

Screened by NARA (RD-F) 07-30-2018 FOIA # none (URTS 16315) DOCID: 70105252

3/68

REQUEST

Traveler's Name <u>Kavanaugh, Brett</u>		Document Number <u>96TSTR3/168</u>	<b>FOIA(b)(4)</b>
Social Security Account Number <u>[Redacted]</u>		Accounting Classification <u>[Redacted]</u>	
Requested By <u>[Redacted]</u>		Organization <u>Office of the Independent Counsel</u>	
Signature <u>[Redacted]</u>		Official Duty Station	
Title _____ Date _____	<b>Mode of Transportation Authorized</b> <i>(Check applicable box(es))</i> <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input type="checkbox"/> OTHER		<b>Mode of Subsistence Authorized</b> <i>(Check type)</i> <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <u>61/night + tax</u> <input type="checkbox"/> Per diem of <u>30/M&amp;IE</u> per day <input type="checkbox"/> Extended TDY (Reduced Rate)
<b>Planned Itinerary</b> <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <u>Washington, D.C.</u> VIA: _____ VIA: _____ VIA: _____ To: <u>Little Rock, AR</u> And return <input checked="" type="checkbox"/> <u>7/1/96</u> Dep. Date <u>9/30/96</u> Return Date _____	<b>Estimated Cost</b> Transportation \$ _____ Actual subsistence or per diem \$ <u>4,000</u> Other \$ <u>1,000</u> Total \$ <u>5,000</u> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____	GSA (BOAC)	

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

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

Purpose of Travel

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

Justification (if appropriate)

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

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature Judith R. Harris Title Administrative Officer Date 6/28/96

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

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

3100

REQUEST

Traveler's Name <b>Kavanaugh, Brett</b>		Document Number <b>96TSTR3 102</b>	<b>FOIA(b)(4)</b>
Social Security Account Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		Accounting Classification <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
Requested By <b>FOIA(b)(6)</b>		Organization <b>Office of the Independent Counsel</b>	
Signature _____		Official Duty Station <b>Washington, D.C.</b>	
Title _____	Date _____	<b>Mode of Transportation Authorized</b> <i>(Check applicable box(es))</i> <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input type="checkbox"/> OTHER _____	
<b>Planned Itinerary</b> <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <b>Washington, D.C.</b> VIA: _____ VIA: _____ VIA: _____ To: <b>Little Rock, AR</b> And return <input checked="" type="checkbox"/> <b>4/1/96</b> Dep. Date <b>6/30/96</b> Return Date _____		<b>Mode of Subsistence Authorized</b> <i>(Check type)</i> <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE <b>\$52/night +tax 30/M&amp;IE</b> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	
<b>Estimated Cost</b> Transportation \$ _____ Actual subsistence or per diem \$ <b>4,000</b> Other \$ <b>1,000</b> Total \$ <b>5,000</b> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____		GSA (BOAC)	

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

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

Purpose of Travel

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

Justification (if appropriate)

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

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature [Signature] Title **Administrative Officer** Date 1/22/96

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

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

3065

REQUEST

Traveler's Name <b>Brett Kavanaugh</b>		Document Number <b>96TSTR 3065</b>	FOIA(b)(4)
Social Security Account Number		Accounting Classification	
Requested By Signature		Organization <b>office of the Independent Counsel</b>	Official Duty Station <b>Washington, DC</b>
Title _____ Date _____		Mode of Transportation Authorized (Check applicable box(es))	
Planned Itinerary		Mode of Subsistence Authorized (Check type)	
<input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <b>Washington, DC</b> VIA: _____ VIA: _____ VIA: _____ To: <b>Little Rock, AR</b> And return <input checked="" type="checkbox"/> Dep. Date <b>1/1/96</b> Return Date <b>3/31/96</b>		<input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input type="checkbox"/> OTHER GSA (BOAC)	
Estimated Cost Transportation \$ _____ Actual subsistence or per diem \$ <b>4,000</b> Other \$ <b>1,000</b> Total \$ <b>5,000</b> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____		<input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <b>52/night + tax 30/M&amp;IE</b> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

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

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

Justification (if appropriate)

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

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature Justin R. Harris Title Administrative Officer Date 12/21/95

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

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

REQUEST

Traveler's Name <b>Brett Kavanaugh</b>		Document Number <b>96TSTR 3013</b> <span style="border: 1px solid black; padding: 2px;">FOIA(b)(4)</span>
Social Security Account Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		Accounting Classification <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Requested By Signature <span style="border: 1px solid black; padding: 2px;">FOIA(b)(6)</span>		Organization <b>Office of the Independent Counsel</b>
Title _____ Date _____		Official Duty Station <b>Washington, DC</b>
<b>Planned Itinerary</b> <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations. From: <b>Washington, DC</b> VIA: _____ VIA: _____ VIA: _____ To: <b>Little Rock, AR</b> And return <input checked="" type="checkbox"/> Dep. Date <b>10/1/95</b> Return Date <b>12/31/95</b>		<b>Mode of Transportation Authorized</b> <i>(Check applicable box(es))</i> <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input type="checkbox"/> OTHER GSA (BOAC)
<b>Estimated Cost</b> Transportation \$ _____ Actual subsistence or per diem \$ <b>5,000.00</b> Other \$ <b>1,000.00</b> Total \$ <b>6,000.00</b> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____	<b>Mode of Subsistence Authorized</b> <i>(Check type)</i> <input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <b>52/night + tax</b> <b>30/M&amp;IE</b> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)	

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

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

**Purpose of Travel**

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

**Justification** (if appropriate)

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

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature Justin R. Harris Title Administrative Officer Date 9/27/95

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

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel - <i>Star</i>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. <b>96STAR1233</b>
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4. a. NAME (Last, first, middle initial) KAVANAUGH, Brett M.	b. SOCIAL SECURITY NO. FOIA(b)(6)	5. PERIOD OF TRAVEL a. FROM 5/13/96 b. TO 5/16/96
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO. 202-514-8688
e. PRESENT DUTY STATION Washington, D. C.		f. RESIDENCE (City and State) Chevy Chase, Maryland
		6. TRAVEL AUTHORIZATION DATE(S) <b>#09</b>
		9. CHECK NO.

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

11-1 FOREIGN TRAVEL

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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
(g) DINERS GTS OTHER	\$				Washington, DC	Little Rock, Arkansas
	\$				and	return
(h) CASH	\$					
(i) TOTAL	\$					

(j) COST CENTER/ ACCT CLASS:	(m) TRANS. TICKETS (from reverse) (21-1)	\$ 189.00
(k) DC NUMBER: FOIA(b)(4) 96STAR 3102	(n) MILEAGE (from reverse) (21-2)	\$
(l) CALL NUMBER:	(o) SUBSISTENCE (from reverse) (21-4)	\$ 219.60
	(p) VEHICLE RENTAL (from reverse) (21-6)	\$ 98.40
	(q) OTHER (from reverse) (21-7)	\$ 43.00

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

TRAVELER SIGN HERE ▶ *Brett M. Kavanaugh*    DATE **5-16-96**    AMOUNT CLAIMED ▶ \$ 555.00

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

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

APPROVING OFFICIAL SIGN HERE ▶ *Cuey Deffen*    DATE **5/20/96**

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	DIFFERENCES IF ANY (21-1) (21-2) (21-4) (21-6) (21-7)	\$
			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION:	\$
			Certifier's initials:	\$
			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	\$
			d. NET TO TRAVELER	\$

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

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete this information if this is a continuation sheet.

