



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

01 NOV 2005 / 1848 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 02 NOV 2005 / 2314

Updated 02 NOV 2005 / 2314 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	01 NOV 2005 / 1848	3.9	11-05-1	--

Remarks:
MISSION: 06-15

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	3.9	1.9	2.0	0.0	0.0	0.0	0.3	0.0	0.0
CP	(b)(6), (b)(2) low	3.9	2.0	1.9	0.0	0.0	0.0	0.3	0.0	0.0
FE	(b)(6), (b)(2) low	3.9								
BA	(b)(6), (b)(2) low	3.9								
AV	(b)(6), (b)(2) low	3.9								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
--	--	--	--

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (lbs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	WASHINGTON	01 NOV 2005 / 1848 Z	--	10	1000	300
01 NOV 2005 / 2240 Z	--	EI Paso, TX (KELP)	--	--	0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
--	--	--	--

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	1	2.2	1.7	0.0	3.9	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
202 - Longest leg 1001-2000 NM	1	1	3.9	0	--
101 - Sec DHS Traveling w/o an ADM	1	1	3.9	10	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
01 NOV 2005 / 1848 Z	--	03 NOV 2005 / 0340 Z	--	1	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
BESANCENEY, B.	CIV	(b)(6)	DHS
BOUDREAUX, C.	CIV	--	DHS
CHERTOFF, M.	S1	(b)(6)	DHS
HALL, MIMI	CIV	(b)(6)	REPORTER
(b)(6)	05	(b)(6)	USCG

(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	--	0 - 100 (cu ft)	--
B	251 - 500 (lbs)	--	101 - 200 (cu ft)	--
C	501 - 1000 (lbs)	1	201 - 300 (cu ft)	1
D	1001 - 2500 (lbs)	--	301 - 400 (cu ft)	--
E	2501 - 9999999 (lbs)	--	401 - 9999999 (cu ft)	--



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

02 NOV 2005 / 1521 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 02 NOV 2005 / 2323

Updated 02 NOV 2005 / 2323 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	02 NOV 2005 / 1521	6.6	11-05-2	--

Remarks:
MISSION: 06-15.

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	6.6	3.3	3.3	0.0	0.0	0.0	0.5	0.0	3.2
CP	(b)(6), (b)(2) low	6.6	3.3	3.3	0.0	0.0	0.0	0.5	0.0	3.2
FE	(b)(6), (b)(2) low	6.6								
BA	(b)(6), (b)(2) low	6.6								
AV	(b)(6), (b)(2) low	6.6								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
--	--	--	--

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (bs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	WASHINGTON	02 NOV 2005 / 1521 Z	--	10	1000	300
02 NOV 2005 / 1710 Z	--	HOUSTON, TX (KHOU)	02 NOV 2005 / 1957 Z	--	11	1000	300
02 NOV 2005 / 2129 Z	--	ROSWELL, NM (KROW)	03 NOV 2005 / 0027 Z	--	10	1000	300
03 NOV 2005 / 0340 Z	--	WASHINGTON	--	--	0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low	1	UL	Day
(b)(6), (b)(2) low	1	NL	Night
(b)(6), (b)(2) low	1	UL	Day

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Night	2
(b)(6), (b)(2) low	1	Full Stop	Land	Day	
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	1	2.9	3.7	0.0	6.6	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
101 - Sec DHS Traveling w/o an ADM	1	1	6.6	11	--
202 - Longest leg 1001-2000 NM	1	1	6.6	0	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
01 NOV 2005 / 1848 Z	--	03 NOV 2005 / 0340 Z	--	1	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
BESANCENEY, B.	CIV	(b)(6)	DHS
BOUDREAUX, C.	CIV	--	DHS
CHERTOFF, M.	S1	(b)(6)	DHS

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	--	0 - 100 (cu ft)	--
B	251 - 500 (bs)	--	101 - 200 (cu ft)	--

(b)(2) low

(b)(2) low

HALL, MIMI	CIV	(b)(6)	REPORTER
(b)(6)	05	(b)(6)	USCG
(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E			

C	501 - 1000 (bs)	3	201 - 300 (cu ft)	3
D	1001 - 2500 (lbs)	--	301 - 400 (cu ft)	--
E	2501 - 9999999 (bs)	--	401 - 9999999 (cu ft)	--

CG 4377, Part II



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

28 NOV 2005 / 1528 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 29 NOV 2005 / 1640

Updated 29 NOV 2005 / 1640 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	28 NOV 2005 / 1528	5.0	11-05-17	--

Remarks:
MSN: 06-18

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	5.0	2.5	2.5	0.0	0.0	0.0	0.0	0.0	0.0
CP	(b)(6), (b)(2) low	5.0	2.5	2.5	0.0	0.0	0.0	0.0	0.0	0.0
FE	(b)(6), (b)(2) low	5.0								
BA	(b)(6), (b)(2) low	5.0								
AV	(b)(6), (b)(2) low	5.0								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low	1	PAW	Day
(b)(6), (b)(2) low	1	PAW	Day

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (lbs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	WASHINGTON	28 NOV 2005 / 1528 Z		11	2500	9999999
28 NOV 2005 / 1945 Z		TUCSON, AZ	28 NOV 2005 / 2015 Z		9	9999999	9999999
28 NOV 2005 / 2055 Z		PHOENIX, AZ	--		0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
--	--	--	--

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	1	5.0	0.0	0.0	5.0	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
202 - Longest leg 1001-2000 NM	1	1	1.0	0	--
101 - Sec DHS Traveling w/o an ADM	1	2	4.0	0	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
28 NOV 2005 / 1528 Z		29 NOV 2005 / 2107 Z		1	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
AGUILLAR	CIV	--	DHS
BOUDREQUX	CIV	--	DHS
(b)(6)	CIV	--	DHS
CHERTOFF, M	S1	--	DHS

(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	--	0 - 100 (cu ft)	--
B	251 - 500 (bs)	--	101 - 200 (cu ft)	--
C	501 - 1000 (bs)	--	201 - 300 (cu ft)	--
D	1001 - 2500 (lbs)	1	301 - 400 (cu ft)	--

(b)(2) low

(b)(2) low

(b)(2)low, (b)(2)high,(b)(6), (b)(7)C, (b)(7)E

E | 2501 - 9999999 (bs) | 1 | 401 - 9999999 (cu ft) | 2 |



CG 4377, Part II



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

29 NOV 2005 / 1352 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 29 NOV 2005 / 1646

Updated 29 NOV 2005 / 1646 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	29 NOV 2005 / 1352	4.1	11-05-18	--

Remarks:
REPOSITION JET TO EL PASO TO PICK UP S1

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	4.1	2.0	2.1	0.0	0.0	0.0	0.8	0.0	0.0
CP	(b)(6), (b)(2) low	4.1	2.1	2.0	0.0	0.0	0.0	0.8	0.0	0.0
FE	(b)(6), (b)(2) low	4.1								
BA	(b)(6), (b)(2) low	4.1								
AV	(b)(6), (b)(2) low	4.1								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
--	--	--	--

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (lbs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	PHOENIX, AZ	29 NOV 2005 / 1352 Z	--	9	2500	9999999
29 NOV 2005 / 1445 Z	--	EL PASO, TX	29 NOV 2005 / 1755 Z	--	11	2500	9999999
29 NOV 2005 / 2107 Z	--	WASHINGTON, DC	--	--	0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low	1	UL	Day
(b)(6), (b)(2) low	1	NL	Day

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	1	4.0	0.1	0.0	4.1	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
200 - Longest leg 500 NM or less	1	1	0.5	0	--
101 - Sec DHS Traveling w/o an ADM	1	1	3.6	0	--
202 - Longest leg 1001-2000 NM	1	1	3.6	0	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
28 NOV 2005 / 1528 Z	--	29 NOV 2005 / 2107 Z	--	1	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
AGUILLAR	CIV	--	DHS
BOUDREQUX	CIV	--	DHS
(b)(6)	CIV	--	DHS
CHERTOFF, M	S1	--	DHS

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	--	0 - 100 (cu ft)	--
B	251 - 500 (bs)	--	101 - 200 (cu ft)	--
C	501 - 1000 (bs)	--	201 - 300 (cu ft)	--

(b)(2) low

(b)(2) low

(b)(2)low, (b)(2)high,(b)(6), (b)(7)C, (b)(7)E

D	1001 - 2500 (lbs)	2	301 - 400 (cu ft)	--
E	2501 - 9999999 (bs)	--	401 - 9999999 (cu ft)	2

TORRES	CIV	--	DHS
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(b)(2)low, (b)(2)high,(b)(6), (b)(7)C, (b)(7)E



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

14 DEC 2005 / 1738 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 14 DEC 2005 / 1925

Updated 14 DEC 2005 / 1925 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	14 DEC 2005 / 1738	1.8	12-05-8	--

Remarks:
Mission: #06-36.

