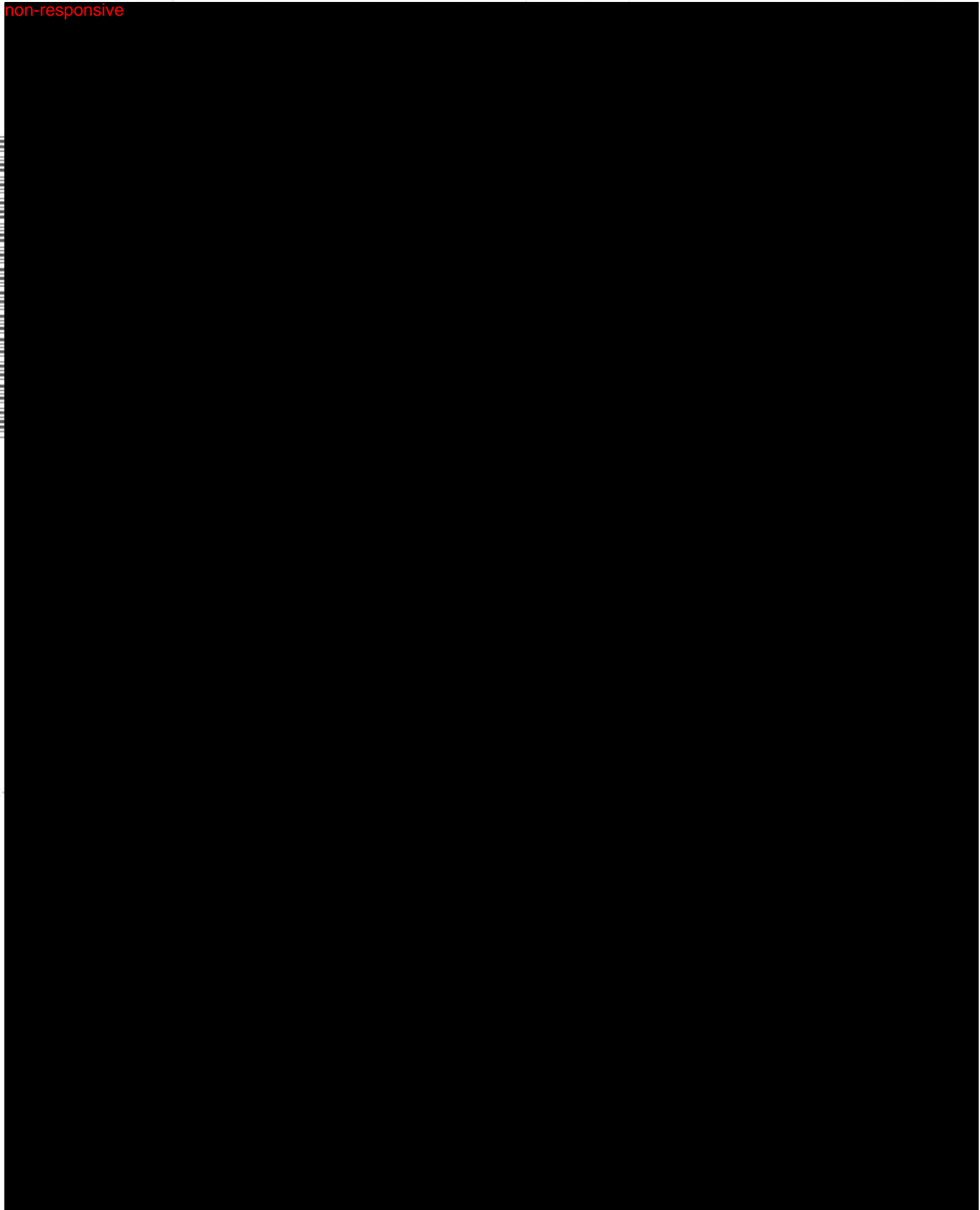
Jul 02 - Aug 01

non-responsive





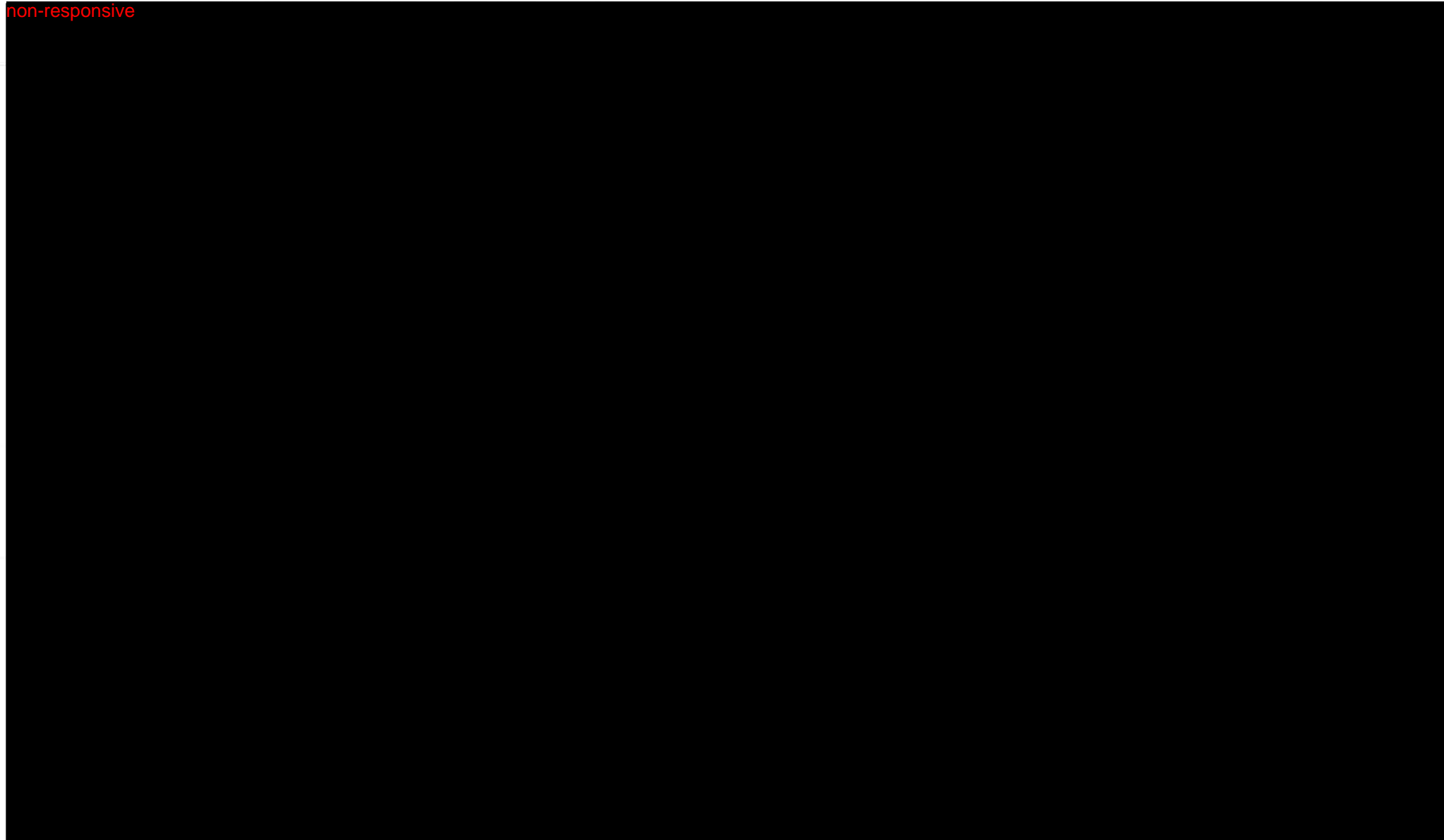
non-responsive





Invoice Number	Account Number	Date Due	Page