PAGE 1 OF 2 PAGES

TRAVELER'S AUTHORIZATION NO.

TRAVELER'S LAST NAME  
KAVANAUGH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES									MILEAGE RATE: \$	TRANSPORTATION TICKETS	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	MILEAGE	SUBSISTENCE			VEHICLE RENTAL	OTHER		
			BREAKFAST	LUNCH	DINNER	TOTAL											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)		
19 96	5/13	5:40a Taxi from home in Chevy Chase to National Airport (\$25, including tip)														25.00	
	6:45a	Depart Washington National Airport Delta #253															
	8:15a	Arrive Cincinnati Airport															
	9:05a	Depart Cincinnati Airport Delta #253'															
	9:39a	Arrive Little Rock Airport Pick up National Rental Car										93.00					
	All Day	Attend meetings at OIC/Little Rock and OIC/Trial Office and Court															
	OVER-NIGHT	LaQuinta Little Rock West (\$55 per night + \$6.05 tax = \$61.05)							61.05		61.05			61.05			
		Per diem for 5/13/96 (1 day @ \$30 per day)							30.00		30.00			30.00			
	5/14	All Day OIC/Little Rock															
											<b>SUBTOTALS</b> ▶	93.00		91.05		25.00	
											<b>TOTALS</b> ▶						

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

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

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

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

**TOTAL AMOUNT CLAIMED** ▶

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete this information if this is a continuation sheet.

PAGE 2 OF 2 PAGES

TRAVELER'S AUTHORIZATION NO.

TRAVELER'S LAST NAME  
KAVANAUGH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	TRANS-PORTATION TICKETS	AMOUNT CLAIMED			
			MEALS				MISCEL-LANEOUS SUBSIS-TENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	MILEAGE			SUBSIS-TENCE	VEHICLE RENTAL	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	
5/14	OVER-NIGHT	LaQuinta Little Rock West (\$55 + \$6.05 tax = \$61.05)						61.05	61.05							
		Per Diem for 5/14 (1 day @ \$30 per day)					30.00		30.00							
5/15	All Day	OIC/Little Rock														
	5:34p	Turn in National Rental Car (\$81+ \$6.06 refuel charge + \$11.34 tax = \$98.40)													98.40	
	5:48p	Depart Little Rock American \$3564														
	7:25p	Arrive Dallas/Ft. Worth Airport														
5/16	12:02a	Depart Dallas/Ft. Worth American #834														
5/16	12:02a	Arrive Washington National Airport									96.00					
5/15		Per diem for 5/15 (1 day @ \$30 per day)							30.00							
5/16	12:10a	Taxi from Washington National Airport														
5/16	12:40a	to home in Chevy Chase (\$23, including tip)														23.00
5/16		Per diem for 5/16 (1/2 day x \$30 = \$7.50)							7.50							
											<b>SUBTOTALS ▶</b>	96.00		128.55	98.40	23.00
											<b>TOTALS ▶</b>	189.00		219.60	98.40	48.00

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

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

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

FOIA # none (URTS 16315) DocId: 70105252 Page 8

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

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

**TOTAL AMOUNT CLAIMED ▶ \$555.00**



Travel Voucher

(Read the Privacy Act Statement on the back)

<b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE</b> Office of the Independent Counsel		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b>																																										
<b>4. a. NAME (Last, first, middle initial)</b> KAVANAUGH, Brett M.		<b>b. SOCIAL SECURITY NO.</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FOIA(b)(6)</div>	<b>5. PERIOD OF TRAVEL</b> a. FROM _____ b. TO _____																																										
<b>c. MAILING ADDRESS (Include ZIP Code)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>d. OFFICE TELEPHONE NO.</b> 202-514-8688	<b>6. TRAVEL AUTHORIZATION DATE(S)</b>																																										
<b>e. PRESENT DUTY STATION</b> Washington, D. C.		<b>f. RESIDENCE (City and State)</b> Chevy Chase, Maryland																																											
<b>7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)</b> a. Outstanding _____ b. Amount to be applied _____ c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding _____		<b>8. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED _____ b. AMOUNT RECEIVED \$ _____ c. PAYEE'S SIGNATURE _____																																											
<b>11-1 FOREIGN TRAVEL</b> <input type="checkbox"/>		<b>11-2 PURPOSE OF TRAVEL:</b> <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)																																											
<b>12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD</b> (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:10%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:15%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="text-align: center;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th style="width:15%;">FROM (e)</th> <th style="width:15%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>(g) DINERS GTS OTHER</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(h) CASH</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(i) TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL							FROM (e)	TO (f)	(g) DINERS GTS OTHER	\$							\$						(h) CASH	\$						(i) TOTAL	\$						Traveler's Initials <span style="float: right;">▶</span>	
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																																								
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(i) TOTAL	\$																																												
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(q) OTHER (from reverse)	(21-7)	\$																																											
<b>(k) DC NUMBER:</b> _____		<b>(l) CALL NUMBER:</b> _____																																											
<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>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: center;">DATE</td> <td style="width:10%; text-align: center;">AMOUNT CLAIMED</td> <td style="width:20%;"></td> </tr> <tr> <td>TRAVELER SIGN HERE ▶</td> <td></td> <td>\$</td> <td></td> </tr> </table>			DATE	AMOUNT CLAIMED		TRAVELER SIGN HERE ▶		\$																																			
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TRAVELER SIGN HERE ▶		\$																																											
<b>14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b> DIFFERENCES IF ANY (Explain and show amount) (21-1) \$ _____ (21-2) _____ (21-4) _____ (21-6) _____ (21-7) _____																																											
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> a. VOUCHER NO. _____ b. D.O. SYMBOL _____ c. MONTH & YEAR _____		<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION:</b> Certifier's initials: \$ _____																																											
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		<b>c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)</b> \$ _____ <b>d. NET TO TRAVELER</b> ▶ \$ _____																																											

REQUEST

Traveler's Name <b>Kavanaugh, Brett</b>		Document Number <b>96TSTR3 102</b>	FOIA(b)(4)
Social Security Account Number		Accounting Classification	
Requested By Signature		Organization <b>Office of the Independent Counsel</b>	
Title		Official Duty Station <b>Washington, D.C.</b>	
Date			
Planned Itinerary	Estimated Cost	Mode of Transportation Authorized (Check applicable box(es))	Mode of Subsistence Authorized (Check type)
<input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <b>Washington, D.C.</b> VIA: _____ VIA: _____ VIA: _____ To: <b>Little Rock, AR</b> And return <input checked="" type="checkbox"/> Dep. Date <b>4/1/96</b> Return Date <b>6/30/96</b>	Transportation \$ _____ Actual subsistence or per diem <b>\$4,000</b> Other <b>\$1,000</b> Total <b>\$5,000</b> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____	<input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input checked="" type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input type="checkbox"/> OTHER GSA (BOAC)	<input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE <b>\$52/night +tax</b> <b>30/M&amp;IE</b> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)

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

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

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

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

4. Other. Specify below.

Purpose of Travel

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

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

Justification (if appropriate)

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature Justin R. Harris Title Administrative Officer Date 3/22/96

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

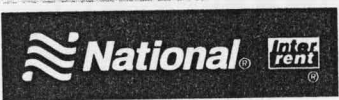
A travel voucher must be submitted within 10 workdays after the travel is completed, or not later than the 10th workday of the following month for persons in a continuous travel status who file monthly vouchers.