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	1.8	0.9	0.9	0.0	0.0	0.0	0.6	0.2	0.8
CP	(b)(6), (b)(2) low	1.8	0.9	0.9	0.0	0.0	0.0	0.6	0.3	0.8
FE	(b)(6), (b)(2) low	1.8								
BA	(b)(6), (b)(2) low	1.8								
AV	(b)(6), (b)(2) low	1.8								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
--	--	--	--

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (lbs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	WASHINGTON	14 DEC 2005 / 1738 Z	--	0	--	--
14 DEC 2005 / 1835 Z	--	NEWARK, NJ (NEWR)	14 DEC 2005 / 2304 Z	--	0	--	--
14 DEC 2005 / 2353 Z	--	WASHINGTON	--	--	0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low	1	NL	Night
(b)(6), (b)(2) low	1	UL	Day

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Night	1
(b)(6), (b)(2) low	1	Full Stop	Land	Day	1

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	1	1.0	0.8	0.0	1.8	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
200 - Longest leg 500 NM or less	1	1	1.8	0	--
101 - Sec DHS Traveling w/o an ADM	1	1	1.8	10	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
--	--	--	--	--	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
BAHLER, B.	CIV	(b)(6)	DHS
CHERTOFF, M.	S1	(b)(6)	SEC DHS

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	--	0 - 100 (cu ft)	--
B	251 - 500 (bs)	--	101 - 200 (cu ft)	--
C	501 - 1000 (bs)	--	201 - 300 (cu ft)	--
D	1001 - 2500 (lbs)	--	301 - 400 (cu ft)	--

(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

(b)(2) low

(b)(2) low

KNOCKE, R.	CIV	(b)(6)	DHS
(b)(6)	O5	(b)(6)	SEC DHS AIDE
MANDELKER, S.	CIV	(b)(6)	DHS
WOLFF, E.	CIV	(b)(6)	DHS
WOOD, J.	CIV	(b)(6)	DHS

E	2501 - 9999999 (bs)	--	401 - 9999999 (cu ft)	--
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CG 4377, Part II



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

25 DEC 2005 / 2316 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 03 JAN 2006 / 1302

Updated 03 JAN 2006 / 1302 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	25 DEC 2005 / 2316	4.7	12-05-21	--

Remarks:
MSN 06-23

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	4.7	2.3	2.4	0.0	0.0	0.0	2.0	0.2	4.7
CP	(b)(6), (b)(2) low	4.7	2.4	2.3	0.0	0.0	0.0	2.0	0.2	4.7
FE	(b)(6), (b)(2) low	4.7								
BA	(b)(6), (b)(2) low	4.7								
AV	(b)(6), (b)(2) low	4.7								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low (PIC)	1	PAW	Night
(b)(6), (b)(2) low (CP)	1	PAW	Night

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (lbs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	WASHINGTON	25 DEC 2005 / 2316 Z	--	9	500	200
26 DEC 2005 / 0310 Z	--	TIST	26 DEC 2005 / 0340 Z	--	0	250	100
26 DEC 2005 / 0426 Z	--	TJBQ	--	--	0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low	1	UL	Night
(b)(6), (b)(2) low	1	NL	Night

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Night	1
(b)(6), (b)(2) low	1	Full Stop	Land	Night	1

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	2	0.0	4.7	0.0	4.7	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
101 - Sec DHS Traveling w/o an ADM	1	2	4.7	9	--
202 - Longest leg 1001-2000 NM	1	2	4.7	0	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
25 DEC 2005 / 2316 Z	--	30 DEC 2005 / 2125 Z	--	5	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E			

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	1	0 - 100 (cu ft)	1
B	251 - 500 (bs)	1	101 - 200 (cu ft)	1
C	501 - 1000 (bs)	--	201 - 300 (cu ft)	--

M. Chertoff | CIV | -- | DHS
(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

D	1001 - 2500 (lbs)	--	301 - 400 (cu ft)	--
E	2501 - 9999999 (bs)	--	401 - 9999999 (cu ft)	--

CG 4377, Part II



Electronic Asset Logbook - Flight Record Review - Asset [01]: WASHINGTON (air station): 20210

30 DEC 2005 / 1400 Z - Asset [01]

(b)(2) low

(b)(2) low

This record is older than JAN 01 2007 and may not be edited.

Signed? Approved?

Signed By: (b)(6), (b)(2) low on 03 JAN 2006 / 1300

Updated 03 JAN 2006 / 1300 Z by (b)(6), (b)(2) low

Aircraft Type	AC#	Unit	Zulu Departure Time	TFT	Report #	Unit SAR Case #
C37A	01	WASHINGTON	30 DEC 2005 / 1400	5.0	12-05-22	--

Remarks:
Mission: #06-23.

Pilots and Crew Roster:

Crew Position	Name	TFT	FP	CP	NAV	NVG	IP	Inst. Time		Night Time
								ACT	SIM	
PIC	(b)(6), (b)(2) low	5.0	2.5	2.5	0.0	0.0	0.9	0.2	0.0	0.0
CP	(b)(6), (b)(2) low	5.0	2.5	2.5	0.0	0.0	0.0	0.2	0.0	0.0
FE	(b)(6), (b)(2) low	5.0								
BA	(b)(6), (b)(2) low	5.0								
AV	(b)(6), (b)(2) low	5.0								

Operations:

Pilots:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low (PIC)	1	PIF	Day

Crew:

Name	No.	Type (Legend)	Cond
--	--	--	--

Flight Itinerary:

Arrived (Zulu)		Place	Departed (Zulu)		Passengers	Cargo Weight (lbs)	Cargo Volume (cu ft)
Date	Time		Date	Time			
--	--	TJBQ	30 DEC 2005 / 1400 Z	--	0	250	100
30 DEC 2005 / 1455 Z	--	TIST	30 DEC 2005 / 1722 Z	--	10	500	200
30 DEC 2005 / 2125 Z	--	Washington	--	--	0	--	--

Approaches & Landings:

Instrument Approaches:

Name	No.	Type (Legend)	Cond
(b)(6), (b)(2) low	1	UL	Day
	1	N	Day

Landings & Takeoffs:

Name	No.	Type	Surface	Cond	Takeoffs
(b)(6), (b)(2) low	1	Full Stop	Land	Day	0
(b)(6), (b)(2) low	1	Full Stop	Land	Day	2

Recurrent Training:

Name	Recurrent Training
--	--

Utilization & Deployment:

Utilization:

Employment Category	Missions	Sorties	Land Based Resource Hours		Shipboard Resource Hours	Employ. Hours	Claimant
			Day	Duty			
32 - PUB AFFAIRS	1	2	4.5	0.5	0.0	5.0	DHS - Department of Homeland Security

Local Utilization:

Employment Category	Missions	Sorties	Resource Hours	Quantity	Law Enf. Case No.
101 - Sec DHS Traveling w/o an ADM	1	2	5.0	10	--
202 - Longest leg 1001-2000 NM	1	2	5.0	0	--

Deployment:

From (Zulu)		Thru (Zulu)		Days Away From Home Station	Days Deployed Aboard Ship
Date	Time	Date	Time		
25 DEC 2005 / 2316 Z	--	30 DEC 2005 / 2125 Z	--	5	--

Passengers & Cargo:

Passengers:

Paper Passenger Manifest

Name and Initials	Grade	Social Security Number	Organization and Location
(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E			

Cargo:

Code	Load		Volume	
	Range	Count	Range	Count
A	0 - 250 (lbs)	1	0 - 100 (cu ft)	1
B	251 - 500 (bs)	1	101 - 200 (cu ft)	1
C	501 - 1000 (bs)	--	201 - 300 (cu ft)	--
D	1001 - 2500 (lbs)	--	301 - 400 (cu ft)	--

(b)(2) low

(b)(2) low

M. Chertoff | CIV | -- | DHS | E | 2501 - 9999999 (lbs) | -- | 401 - 9999999 (cu ft) | -- |

(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

CG 4377, Part II

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>G-IV</u> <input type="checkbox"/> Sim. _____ <input type="checkbox"/> FTD _____	3. Date(s) Required From: <u>10 / 28 / 05</u> To: <u>10 / 28 / 05</u>	4. Type of Flight <input type="checkbox"/> FAR 91 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
---	---	--	--	---

6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 06. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 08. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff travel to Islip, NY.