6457159177	922229472-00001	Past Due	3 of 303

non-responsive



RIP



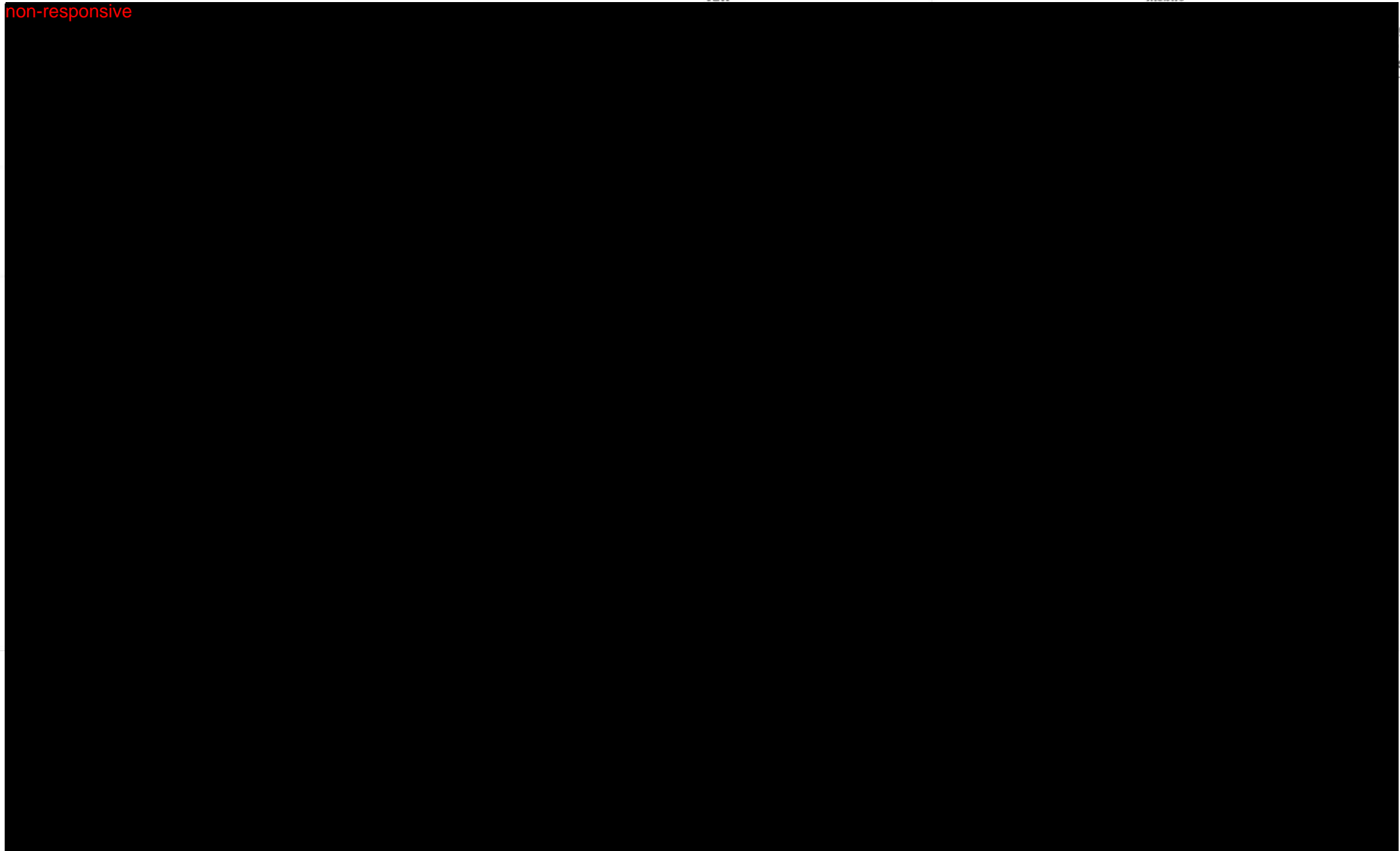
Invoice Number	Account Number	Date Due	Page
6457159177	922229472-00001	Past Due	4 of 303