DATE 5/13/96 COMPLETION TIME \_\_\_\_\_  
 ACCT # \_\_\_\_\_ ACCT NAME \_\_\_\_\_  
 PICK UP [REDACTED]  
 DROP Natl. Airport  
 NOTES \_\_\_\_\_  
 BASE METER \_\_\_\_\_ EXTRAS \_\_\_\_\_  
 GRATUITY \_\_\_\_\_ TOTAL \$ 25 incl tip  
 PASSENGER SIGNATURE Brett Kavanaugh  
 DRIVER \_\_\_\_\_ DR # \_\_\_\_\_ VEH # \_\_\_\_\_  
 THANK YOU!

FOIA(b)(6)

**THANK YOU FOR RIDING WITH US!**

Cab No. \_\_\_\_\_ Date 5-16-96  
 From Natl Airport  
 To [REDACTED]  
 Fare 25 incl tip Time \_\_\_\_\_  
 Owner/Operator's Name Brett M. Kavanaugh

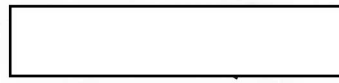


LITTLE ROCK LICENSEE 501-376-7221  
 RENTAL: 5/13/96 0959 8040300  
 RETURN: 5/15/96 1734 LITTLE ROCK 8040300  
 U S GOVERNMENT - OFF 5000300

RETURN RA LR04825-1

No problem:

OWN 80403 VEH LR18810 BRETT KAVANAUGH  
 LIC AR XDF335  
 MILES IN:25364 OUT:25309 DRIVEN: 55



FINAL CHARGES  
 RATE CHG \$ 81.00  
 \*TOTAL T&M \$ 81.00  
 REFUEL SC \$ 6.06  
 NET DUE \$ 87.06  
 TAX14.000% \$ 11.34  
 AMT DUE \$ 98.40

RATE SINS RATE CLASS M MIN RENTAL DAYS 1  
 \$27.00/DLY \$170.00/WK \$9.00/HR \$777.00/SPCL  
 \$81.00/ 3

FOIA(b)(6)

\$ 2.940/GAL NT REFUEL SC \$.123/MI

PAID BY 09/96 AUTH:#624133 \$ 61 5/13/96  
 ADDL AUTH:#784362 \$ 37 5/15/96

YOUR SATISFACTION IS IMPORTANT TO ALL OF US AT NATIONAL

THANK YOU FOR CHOOSING NATIONAL

\* TAXABLE CHARGES



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

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

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

ROOM 220 is KPN arrive 5/13/96 (MON) depart 5/15/96 (WED)  
rate based on KPN #persons 1+ rlwy 0 crib 0  
club # special accounts GSA & cml N

guest name KAVANAUGH , BRETT M  
firm name U S DEPT OF JUSTICE  
address



FOIA(b)(6)

spec info  
home ph ( ) - - - | firm ph (414) 747-1150 tax status \_

type	reference	amount	id	date	time	trans	special info
ROOM	SPECIAL ACCOUNT RATE	55.00		5/13	2:56	77158	acct is GSA
TAX		6.05		5/13	2:56	77159	
ROOM	SPECIAL ACCOUNT RATE	55.00		5/14	2:06	77493	acct is GSA
TAX		6.05		5/14	2:06	77494	
	charged to						
		122.10-	TZ	5/15	8:40	77623	

credits = 122.10 debits = 122.10 CURRENT BALANCE = 0.00

**PASSENGER TICKET AND BAGGAGE CHECK**  
**PASSENGER COUPON AND BOARDING PASS**

NAME OF PASSENGER  
**KAVANAUGH/BRETT M**

FROM  
**WAS-NATIONAL**  
 TO  
**LITTLE ROCK**  
 DELTA

CARRIER/FLIGHT CLASS/DATE/TIME  
**DL 253 L 15MAY 64 5A**

GATE BOARD TIME SEAT SMOKING  
 34D NO

ADDITIONAL SEAT INFORMATION  
 PCS CK.WT. UNCK.WT. SEQ.NO. PCS CK.WT. UNCK.WT.  
 BAGGAGE ID. NR.

DOCUMENT NUMBER  
**1 006 2157214848 4**  
**DLDCAFTO/JG**

ISSUED BY **American Airlines**  
 PASSENGER TICKET AND BAGGAGE CHECK  
 PASSENGER COUPON AND BOARDING PASS

NAME OF PASSENGER  
**KAVANAUGH/BRETT M**

X/O FROM  
**X DALLAS FORT WORTH**

X/O TO  
**WASHINGTON**

**AMERICAN AIRLINES**  
 CARRIER FLIGHT CLASS DATE DEPARTURE TIME  
**AA 834 Y 15 MAY 81 7P**

GATE SEAT SMOKING  
**16D NO**

PCS CKD WT CKD WT UNCKD AL CODE BAGGAGE NUMBER

CPN AIRLINE FORM AND SERIAL NUMBER CK  
**2 001 2165582637 4**  
 IDENT ISS CARRIER/AGENT  
**001/42A**

ISSUED BY **American Airlines**  
 PASSENGER TICKET AND BAGGAGE CHECK  
 PASSENGER COUPON AND BOARDING PASS

NAME OF PASSENGER  
**KAVANAUGH/BRETT M**

X/O FROM  
**LITTLE ROCK**

X/O TO  
**DALLAS FORT WORTH**

**AMERICAN AIRLINES**  
 CARRIER FLIGHT CLASS DATE DEPARTURE TIME  
**AA 3564 Y 15 MAY 54 8P**

GATE SEAT SMOKING  
**4B NO**

PCS CKD WT CKD WT UNCKD AL CODE BAGGAGE NUMBER

CPN AIRLINE FORM AND SERIAL NUMBER CK  
**1 001 2165582637 1**  
 IDENT ISS CARRIER/AGENT  
**001/42A**

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE  
Office of the Independent Counsel for  
JAN 23 2 25 PM '96

2. TYPE OF TRAVEL  
 TEMPORARY DUTY  
 PERMANENT CHANGE OF STATION

3. VOUCHER NO.  
96STAR0514

4. a. NAME (Last, first, middle initial)  
KAVANAUGH, Brett M. MANAGERIAL OFFICER

b. SOCIAL SECURITY NO.  
[Redacted]

5. PERIOD OF TRAVEL  
a. FROM 1/15/96 b. TO 1/16/96

c. MAILING ADDRESS (Include ZIP Code)  
[Redacted]

d. OFFICE TELEPHONE NO.  
202-514-8688

6. TRAVEL AUTHORIZATION DATE(S)  
TVL CCM#08

e. PRESENT DUTY STATION  
Washington, D. C.

f. RESIDENCE (City and State)  
Chevy Chase, Maryland FOIA(b)(6)

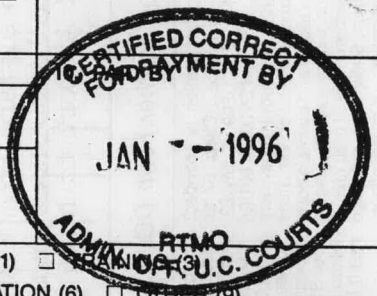
9. CHECK NO.