Proposed Itinerary KOCA - KISP - KOCA Project Number _____ Touchdown Autorotations
 PIC Clemmer SIC Slayton FE _____ Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approval Required Before Flight	Printed Name / Title	Rtg Symbol	Date
(b)(6)	(b)(6) Scheduler	DHS	10/24/2006
	Marion C. Blakey / Administrator	AOA-1	10/24/2006

Aircraft Utilization Data

8. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream / GIV</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VN9</u>
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15. Itinerary a. Date of Flight 10, 28, 06 NOTE: For A/C use only

Leg #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time In Service (TIS)	k. Total Time (TOT)	l. # of Passengers
<u>10/28</u>	<u>9</u>		<u>DCA</u>	<u>TSP</u>	<u>2036</u>	<u>2046</u>	<u>2130</u>	<u>2136</u>	<u>0.87</u>	<u>1.0</u>	<u>8</u>
<u>10/28</u>	<u>9</u>		<u>TSP</u>	<u>DCA</u>	<u>2154</u>	<u>2200</u>	<u>2312</u>	<u>2318</u>	<u>1.2</u>	<u>1.4</u>	<u>0</u>
3											
4											
5									<u>1.9</u>		
m. Totals									<u>2.0</u>	<u>2.4</u>	<u>8</u>

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Mid		o. Approchs	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N	
	<u>AD016</u>	<u>Clemmer, D</u>	<u>24</u>				<u>24</u>												<u>06</u>	<u>2</u>	<u>1</u>	<u>1</u>						
	<u>AD021</u>	<u>Slayton, R</u>			<u>24</u>																							
	<u>AD029</u>	<u>DAVIS, M.</u>									<u>24</u>																	

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Ext. _____ Fax () _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only
 DATA ENTRY Initials gcs Date 10-28-06
#12792

FAA aircraft must be in compliance with Order 4940.9 as amended.

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>G-IV</u> <input type="checkbox"/> SIM <input type="checkbox"/> FTD	3. Date(s) Required From: <u>10 / 28 / 06</u> To: <u>10 / 28 / 06</u>	4. Type of Flight <input type="checkbox"/> FAR 91 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input checked="" type="checkbox"/> 06. Logistics	<input checked="" type="checkbox"/> 08. Reimbursement	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 09. RFD	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NABE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 05. Proficiency DMS	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff travel to ISIA, NY.

Proposed Itinerary KDCA - KISP - KDCA Project Number _____ Touchdown Autorotations
 PIC Clemmer sic Stayton FE _____ Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approved/Required Status Flight	Requester Name / Title	Req Symbol	Date
7. Requested by	(b)(6) Scheduler	DHS	10/24/2006
8a. Approved by	<i>Marion C. Blakey</i> Marion C. Blakey / Administrator	ADA-1	10/24/2006
8b. Chief of Regional Council Approval			

Aircraft Utilization Data

9. Registration (N) Number <u>NT</u>	10. Aircraft Make / Model <u>Gulfstream / GV</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0090</u>	14. Reimbursement Acct. <u>AC-0484-VN8</u>
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15. Itinerary a. Date of Flight _____ NOTE: For A/C use only

Leg #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time In Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1											
2											
3											
4											
5											
6											
m. Totals											

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		4. SIC		5. Pilot		6. IP		7. PE		8. Other		9. Hood		10. IMC		11. Night		12. Takeoff		13. Landing		14. Inj		15. Approch	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	P	P	P	N

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Ext. _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only	Initials	Date
DATA ENTRY		

KDCA-KISP-KDCA

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agy / Rtg Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO	Other		4	S	a	
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O			John Doe (405) 954-5460	
Mr. Michael Chertoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	W	Z	(b)(6), (b)(2) low	
(b)(6) Chertoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	Z	Z	(b)(6), (b)(2) low	
(b)(6) Chertoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	Z	Z	(b)(6), (b)(2) low	
(b)(6) Chertoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	Z	Z	(b)(6), (b)(2) low	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				(b)(2)low, (b)(2) high, (b)(6), (b)(7) C, (b)(7)E	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Leg of Flight or Date	Purpose of 'FLIGHT'		a. Gov't Cost or Rental Cost	b. Com'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
	Mission <input checked="" type="checkbox"/>	Other Official Travel <input type="checkbox"/>					
1. 10-28-06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	276.75	388.00			
2.	<input type="checkbox"/>	<input type="checkbox"/>					
3.	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>					
5.	<input type="checkbox"/>	<input type="checkbox"/>					

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency: **DHS**

b. Bureau / Office / Service: _____

c. Contact Name: _____

d. Contact Title: _____

e. Phone: _____ FAX: _____

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>G-IV</u> <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Date(s) Required From: <u>10 / 29 / 06</u> To: <u>10 / 29 / 06</u>	4. Type of Flight <input type="checkbox"/> FAR 91 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to OSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
---	---	--	--	---

6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 06. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 08. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards (Library)	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 09. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff travel from Islip, NY to Washington, DC.

Proposed Itinerary KDCA - KISP - KDCA Project Number _____ Touchdown Autorotations
 PIC Wiater SIC Slayton FE DAVIS Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approved Requested Before Flight	Printed Name / Title	Req Symbol	Date
7. Requested by	(b)(6) / Scheduler	DHS	10/24/2006
8a. Approved by	Marion C. Blakey / Administrator	AOA-1	10/24/2006
8b. Approved by			
8c. Chief or Regional Counsel Approval			

Aircraft Utilization Data

8. Registration (N) Number N1	10. Aircraft Make / Model Gulfstream / GIV	11. Aircraft Class AMEL	12. User Code W	13. Cost Center 0030	14. Reimbursement Acct. AC-0484-VN9
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16. Itinerary a. Date of Flight 10/29/06 NOTE: For AC use only

Leg #/Date	b. POF 1	a. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time In Service (TIS)	k. Total Time (TOT)	l. # of Passengers	
1	09		DCA	LSP	2100	2106	2448	2154	1.7	.9	0	
2	09		LSP	DCA	2230	2236	2236	2242	1.0	1.51.2	7	
3										(85)		
4												
5										2.1 (985)		
m. Totals										1.7	2.2	7

18. Crew Member Accomplishments **Flight Time (Enter Flight Times in Hours and Tenths)**

Budget	a. Crew #	b. Crew Name	c. PC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hold		o. Approve	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N	
	AD010	Wiater	2	1			2	1											1	3	1	1	1	1				
	AD021	Slayton			2	1													1	3								
	AD029	DAVIS										2	1															

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Ext. _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only
 DATA ENTRY Initials JES Date 10-30-06
#72795

(Use of FAA aircraft must be in compliance with Order 4240.9 as amended)

Aircraft Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>G-IV</u> <input type="checkbox"/> Sim <input type="checkbox"/> FTD	3. Date(s) Required From <u>10 / 22 / 06</u> To <u>10 / 23 / 06</u>	4. Type of Flight <input type="checkbox"/> FAR 91 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Registration is QSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. PDF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 08. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input checked="" type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 09. Proficiency QAS	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff travel from Islip, NY to Washington, DC.

Proposed Itinerary: KDCA - KISP - KDCA Project Number: _____ Touchdown Authorizations:

PIC: Wielor SIC: Slayton FE: _____ Other(s): _____ EST Flight Hours: _____ EST Cost \$: _____

Approved Waiver of Before Flight	(b)(6)	Printed Name / Title	Rib Symbol	Date
7. Requested by	(b)(6)	Scheduler	DHS	10/24/2006
8a. Approved by	(b)(6)	Marion C. Blakey / Administrator	AOA-1	10/24/2006
8b. Approved by HG, Chief of Regional Council Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream / GIV</u>	11. Aircraft Class <u>AMEL</u>	12. Year Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VNS</u>
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15. Itinerary a. Date of Flight: _____ NOTE: For A/C use only

Log #/Date	b. PDF 1	c. PDF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1											
2											
3											
4											
5											
m. Totals											

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. D/O		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. INC		k. M/M		l. TARD		m. Landing		n. H/O		o. A/C	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	Q	N	S	P	N	

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Insurance or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Ext. _____ Fax () _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check <input type="checkbox"/> Purchase Order PO # _____
---	---	---

20. Office Use Only DATA ENTRY	Initials	Date
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24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agy / Rtg Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel				h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO	Other		4	S	a		
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O				John Doe (405) 954-5460	
Mr. Michael Chertoff 1. Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	2	W	Z	(b)(6), (b)(2) low	
(b)(6) 2. Chertoff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			Z		
(b)(6) 3. Chertoff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			Z		
(b)(6) 4. Chertoff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			Z		
(b)(6) 5. Chertoff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			Z		
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					(b)(2)low, (b)(2) high, (b)(6), (b)(7) C, (b)(7)E	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Purpose of 'FLIGHT'	Mission <input type="checkbox"/>	Required Use <input type="checkbox"/>	Other Official Travel <input type="checkbox"/>	a. Gov't Cost or Rental Cost	b. Cont'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct#
1. 60/14/06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	247812	7:37954			
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency: **DHS**

b. Bureau / Office / Service: _____

c. Contact Name: _____

d. Contact Title: _____

e. Phone: _____

f. FAX: _____

(Use of FAA aircraft must be in compliance with Order 4040.8 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)		2. Aircraft Type Desired <input checked="" type="checkbox"/> AC G-IV <input type="checkbox"/> Sim. <input type="checkbox"/> FTP		3. Date(s) Required From: 12 / 01 / 08 To: 12 / 01 / 08		4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other		5. Passenger Information Responsible to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)	
--	--	---	--	--	--	--	--	--	--

5. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Indianapolis, IN and Chicago, IL, then return to Washington, DC for Secretary Chertoff.