Overview of Lines, continued

non-responsive

VZW

Mobile



RIP



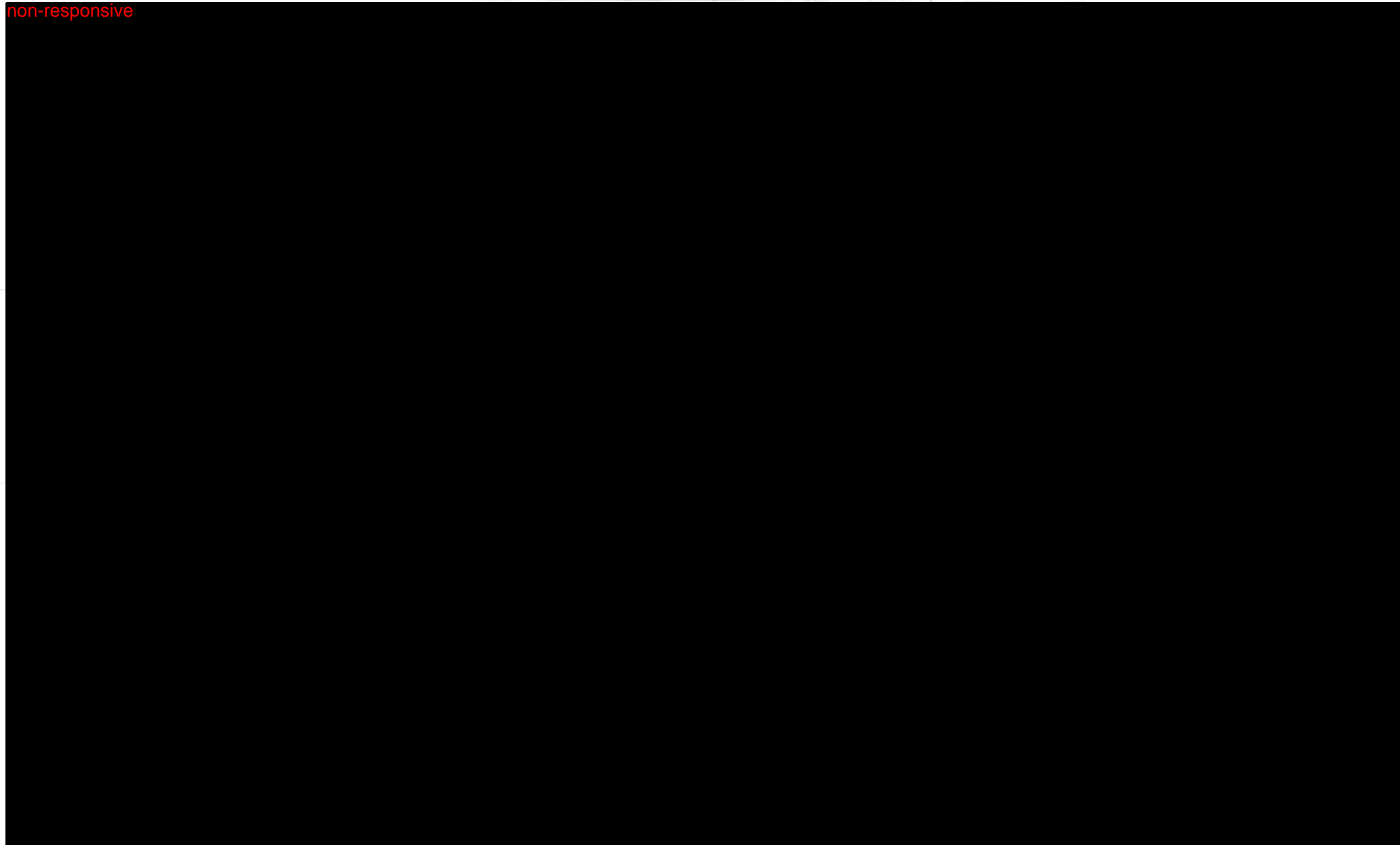
Invoice Number	Account Number	Date Due	Page
6457159177	922229472-00001	Past Due	5 of 303