7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)

8. CASH PAYMENT RECEIPT  
a. DATE RECEIVED b. AMOUNT RECEIVED \$  
c. PAYEE'S SIGNATURE

11-1 FOREIGN TRAVEL

11-2 PURPOSE OF TRAVEL:  OPERATIONAL (1)  MEETING/CONFERENCE (4)  RELOCATION (6)  OTHER (9)



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

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

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
(g) DINERS GTS OTHER	\$				Washington, D.C.	Little Rock, Arkansas and return
(h) CASH	\$	COU		2 days		
(i) TOTAL	\$					
(j) COST CENTER/ ACCT CLASS:			FOIA(b)(4)			
(k) DC NUMBER:			96TSTR3065			
(l) CALL NUMBER:						
				(m) TRANS. TICKETS (from reverse)	(21-1)	\$ 189.00
				(n) MILEAGE (from reverse)	(21-2)	\$
				(o) SUBSISTENCE (from reverse)	(21-4)	\$ 102.72
				(p) VEHICLE RENTAL (from reverse)	(21-6)	\$ 33.06
				(q) OTHER (from reverse)	(21-7)	\$ 27.20

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

TRAVELER SIGN HERE ▶ Brett M. Kavanaugh DATE 1-18-96 AMOUNT CLAIMED ▶ \$ 351.98

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest if 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 ▶ Gregory Meyer DATE 1/19/96

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

DIFFERENCES IF ANY (Explain and show amount)	(21-1) Airfare	\$ 189.00
	(21-2) Ticket	
	(21-4) changed to	
	(21-6) OIC office	
	(21-7) acct.	

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: Certified's initials: DATE 1/20/96 \$ 162.98

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE

d. NET TO TRAVELER ▶ \$ 162.98

96STAR0514



**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete this information if this is a continuation sheet.

PAGE 1 OF 2 PAGES

TRAVELER'S AUTHORIZATION NO.

TRAVELER'S LAST NAME  
KAVANAUGH

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense.)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: ¢	TRANSPORTATION TICKETS	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSES	MILEAGE			SUBSISTENCE	VEHICLE RENTAL	OTHER	
			BREAKFAST	LUNCH	DINNER	TOTAL										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	
1/15	4:15p	Depart OIC-DC via taxi for Washington National Airport (\$10 + \$1 tip)													11.00	
	5:10p	Depart National Airport American #1469														
	7:42p	Arrive Dallas/Ft. Worth Airport														
	8:21p	Depart Dallas/Ft. Worth Airport American #1868														
	9:33p	Arrive Little Rock Airport														
		Pick up National Rental Car												33.06		
		Office-related phone call on hotel bill													1.20	
OVER-NIGHT		The Amerisuites Hotel (\$52 + \$5.72 tax)						57.72	57.72				57.72			
1/16		Spend day in Little Rock on OIC business matters														
	6:15p	Depart Little Rock Airport Northwest #462														
	6:59p	Arrive Memphis Airport														
	8:15p	Depart Memphis Airport Northwest #1030														
	11:11p	Arrive Washington National Airport														
		(Cost of roundtrip airfare from Washington National Airport to Little Rock and return)														
	11:25p	Taxi from National Airport to home (\$13 + \$2 tip)													15.00	
	11:50p	Arrive home														
										<b>SUBTOTALS</b>	189.00		57.72	33.06	27.20	
										<b>TOTALS</b>						

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

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

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

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

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

**TOTAL AMOUNT CLAIMED**

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

4. a. NAME (Last, first, middle initial) KAVANAUGH, Brett M.		b. SOCIAL SECURITY NO. FOIA(b)(6)	5. PERIOD OF TRAVEL a. FROM b. TO
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO. 202-514-8688	6. TRAVEL AUTHORIZATION DATE(S)

e. PRESENT DUTY STATION Washington, D. C.	f. RESIDENCE (City and State) Chevy Chase, Maryland	9. CHECK NO.
--	--	--------------

7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)	8. CASH PAYMENT RECEIPT a. DATE RECEIVED    b. AMOUNT RECEIVED \$	10. PAID BY
a. Outstanding	c. PAYEE'S SIGNATURE	
b. Amount to be applied		
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)		

d. Balance outstanding	11-2 PURPOSE OF TRAVEL: <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)
------------------------	--

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

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

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).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)	17. FOR FINANCE OFFICE USE ONLY COMPUTATION
APPROVING OFFICIAL SIGN HERE	DIFFER- (21-1) \$
	ENCES (21-2)
	IF ANY (21-4)
	(Explain (21-6)
	and show (21-7)
amount)	

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	\$
	d. NET TO TRAVELER	\$



CONF

REQUEST

Traveler's Name <b>Brett Kavanaugh</b>		Document Number <b>96TSTR 3065</b>
Social Security Account Number	<input type="text"/>	Accounting Classification <b>FOIA(b)(4)</b>
Requested By Signature	<b>FOIA(b)(6)</b>	Organization <b>office of the Independent Counsel</b>
		Official Duty Station <b>Washington, DC</b>

Title _____ Date _____	Mode of Transportation Authorized (Check applicable box(es))	Mode of Subsistence Authorized (Check type)
<b>Planned Itinerary</b> <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <b>Washington, DC</b> VIA: _____ VIA: _____ VIA: _____ To: <b>Little Rock, AR</b> And return <input checked="" type="checkbox"/> Dep. Date <b>1/1/96</b> Return Date <b>3/31/96</b>	<b>Estimated Cost</b> Transportation \$ _____ Actual subsistence or per diem \$ <b>4,000</b> Other \$ <b>1,000</b> Total \$ <b>5,000</b> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____ GSA (BOAC)	<input type="checkbox"/> Actual subsistence up to \$ _____ per day Actual subsistence requires approval by appropriate authorizing official <input checked="" type="checkbox"/> Per diem based on lodging plus meals and incidental expenses NTE \$ <b>52/night + tax 30/M&amp;IE</b> <input type="checkbox"/> Per diem of \$ _____ per day <input type="checkbox"/> Extended TDY (Reduced Rate)

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

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

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

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

4. Other. Specify below.

**Purpose of Travel**

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

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

**Justification** (if appropriate)

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

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature *Justin R. Harris* Title Administrative Officer Date 12/21/98

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

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

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE Office of the Independent Counsel <i>Starr</i>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. <b>96STAR0514</b>
--	--	---	-------------------------------------

4. a. NAME (Last, first, middle initial) KAVANAUGH, Brett M.	b. SOCIAL SECURITY NO. [FOIA(b)(6)]	5. PERIOD OF TRAVEL a. FROM 1/15/96 b. TO 1/16/96
c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NO. 202-514-8688	6. TRAVEL AUTHORIZATION DATE(S) <b>TVL CLM#08</b>
e. PRESENT DUTY STATION Washington, D. C.	f. RESIDENCE (City and State) Chevy Chase, Maryland	9. CHECK NO.

