

Recd 6/16/09 PAP

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
2. NAME (Last, First, Middle Initial) (Print or type) (b)(6)		3. GRADE	4. SSN (b)		5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TOY <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		
6. ADDRESS. a. NUMBER AND STREET (b)(6)		b. CITY	c. STATE (b)	d. ZIP CODE (b)			
e. E-MAIL ADDRESS				10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY			
7. DAYTIME TELEPHONE NUMBER & AREA CODE (b)(2)(low), (b)		8. TRAVEL ORDER/AUTHORIZATION NUMBER TOCS-09-00032		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		11. ORGANIZATION AND STATION	
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		d. COMPUTATIONS	
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES	e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due	
6/9 DEP Washington, DC 6/9 ARR San Francisco-Hilton Fisherman's Wharf DEP 2620 Jones Street 6/11 ARR San Francisco, CA DEP 6/12 ARR Washington, DC DEP ARR DEP ARR DEP ARR				434.09 328.00		1160.00 224.00 958.83	
16. POC TRAVEL (X one) <input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS		19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				6/9 Rental Car 125.08 6/10 Airport Parking 20.00 6/11 Gas 16.01 6/9 Taxi(home to airport) 66.55 6/12 Taxi (airport to home) 59.10 6/9 Parking 6.00 6/9-6/10 Lodging Tax 16.13 6/9 Parking 36.00 6/10 Parking 36.00			
21.a. APPROVING OFFICIAL'S PRINTED NAME (b)(6)		b. SIGNATURE (b)(6)		c. TELEPHONE NUMBER		d. DATE 6-12-09 6-16-09	
22. ACCOUNTING CLASSIFICATION				23. COLLECTION DATA			
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
28. AMOUNT PAID							

Sent to OFO 6/16/09 AP

868.8

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation	- C	Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned	- P	Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.



San Francisco Fisherman's Wharf

2620 Jones Street • San Francisco, CA 94133
Phone (415) 885-4700 • Fax (415) 771-8945
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

(b) (6)

Company Information:

Room 221/D2D
Arrival Date 6/9/2009 6:42:00PM
Departure Date 6/11/2009

Adult/Child 1/0
Room Rate 164.00

RATE PLAN L-GV
HH#
AL: CO #HM686709
CAR:

Folio

CONFIRMATION NUMBER (b) (6)

6/11/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
6/9/2009	1970009	PARKING - SELF 65-133	\$36.00
6/9/2009	1970009	OCCUPANCY TAX	\$5.04
6/9/2009	1970010	GUEST ROOM EXEMPT	\$164.00
6/9/2009	1970010	TOURISM DISTRICT ASSESSMENT	\$2.46
6/10/2009	1970354	**VINTNER'S GRILL	\$10.61
6/10/2009	1970949	PARKING - SELF 65-133	\$36.00
6/10/2009	1970949	OCCUPANCY TAX	\$5.04
6/10/2009	1970950	GUEST ROOM EXEMPT	\$164.00
6/10/2009	1970950	TOURISM DISTRICT ASSESSMENT	\$2.46
6/11/2009	1971317	**VINTNER'S GRILL	\$8.48
11/2009	1971329	VS *2968	(\$434.09)
		** BALANCE **	\$0.00
TAX SUMMARY			
	CHARGE TOTAL	TRICT ASSESSMENT	
ROOM & TAX	\$328.00	\$4.92	
TOTAL PAID	\$328.00	\$4.92	

Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!

ACCOUNT NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION (ESTABLISHMENT AGREES TO TRANSMIT BY CARDHOLDER FOR PAYMENT)

DATE OF CHARGE	FOLIO NO./CHECK NO.
	348030 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

PAYMENT (IF UNION RECEIPT)

The Hilton Family



Official Sponsor

SFO Int'l Airport

SFO

Box 8097

San Francisco, CA
821 7900

ipt 2257/5040/830 06/10/09 14:38:11
! Copy !!!!!

