

4

Document Summary for Voucher 0464TA10005 (View Only)



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Trip Number 1

Travel
Authorization 0464TA10005
Number

Travel Details 0000012988, Lawrence Small, 1100-OFC OF SECTY

Itinerary Details ISLE OF HAWAII: OTHER,HI 11/19/03 - 11/30/03

Purpose Attend SAO submillimeter array telescope dedication
Description

Ticketed Trans 4,852.20

Details

Expenses **Expense Summary**

Edit	Delete	Date	Expense	Amount	Pmt Method
/		11/21/2003	Lodging Tax	74.21	OTHER
/		11/22/2003	car service	567.71	OTHER
/		11/22/2003	day room in Hilo	72.42	OTHER
/		11/22/2003	Lodging Tax	74.21	OTHER
/		11/26/2003	fee for receiving fax	3.20	OTHER
/		11/26/2003	Rental Car	247.24	OTHER

Total: 1,038.99

Lodging/M&IE 1,450.42

Details

Accounting Code Summary

Accounting Code	Label	Amount
<u>Details</u>	accs1	5,891.19
	accs2	1,450.42

Total: 7,341.61

Totals Details **Totals Summary**

Disbursement Type	Amount
Amount Claimed	2,489.41
Non-Reimbursable Expenses	4,852.20
Advance Applied	0.00
Pay To Charge Card	0.00
Pay To Traveler	2,489.41

Enter Comments <No Comments Entered>

Document Status **Document Status**

Enter Status/PIN to stamp this document

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\$1395

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE 1100-OFC OF SECTY	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. 0464TA10005
	4. SCHEDULE NO.	6. PERIOD OF TRAVEL a. FROM 11/19/03 b. TO 11/30/03	
a. NAME (Last, first, middle initial) Small, Lawrence M.		b. SOCIAL SECURITY NO. [REDACTED]	7. TRAVEL AUTHORIZATION a. NUMBER(S) 0464TA10005 b. DATE(S) 11/12/03
c. MAILING ADDRESS (Include ZIP Code) 1000 Jefferson Drive, SW SIB 205, MRC 016 Washington, DC 20560		d. OFFICE TELEPHONE NO. 202-357-1846	10. CHECK NO.
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC	

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

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						Traveler's Initials
	AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL		
	(a)	(b)	(c)	(d)	FROM (e)	TO (f)	
See Attached Ticket 1	4,852.20				IAD-Washington,	DCKOA-Kona, HI (USA)	
ACCOUNTING CLASSIFICATION:							
accs1-401-2004-040101-110000-6100-2111-8100---					1,038.99	NR-	4,852.2
accs2-402-0000-040201-110000-6100-2111-8100---					1,450.42	NR-	0.0

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

TRAVELER SIGN HERE: [Signature] DATE: 11/30/03 AMOUNT CLAIMED: 2489.41

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

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

APPROVING OFFICIAL SIGN HERE: Lealie Davis, Assistant to the Sec [Signature] DATE: 12-1-03

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE: [Signature] DATE: 12/3/03

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00

d. NET TO TRAVELER: \$ 2489.41

ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

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

TRAVEL AUTHORIZATION NO. 0464TA10005

TRAVELER'S LAST NAME Small

INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)

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

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

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

Col. (f) Complete for per diem and actual expense travel.

Col. (g) Show total subsistence expense incurred for actual expense travel.

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

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE 03 19 (e)

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED								
			MEALS			MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)						
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)								TOTAL (g)					
11/19		D-:RES: Washington																
11/19		SI Central Chg Card																
11/19		A-: ISLE OF HAWAII:																
11/20		Subsistence																
11/21		Subsistence																
11/21		Lodging Tax																
11/22		Subsistence																
11/22		Lodging Tax																
11/22		car service																
11/22		day room in Hilo																
11/23		Subsistence																
11/24		Subsistence																
11/25		Subsistence																
11/26		Rental Car																
11/26		Subsistence																
11/26		fee for receiving fax																
11/27		Subsistence																
11/28		Subsistence																
11/29		Subsistence																
11/30		D-: ISLE OF HAWAII:																
11/30		A:RES: Washington,																
11/30		Subsistence																
								SUBTOTALS	0100	14501 42	1038 99							
								TOTALS	0100	14501 42	1038 99							

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

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

TOTAL AMOUNT CLAIMED 2,489.41

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

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

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ACCOUNTING CLASS CODE                                TRIP 1
-----
COM. CARRIER-408                                4,852.20
OTHER-409                                        791.75
RENTAL CAR-409                                  247.24
-----
accs1                                0.00            0.00            5,891.19

Organization: 1100-OFC OF SECTY
401-2004-040101-110000-6100-2111-8100---

LODGING-409                                1,450.42
-----
accs2                                0.00            0.00            1,450.42

Organization: 1100-OFC OF SECTY
402-0000-040201-110000-6100-2111-8100---
  
```

SPLIT PAY DISBURSEMENTS:

```

TOTAL EXPENSES ----- 7,341.61
NON-REIMBURSABLE EXPENSES ----- 4,852.20
=====
TOTAL AMOUNT CLAIMED ----- 2,489.41

  GOV'T ADVANCE OUTSTANDING -- 0.00
  GOV'T ADVANCE APPLIED ----- 0.00
----- 0.00
=====
NET TO TRAVELER (GOVT) ----- 2,489.41

  GOV'T CHARGE CARD EXPENSES - 0.00
  GOV'T CHARGE CARD ATM ADV -- 0.00
  ADD'L GOV'T CHARGE CARD PYMT 0.00
-----
TOTAL GOV'T CHARGE CARD AMT 0.00

PAY TO GOV'T CHARGE CARD----- 0.00
PAY TO TRAVELER ----- 2,489.41
  
```

12/01/03 RECEIPT CHECKLIST
Copyright 1998 Gelco Information Network, Inc.

Voucher: 0464TA10005
Small, Lawrenc [REDACTED]

=====

	DATE		DESCRIPTION	COST
	-----		-----	-----
[]	1. 11/19/03	AIR	SI Central Chg Card	4,852.20
[]	2. 11/26/03	RENT	Rental Car	247.24
[]	3. 11/22/03		car service	567.71
[]	4. 11/19/03 TO 11/30/03		Lodging Expenses	1,450.42

P. S/10

12/01/03

DOCUMENT HISTORY

Copyright 1998 Gelco Information Network GSD, Inc.

Voucher: 0464TA10005

Small, Lawrence

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STATUS	DATE	TIME	SIGNATURE NAME
-----	-----	-----	-----
CREATED	12/01/03	2:57PM	LESLIE DAVIS
SIGNED	12/01/03	3:24PM	LESLIE DAVIS

I certify that the electronic signatures listed above are valid and on file.

SIGNED

DATE

Exception to SF 1012

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

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ARRIVAL DATE	NOV 22	DEPARTURE DATE	03 NOV 22	NO. OF NIGHTS	03	NO. OF PERSONS	1	ROOM TYPE	CU	ROOM RATE		ADDITIONAL SERVICES		RESERVATION SUMMARY	
RES. DATE	AUG 15	RES. NUMBER	03 13590	AGENT										ROOM CHARGES	65.00
														ROOM TAXES	4.71
														OTHER CHARGES	2.71
														RES. TOTAL	72.42

CC # or Deposit required to guarantee reservation
 Please disregard if CCH or Deposit has already been sent.

DEPOSIT RECD.	" 00	DATE	
BALANCE DUE	72.42	DATE	

PLEASE READ OUR PAYMENT AND RESERVATION POLICY ON BACK

SMITHSONIAN INST.
 ASTROPHYSICAL OBSERV.
 NON SMKING
 179-00 DLX

SMITHSONIAN INST.
 ASTROPHYSICAL OBSERV.
 NON SMKING
 179-00 DLX

SMITHSONIAN INST.
 ASTROPHYSICAL OBSERV.
 NON SMKING
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 NON SMKING
 179-00 DLX

SMITHSONIAN INST.
 ASTROPHYSICAL OBSERV.
 NON SMKING
 179-00 DLX

WASHINGTON DC 20560-0016

PLEASE RETURN THIS COPY WITH YOUR DEPOSIT

HAWAII NANILOA HOTEL
 93 BANYAN DRIVE
 HILO, HAWAII 96720 (808) 969-3333

HAWAII NANILOA HOTEL
 93 BANYAN DRIVE
 HILO, HAWAII 96720 (808) 969-3333

ARRIVAL DATE	NOV 22	DEPARTURE DATE	03 NOV 22	NO. OF NIGHTS	03	NO. OF PERSONS	1	ROOM TYPE	SU	ROOM RATE		ADDITIONAL SERVICES		RESERVATION SUMMARY	
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DEPOSIT RECD.	" 00	DATE	
BALANCE DUE	72.42	DATE	

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SMITHSONIAN INST.
 ASTROPHYSICAL OBSERV.
 NON SMKING
 179-00 DLX

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WASHINGTON DC 20560-0016

PLEASE RETURN THIS COPY WITH YOUR DEPOSIT

HAWAII NANILOA HOTEL
 93 BANYAN DRIVE
 HILO, HAWAII 96720 (808) 969-3333

HAWAII NANILOA HOTEL
 93 BANYAN DRIVE
 HILO, HAWAII 96720 (808) 969-3333

L.

I seem to have misplaced the bill for Kilauea Lodge. It was the same as for the deposit you sent. There were no extra charges. Since that night is an SF expense, ^(approx \$160.-) please use the copy you have or call Kilauea and have them fax you another.

TX



COST A FAX to Kilauea Lodge 90MB pasback info.



REDIFORM 81801

KILAUEA LODGE, LTD.

RENT MUST BE PAID IN ADVANCE

Date <u>11/20</u> <u>2003</u> <u>6685</u>	
Received From <u>Lawrence Small</u>	Dollars \$ <u>3.20</u>
For Rent of <u>Fax</u>	
From _____	To _____
HOW PAID	
CASH <input checked="" type="checkbox"/>	
CHECK <input type="checkbox"/>	
MONEY ORDER <input type="checkbox"/>	
By <u>[Signature]</u>	