7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)	8. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	10. PAID BY
---	--	-------------

11-1 FOREIGN TRAVEL  11-2 PURPOSE OF TRAVEL:  OPERATIONAL (1)  TRAINING (3)  MEETING/CONFERENCE (4)  RELOCATION (6)  OTHER (9)

12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.))	I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				POINTS OF TRAVEL		Traveller's Initials
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	FROM (e)	TO (f)	
(g) DINERS GTS OTHER	\$				Washington, D.C.	Little Rock, Arkansas	
(h) CASH	\$					and return	
(i) TOTAL	\$						

(j) COST CENTER/ ACCT CLASS: [FOIA(b)(4)]	(m) TRANS. TICKETS (from reverse) (21-1)	\$ 189.00
(k) DC NUMBER: <b>96TSTR23065</b>	(n) MILEAGE (from reverse) (21-2)	\$
(l) CALL NUMBER:	(o) SUBSISTENCE (from reverse) (21-4)	\$ 102.72
	(p) VEHICLE RENTAL (from reverse) (21-6)	\$ 33.06
	(q) OTHER (from reverse) (21-7)	\$ 27.20

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

TRAVELER SIGN HERE **Brett M. Kavanaugh** | DATE **1-18-96** | AMOUNT CLAIMED **\$ 351.98**

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

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

APPROVING OFFICIAL SIGN HERE **Cecily Meyer** | DATE **1/19/96**

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR	17. FOR FINANCE OFFICE USE ONLY COMPUTATION DIFFERENCES IF ANY (Explain and show amount) (21-1) \$ (21-2) (21-4) (21-6) (21-7)
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) \$ d. NET TO TRAVELER \$





<b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE</b> Office of the Independent Counsel		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b>			
<b>4. a. NAME (Last, first, middle initial)</b> KAVANAUGH, Brett M.		<b>b. SOCIAL SECURITY NO.</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FOIA(b)(6)</div>	<b>5. PERIOD OF TRAVEL</b> a. FROM _____ b. TO _____				
<b>c. MAILING ADDRESS (Include ZIP Code)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>d. OFFICE TELEPHONE NO.</b> 202-514-8688		<b>6. TRAVEL AUTHORIZATION DATE(S)</b>			
<b>e. PRESENT DUTY STATION</b> Washington, D. C.		<b>f. RESIDENCE (City and State)</b> Chevy Chase, Maryland		<b>9. CHECK NO.</b>			
<b>7. TRAVEL ADVANCE (From Imprest Fund or Treasury Check)</b>		<b>8. CASH PAYMENT RECEIPT</b>		<b>10. PAID BY</b>			
a. Outstanding _____ b. Amount to be applied _____ c. Amount due Government _____ (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding _____		a. DATE RECEIVED _____ b. AMOUNT RECEIVED \$ _____ c. PAYEE'S SIGNATURE _____		(blank)			
<b>11-1 FOREIGN TRAVEL</b> <input type="checkbox"/>		<b>11-2 PURPOSE OF TRAVEL:</b> <input type="checkbox"/> OPERATIONAL (1) <input type="checkbox"/> TRAINING (3) <input type="checkbox"/> MEETING/CONFERENCE (4) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> OTHER (9)					
<b>12. TRANSPORTATION TICKETS, IF PURCHASED WITH CASH OR CREDIT CARD</b> (List below and attach passenger coupon; if credit card is used, show type of credit card (circle one.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <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)
(g) DINERS GTS OTHER \$ _____ (h) CASH \$ _____ (i) TOTAL \$ _____		(m) TRANS. TICKETS (from reverse) (21-1) \$ _____ (n) MILEAGE (from reverse) (21-2) \$ _____ (o) SUBSISTENCE (from reverse) (21-4) \$ _____ (p) VEHICLE RENTAL (from reverse) (21-6) \$ _____ (q) OTHER (from reverse) (21-7) \$ _____		(j) COST CENTER/ ACCT CLASS: <div style="border: 1px solid black; padding: 2px; display: inline-block;">FOIA(b)(4)</div>		(k) DC NUMBER: _____ (l) CALL NUMBER: _____	
<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 _____ AMOUNT CLAIMED ▶ \$ _____		
<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 telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>					<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b>		
<b>APPROVING OFFICIAL SIGN HERE</b> ▶ _____					DIFFERENCES (21-1) \$ _____ IF ANY (21-2) _____ (Explain and show amount) (21-4) _____ (21-6) _____ (21-7) _____		
<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> ▶ _____					d. NET TO TRAVELER ▶ \$ _____		



REQUEST

Traveler's Name <b>Brett Kavanaugh</b>		Document Number <b>96TSTR 3065</b>
Social Security Account Number		Accounting Classification <b>FOIA(b)(4)</b>
Requested By Signature	<b>FOIA(b)(6)</b>	Organization <b>office of the Independent Counsel</b> Official Duty Station <b>Washington, DC</b>
Title	Date	<b>Mode of Transportation Authorized</b> <i>(Check applicable box(es))</i> <input checked="" type="checkbox"/> BY COMMON CARRIER <input type="checkbox"/> BY GOVERNMENT-FURNISHED AUTO <input type="checkbox"/> BY RENTAL VEHICLE OR SPECIAL CONVEYANCE <input type="checkbox"/> BY PRIVATELY OWNED VEHICLE <input type="checkbox"/> POV DETERMINED TO BE MOST ADVANTAGEOUS TO GOVERNMENT <input type="checkbox"/> COST NOT TO EXCEED THAT OF COMMON CARRIER <input type="checkbox"/> BASED ON COST OF GOVERNMENT FURNISHED AUTO <input type="checkbox"/> \$ _____ MILEAGE RATE AUTHORIZED <input type="checkbox"/> OTHER  GSA (BOAC)
<b>Planned Itinerary</b> <input type="checkbox"/> Foreign travel. Must be approved as required by DOJ travel regulations From: <b>Washington, DC</b> VIA: _____ VIA: _____ VIA: _____ VIA: _____ To: <b>Little Rock, AR</b> And return <input checked="" type="checkbox"/> Dep. Date <b>1/1/96</b> Return Date <b>3/31/96</b>		
<b>Estimated Cost</b> Transportation \$ _____ Actual subsistence or per diem \$ <b>4,000</b> Other \$ <b>1,000</b> Total \$ <b>5,000</b> <input checked="" type="checkbox"/> ATM Advance Authorized \$ _____		

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

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

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

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

4. Other. Specify below.

**Purpose of Travel**

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

**Justification** (if appropriate)

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

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

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

AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization. You are also authorized to make long distance telephone calls when they are necessary and in the interest of the government.