Overview of Lines, continued

VZW

Mobile

non-responsive





Invoice Number	Account Number	Date Due	Page
6457159177	922229472-00001	Past Due	6 of 303

Overview of Lines, continued

VZW

Mobile

non-responsive

[Redacted Table Content]											
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202	[Redacted]	261	\$78.99	\$225.90	--	\$3.75	\$0.00	\$308.64	600	3	21	1	938KB	300
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non-responsive

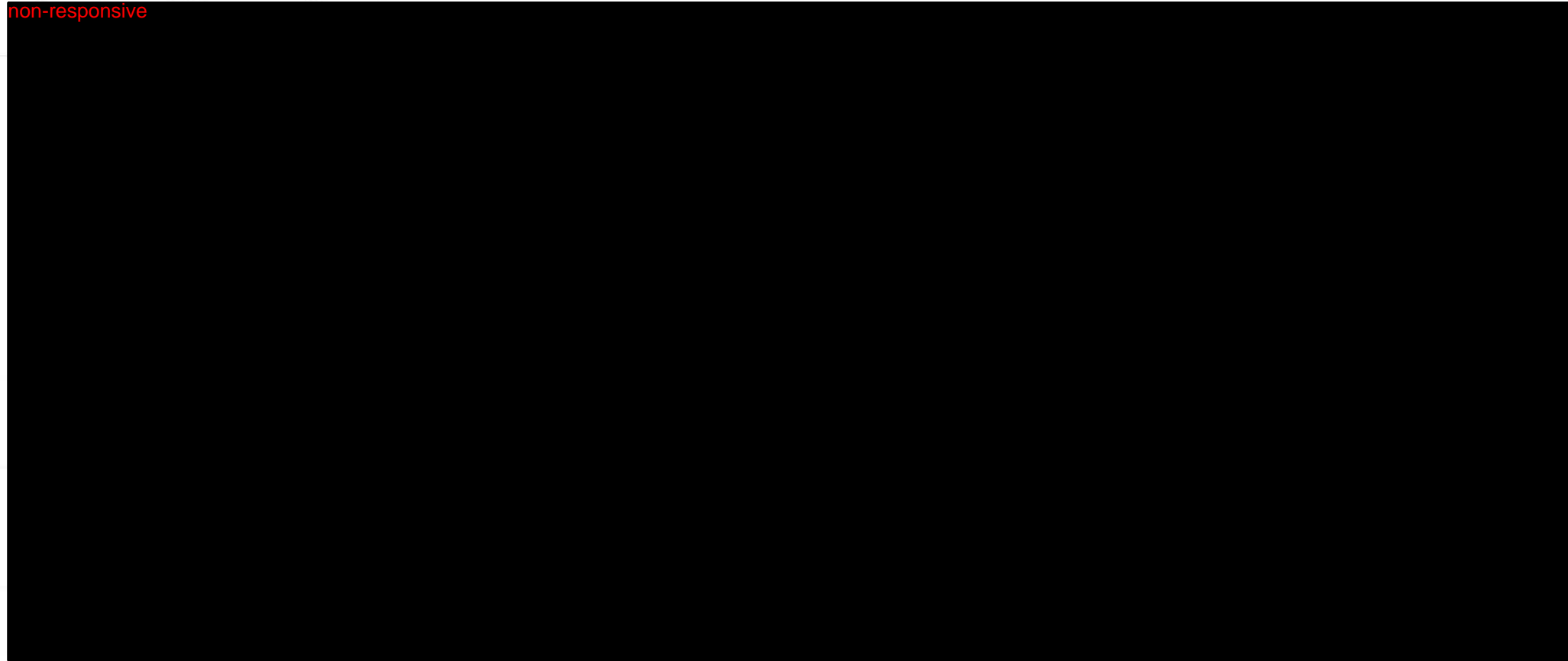
[Redacted Table Content]											
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Invoice Number	Account Number	Date Due	Page
6457159177	922229472-00001	Past Due	7 of 303

non-responsive



RIP

These documents are withheld pursuant to FOIA exemption b6 or are non-responsive to the FOIA request.