Proposed Itinerary KDCA - IIND - KORD - KDCA Project Number 4746 Touchdown Autorotations

PIC Clemmer SIC Schroeder FE _____ Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approval Required Before Flight	Requested by	Printed Name / Title	Rtg Symbol	Date
	(b)(6)	(b)(6) Scheduler	DHS	11/22/2006
		Marion C. Blakey / Administrator	AOA-1	11/22/2008
Bb. Approved by				
Bc. Chief or Regional Counsel Approval				

9. Registration (N) Number		10. Aircraft Make / Model		11. Aircraft Class		12. User Code		13. Cpt Center		14. Reimbursement Acct.	
N1		Gulfstream / GIV		AMEL		W		0030		AC-0484-VN9	

15. Itinerary a. Date of Flight 12 / 01 / 08 NOTE: For AC use only

Leg #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1/1	09		DCA	IIND	1215	1230	1400	1406	1.5	1.8	8
2/1	09		IIND	DCA	1630	1636	1742	1748	1.1	1.3	10
3											
4											
5											
m. Totals									2.6	3.1	18

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Bugget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. PIOT		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. P/O		o. Approvs	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N			
	AD016	Clemmer	3	1			1	3									0	2			1	1						1
	AD020	Schroeder			3	1		1	8								0	3			1	1						1
	AD030	Finck												3	1													

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____		18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Ext. _____ Fax () _____		19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check <input type="checkbox"/> Purchase Order PO # _____	
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20. Office Use Only Initials JJS Date 12-3-06

#73917

(Use of FAA aircraft must be in compliance with Order 4040.0 as amended)

Aircraft / Flight Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C G-IV <input type="checkbox"/> Sim. <input type="checkbox"/> PTD	3. Date(s) Required From: 12 / 01 / 08 To: 12 / 01 / 08	4. Type of Flight <input checked="" type="checkbox"/> FAR 61 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Applicable to USA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POP Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 06. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 08. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 05. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Indianapolis, IN and Chicago, IL, then return to Washington, DC for Secretary Chertoff.

Proposed itinerary KDCA - IIND - KORD - KOCA Project Number 2748 Touchdown Authorizations

PIA Clammer SIC Schroeder FE _____ Owner(s) _____ EST Flight Hours _____ EST Cost \$ _____

APPROVAL REQUIRED FOR THIS FLIGHT	Printed Name / Title	Reg Symbol	Date
7 Requested by	(b)(6) / Scheduler	DHS	11/23/2008
8a. Approved by	Marion C. Birkey / Administrator	AOA-1	11/23/2008
8b. Approved by			
8c. Chief of Regional Council Approval			

8. Registration (N) Number N3 10. Aircraft Make / Model Gulfstream / GV 11. Aircraft Class AMEL 12. User Code W 13. Cost Center 0030 14. Reimbursement Acct AC-0484-VN8

15. Itinerary a. Date of Flight _____ / _____ / _____ NOTE: For A/C log only

Leg #/Date	b. POP 1	c. POP 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1											
2											
3											
4											
5											
m. Totals											

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Block	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. PIOT		f. IP		g. FE		h. DIME		i. Hood		j. ILC		k. NAMI		l. Yaw		m. Landing		n. MFD		o. APPENS		
			MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS	VTS	MRS

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Ext. _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract of BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Conventional Check <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only Initials Date

DATA ENTRY

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agy / Rtg Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO	Other		1	2	3	
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	4	S	a	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m	

(b)(6), (b)(2) low

(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

[Redacted]

11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Leg of Flight or Date	Purpose of 'FLIGHT'		a. Gov't Cost or Rental Cost	b. Com'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
	Mission	Other Official Travel					
1. 12-1-06	<input type="checkbox"/>	<input type="checkbox"/>	498.20				
2. 12-1-06	<input type="checkbox"/>	<input type="checkbox"/>	287.87				
3.	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>					
5.	<input type="checkbox"/>	<input type="checkbox"/>					

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency DHS

b. Bureau / Office / Service _____

c. Contact Name _____

d. Contact Title _____

e. Phone _____ EXT. _____ FAX _____

(b)(6), (b)(2) low

1 of 2

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>GIV</u> <input type="checkbox"/> Sim. _____ <input type="checkbox"/> FTD _____	3. Date(s) Required From: <u>2</u> / <u>15</u> / <u>07</u> To: <u>2</u> / <u>16</u> / <u>07</u>	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Mexico City, Mexico

Proposed Itinerary KDCA - MMMX - KDCA Project Number 4810 Touchdown Autorotations
 PIC Brock SIC Schroeder FE Pfeiffer Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approval Required Before Flight	Signature	Printed Name / Title	Rtg Symbol	Date
7. Requested by		(b)(6)	DHS	02/13/2007
8a. Approved by		Marion C. Blakey / Administrator	AOA-1	02/13/2007
8b. Approved by				
8c. Chief or Regional Counsel Approval				

Aircraft Utilization Data

9. Registration (N) Number N1	10. Aircraft Make / Model Gulfstream GIV	11. Aircraft Class AMEL	12. User Code W	13. Cost Center 0030	14. Reimbursement Acct. AC-0484-VN9
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15. Itinerary a. Date of Flight 2/15/07 NOTE: For AC use only

Leg #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers	
1/2/15	9		KDCA	MMMX	1654	1700	2154	2200	4.9	5.1	9	
2												
3												
4												
5												
m. Totals										4.9	5.1	9

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hld		o. Apprchs		
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N	P	N		
	ADD019	BROCK	5	1																									
	ADD020	SCHROEDER			5	1	5	1												1		1							
	ADD033	PFEIFFER										5	1																

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Ext. _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only Initials gds Date 2-22-07
 DATA ENTRY
#17019

(Use of FAA aircraft must be in compliance with Order 4042.8 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crow Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C GIV <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Dates Required From: 2 / 16 / 07 To: 2 / 16 / 07	4. Type of Flight <input checked="" type="checkbox"/> FAR 01 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to OSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. PDF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Laboratory	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repooling
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE in Mexico City, Mexico

Proposed Itinerary KDCA - MMMX - KDCA Project Number 4810 Touchdown Authorizations

PIC Brack A/C Schroeder FE Pfeiffer Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

7. Requested by <u>(b)(6)</u>	Printed Name / Title <u>(b)(6)</u>	Rtg Symbol <u>DHS</u>	Date <u>02/13/2007</u>
8a. Approved by <i>Marion C. Blakely</i>	Printed Name / Title <u>Marion C. Blakely / Administrator</u>	AOA-1	Date <u>02/13/2007</u>
8b. Approved by AC Chief or Regional Council Approval			

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream GIV</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VNB</u>
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15. Itinerary a. Date of Flight 1 / 1 NOTE: For A/C use only

Leg #/Date	b. PDF 1	c. PDF 2	d. From	e. To	f. Block Out	g. Taxon	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1											
2											
3											
4											
5											
m. Totals											

16. Crew Member Accomplishments Flight Time (Enter Pilot Times in Hours and Tenths)

Crew	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. FE		g. Other	h. Hood		i. IMC		j. Night		k. Takeoff		l. Landing		m. Approch	
			NRS	1/10	NRS	1/10	NRS	1/10	NRS	1/10		NRS	1/10	NRS	1/10	NRS	1/10	NRS	1/10	D	N	D	N

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie-down Fees \$ _____ d. Instructor of Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Ext. _____ Fax _____	19. Method of Payment <input type="checkbox"/> Contract or RFA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Commercial Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only
DATE ENTRY

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agency / Rtg Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO	Other		1	2	3	
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	4	S	a	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(b)(2) low	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m	(b)(6), (b)(2) low
Adam Isles 2. Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(b)(2) low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m	(b)(2) low, (b)(2) high, (b)(6), (b)(7) C, (b)(7) E
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Date of Flight or Date	a. Gov't Cost or Rental Cost		b. Com'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
	Mission	Required Use				
1. 12/14/10	<input type="checkbox"/>	<input type="checkbox"/>				
2. 12/14/10	<input type="checkbox"/>	<input type="checkbox"/>				
3.	<input type="checkbox"/>	<input type="checkbox"/>				
4.	<input type="checkbox"/>	<input type="checkbox"/>				
5.	<input type="checkbox"/>	<input type="checkbox"/>				