Signature *Justin R. Harris* Title Administrative Officer Date 1/21/96

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

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

**BRETT KAVANAUGH**

**Monday, January 15, 1996**

5:10 p.m. Depart Washington National Airport American #1469  
7:42 p.m. Arrive Dallas/Ft. Worth International Airport

8:21 p.m. Depart Dallas/Ft. Worth International Airport American #1868  
9:33 p.m. Arrive Little Rock Airport

You may pick up your National Rental Car at the National Counter  
(Confirmation Number 1162352759COUNT) (Mid-sized car guaranteed at \$29  
per day, with unlimited mileage)

OVERNIGHT Amerisuites Hotel  
10920 Financial Center Parkway  
Little Rock, Arkansas  
1-800-833-1516; 501-225-1075  
(Confirmation # 2401196)  
(Guaranteed for late arrival @ \$52 per night)

**Tuesday, January 16, 1996**

6:15 p.m. Depart Little Rock Airport Northwest #462  
6:59 p.m. Arrive Memphis Airport

8:15 p.m. Depart Memphis Airport Northwest #1030  
11:11 p.m. Arrive Washington National Airport

*\$189.00*

MAJOR OMEGA OFFICES		GA	Atlanta	404-235-6180	MA	Boston	617-227-0006	PA	Harrisburg	717-234-2136	VA	Falls Church	703-998-7330	
<b>CORPORATE HQ 703-359-0200</b>	<b>IL</b>	Chicago Dntn.	312-715-0717	<b>MI</b>	Troy	810-362-0900			Philadelphia	215-864-1694		Norfolk	540-629-2500	
<b>CA</b>	Los Angeles	310-557-2080	<b>IN</b>	Indianapolis	317-844-0507	<b>MN</b>	Minneapolis	612-673-0119	Pittsburg	412-765-3636		Richmond	804-649-9110	
	San Francisco	415-956-0680	<b>LA</b>	New Orleans	504-525-8900	<b>NY</b>	Buffalo	716-626-1731	York	717-846-8189		Tysons Corner	703-827-8243	
<b>CT</b>	Stamford	203-324-6800	<b>MD</b>	Baltimore	410-837-3439		New York City	212-753-4900	<b>TN</b>	Memphis	901-683-4300	<b>WI</b>	Madison Airport	608-246-8600
<b>DC</b>	Northwest	202-466-5160		Greenbelt	301-345-3297	<b>NC</b>	Jacksonville, NC	910-455-9077	<b>TX</b>	Houston Dntn.	713-228-9000		Milwaukee Airport	414-747-1150
	Nat'l Press	202-347-1650		Rockville	301-984-3888	<b>OH</b>	Cleveland	216-771-7900		Dallas/Irving	214-869-9863		Milwaukee HQ	414-423-2400

SALES PERSON: D4  
 CUSTOMER NBR: 3W8600

IT INERARY/INVOICE NO. 0106897  
 RCLEST

DATE: 11 JAN 96  
 PAGE: 01

TO: 1001 PENN AVE  
 SUITE 490 NORTH

## OMEGA WORLD TRAVEL

Mail payments to: Dept 0876, McLean, VA 22109-0876

AMERICAN	800-433-7300	SOUTHWEST	800-435-9792
AMERICA WEST	800-235-9292	TWA	800-221-2000
CONTINENTAL	800-525-0280	UNITED	800-241-6522
DELTA	800-221-1212	USAIR	800-428-4322
NORTHWEST	800-225-2525	OMEGA 24 HOUR	800-685-6342

FOR: KAVANAUGH/BRETT

15 JAN 96 - MONDAY

AIR AMERICAN AIRLINES FLT:1469 COACH SNACK/BRUNCH  
 LV WASHINGTON NATL 510P EQP: SUPER 80  
 AR DALLAS FT WORTH 742P NON-STOP

AIR AMERICAN AIRLINES FLT:1868 COACH  
 LV DALLAS FT WORTH 821P EQP: SUPER 80  
 AR LITTLE ROCK 933P NON-STOP

CAR LITTLE ROCK NATIONAL CAR RENTAL CORP ID-5999979  
 PICK UP-1840 1-INTER CAR AUTO A/C  
 RETURN-16JAN/1645  
 RATE IS GUARANTEED UNLIMITED MILEAGE  
 DAILY RATE-USD29.00 1162352759COUNT  
 CONFIRMATION NUMBER

HOTEL LITTLE ROCK  
 XX AMERISUITES 1 NIGHT OUT-16JAN  
 10920 FINANCIAL CENTER PKWY 1 ROOM SINGLE WITH BATH  
 LITTLE ROCK AR RATE-52.00 PER NIGHT  
 FONE 800-833-1516 GUARANTEED LATE ARRIVAL  
 CONFIRMATION 2401196

16 JAN 96 - TUESDAY

AIR NORTHWEST AIRLINES FLT:462 ECONOMY  
 LV LITTLE ROCK 615P EQP: DC-9  
 AR MEMPHIS 659P NON-STOP

AIR NORTHWEST AIRLINES FLT:1030 ECONOMY  
 LV MEMPHIS 815P EQP: AIRBUS A320  
 AR WASHINGTON NATL 1111P NON-STOP

30 APR 96 - TUESDAY

OTHER WASHINGTON  
 THANK YOU FOR USING OMEGA TRAVEL

AIR TICKET AA1214271924 KAVANAUGH BRETT  
 BILLED TO [REDACTED] 189.00\*

SUB TOTAL 189.00  
 NET CC BILLING 189.00\*

TOTAL AMOUNT DUE 0.00

FOIA(b)(6)

CONTINUED ON PAGE 2  
 "To avoid inconvenience - Please verify departure times directly with carrier on day of travel"  
 Terms and conditions plus important travel information on reverse side

FOIA # none (URLS 16315) DocId: 70105252 Page 27  
**AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED**

BUSINESS TRAVELER/RETAIL BRANCH OFFICE COPY

<b>MAJOR OMEGA OFFICES</b>	<b>GA</b> Atlanta 404-235-6180	<b>MA</b> Boston 617-227-0006	<b>PA</b> Harrisburg 717-234-2136	<b>VA</b> Falls Church 703-998-7330
<b>CORPORATE HQ 703-359-0200</b>	<b>IL</b> Chicago Dntn. 312-715-0717	<b>MI</b> Troy 810-362-0900	Philadelphia 215-864-1694	Norfolk 540-629-2500
<b>CA</b> Los Angeles 310-557-2080	<b>IN</b> Indianapolis 317-844-0507	<b>MN</b> Minneapolis 612-673-0119	Pittsburg 412-765-3636	Richmond 804-649-9110
San Francisco 415-956-0680	<b>LA</b> New Orleans 504-525-8900	<b>NY</b> Buffalo 716-626-1731	York 717-846-8189	Tysons Corner 703-827-8243
<b>CT</b> Stamford 203-324-6600	<b>MD</b> Baltimore 410-837-3439	New York City 212-753-4900	<b>TN</b> Memphis 901-683-4300	<b>WI</b> Madison Airport 608-246-8600
<b>DC</b> Northwest 202-466-5160	Greenbelt 301-345-3297	<b>NC</b> Jacksonville, NC 910-455-9077	<b>TX</b> Houston Dntn. 713-228-9000	Milwaukee Airport 414-747-1150
Nat'l Press 202-347-1650	Rockville 301-984-3888	<b>OH</b> Cleveland 216-771-7900	Dallas/Irving 214-869-9863	Milwaukee HQ 414-423-2400