104 Unreadable Ticket \$ 20.00
red: 06/10/09 09:07
06/10/09 14:38
h of stay: 0 Dy 5 Hr 30 Min

Total Amount \$ 20.00

Credit Visa \$ 20.00

Visa

Holder: (b) (6)
No. : XXXX XXXX XXXX (b) (6)
Amount: \$ 20.00

Signature :

Thank you,

76
717 E SAN BRUNO AV
SAN BRUNO CA

76
717 E SAN BRUNO AV
SAN BRUNO CA
DIR# 00362830
DATE: 06/11/09

UISAFL AC/TH
XXXX XXXX XXXX (b) (6)
9DHJQ798G7TH
INV# 093253 597M
REF# 921 40-020
AUTH# 00-041027

PUMP# 5 SILENCE
UNI. 5.234L
PRICE/GAL \$3.059

FUEL TOTAL \$16.01

COMPLETE A SURVEY
WWW.GASVISIT.COM
REGISTER TO WIN

THANK YOU

By: (b) (6)
XXXXXXXXXX (b) (6)
Washington Flyer

500
L5710

Washington Flyer
DR ID 888-508
06/12/2009 06:
3857208, 77267
06/12/2009 07:
3850954, 7747
28.43
\$ 54.

San Diego Marriott Hotel

04-02-09

(b) (6)

Room No. : 0986
Arrival : 03-26-09
Departure : 04-02-09
Page No. : 1 of 2
Folio No. : 21184
Conf. No. : (b) (6)
Cashier No. : 298
User ID : (b) (6)
Invoice No. :

INVOICE

Membership No. :
A/R Number :
Group Code : (b) (2)
Company Name : Department of Homeland Security

Date	Description	Additional Information	Charges	Credits
03-26-09	Room Charge		147.00	
03-26-09	Taxes Transient Occupancy		15.44	
03-26-09	San Diego Tourism Mktg Assessme		2.94	
03-27-09	Parking	Room# 0986 : POSTING	27.00	
03-27-09	Room Charge		147.00	
03-27-09	Taxes Transient Occupancy		15.44	
03-27-09	San Diego Tourism Mktg Assessme		2.94	
03-28-09	Parking	Room# 0986 : POSTING	27.00	
03-28-09	Room Charge		147.00	
03-28-09	Taxes Transient Occupancy		15.44	
03-28-09	San Diego Tourism Mktg Assessme		2.94	
03-29-09	Parking	Room# 0986 : POSTING	27.00	
03-29-09	Room Charge		147.00	
03-29-09	Taxes Transient Occupancy		15.44	
03-29-09	San Diego Tourism Mktg Assessme		2.94	
03-30-09	Parking	Room# 0986 : POSTING	27.00	
03-30-09	Room Charge		147.00	
03-30-09	Taxes Transient Occupancy		15.44	
03-30-09	San Diego Tourism Mktg Assessme		2.94	
03-31-09	Parking	Room# 0986 : POSTING	27.00	
03-31-09	Room Charge		147.00	
03-31-09	Taxes Transient Occupancy		15.44	
03-31-09	San Diego Tourism Mktg Assessme		2.94	
04-01-09	Parking	Room# 0986 : POSTING	27.00	
04-01-09	Parking	Room# 0986 : POSTING	27.00	
04-01-09	Room Charge		147.00	
04-01-09	Taxes Transient Occupancy		15.44	



04-02-09

(b) (6)
[Redacted]

Room No. : 0986
Arrival : 03-26-09
Departure : 04-02-09
Page No. : 2 of 2
Folio No. : 21184
Conf. No. : (b) (6)
Cashier No. : 298
User ID : (b) (6)
Invoice No. :

INVOICE

Membership No. :
A/R Number :
Group Code : (b) (2)
Company Name : Department of Homeland Security

Date	Description	Additional Information	Charges	Credits
04-01-09	San Diego Tourism Mktg Assessme		2.94	
04-02-09	MasterCard Payment	XXXXXXXXXX(b) XX/XX		1,346.66
Total			1,346.66	1,346.66
Balance			0.00	

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

Guest Signature: _____

HARRIS COUNTY
TOLL ROAD
AUTHORITY

AIRPORT CONNECTOR

Lane No. 16

Fare Paid - \$1.00

06:14:11PM 03-26-09

Have a nice day!

HARRIS COUNTY
TOLL ROAD
AUTHORITY

HARDY SOUTH

Lane No. 03

Fare Paid - \$1.50

06:11:16PM 03-26-09

Have a nice day!