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency: DHS

b. Bureau / Office / Service: (b)(6), (b)(2) low

c. Contact Name: _____

d. Contact Title: _____

e. Phone: _____ FAX: _____

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>GIV</u> <input type="checkbox"/> Sim. _____ <input type="checkbox"/> FTD _____	3. Date(s) Required From: <u>2</u> / <u>15</u> / <u>07</u> To: <u>2</u> / <u>16</u> / <u>07</u>	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Mexico City, Mexico

Proposed Itinerary KDCA - MMMX - KDCA Project Number 4810 Touchdown Autorotations

PIC Brock SIC Schroeder FE Pfeiffer Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approval Required Before Flight	Signature	Printed Name / Title	Rtg Symbol	Date
7. Requested by		(b)(6)	DHS	02/13/2007
8a. Approved by		Marion C. Blakey / Administrator	AOA-1	02/13/2007
8b. Approved by				
8c. Chief or Regional Counsel Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream GIV</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VN9</u>
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15. Itinerary a. Date of Flight 2/16/07 NOTE: For A/C use only

Leg #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers	
1 <u>2/16</u>	<u>9</u>		<u>MMMX</u>	<u>KDCA</u>	<u>1812</u>	<u>1824</u>	<u>2148</u>	<u>2154</u>	<u>3.4</u>	<u>3.7</u>	<u>11</u>	
2												
3												
4												
5												
m. Totals										<u>3.4</u>	<u>3.7</u>	<u>11</u>

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hld		o. Apprchs	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N	
	<u>ADD17</u>	<u>BROCK</u>	<u>3</u>	<u>7</u>			<u>3</u>	<u>7</u>														<u>1</u>	<u>1</u>					
	<u>ADD22</u>	<u>SCHROEDER</u>			<u>3</u>	<u>7</u>																						
	<u>ADD33</u>	<u>PFEIFFER</u>									<u>3</u>	<u>7</u>																

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Ext. _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only Initials JS Date 2-22-07
DATA ENTRY

77020

(Use of FAA aircraft must be in compliance with Order 4042.9 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> BAC C1V <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Date(s) Required From: 2 / 16 / 07 To: 2 / 16 / 07	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Requalification
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency C&S	<input type="checkbox"/> 12. Accidents Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Mexico City, Mexico

Proposed Itinerary: KDCA - MMMX - KDCA Project Number: 4810 Touchdown Authorizations:

PIC: Brock PIC: Schroeder FB: Pfeiffer Other(s): _____ EST Flight Hours: _____ EST Cost \$: _____

7. Requested by	Printed Name / Title	Rig Symbol	Date
(b)(6)	(b)(6)	DMS	02/13/2007
By: Approved by <i>[Signature]</i>	Marion C. Blakay / Administrator	AOA-1	02/13/2007
By: Approved by _____			
By: Chief of Regional Council Approval _____			

Aircraft Utilization Data

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream C1V</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VNB</u>
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16. Itinerary a. Date of Flight: 1 / 1 / 07 NOTE: For A/C use only

Log #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1											
2											
3											
4											
5											

18. Crew Member Accomplishments

Crew Member	a. Crew #	b. Crew Name	Flight Time (Enter Flight Times in Hours and Tenths)																							
			c. PIC	d. SIC	e. Pilot	f. IP	g. FE	h. Other	i. Load	j. IMC	k. Night	l. Takeoff	m. Landing	n. Miss	o. Approach											
HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG	HRG

17. Rental Cost Data	18. Aircraft Rented From	19. Method of Payment
a. Aircraft Rental Cost \$ _____	Name _____	<input type="checkbox"/> Contract or BFA
b. Fuel & Lubricants \$ _____	Address _____	Contract # _____
c. Landing & Tie-down Fees \$ _____	City _____ State _____ Zip _____	<input type="checkbox"/> Government Credit Card
d. Instructor of Check Airman \$ _____	Phone () _____ Ext. _____ Fax () _____	<input type="checkbox"/> Commercial Check
e. Other \$ _____		<input type="checkbox"/> Purchase Order
f. TOTAL COST \$ _____		PO # _____
g. Aircraft Rental Hourly Rate \$ _____		

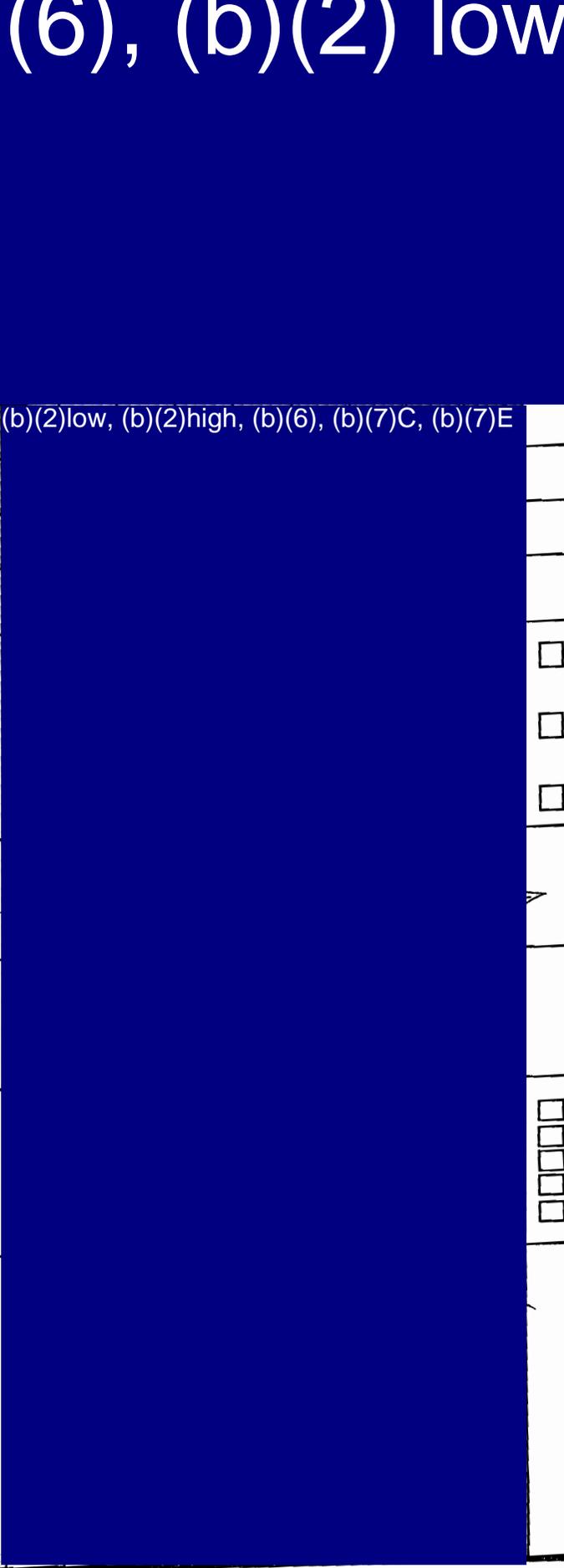
20. Office Use Only

DATA ENTRY		
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MMM-X-KDCA

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agy / Rig Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO	Other		1	2	3	
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	4	S	a	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(b)(6) low	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m	(b)(6), (b)(2) low
Adam Isles 2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m	(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E



12.	<input type="checkbox"/>														
13.	<input type="checkbox"/>														

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Leg. of Flight or Date	Purpose of FLIGHT		a. Gov't Cost or Rental Cost	b. Com'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
	Mission	Other Official Travel					
1.	<input type="checkbox"/>	<input type="checkbox"/>	3,722.42 = 8,941.80				
2.	<input type="checkbox"/>	<input type="checkbox"/>	542 = 744.71				
3.	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>					
5.	<input type="checkbox"/>	<input type="checkbox"/>					

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency **DHS**

b. Bureau / Office / Service _____

c. Contact Name _____

d. Contact Title _____

e. Phone _____ FAX _____

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>GIV</u> <input type="checkbox"/> Sim. _____ <input type="checkbox"/> FTD _____	3. Date(s) Required From: <u>2</u> / <u>20</u> / <u>07</u> To: <u>2</u> / <u>21</u> / <u>07</u>	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Yuma, AZ, Tucson, AZ, and Laredo, TX.