SALES PERSON: D4  
CUSTOMER NBR: 3W8600

ITINERARY/INVOICE NO. 0106897  
RCLEST

DATE: 11 JAN 96  
PAGE: 02

TO: 1001 PENN AVE  
SUITE 490 NORTH

# OMEGA WORLD TRAVEL

Mail payments to: Dept 0876, McLean, VA 22109-0876

AMERICAN	800-433-7300	SOUTHWEST	800-435-9792
AMERICA WEST	800-235-9292	TWA	800-221-2000
CONTINENTAL	800-525-0280	UNITED	800-241-6522
DELTA	800-221-1212	USAIR	800-428-4322
NORTHWEST	800-225-2525	OMEGA 24 HOUR	800-685-6342

FOR: KAVANAUGH/BRETT

~~TRAVEL OFFICE HOURS 730AM TO 630PM MON - FRI~~  
LOCAL NUMBER 202-393-8240  
LONG DISTANCE 1-800-366-3493  
FREQUENT FLYER BENEFITS ACCRUED WHILE ON GOVERNMENT  
TRAVEL ARE THE PROPERTY OF THE U.S. GOVERNMENT.  
24 HOUR EMERGENCY SERVICE CENTER 1-800-685-6342  
PLEASE GIVE YOUR ID CODE.....S-R143-OIC  
FCS 802

U1-1600-OIC  
AG-D4  
U2-OFFICE OF THE INDEPENDENT COUNSEL  
U3-8600  
U6-E3

"To avoid inconvenience - Please verify departure times directly with carrier on day of travel"

FOIA # none (UR's 16315) DocId: 70105252 Page 28

**AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED**

BUSINESS TRAVELER/RETAIL BRANCH OFFICE COPY

95 7780  
**PASSENGER TICKET AND BAGGAGE CHECK**  
 SUBJECT TO CONDITIONS OF CONTRACT  
 NOT TRANSFERABLE

**PASSENGER RECEIPT**

3#8620 0106897 AD4  
**BOARDING PASS**

ISSUED BY **ARC** FLIGHT COUPON X  
 AMERICAN AIRLINES XXXXX TOUR CODE  
 NAME OF ISSUING AGENT **OMEGA WORLD TRAVEL** WASHINGTON DC US 11 JAN 96  
 NAME OF PASSENGER **KAVANAUGH/BRETT** RCLEST/AA MULTI  
 FROM **DCA** TO **DCA**  
 FROM **XDFW AA1469 Y 15JAN YCADCA**  
 TO **OLIT AA1868 Y 15JAN YCADCA**  
 TO **XNEN NW462 K 16JAN KGDCA**  
 TO **DCA NW1838 K 16JAN KGDCA**  
 AGENT CODE **A09545130**  
 PLACE OF ISSUE **DC US** DATE OF ISSUE **11 JAN 96**  
 FCI **6** SERVICIAL ID **0011**  
 STATUS **NOT VALID BEFORE** **NOT VALID AFTER**  
 ISSUING AGENT ID **R143\*E3**  
 ENDORSEMENTS/RESTRICTIONS  
 \*\*NOT VALID FOR\*\* **TRANSPORTATION\***  
**THIS IS YOUR RECEIPT**

NAME OF PASSENGER **KAVANAUGH/BRETT**  
 FROM **DCA**  
 TO **DCA**  
 CARRIER **XDFW AA1469 Y 15JAN YCADCA**  
 CARRIER **OLIT AA1868 Y 15JAN YCADCA**  
 CARRIER **XNEN NW462 K 16JAN KGDCA**  
 CARRIER **DCA NW1838 K 16JAN KGDCA**  
 GATE SEAT SMOKE  
 NOT VALID FOR TRAVEL  
 0 001 1214271924 2  
 A09545130

FP [REDACTED] / 000023 / FCWAS AA X/DFW  
 AA LIT90.00YCADCA-NW X/MEM NW WAS87.00KGDCA 177.0  
 0 END XFDCA3DFW3LIT3MEM3

FOIA(b)(6)

FARE **USD 177.00** EQUIV. FARE PD.  
 TAX **XF 12.00** STOCK CONTROL NO. TX 689 CK  
 TOTAL **USD 189.00** 64956804312  
 DOCUMENT NUMBER  
 ALLOW PCS WT UNCKD  
 \*\*\*\*\*  
 CK

Cardmember Account Number [REDACTED]

Cardmember  
 09/94 THRU 09/96  
 BRETT H KAVANAUGH  
 ROUSE-DIC-NGSL

Establishment  
 AMERISUITES Date of Charge  
 LITTLE ROCK AR 011595  
 1030102461

Service  
 Cardmember Signature  
 X Brett M Kavanaugh

Merchandise and/or service purchased on this card shall not be resold or returned for cash refund. Establishment agrees to transmit to American Express Travel Related Services Co., Inc. or authorized representative for payment.

**AMERICAN EXPRESS**  
**Cards** 194300 Invoice Number

EXPIRATION DATE CHECKED	APPROVAL CODE
DESCRIPTION	
MERCHANDISE/SERVICES	
TAXES	
TIPS/MISC.	
TOTAL	58.92
Dollars	Cents

Cardmember Copy

CD 20249 ©AMEX Ptd. in U.S.A. 595



NORTHWEST AIRLINES



NO SMOKING

FIRST CLASS

WORLD BUSINESS CLASS

05-F  
ECONOMY CLASS

12  
DEPARTURE GATE

0462 K 16JAN96 MEMPHIS  
FLIGHT/DATE DESTINATION

LIT/LI1/1868  
POINT OF ISSUE

05-F  
SEAT NUMBER

MEM  
DESTINATION

SPECIAL SERVICE



NORTHWEST AIRLINES

PASSENGER'S NAME

KAVANAUGH/BRET

# Boarding Pass

PASSENGER'S NAME

KAVANAUGH/BRETT



NORTHWEST AIRLINES



NO SMOKING

FIRST CLASS

WORLD BUSINESS CLASS

22-D  
ECONOMY CLASS

B31  
DEPARTURE GATE

1030 K 16JAN96 WAS-NATIONAL  
FLIGHT/DATE DESTINATION

MEM/LI1/0462  
POINT OF ISSUE

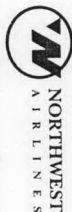
# Boarding Pass

PASSENGER'S NAME

KAVANAUGH/BRETT

PASSENGER'S NAME  
KAVANAUGH/BRETT

PASSENGER'S NAME



NORTHWEST AIRLINES

SPECIAL SERVICE

CONNECTION

SEAT NUMBER

22-D

DESTINATION

DCA

ISSUED BY **American Airlines**  
 PASSENGER TICKET AND BAGGAGE CHECK  
 PASSENGER AND BOARDING  
 COUPON PASS  
 NAME OF PASSENGER **KAVANAUGH/BRETT**