ALAMO



Alamo Rental Agreement Summary

14457224 Inv 900 3070190
a/ 27-MAR-2009 12:12 AM
DIEGO AIRPORT
rn APR-2009 09:05 AM
DIEG RPORT

(b) (6)
8S196800
SIENNA LE
s Driven SVAR Class Charged FCAR
se# 6DCR611 State/Province CA
s Driven 259
s Out 26792
s In 27051



VERNMENT/MILITARY - OFFICIAL
act ID GOVBIZ

es	No Unit	Price	Amount
	1 Week	132.00	132.00*
M/KM	0 M/Kms		0.00*
DW	7 Days		0.00
URISM ASSESSMENT			3.30
SSION RECOUP FEE			18.55*
MIN RT SPLMNT \$5/D			35.00*
TAX @ 7.750 %			14.38

Charges USD 203.23

ly MC (b) (6) -203.23

Due USD 0.00

ble Items
t to Audit
er service Number 1(800) 445-5664

Customer name:

(b) (6)

Rental Agreement Number:

Rental Location:
Phone Number:
Rental Time:

San Diego Airport/Shuttle
(888)826-8893 ext.MAIN
Friday, March 27, 2009 12:12 AM

Return Location:
Phone Number:
Return Time:

San Diego Airport/Shuttle
(888)826-8893 ext.MAIN
Thursday, April 2, 2009 01:00 PM

Vehicle Information:
Reserved Car Class:
Vehicle Class Chosen:
Charged Car Class:

FCAR
Minivan
FCAR

Vehicle Number:
Mileage:
Make/Model:
Color:
License Number:
Parking Space:

8S196800
26792
TOYOTA / SIENNA LE
GOLD
8DCR611
A09

Charges:	Unit	Price/Unit	Amount
TIME & DISTANCE	Week	\$132.00	\$132.00
EXTRA - TIME & DISTANCE	Day	\$22.50	\$0.00
EXTRA - TIME & DISTANCE	Hour	\$7.50	\$0.00
UNLIMITED DISTANCE-TIME & DISTANCE	Distance		\$0.00
COLLISION DAMAGE WAIVER FULL	Day		INCLUDED
REFUELING SERVICE CHARGE	Gallon	\$3.30	\$0.00
GOVERNMENT ADMIN RATE SUPPLEMENT	Day	\$6.00 x 7	\$36.00
CA TOURISM COMMISSION ASSESSMENT	Percent		\$3.30
CONCESSION RECOUP FEE 11.11 %	Percent		\$18.55
SALES TAX (7.75%)	Percent		\$14.38

Total Estimated Charges \$203.23

Payments:

MASTERCARD ***** (b) (6) \$203.23

Additional Drivers:

Except as provided in a separate corporate sales or tour agreement or as required by law, no additional drivers are authorized to drive the vehicle with the exception of the drivers listed below.
(Additional driver names listed here if applicable.)

Rate Rules and Qualifications:

The Minimum Rental Duration is 5 Day(s)
Maximum rental length of 28 Day(s).

Protection Products:

CDW1 Included 03/27/2009
EP Declined 03/27/2009
PSD Declined 03/27/2009



PostNet - San Diego (Downtown)
234 Broadway
San Diego, Ca 92101

March 30, 2009 18:02
Receipt #: 411084
MasterCard #: (b) (6)
2009/03/30 18:57

Page: 1

Store:CA0256 Clerk:Joseph Register:1
03/27/2009 9:30:14
Transaction#: 6733

Qty	Description	Amount
2	Minutes:CA2898CRS04	0.40
12	Prints:Black and White Printer 3750	5.68
	SubTotal	6.28
	Taxes	0.48
	Total	6.74

Copies - B&W 8.5" x 11"
2201
7¢ 0.08 0.56
Merchandise Total: 0.56
Standard: 0.04

The Cardholder agrees to pay the issuer of the charge card in accordance with the agreement between the issuer and the Cardholder.

532 C STREET
SAN DIEGO, CA 92101
(619) 845-3300
www.fedexkinkos.com
Please recycle this receipt

Please take our survey to receive 10% off shipping (UPS®, FedEx®, DHL® only). Valid at participating PostNet Centers. Some restrictions may apply. Offer Number: 9907911

Call 1-800-451-7420
www.RatePostNet.com

Enter Survey Code:
17256

Validation code: _____

Offer valid for 30 days
from date of purchase.
Minimum purchase required.