Proposed Itinerary KDCA - KYUM - KTUS - KLRD - KDCA - _____ Project Number 4819 Touchdown Autorotations

PIC Grady SIC Slayton FE Pfeiffer Other(s) _____ EST Flight Hours 6.1 EST Cost \$ _____

Approval Required Before Flight	Signature	Printed Name / Title	Rtg Symbol	Date
7. Requested by		(b)(6)	DHS	02/13/2007
8a. Approved by		✓ Marion C. Blakey / Administrator	AOA-1	02/13/2007
8b. Approved by				
8c. Chief or Regional Counsel Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream GIV</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VN9</u>
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15. Itinerary a. Date of Flight 2 / 20 / 07 NOTE: For A/C use only

Site	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
P/W	09		KDCA	KYUM	1248	1254	1754	1800	5.0	5.2	12
P/W	09		KYUM	KTUS	2230	2242	2318	2324	.6	.9	7
3											
4											
5											
m. Totals									5.6	6.1	15

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hld		o. Apprchs	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N	
	AD007	GRADY, M	6	1			6	1													2	2						
	AD021	SLAYTON, R			6	1																						
	AD033	PFEIFFER, C									6	1																

17. Rental Cost Data	18. Aircraft Rented From	19. Method of Payment
a. Aircraft Rental Cost \$ _____	Name _____	<input type="checkbox"/> Contract or BPA
b. Fuel & Lubricants \$ _____	Address _____	Contract # _____
c. Landing & Tie down Fees \$ _____	City _____ State _____ Zip _____	<input type="checkbox"/> Government Credit Card
d. Instructor or Check Airman \$ _____	Phone () _____ - _____ Ext. _____ Fax () _____	<input type="checkbox"/> Convenience Check _____
e. Other \$ _____		<input type="checkbox"/> Purchase Order
f. TOTAL COST \$ _____		PO # _____
g. Aircraft Rental Hourly Rate \$ _____		

20. Office Use Only
DATA ENTRY Initials JS Date 2/26/07

77248

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight 1 2 3 4 5	c. Dept / Agency / Reg Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
				SES	SFO/SEBO	Other		1	2	3	
Example: John Doe Administrator	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	4	S	2	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DHS	(9)(2)(b)(6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m	(9)(2)(b)(6)
Ben Nelson 2. Senator	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m	(b)(6), (b)(2) low
Mike Pence 3. Congressman	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m	(b)(6), (b)(2) low
Chad Sweet	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DHS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S	3	B	m	(b)(6), (b)(2) low
Don Kent	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DHS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S	3	B	m	(b)(6), (b)(2) low

(b)(2) low, (b)(2) high, (b)(6), (b)(7)C, (b)(7)E

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Leg of Flight or Date	Purpose of "FLIGHT"		b. Com'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct. #
	<input type="checkbox"/> Mission	<input type="checkbox"/> Required Use				
1. 2/20/07			959.40			
2. 2/20/07			284.66			
3.						
4.						
5.						

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency: **DHS**

b. Bureau / Office / Service: _____

c. Contact Name: _____

d. Contact Title: _____

e. Phone: _____

FAX: _____

Aircraft / Simulator Request and Approval Data

Source of Aircraft <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>GIV</u> <input type="checkbox"/> Sim. _____ <input type="checkbox"/> FTD _____	3. Date(s) Required From: <u>2</u> / <u>20</u> / <u>07</u> To: <u>2</u> / <u>21</u> / <u>07</u>	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
---	--	--	--	---

6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE to Yuma, AZ, Tucson, AZ, and Laredo, TX.

Proposed Itinerary KDCA - KYUM - KTUS - KLRD - KDCA - Project Number 4819 Touchdown Autorotations

PIC Grady SIC Slayton FE Pfeiffer Other(s) _____ EST Flight Hours 4.8 EST Cost \$ _____

Approval Required Before Flight	Signature	Printed Name / Title	Rtg Symbol	Date
7. Requested by		(b)(6)	DHS	02/13/2007
8a. Approved by		Marion C. Blakey / Administrator	AOA-1	02/13/2007
8b. Approved by				
8c. Chief or Regional Counsel Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>Gulfstream GIV</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VN9</u>
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15. Itinerary a. Date of Flight 2 / 21 / 07 NOTE: For A/C use only

te	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1/21	09		KTUS	KLRD	1518	1524	1700	1706	1.6	1.8	10
2/21	09		KLRD	KDCA	1942	1948	2236	2242	2.8	3.0	11
3											
4											
5											

m. Totals 4.4 4.8 21

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hid		o. Apprchs	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N			
	AD009	GRADY, M	4	8																								
	AD021	SLAYTON, R			4	8	4	8													2		2					
	AD033	PFEIFFER, C										4	8															

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ - _____ Ext. _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only Initials MS Date 2/20/07

DATA ENTRY

\$77249

(Use of FAA system must be in compliance with Order 4940.8 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> AC GIV <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Dates Required From: <u>2 / 20 / 07</u> To: <u>2 / 21 / 07</u>	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to OSA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
---	---	---	---	--

6. PDF Codes:
 01. Evaluation 05. Logistics 09. Reimbursable 13. Aircraft Certification Testing 17. Ground Time
 02. Currency 08. R&D 10. Test & Ferry 14. Military 18. NASE Flight
 03. Transportation 07. Formal Training 11. Flight Standards IDENTITY 16. Observation Flight 19. Re-positioning
 04. Check Flight 06. Proficiency Q&S 12. Accident Investigation 15. Other 20. Flight Inspection

Remarks: REIMBURSABLE to Yuma, AZ, Tucson, AZ, and Laredo, TX.

Proposed Itinerary: KDCA - KVUM - KTUS - KLRD - KDCA Project Number: 4819 Touchdown Autorotations:
 PIC: Grady SIC: Stevan FE: Pfeiffer Other(s): _____ EST Flight Hours: _____ EST Cost: _____

Approved Authority Source Flight	Printed Name / Title	Reg Symbol	Date
7. Requested by	(b)(6)	DHS	02/13/2007
8a. Approved by	(b)(6)	ACA-1	02/13/2007
8b. Approved by	Marion C. Blakey / Administrator		
8c. Chief or Regional Council Approval			

9. Registration (N) Number: N1 10. Aircraft Make / Model: Gulfstream GIV 11. Aircraft Class: AMEL 12. User Code: W 13. Cost Center: 0030 14. Reimbursment Acct: AC-0484-VN9

10. Itinerary a. Date of Flight: 1 / 1 NOTE: For AC use only

Lap #/Date	b. PDF 1	c. PDF 2	d. From	e. To	f. Block Out	g. Taxon	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1											
2											
3											
4											
5											

m. Totals

18. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

DUGM	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. FE		g. Other		h. Hold		i. INC		j. Night		k. Transfer		l. Landing		m. Mid		n. Approva		
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS

17. Rental Cost Data a. Aircraft Rental Cost: \$ _____ b. Fuel & Lubricants: \$ _____ c. Landing & Tie-down Fees: \$ _____ d. Instructor or Check Airman: \$ _____ e. Other: \$ _____ f. TOTAL COST : \$ _____ g. Aircraft Rental Hourly Rate: \$ _____	18. Aircraft Rented From Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone () _____ - _____ Ext. _____ Fax () _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only	Initials	Date
DATA ENTRY		

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agy / Rig Sym	d. Phone	e. TYPE of Executive and Title		f. Type Pass	g. Purpose of Travel	h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SF/O/SEBO			
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O	4 S a	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(b)(2) low	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E	3 B m	(b)(6), (b)(2) low
Chad Sweet 2.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input type="checkbox"/>	O	3 B m	(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E
Don Kent 3.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input type="checkbox"/>	O	3 B m	(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Leg of Flight or Date	a. Gov't Cost or Rental Cost		b. Com'l Cost		c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
	Mission	Required Use	Other Official Travel				
1. 2/21/07	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. 2/21/07	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency DHS

b. Bureau / Office / Service (b)(6), (b)(2)

c. Contact Name (b)(6), (b)(2)

d. Contact Title (b)(6), (b)(2)

e. Phone (b)(6), (b)(2) EXT. (b)(6), (b)(2) FAX (b)(6), (b)(2)

JL-27-2007 16:36

(Use of FAA aircraft must be in compliance with Order 4040.9 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>CE560XL</u> <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Date(s) Required From: <u>8 / 3 / 07</u> To: <u>8 / 3 / 07</u>	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Responsible to GSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 08. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Detachment	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 09. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff to W.B. Scranton, PA.