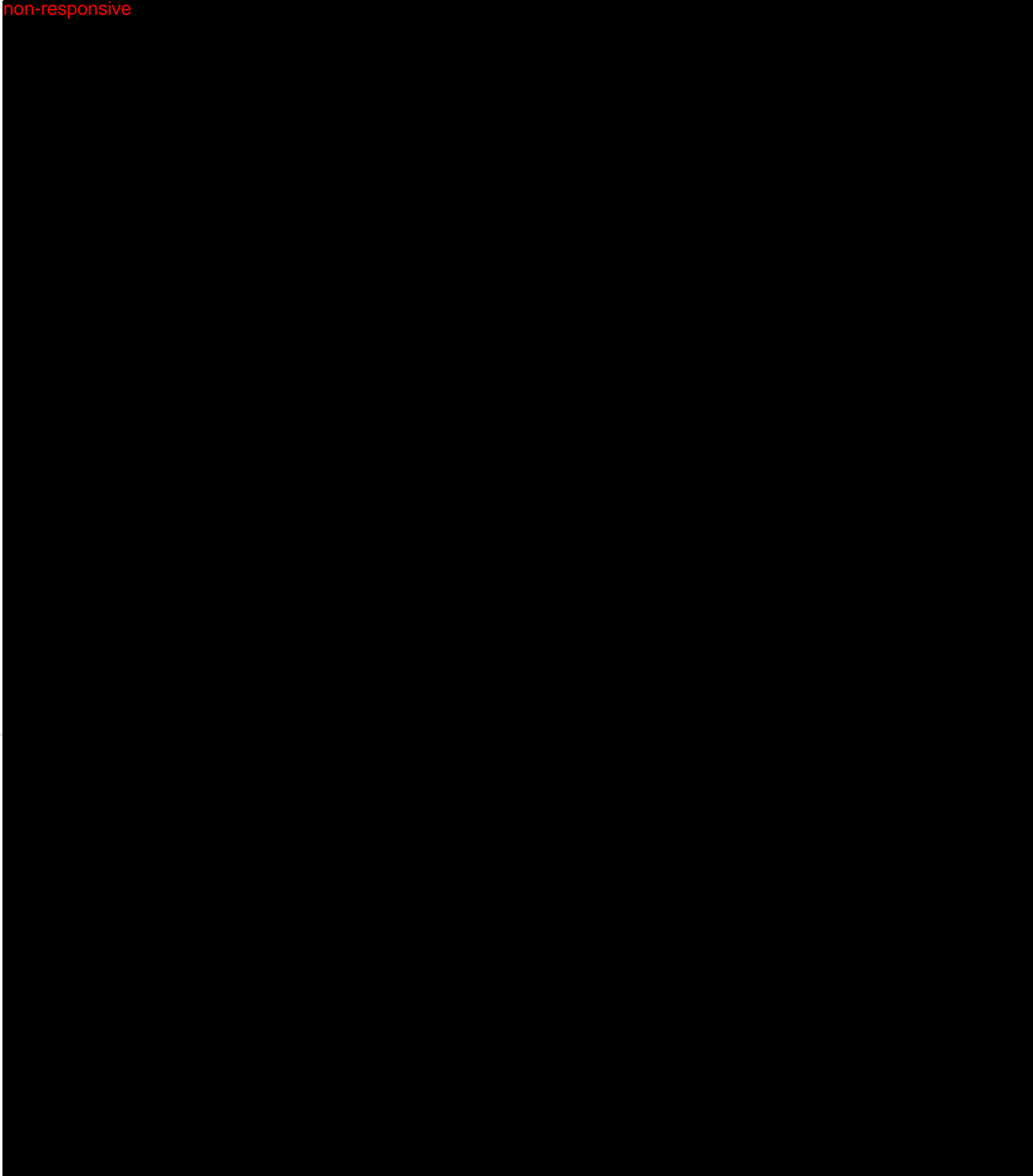
PO BOX 4004  
ACWORTH, GA 30101

Manage Your Account	Account Number	Date Due
At <a href="http://vzw.com/mybusinessaccount">vzw.com/mybusinessaccount</a>	922229472-00001	Past Due
	Invoice Number	6470172502

### Quick Bill Summary

Aug 02 – Sep 01

non-responsive





Invoice Number	Account Number	Date Due	Page
6470172502	922229472-00001	Past Due	2 of 338

non-responsive



non-responsive







Invoice Number	Account Number	Date Due	Page
6470172502	922229472-00001	Past Due	3 of 338

non-responsive



Order #: 4501 Copy #: 05 Control #: 50000081-00010511

RIP



Invoice Number	Account Number	Date Due	Page
6470172502	922229472-00001	Past Due	4 of 338