Balance Due:	0.60
Cash:	0.60
Change:	0.00

Visit
www.postnet.com
to track your shipments!



March 31, 2009 22:22
Receipt #: 411295
MasterCard # (b) (6)
2009/03/31 22:15

Page: 1

Qty	Description	Amount
5	Minutes:CA2698CRS02	1.00
11	Prints:Black_and_White_Printer_3849	5.39
11	Prints:Black_and_White_Printer_3850	5.39
14	Prints:Black_and_White_Printer_3851	6.88
2	Prints:Black_and_White_Printer_3852	0.98
2	Prints:Black_and_White_Printer_3853	0.98
10	Prints:Black_and_White_Printer_3854	4.80
	SubTotal	25.50
	Taxes	1.90
	Total	27.40

The Cardholder agrees to pay the Issuer of the charge card in accordance with the agreement between the Issuer and the Cardholder.

532 C STREET
SAN DIEGO, CA 92101
(619) 645-3300
www.fedexkinkos.com
Please recycle this receipt



March 31, 2009 22:34
Receipt #: 411299
MasterCard # (b) (6)
2009/03/31 22:30

Page: 1

Qty	Description	Amount
3	Minutes:CA2698CRS01	0.60
3	Prints:Black_and_White_Printer_3858	1.47
3	Prints:Black_and_White_Printer_3859	1.47
3	Prints:Black_and_White_Printer_3860	1.47
	SubTotal	5.01
	Taxes	0.34
	Total	5.35

The Cardholder agrees to pay the Issuer of the charge card in accordance with the agreement between the Issuer and the Cardholder.

532 C STREET
SAN DIEGO, CA 92101
(619) 645-3300
www.fedexkinkos.com
Please recycle this receipt.

Thank You for choosing
South Bay Expressway

Plaza: 9010 - Otay Mainline
Lane: 5 Collector: 000163
Tue Mar 31, 2009 13:44:42
Transaction # 301249

Toll Paid: \$4.50

Save Time, Get FasTrak!
(619) 661-7070
www.southbayexpressway.com

CVS/pharmacy

for all the ways you care

510 D STREET SAN DIEGO, CA
PHARMACY: 615-0265 STORE: 615-0265

REG#04 TRAN#6828 CSHR#826204 STR#4768

ExtraCare Card #: *****(b)(6)

(b)(6)	3.99F	SAVED	3.00
(b)(6)	1.20F		
(b)(6) (b)(6)	.40F		
(b)(6)	.89F		
1 S MGIC TAPE.7 105	2.19T		
1 S MGIC TAPE.7 105	2.19T		
(b)(6)	.89F		

7 ITEMS

SUBTOTAL	11.75
CA 8.75% TAX	.38
TOTAL	12.13
MASTERCARD	12.13
***** (b)(6)	MS
CHANGE	.00



5476 8909 1682 8041
RETURNS WITH RECEIPT THRU 05/31/2009

APRIL 1, 2009 7:58 AM

TOTL SUMMARY

WOM CHEVRON W/ID
1832 WASHINGTON ST
SAN DIEGO, CA
STN 08090519

04/02/09 08:57:39

E/MASTERCA
XXXXXXXXXXXX
Invoice# 1994997
Auth# 05571B

Pump#: 5
12.646 G @ \$ 2.359
IBL-/Self \$ 29.59
Total \$ 29.59

Tell us about
your shopping
experience by
logging onto
Survey.Chevron.com

THANK YOU
PLEASE COME AGAIN

(b) (6)

SSL-1 LFN 1109928



BAGGAGE CHARGE RECEIPT



PASSENGER NAME
(b) (6)

Checked Bag Fee 1 15.00 USD

Total with Applicable TFC 15.00 USD
Credit Card MC XXXXXXXXXXXX (b) (6)