Proposed Itinerary KDCA - KAVP - KDCA Project Number 5043 Touchdown Autorotations
 PIC CLEMMER & FUCKINGER FE _____ Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approval Authority FIC/PI	(b)(6)	Printed Name / Title	Rig Symbol	Date
7. Requested by	(b)(6)	Trip Coordinator	DHS	07/27/2007
8a. Approved by	<i>Marion C. Blakey</i>	Marion C. Blakey / Administrator	AOA-1	07/27/2007
8b. Approved by				
8c. Chief of Regional Counsel Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N2</u>	10. Aircraft Make / Model <u>Cessna 560XL</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct <u>AC-0484-VN9</u>
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16. Itinerary a. Date of Flight 8/3/07 NOTE: For AC use only

Leg #/Date	b. POP 1	c. POP 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers	
8/3 09			DCA	AVP	1824	01.2	02.0	1924	0.8	1.0	4	
8/3 09			AVP	DCA	1930	02.0	02.7	2024	0.7	0.9	0	
3												
4												
5												
m. Totals										1.5	1.9	4

18. Crew Member Accomplishments

Budget	a. Crew #	b. Crew Name	Flight Time (Enter Flight Times in Hours and Tenths)																								
			c. PIC		d. SIC		e. Pilot		f. IP		g. PE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Approx		
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N
	ADD 16	Clemmer, D	19		19																2	2			1		
	ADD 14	Flickinger, S			19																						

17. Rental Cost Data	18. Aircraft Rented From	19. Method of Payment
a. Aircraft Rental Cost \$ _____	Name _____	<input type="checkbox"/> Contract or BPA Contract # _____
b. Fuel & Lubricants \$ _____	Address _____	<input type="checkbox"/> Government Credit Card
c. Landing & Tie down Fees \$ _____	City _____ State _____ Zip _____	<input type="checkbox"/> Convenience Check _____
d. Instructor or Check Airman \$ _____	Phone (____) _____ Ext. _____ Fax (____) _____	<input type="checkbox"/> Purchase Order
e. Other \$ _____		PO # _____
f. TOTAL COST \$ _____		
g. Aircraft Rental Hourly Rate \$ _____		

20. Office Use Only
DATA ENTRY Initials Date

#84765

24. Passenger Manifest and Purpose of Travel										
a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight 1 2 3 4 5	c. Dept / Agy / Rig Sym	d. Phone	e. TYPE of Executive and Title SES SFO/SEBO Other		f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O	4	S	a	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DHS	(b)(2) low	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E	3	B	m	(b)(6), (b)(2) low
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	</								

(Use of FAA aircraft must be in compliance with Order 4040.9 as amended)

1072

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C GIV <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Date(s) Required From: 8 / 13 / 07 To: 8 / 14 / 07	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Library	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff and staff to Tucson, AZ; El Paso, TX and return to Washington, DC.
 New Orleans, LA; El Paso, TX; Artesia, NM.

Proposed Itinerary: KDCA - KNEW - KEMP - KATS - KDCA Project Number 5049 Touchdown Authorizations
 PIC: Clammer SIC: Flickinger FE: Davis Other(s): _____ EST Flight Hours: _____ EST Cost: _____

Approval Required Before Flight		Printed Name / Title	Rtg Symbol	Date
7. Requested by	(b)(6)	(b)(6) / Trip Coordinator	DHS	07/27/2007
8a. Approved by	<i>Marion C. Blakely</i>	Marion C. Blakely / Administrator	AOA-1	07/27/2007
8b. Approved by				
8c. Chief of Regional Counsel Approval				

Aircraft Utilization Data

9. Registration (N) Number N1	10. Aircraft Make / Model Gulfstream GIV	11. Aircraft Class AMEL	12. User Code W	13. Cost Center 0030	14. Reimbursement Acct. AC-0484-VN9
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15. Itinerary a. Date of Flight: 8/13/07 NOTE: For A/C use only

Log #/Date	a. POF 1	b. POF 2	c. From	d. To	e. Block Out	f. Takeoff	g. Landing	h. Block In	i. Time in Service (TIS)	j. Total Time (TOT)	k. # of Passengers
8/13	09		DCA	NEW	1218	1224	1430	1436	2.1	2.3	10
8/13	09		NEW	ELP	2036	2042	2242	2248	2.0	2.2	7
3											
4											
5											
m. Totals									4.1	4.5	17

16. Crew Member Accomplishments

Budget	a. Crew #	b. Crew Name	Flight Time (Enter Flight Times in Hours and Tenths)																								
			c. PIC		d. SIC		e. Pilot		f. LP		g. PE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hold		o. Approch
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	#	P	N
	AD016	Clammer	4	5																							
	AD014	Flickinger			4	5															2		2				1
	AD029	Davis, M											4	5													

17. Rental Cost Data	18. Aircraft Rented From	19. Method of Payment
a. Aircraft Rental Cost \$ _____	Name _____	<input type="checkbox"/> Contract or BPA
b. Fuel & Lubricants \$ _____	Address _____	Contract # _____
c. Landing & Tie down Fees \$ _____	City _____ State _____ Zip _____	<input type="checkbox"/> Government Credit Card
d. Instructor or Check Airman \$ _____	Phone () _____ Ext _____ Fax () _____	<input type="checkbox"/> Convenience Check
e. Other \$ _____		<input type="checkbox"/> Purchase Order
f. TOTAL COST \$ _____		PO # _____
g. Aircraft Rental Hourly Rate \$ _____		

20. Office Use Only Initials Date
 DATA ENTRY *[Signature]* 8-2-07

85102

24. Passenger Manifest and Purpose of Travel														
a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agency / Rtg Sym	d. Phone	e. TYPE of Executive and Title		f. Type Pass	g. Purpose of Travel		h. Emergency Contact Name and Phone	
Example: Jane L. Doe Administrator	1	2	3	4	5	AFS-260	(405) 945-6306	SES	SFO/SEBO	Other	O	4	S	a
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(405) 945-6306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m
David Paulison 2. Chief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	USCG	(2)(b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m
Anne Petera 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S	3	B	m
Russ Knocke 4.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

(b)(6), (b)(2) low

(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Purpose of 'FLIGHT'	Mission	Required Use	Other Official Travel
Leg of Flight or Date	a. Gov't Cost or Rental Cost	b. Com'l Cost	c. Charter Cost
1. 8-13-07	509.22		
2. 6-13-07	695.87		
3.			
4.			
5.			

25. Agency Contact For Reportable Passenger Transportation

DHS

a. Dept / Agency

b. Bureau / Office / Service

c. Contact Name

d. Contact Title

e. Phone

FAX

2062

(Use of FAA aircraft must be in compliance with Order 4040.9 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C GIV <input type="checkbox"/> Sim. <input type="checkbox"/> FTD	3. Date(s) Required From: 8 / 13 / 07 To: 8 / 14 / 07	4. Type of Flight <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff and staff to Tucson, AZ; El Paso, TX; and return to Washington, DC.
 New Orleans, LA; El Paso, TX; Artesia, NM.

Proposed Itinerary KDCA - KNEW - KELP - KATS - KDCA Project Number 5049 Touchdown Authorizations
 PIC Clammer sio Flickinger FE Davis Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

7. Requested by (b)(6)	Printed Name / Title Trip Coordinator	Rtg Symbol DHS	Date 07/27/2007
8a. Approved by <i>M. C. Blakey</i>	M. C. Blakey / Administrator	AOA-1	07/27/2007
8b. Approved by BC, Chief of Regional Council Approval			

Aircraft Utilization Data

9. Registration (N) Number N1	10. Aircraft Make / Model Gulfstream GIV	11. Aircraft Class AMEL	12. User Code W	13. Cost Center 0030	14. Reimbursement Acct. AC-0484-VNS
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15. Itinerary a. Date of Flight 8/14/07 NOTE: For A/C used only

Log #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
3/14 09			ELP	ATS	1618	1624	1657	1700	0.5	0.7	1.0
2/14 09			ATS	DCA	2006	2012	2330	2336	3.3	3.5	12
3											
4											
5											
m. Totals									3.8	4.7	22

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP	g. PE	h. Other	i. Hood	j. IMC	k. Night	l. Takeoff		m. Landing		n. Mid		o. Approch	
			HRS	1/10	HRS	1/10	HRS	1/10							HRS	1/10	HRS	1/10	D	N	D	N
	AD016	Clammer	4	2			4	2								2	2					
	AD014	Flickinger			4	2																
	AD029	Davis, M								4	2											

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Ext. _____ Fax () _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only
 DATA ENTRY Initials Date
 [Signature] 8/21/07

#85103

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agcy / Rtg Sym	d. Phone	e. TYPE of Executive and Title			f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO	Other		1	2	3	
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	4	S	a	John Doe (405) 954-5460
1. Michael Chertoff Secretary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(b)(6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E	3	B	m	(b)(6), (b)(2) low
2. Basham Commissioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S	3	B	m	(b)(2)low, (b)(2)high, (b)(6), (b)(7)C, (b)(7)E
3. Allison Boyd	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m	
4. Russ Knocke	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O	3	B	m	

(b)(6), (b)(2) low

25. Passenger reportable to the General Services Administration (Complete block 25 & 26)

Leg of Flight or Date	a. Gov't Cost or Rental Cost		b. Com1 Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
	Mission	Required Use				
1. 8-14-07		110.70				
2. 8-14-07		645.75				
3.						
4.						
5.						