## Overview of Lines

VZW

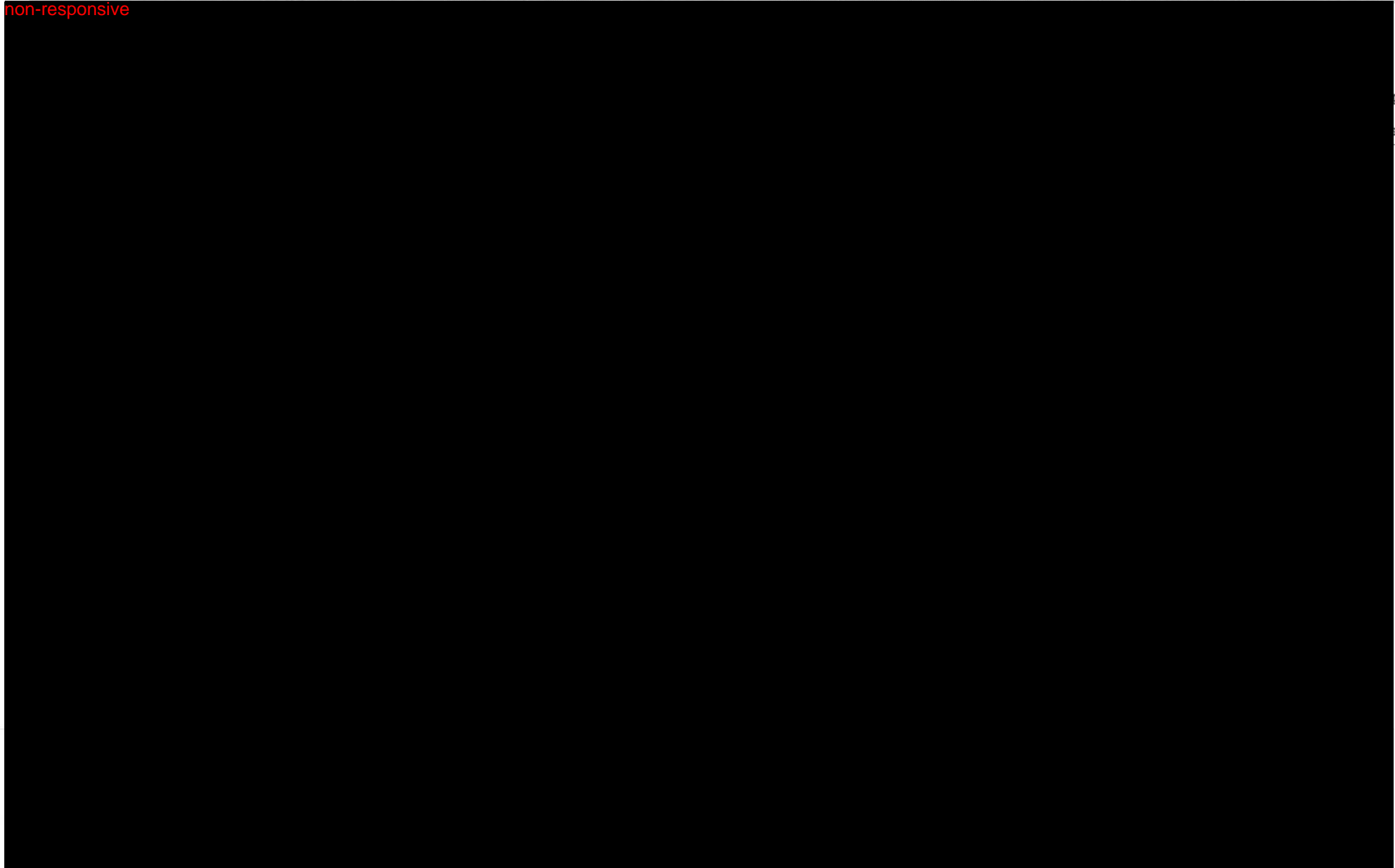
Mobile

non-responsive



RIP

non-responsive





Invoice Number	Account Number	Date Due	Page
6470172502	922229472-00001	Past Due	6 of 338