FLIGHT DATE
1856 APRIL 02, 2009

TFC=TAXES, FEES & CHARGES

Agent: SAN-SSM 001 2606048056 0

Rec'd 4/3/09 BP

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
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Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$							
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Non Responsive							
3/30	ARR	San Diego CA - The Westgate Hotel				496.14	
4/2	DEP			C			
Non Responsive							
	ARR						
	DEP						
	ARR						
	DEP						
Non Responsive							
16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER		17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS		e. SUMMARY OF PAYMENT (1) Per Diem 633.50 (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA 1,464.40 (6) Reimbursable Expenses 1,000.79 (7) Total 3,098.69 (8) Less Advance (9) Amount Owed (10) Amount Due 3,098.69			
18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS			
Non Responsive							
3/30	United - bag fee		15.00				
3/31	toll road - south bay expressway		4.50				
4/2	American Airlines - luggage fee		15.00				
20. CLAIMANT SIGNATURE (b) (6)				b. DATE 4/6/2009 f. DATE 4/16/09			
21. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER		d. DATE	
22. ACCOUNTING CLASSIFICATION							
23. COLLECTION DATA							
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)	
				28. AMOUNT PAID			

Sent to CFO 4/2/09 BP



04-02-09

(b) (6)

Room No. : 0990
 Arrival : 03-30-09
 Departure : 04-02-09
 Page No. : 1 of 1
 Folio No. : 21182
 Conf. No. : (b) (6)
 Cashier No. : 298
 User ID : (b) (6)
 Invoice No. :

INVOICE

Membership No. :
 A/R Number :
 Group Code : (b) (2)
 Company Name : Department of Homeland Sec.

Date	Description	Additional Information	Charges	Credits
03-30-09	Room Charge		147.00	
03-30-09	Taxes Transient Occupancy		15.44	
03-30-09	San Diego Tourism Mktg Assessme		2.94	
03-31-09	Room Charge		147.00	
-31-09	Taxes Transient Occupancy		15.44	
03-31-09	San Diego Tourism Mktg Assessme		2.94	
04-01-09	Room Charge		147.00	
04-01-09	Taxes Transient Occupancy		15.44	
04-01-09	San Diego Tourism Mktg Assessme		2.94	
04-02-09	MasterCard Payment	XXXXXXXXXXXX(b) XX/XX		496.14
Total			496.14	496.14
Balance			0.00	

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

Guest Signature: _____

UNITED
30MAR09 FART1 51097-4

BAGGAGE PAYMENT
CUSTOMER RECEIPT

016 4510302311

AGENT ID: RFA0102

CUSTOMER: (b) (6)

TKT NBR:

CPN: 1 0 IGTN: FAR DESTINATION: SAN

ITEMS:

15.00 BAG1 FEE

FORM OF PAYMENT: JAXXXXXXXXXXXXXX (b) (6) XXXX

ADDITIONAL REMARKS:

TOTAL USD15.00

CPN DOCUMENT NUMBER CR
1 016 451030231 5

TAXICAB RECEIPT



Time: 3:24 PM

Date: 3/31/09

Origin of trip: San Jose

Destination: San Jose

Fare: 2.00 Sign: [Signature]

Thank You for choosing
South Bay Expressway

Plaza: 9020 - Otay Mainline
Lane: 5 Collector: 000165
Tue Mar 31, 2009 15:28:47
Transaction # 302011

Toll Paid: \$4.50

Save Time, Get FasTrak!
(619) 661-7070
www.southbayexpressway.com



Non Responsive

Receive rental receipts by email every time you rent
And get access to special offers & more. See reverse

AmericanAirlines 

BAGGAGE CHARGE RECEIPT

AmericanAirlines

PASSENGER NAME
(b) (6)

Checked Bag Fee 1 15.00 USD

Total with Applicable TFC 15.00 USD
Credit Card VI XXXXXXXXXXXXX (b) (6)

TFC=TAXES, FEES & CHARGES

FLIGHT DATE
1856 APRIL 02, 2009

Agent: SAN-SSM 001 2606048136 3

Non Responsive

Rec'd 4/10/09

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
 Electronic Fund Transfer (EFF) Split Disbursement: Amount to Government Travel Charge Card
 Payment by Check:

2. NAME (Last, First, Middle Initial) (Print or type) (b) (6)
 3. GRADE LCDR
 4. SSN (b) (6)
 5. TYPE OF PAYMENT (X as applicable)
 TDY Member/Employee
 PCS Other
 Dependent(s) DLA