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency: DHS

b. Bureau / Office / Service: _____

c. Contact Name: _____

d. Contact Title: _____

e. Phone: _____ FAX: _____

(Use of FAA aircraft must be in compliance with Order 4040.9 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input type="checkbox"/> FAA <input type="checkbox"/> Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> A/C <u>CES60XL</u> <input type="checkbox"/> Sim. _____ <input type="checkbox"/> FTD _____	3. Date(s) Required From: <u>9 / 11 / 07</u> To: <u>9 / 11 / 07</u>	4. Type of Flight <input type="checkbox"/> FAR 91 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Other _____	5. Passenger Information Reportable to GSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 05. Logistics	<input checked="" type="checkbox"/> 09. Reimbursable	<input type="checkbox"/> 13. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 06. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Itinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency Q&S	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff and staff to SOMERSET, PA

Proposed Itinerary KDCA - K269 - KDCA Project Number 5087 Touchdown Authorizations
 PIC Brock SIC Flickinger FE Davis Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approved Required Before Flight	Signature	Printed Name / Title	Rtg Symbol	Date
7. Requested by	(b)(6)	(b)(6) Scheduler	DHS	09/04/2007
8a. Approved by		✓ Marion C. Blakey / Administrator	AOA-1	✓ 09/04/2007
8b. Approved by				
8c. Chief of Regional Council of Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N2</u>	10. Aircraft Make / Model <u>CESSNA 560XL</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-0484-VN9</u>
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15. Itinerary a. Date of Flight 9/11/07 NOTE: For AC use only

Log #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff	h. Landing	i. Block In	j. Time in Service (TIS)	k. Total Time (TOT)	l. # of Passengers
1	9		DCA	269	1206	17659	17665	1754	0.6	0.8	8
2	9		269	DCA	1512	17665	17671	1554	0.6	0.7	8
3											
4											
5											
6											
m. Totals									1.2	1.5	16

16. Crew Member Accomplishments Flight Time (Enter Flight Times in Hours and Tenths)

Budget	a. Crew #	b. Crew Name	c. PIC		d. SIC		e. Pilot		f. IP		g. FE		h. Other		i. Hood		j. IMC		k. Night		l. Takeoff		m. Landing		n. Hid		o. Apts	
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	S	P	N	
	ADD17	Brock	1	5			0	7									5		1		1							
	ADD14	Flickinger			1	5	6	8									5		1		1							

17. Rental Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rented From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Ext _____ Fax (____) _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check _____ <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only
DATA ENTRY Initials [Signature] Date 9-13-07

#87108

(Use of FAA aircraft must be in compliance with Order 4040.0 as amended)

Aircraft / Simulator Request and Approval Data

1. Source of Aircraft <input checked="" type="checkbox"/> FAA Rental <input type="checkbox"/> Out of Agency (Crew Data Only)	2. Aircraft Type Desired <input checked="" type="checkbox"/> AC <u>CES560XL</u> <input type="checkbox"/> Sim <input type="checkbox"/> FTD	3. Date(s) Required From: <u>8 / 11 / 07</u> To: <u>8 / 11 / 07</u>	4. Type of Flight <input type="checkbox"/> FAR 91 <input checked="" type="checkbox"/> FAR 135 <input type="checkbox"/> Other	5. Passenger Information Reportable to GSA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Space Available for additional passengers (reference instructions)
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6. POF Codes:

<input type="checkbox"/> 01. Evaluation	<input type="checkbox"/> 02. Logistics	<input checked="" type="checkbox"/> 03. Reimbursable	<input type="checkbox"/> 04. Aircraft Certification Testing	<input type="checkbox"/> 17. Ground Time
<input type="checkbox"/> 02. Currency	<input type="checkbox"/> 05. R&D	<input type="checkbox"/> 10. Test & Ferry	<input type="checkbox"/> 14. Military	<input type="checkbox"/> 18. NASE Flight
<input checked="" type="checkbox"/> 03. Transportation	<input type="checkbox"/> 07. Formal Training	<input type="checkbox"/> 11. Flight Standards Rinerary	<input type="checkbox"/> 15. Observation Flight	<input type="checkbox"/> 19. Repositioning
<input type="checkbox"/> 04. Check Flight	<input type="checkbox"/> 08. Proficiency QAS	<input type="checkbox"/> 12. Accident Investigation	<input type="checkbox"/> 16. Other	<input type="checkbox"/> 20. Flight Inspection

Remarks: REIMBURSABLE for Secretary Chertoff and staff to Johnston, PA
SOMERSET, PA

Proposed Itinerary KDCA - KIEF - KDCA Project Number 5087 Take-down Authorization
 PIC Brock SIC Flickinger FE Davis Other(s) _____ EST Flight Hours _____ EST Cost \$ _____

Approved/Required Before Flight	Signature	Printed Name / Title	Reg Symbol	Date
7. Requested by	(b)(6)	(b)(6) Scheduler	DHS	09/04/2007
8a. Approved by	<i>Marion C. Blakey</i>	Marion C. Blakey / Administrator	AOA-1	09/04/2007
8b. Approved by SIC Chief of Requester				
Council Approval				

Aircraft Utilization Data

9. Registration (N) Number <u>N1</u>	10. Aircraft Make / Model <u>CESNA 560XL</u>	11. Aircraft Class <u>AMEL</u>	12. User Code <u>W</u>	13. Cost Center <u>0030</u>	14. Reimbursement Acct. <u>AC-064-VNB</u>
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15. Itinerary a. Date of Flight 8/11/07 NOTE: For AC use only

Log #/Date	b. POF 1	c. POF 2	d. From	e. To	f. Block Out	g. Takeoff/Landing	h. Block In	i. Time in Service (TIS)	j. Total Time (TOT)	k. # of Passengers
1										
2										
3										
4										
5										
6										

16. Crew Member Accomplishments

Budget	k. Crew #	l. Crew Name	Flight Time (Enter Flight Times in Hours and Tenths)																							
			c. PIC	d. SIC	e. Pilot	f. IP	g. FE	h. Other	i. Head	j. IMC	k. Night	l. Takeoff	m. Landing	n. HMI	o. Accidents											
			HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	HRS	1/10	D	N	D	N	S	P	N	
		Brock																								
		Flickinger																								

17. Normal Cost Data a. Aircraft Rental Cost \$ _____ b. Fuel & Lubricants \$ _____ c. Landing & Tie down Fees \$ _____ d. Instructor or Check Airman \$ _____ e. Other \$ _____ f. TOTAL COST \$ _____ g. Aircraft Rental Hourly Rate \$ _____	18. Aircraft Rental From Name _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ - _____ Ext. _____ Fax (____) _____ - _____	19. Method of Payment <input type="checkbox"/> Contract or BPA Contract # _____ <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Convenience Check <input type="checkbox"/> Purchase Order PO # _____
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20. Office Use Only Initials Date
DATA ENTRY

KDCA-K2G9-KDCA

24. Passenger Manifest and Purpose of Travel

a. Passenger Name (First, Middle Initial, Last) Title if Senior Fed. Traveler	b. Leg(s) of Flight					c. Dept / Agy / Rtg Sym	d. Phone	e. TYPE of Executive and Title		f. Type Pass	g. Purpose of Travel			h. Emergency Contact Name and Phone
	1	2	3	4	5			SES	SFO/SEBO		Other	1	2	
Example: Jane L. Doe Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFS-260	(405) 945-6306	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O	a	s	a	John Doe (405) 954-5460
Michael Chertoff 1. Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS	(b)(2) low	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E	s	B	s	(b)(6), (b)(2) low
Katy Montgomery 2. Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	S	s	B	s	(b)(2) low, (b)(2) high, (b)(6), (b)(7)C, (b)(7)E
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>					

25. Passenger reportable to the General Services Administration (Complete Block 25 & 26)

Purpose of 'FLIGHT'	a. Gov't Cost	b. Com'l Cost	c. Charter Cost	d. Reimbursement Amount	e. Reimbursement Acct.#
1. Leg of Flight or Date	0.8x87516 = 87.50	0.7x87516 = 70.50			
2.					
3.					
4.					
5.					

26. Agency Contact For Reportable Passenger Transportation

a. Dept / Agency: DHS

b. Bureau / Office / Service: _____

c. Contact Name: _____

d. Contact Title: _____

e. Phone: _____ FAX: _____