XO **WASHINGTON NATL**

XO **DALLAS FT WORTH-2E**

**AMERICAN**  
 AA 146 **DL-17-EX-31** 15 JAN 510R

GATE <b>11</b>	SEAT <b>27A</b>	SMOKING <b>NO</b>
----------------	-----------------	-------------------

\*\*\*\*\*  
 FORM AND SERIAL NUMBER  
 CODE **001/466**

ISSUED BY **American Airlines**  
 BOARDING PASS

NAME OF PASSENGER **KAVANAUGH/BRETT**

XO FROM **DALLAS FT WORTH-2E**

**TICKET LIMITED**

**AMERICAN**  
 AA 146B Y 15 JAN 521P

GATE <b>6</b>	SEAT <b>22E</b>	SMOKING <b>NO</b>
---------------	-----------------	-------------------

\*\*\*\*\*  
 FORM AND SERIAL NUMBER  
 IDENT ISS. CARRIER/AGENT  
**001/515**

**-TAXICAB RECEIPT-**

TIME 4:30 p.m. DATE 1/15 <sup>Mon</sup> 1996

REC'D FROM Brett Kavanaugh

FARE AMOUNT \$ 11 including tip

TRIP FROM 1001 Pa. Ave

TRIP TO Natl Airport

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

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

SIGNATURE filled out by Brett Kavanaugh  
10

DATE 1-16 AMOUNT \$ 15 incl. tip

RECEIVED FROM Natl Airport

FROM \_\_\_\_\_

DESTINATION FOIA(b)(6)

CAB # \_\_\_\_\_ DRIVER I.D.# \_\_\_\_\_

DRIVER'S NAME Brett Kavanaugh



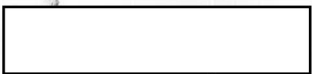
No problem™

LITTLE ROCK LICENSEE 501-376-7221  
RENTAL: 1/15/96 2145 8040300  
RETURN: 1/16/96 1728 LITTLE ROCK 8040300  
C P A-OFFICIAL 5999379

RETURN RA LR22277-2

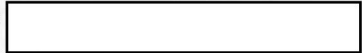
FINAL CHARGES  
RATE CHG \$ 29.00  
\*TOTAL TAX \$ 29.00  
NET DUE \$ 29.00  
TAX 14.000% \$ 4.06  
AMT DUE \$ 33.06

OWN 80403 VEH LR07960 BRETT KAVANAUGH  
LIC TX RX247T  
MILES IN:26210 OUT:26188 DRIVEN: 30



RATE SIMS RATE CLASS # MIN RENTAL DAYS 1  
\$29.00/DLY \$184.00/WK \$9.50/HR \$777.00/SPCL  
\$29.00/ 1

\$ 2.940/GAL NT REFUEL SC : .134/WI

PAID BY  AUTH:4000021 \$ 33 1/15/96

FOIA(b)(6)

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

TAXABLE COPY ONE CHARGES





AMERISUITES®

Time 09:26  
Page 1

AMERISUITES FINANCIAL CENTER  
10920 FINANCIAL CENTER PKWY  
LITTLE ROCK, AR 72211  
PHONE: (501)225-1075  
FAX: (501)225-2209

Acct# [REDACTED]  
Room# 210

Rate Code GV  
Group  
Room Type KSUN  
Room Rate 52.00

KAVANAUGH, BRETT

FOIA(b)(6)

Arrive JAN 15 96 22:39  
Depart JAN 16 96 09:26

[REDACTED]

OMEGA WORLD TRAVEL  
600 E ST NW 1ST FL  
WASHINGTON DC 20530

Payment AX [REDACTED]

Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
JAN 15	LONG DISTANCE	(501)5551212		1.20	
JAN 15	ROOM			52.00	
JAN 15	STATE TAX			5.72	
JAN 16	AMERICAN EXPRESS	CHECKED-OUT			58.92
		Balance Due:		.00	

I agree that my liability for this bill is not waived.

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

Thank You for staying at AmeriSuites Little Rock



**Office of the Independent Counsel**

1001 Pennsylvania Avenue, N.W.  
Suite 490-North  
Washington, D.C. 20004  
(202) 514-8688  
Fax (202) 514-8802

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September 24, 1997

Gloria C. Brown  
Accounting and Financial Systems Division  
Office of Finance and Budget  
Administrative Office of the U.S. Courts  
Room 5-213  
One Columbus Circle, N.W.  
Washington, DC 20544

Dear Ms. Brown:

I was notified by the Relocation and Travel Management Office that a check that had been issued to Brett M. Kavanaugh in the amount of \$418.94 for travel voucher 96STAR0012 (see attached copy) had been returned to your office.

Please reissue a check to Mr. Kavanaugh and send it to him at the above office address. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Sandra A. Oldham".

Sandra A. Oldham  
Operations Officer

Attachment

cc: Brett M. Kavanaugh

*Sandy's*

*TZ*

~~PP003598~~

VOUCHER AND SCHEDULE OF PAYMENTS

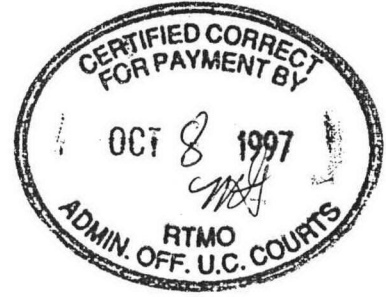
DEPARTMENT OR ESTABLISHMENT	Administrative Office	D.O. VOU. NO. (TRANSP)
BUREAU OR OFFICE	United States Courts	96STR0012A
LOCATION OF TRANSMITTING OFFICE	Washington, DC 20544	<del>XXXXXXXXXX</del>

PURSUANT TO AUTHORITY VESTED IN ME TO VERIFY THAT THE ITEM LISTED HEREIN IS CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION IS DESIGNATED HEREON OR SUPPORTING VOUCHERS

10/7/97

*John R. Breslin*  
John R. Breslin

PAID BY



FY95 Fund  Budget Org:

Cost Org:  *FOIA(b)(4)*

\$418.94 *FOIA(b)(6)*

Brett M. Kavanaugh  
  
1001 Pennsylvania Ave., NW  
Suite 490-North  
Washington, DC 20004

\$418.94

Check reissued due to previous check for V#96STR0012 dated 10/16/95 was undeliverable and check cancelled by Disbursing due to limitation date of the expiration date. Automatic Cancellation required by Treasury.

*Bes*  
10/07/97