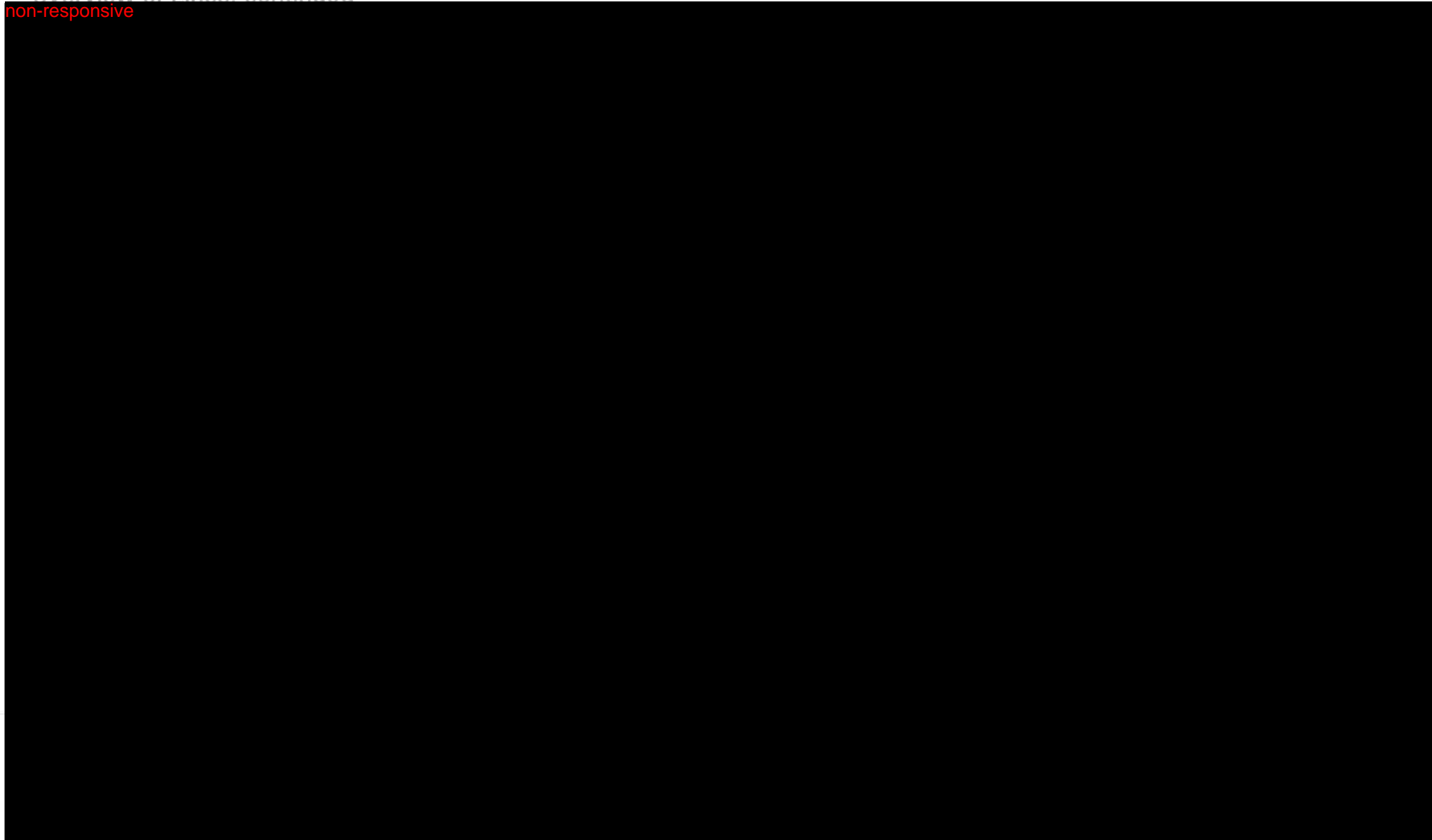
Overview of Lines, continued

VZW	Mobile
non-responsive	

RIP

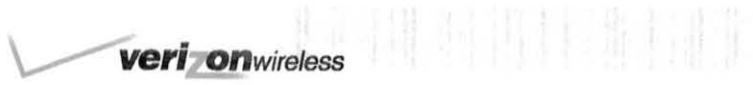
Overview of Lines, continued

non-responsive



4501





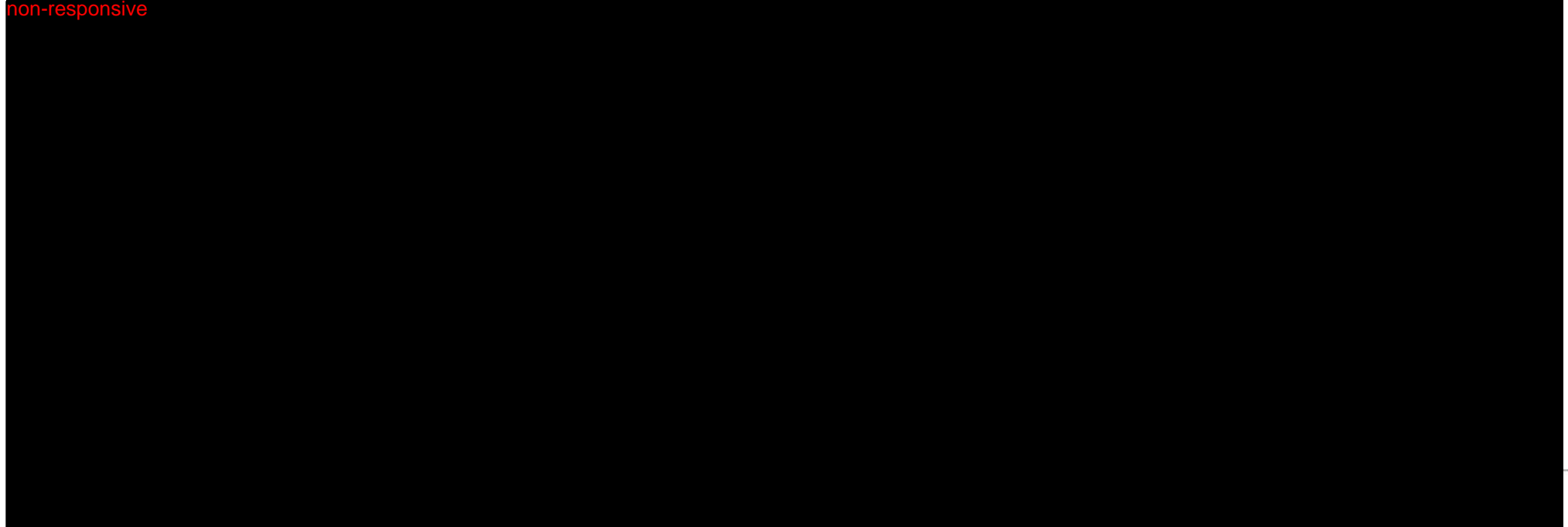
Invoice Number    Account Number    Date Due    Page  
6470172502    922229472-00001    Past Due    8 of 338

non-responsive



b6    202-**non-**    297    \$78.99    \$2.80    --    \$1.58    \$.00    \$83.37    600    --    --    --    722KB    3

non-responsive



RIP b6

Copy of the  
FOIA Request

## Teal, Kirsten

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**From:** Gramian, Nikki  
**Sent:** Monday, May 21, 2012 8:55 AM  
**To:** Teal, Kirsten  
**Subject:** FW: FOIA request: telework

New FOIA request

**From:** Andrew Becker [<mailto:abecker@cionline.org>]  
**Sent:** Friday, May 18, 2012 7:23 PM  
**To:** FOIA OIG  
**Cc:** Gramian, Nikki  
**Subject:** FOIA request: telework

May 18, 2012

Nikki Gramian, Office of Counsel  
Department of Homeland Security, Office of the Inspector General  
245 Murray Drive, Bldg. 410  
Mail Stop - 2600  
Washington, D.C. 20528-0001

Re: Freedom of Information Act Request

Dear Ms. Gramian:

This is a request under the Freedom of Information Act.