6. ADDRESS: a. NUMBER AND STREET Dept of Homeland Security
 b. CITY Washington
 c. STATE DC
 d. ZIP CODE 20528

e. E-MAIL ADDRESS (b) (6)
 10. FOR D.O. USE ONLY

7. DAYTIME TELEPHONE NUMBER & AREA CODE
 8. TRAVEL ORDER NUMBER TOOS-09-00002
 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 0.00
 a. D.O. VOUCHER NUMBER
 b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION Department of Homeland Security
 12. DEPENDENT(S) (X and complete as applicable)
 ACCOMPANIED UNACCOMPANIED
 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

a. NAME (Last, First, Middle Initial) N/A
 b. RELATIONSHIP
 c. DATE OF BIRTH OR MARRIAGE
 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
 YES NO (Explain in Remarks)
 d. COMPUTATIONS

15. ITINERARY
 a. DATE 2009
 b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)
 c. MEANS/MODE OF TRAVEL
 d. REASON FOR STOP
 e. LODGING COST
 f. POC MILES

a. DATE	b. PLACE	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
4/1	Washington, DC	GP			
4/1	San Diego, CA		TD	147.00	
4/2		GP			

Non Responsive

a. DATE	b. PLACE	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					

e. SUMMARY OF PAYMENT

16. POC TRAVEL (X one)	OWN/OPERATE	PASSENGER	17. DURATION OF TDY TRAVEL	(1) Per Diem
			12 HOURS OR LESS	
			MORE THAN 12 HOURS BUT 24 HOURS OR LESS	
			<input checked="" type="checkbox"/> MORE THAN 24 HOURS	
				(2) Actual Expense Allowance
				(3) Mileage
				(4) Dependent Travel
				(5) DLA
				(6) Reimbursable Expenses
				(7) Total
				(8) Less Advance
				(9) Amount Owed
				(10) Amount Due

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
4/2	Taxes - Transient Occupancy	15.44	
4/2	San Diego Tourism	2.94	

19. GOVERNMENT/DEDUCTIBLE MEALS
 a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS

21. a. APPROVING OFFICER SIGNATURE (b) (6) b. DATE 4/04/09 c. (b) (6) d. DATE

22. ACCOUNTING CLASSIFICATION
 23. COLLECTION DATA

24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER POSTED BY 27. RECEIVED (Payee Signature and Date or Check No.) 28. AMOUNT PAID

Sent to CFO Travel 4/10/09 ADP

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

04-02-09

(b) (6)

Room No. : 0791
 Arrival : 04-01-09
 Departure : 04-02-09
 Page No. : 1 of 1
 Folio No. :
 Conf. No. : (b) (6)
 Cashier No. : 505
 User ID : BWEND
 Invoice No. :

INFORMATION INVOICE

Membership No. :
 A/R Number :
 Group Code : (b) (2)
 Company Name : Department of Homeland Sec

Date	Description	Additional Information	Charges	Credits
04-01-09	Pay/View Services	Room# 0791 : TV Services	15.74	
04-01-09	Room Charge		147.00	
04-01-09	Taxes Transient Occupancy		15.44	
04-01-09	San Diego Tourism Mktg Assessme		2.94	
0 -09	Visa Payment	(b) (6) XXXXXXXXXXXX XX/XX		181.12
Total			181.12	181.12
Balance			0.00	

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

Guest Signature: _____

1055 Second Avenue San Diego, California 92101
 Phone: 619.239.1313 FAX: 619.557.3737 westgatehotel.com

A member of
The Leading Hotels of the World

Rec'd 4/6 BP

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
 Electronic Fund Transfer (EFT) Split Disbursement: Amount to Government Travel Charge Card
 Payment by Check: \$

2. NAME (Last, First, Middle Initial) (Print or type) **Napolitano, Janet** 3. GRADE **Civ** 4. SSN (b) (6) 5. TYPE OF PAYMENT (X as applicable)
 TDY Member/Employee
 PCS Other
 Dependent(s) DLA

6. ADDRESS. a. NUMBER AND STREET **Dept of Homeland Security** b. CITY **Washington** c. STATE **DC** d. ZIP CODE **20528**

a. E-MAIL ADDRESS (b) (6) 10. FOR D.O. USE ONLY

7. DAYTIME TELEPHONE NUMBER & AREA CODE (b) (6) 8. TRAVEL ORDER NUMBER **TOOS-09-00014** 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES **0.00**

11. ORGANIZATION AND STATION **Department of Homeland Security** 10. a. D.O. VOUCHER NUMBER
 b. SUBVOUCHER NUMBER

12. DEPENDENT(S) (X and complete as applicable)
 ACCOMPANIED UNACCOMPANIED
 a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
 YES NO (Explain in Remarks)

15. ITINERARY

a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
2009 4/1	DEP Washington, DC	GP			
4/1	ARR San Diego, CA		TD		
4/2	DEP	GP		147.00	

Non Responsive

ARR					
DEP					
ARR					
DEP					
ARR					
DEP					
ARR					

16. POC TRAVEL (X one) OWN/OPERATE PASSENGER 17. DURATION OF TDY TRAVEL
 12 HOURS OR LESS
 MORE THAN 12 HOURS BUT 24 HOURS OR LESS
 MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
4/2	Taxes - Transient Occupancy	15.44	
4/2	San Diego Tourism	2.94	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
4/1	1		
4/2	1		
4/3	1		

21. a. APPROVING OFFICER SIGNATURE (b) (6) b. DATE **4/04/09** c. SU (b) (6) d. DATE

22. ACCOUNTING CLASSIFICATION

3. COLLECTION DATA

24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER POSTED BY 27. RECEIVED (Payee Signature and Date or Check No.) 28. AMOUNT PAID

sent to CFO travel 4/4/09 BP

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

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Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
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15c. MEANS/MODE OF TRAVEL (Use two letters)

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Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

- 4/1 - Lunch provided at no cost to traveler by Customs Border Patrol in California
- 4/2 - Dinner provided at no cost to traveler by Government of Mexico
- 4/3 - Breakfast provided at no cost to traveler by Government of Mexico

Rec'd 4/6 BP

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																																													
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card Payment by Check \$																																																	
2. NAME (Last, First, Middle Initial) (Print or type) (b) (6)		3. GRADE	4. SSN (b) (6)		5. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA																																												
6. ADDRESS. a. NUMBER AND STREET Dept of Homeland Security		b. CITY Washington	c. STATE DC	d. ZIP CODE 20528		7. DAYTIME TELEPHONE NUMBER & AREA CODE (b) (6)																																											
8. TRAVEL ORDER NUMBER TOCS-09-00030		9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES 0.00		10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS																																													
11. ORGANIZATION AND STATION Department of Homeland Security		12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE N/A		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)																																													
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)		15. ITINERARY		16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER																																													
a. DATE 4/1 4/1 4/2		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) Washington, DC San Diego, CA		c. MEANS/ MODE OF TRAVEL GP GP	d. REASON FOR STOP TD																																												
		e. LODGING COST 147.00	f. POC MILES	17. DURATION OF TDY TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 24 HOURS																																													
18. REIMBURSABLE EXPENSES		19. GOVERNMENT/DEDUCTIBLE MEALS		20. SUMMARY OF PAYMENT																																													
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Non Responsive

(b) (6)

(b) (6)

Sent to CEO Travel 4/6/09 BP



The Westgate Hotel

04-02-09

(b) (6)

Room No. : 0792
 Arrival : 04-01-09
 Departure : 04-02-09
 Page No. : 1 of 1
 Folio No. :
 Conf. No. : (b) (6)
 Cashier No. : 37
 User ID : BWEND
 Invoice No. :

INFORMATION INVOICE

Membership No. :
 A/R Number :
 Group Code : (b) (2)
 Company Name : Department of Homeland Secu

Date	Description	Additional Information	Charges	Credits
04-01-09	Room Charge		147.00	
04-01-09	Taxes Transient Occupancy		15.44	
04-01-09	San Diego Tourism Mktg Assessme		2.94	
04-02-09	Visa Payment			165.38
		XXXXXXXXXXXX(b) XX/XX		
Total			165.38	165.38
Balance			0.00	

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

Guest Signature: _____

1055 Second Avenue San Diego, California 92101
 Phone: 619.238.1818 * FAX: 619.557.3737 * westgatehotel.com

Member of
The Leading Hotels of the World

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. **PRESS HARD. DO NOT** use pencil. If more space is needed, continue in remarks.