I request that a copy of the following documents [or documents containing the following information] be provided to me:

- the DHS Office of Inspector General telework policy
- the number and percentage of the office's total work force who are eligible to telework
- the number and percentage of eligible employees who are authorized to telework
- the number of DHS OIG employees who telework, with a breakdown by office, the individual reason for telework, the type ("episodic or situational" or "core") of telework, days per pay period that employee teleworks, and location of telework.
- any and all travel records and schedules, to include date(s) of travel, destination(s), reason for travel, travel authorizations, total reimbursement claims and vouchers, actual travel reimbursement/voucher requests for Madhuri Edwards, from Fiscal Year 2008 to present/most recent date available.
- any and all temporary duty assignments/stations for Madhuri Edwards, including travel authorization.
- the written telework agreement between Madhuri Edwards and her supervisor for any and all telework assignments.



- any and all telework authorizations for Madhuri Edwards, including the length of time of the telework assignment, the justification for telework and purpose of the assignment, the type of telework, whether telework was full or part-time, the physical location for telework, the government equipment utilized, the work assignments/work to be completed.

- for each telework assignment, the computer access, phone records and/or expenses submitted for payment/reimbursement, whether the expense was reimbursed, and the amount reimbursed for each expense.

In order to help to determine my status to assess fees, you should know that I am a reporter with the Center for Investigative Reporting, a nonprofit news organization, and that this request is for the purpose of newsgathering and not for a commercial use.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it will likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest. If you estimate that the fees will exceed this limit, please inform me first.

If there is any other information that I can provide you to expedite this request, please do not hesitate to ask me.

Thank you for your assistance.

Sincerely,

Andrew Becker  
Center for Investigative Reporting  
2130 Center St., Ste. 103  
Berkeley, CA 94704

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Andrew Becker, staff reporter  
Center for Investigative Reporting  
510-809-3165 direct  
510-849-1813 fax  
abecker@cironline.org  
<http://cironline.org/projects/notice-appear>  
<http://cironline.org/projects/americas-war-within>  
<http://cironline.org/projects/republic-of-cannabis>  
<http://cironline.org/>

*2012 Recipient of the MacArthur Award for Creative and Effective Institutions*

**Attachment to release letter**  
**Explanation of Exemptions**

**SUBSECTIONS OF TITLE 5 U.S.C. § 552 – Freedom of Information Act Exemptions**

- (b)(1) Subsection (A) specifically authorized under criteria established by an Executive Order to be kept secret in the interest of national defense or foreign policy and (B) are in fact properly classified pursuant to such Executive Order.
- (b)(2) Exempts from mandatory disclosure records that are “related solely to the internal personnel rules and practices of an agency.”
- (b)(3) Incorporates the various nondisclosure provisions that are contained in other federal statutes (other than section 552b of this title), provided that such statute (A) requires that the matters be withheld from the public in such a manner as to leave no discretion on the issue, or (B) establishes particular criteria for withholding or refers to particular types of matters to be withheld.
- (b)(4) Protects “trade secrets and commercial or financial information obtained from a person that is privileged or confidential.”
- (b)(5) Protects inter-agency or intra-agency memoranda or letters, which would not be available by law to a party other than an agency in litigation with the agency.
- (b)(6) Protects personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.
- (b)(7) Protects records or information compiled for law enforcement purposes, but only the extent that the production of such law enforcement records or information (A) could reasonably be expected to interfere with enforcement proceedings, (B) would deprive a person of a right to a fair trial or an impartial adjudication, (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy, (D) could reasonably be expected to disclose the identity of a confidential source, (E) would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or (F) could reasonably be expected to endanger the life or physical safety of any individual.
- (b)(8) Protects matters that are “contained in or related to examination, operating, or condition reports prepared by, on behalf of, or for the use of an agency responsible for the regulation or supervision of financial institutions.”
- (b)(9) Covers and protects “geological and geophysical information and data, including maps, concerning wells.”

**SUBSECTIONS OF TITLE 5 U.S.C. § 552a – Privacy Act Exemptions**

- (d)(5) Protects information compiled in reasonable anticipation of a civil action proceeding.
- (j)(2) Protects material reporting investigative efforts pertaining to the enforcement of criminal law including efforts to prevent, control, or reduce crime or apprehend criminals.
- (k)(1) Protects information which is currently and properly classified pursuant to Executive Order in the interest of the national defense or foreign policy, for example, information involving intelligence sources or methods.
- (k)(2) Protects investigatory material compiled for law enforcement purposes, other than criminal, which did not result in loss of a right, benefit or privilege under Federal programs, or which would identify a source who furnished information pursuant to a promise that his/her identity would be held in confidence.
- (k)(3) Protects material maintained in connection with providing protective services to the President of the United States or any other individual pursuant to the authority of Title 18, U.S.C. § 3056.
- (k)(4) Protects records that are “required by statute to be maintained and used solely as statistical records.”
- (k)(5) Protects investigatory material compiled solely for the purpose of determining suitability eligibility, or qualification for Federal civilian employment or for access to classified information, the disclosure of which would reveal the identity of the person who furnished information pursuant to a promise that his identity would be held in confidence.
- (k)(6) Protects testing or examination material used to determine individual qualifications or appointment or promotion in Federal Government service the release of which would compromise the testing or examination process.
- (k)(7) Protects material used to determine potential for promotion in the armed service, the disclosure of which would reveal the identity of the person who furnished the material pursuant to a promise that his identity would be held in confidence.