1. PAYMENT

Electronic Fund Transfer (EFT) Split Disbursement: Amount to Government Travel Charge Card
 Payment by Check \$

2. NAME (Last, First, Middle Initial) (Print or type)
 Napolitano, Janet

3. GRADE
 Civ

4. SSN
 (b) (6)

5. TYPE OF PAYMENT (X as applicable)

TDY Member/Employee
 PCS Other
 Dependental DLA

6. ADDRESS a. NUMBER AND STREET
 Dept of Homeland Security

b. CITY
 Washington

c. STATE
 DC

d. ZIP CODE
 20528

e. E-MAIL ADDRESS (b) (6)

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

b. SUBVOUCHER NUMBER

7. DAYTIME TELEPHONE NUMBER & AREA CODE
 (b) (6)

8. TRAVEL ORDER NUMBER
 TOOS-09-00014

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
 0.00

c. PAID BY

received
 4/16/09

11. ORGANIZATION AND STATION
 Department of Homeland Security

12. DEPENDENT(S) (X and complete as applicable)

ACCOMPANIED UNACCOMPANIED
a. NAME (Last, First, Middle Initial) **b. RELATIONSHIP** **c. DATE OF BIRTH OR MARRIAGE**
 N/A

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
 YES NO (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE **b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)**
 2/20/09
 4/1 DEP Washington, DC
 4/1 ARR San Diego, CA
 4/2 DEP

c. MEANS/MODE OF TRAVEL **d. REASON FOR STOP** **e. LODGING COST** **f. POC MILES**
 GP TD 147.00
 GP

PAY MADE ONLY!

Non Responsive

ARR
 DEP
 ARR
 DEP
 ARR
 DEP
 ARR

SHIPPED APR 07 2009

e. SUMMARY OF PAYMENT

- (1) Per Diem
- (2) Actual Expense Allowance
- (3) Mileage
- (4) Dependent Travel
- (5) DLA
- (6) Reimbursable Expenses
- (7) Total
- (8) Less Advance
- (9) Amount Owed
- (10) Amount Due

16. POC TRAVEL (X one) DWN/OPERATE PASSENGER

17. DURATION OF TDY TRAVEL

12 HOURS OR LESS
 MORE THAN 12 HOURS BUT 24 HOURS OR LESS
 MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE **b. NATURE OF EXPENSE** **c. AMOUNT** **d. ALLOWED**
 4/2 Taxes - Transient Occupancy 15.44
 4/2 San Diego Tourism 2.94
 GTA

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS
4/1	1		
4/2	1		
4/3	1		

20. a. c. (b) (6)

b. DATE
 4/04/09

c. BUFS (b) (6)

d. DATE

21. a. APPROVING OFFICER SIGNATURE

b. DATE

22. ACCOUNTING CLASSIFICATION

*Reminder: Can we use the \$88.50 over payment to pay part of this claim?

23. COLLECTION DATA

24. COMPUTED BY

25. AUDITED BY

26. TRAVEL ORDER POSTED BY

27. RECEIVED (Payee Signature and Date of Check No.)

28. AMOUNT PAID



The Westgate Hotel

04-02-09

(b) (6)

Room No. : 0790
 Arrival : 04-01-09
 Departure : 04-02-09
 Page No. : 1 of 1
 Folio No. :
 Conf. No. : (b) (6)
 Cashier No. : 999
 User ID : BWEND
 Invoice No. :

INFORMATION INVOICE

Membership No. :
 A/R Number :
 Group Code : (b) (2)
 Company Name : Department of Homeland Seci

Date	Description	Additional Information	Charges	Credits
04-01-09	Room Charge		147.00	
04-01-09	Taxes Transient Occupancy		15.44	
04-01-09	San Diego Tourism Mktg Assessme		2.94	
04-02-09	Visa Payment			165.38
		XXXXXXXXXX (b) (6) XX / XX		
Total			165.38	165.38
Balance			0.00	

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

Guest Signature: _____

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PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

4/1 - Lunch provided at no cost to traveler by Customs Border Patrol in California
Non Responsive