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### Document Summary for Voucher 0264TA10016 (View Only)



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Trip Number 1

Travel  
Authorization 0264TA10016  
Number

Travel Details 0000010474, Sandra Small, 1100-OFC OF SECTY

Itinerary Details LAS VEGAS,NV 06/27/02 - 06/30/02

Purpose Description attend opening of the Lansdowne portrait

Ticketed Trans 3,464.50

Details

Expenses Expense Summary

Edit	Delete	Date	Expense	Amount	Pmt Method
/		06/27/2002	Lodging Tax	20.20	OTHER
/		06/28/2002	Lodging Tax	20.20	OTHER
/		06/28/2002	visit Guggenheim Las Vegas	24.00	OTHER
/		06/29/2002	Lodging Tax	20.20	OTHER
/		06/29/2002	visit Bellagio Art Gallery	12.00	OTHER
				<b>Total: 96.60</b>	

Lodging/M&IE 943.49  
Details

Accounting Code Summary

Accounting Code	Label	Amount
<u>Details</u>	accs1	4,504.59
		<b>Total: 4,504.59</b>

Totals Details Totals Summary

Disbursement Type	Amount
Amount Claimed	1,040.09
Non-Reimbursable Expenses	3,464.50
Advance Applied	0.00
Pay To Charge Card	0.00
Pay To Traveler	1,040.09

Enter Comments <No Comments Entered>

Document Status Document Status

Enter Status/PIN to stamp this document

Document Status DATA LINK Awaiting:  
Status To Apply Signature PIN Remarks



[Top of page](#)

<b>TRAVEL VOUCHER</b>  <small>(Read Privacy Act Statement on the back)</small>	<b>1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE</b>  1100-OFC OF SECTY	<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	<b>3. VOUCHER NO.</b> 0264TA10016  <b>4. SCHEDULE NO.</b>																				
<b>a. NAME (Last, first, middle initial)</b>  Small, Sandra H.		<b>b. SOCIAL SECURITY NO.</b>  [REDACTED]																					
<b>c. MAILING ADDRESS (Include ZIP Code)</b> SIB 205, MRC 016 1000 Jefferson Drive, SW Washington, DC 20560		<b>d. OFFICE TELEPHONE NO.</b>																					
<b>e. PRESENT DUTY STATION</b> Washington, DC		<b>f. RESIDENCE (City and State)</b> Washington, DC																					
<b>8. TRAVEL ADVANCE</b> a. Outstanding b. Amount to be applied c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding		<b>9. CASH PAYMENT RECEIPT</b> a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE																					
<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)</b>		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float:right;">▶ <i>Traveler's Initials</i></span>																					
See Attached Ticket 1 ACCOUNTING CLASSIFICATION: cs1-1100-401-1100-4001-6100-2111- ---		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET <small>(a)</small></th> <th rowspan="2">ISSUING CARRIER <small>(Initials)</small> <small>(b)</small></th> <th rowspan="2">MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small></th> <th rowspan="2">DATE ISSUED <small>(d)</small></th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM <small>(e)</small></th> <th>TO <small>(f)</small></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">3,464.50</td> <td></td> <td></td> <td></td> <td>IAD-Washington,</td> <td>DCLAS-Las Vegas, NV</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">1,040.09 NR-</td> <td style="text-align: center;">3,464.50</td> </tr> </tbody> </table>		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL		FROM <small>(e)</small>	TO <small>(f)</small>	3,464.50				IAD-Washington,	DCLAS-Las Vegas, NV					1,040.09 NR-	3,464.50
AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>					POINTS OF TRAVEL															
				FROM <small>(e)</small>	TO <small>(f)</small>																		
3,464.50				IAD-Washington,	DCLAS-Las Vegas, NV																		
				1,040.09 NR-	3,464.50																		
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b> <b>TRAVELER SIGN HERE</b> ▶ [REDACTED] <b>DATE</b> 7/2/02 <b>AMOUNT CLAIMED</b> ▶ 1040.09		<b>17. FOR FINANCE OFFICE USE ONLY COMPUTATION</b> a. DIFFERENCES, IF ANY (Explain and show amount)																					
<b>14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b> <b>APPROVING OFFICIAL SIGN HERE</b> ▶ [REDACTED] <b>DATE</b> 7-2-02		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <small>Certifier's initials:</small> \$																					
<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00																					
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b> <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶ [REDACTED] <b>DATE</b> 7/2/02		d. <b>NET TO TRAVELER</b> ▶ \$ 1040.09																					
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE																							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.  
**0264TA10016**

TRAVELER'S LAST NAME  
**Small**

DATE 19 <u>02</u>	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.00 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
06/27		D-:RES: Washington													
06/27		SI Central Chg Card													
06/27		A-:LAS VEGAS, NV			73.68	73.68	4.25	224.50	302.43			302.43			
06/27		Lodging Tax												20.20	
06/28		Subsistence	21.80	30.51		52.31	4.25	224.50	281.06			281.06			
06/28		visit Guggenheim Las Vegas												24.00	
06/28		Lodging Tax												20.20	
06/29		Subsistence	281.96	271.82	89.39	1421.17	11.87	2241.50	338.50			338.50			
06/29		visit Bellagio Art Gallery												12.00	
06/29		Lodging Tax												20.20	
06/30		D-:LAS VEGAS, NV													
06/30		A:RES: Washington,													
06/30		Subsistence	21.50			21.50			21.50			21.50			
										<b>SUBTOTALS</b>	0.00	9431.49	96.60		
										<b>TOTALS</b>	0.00	9431.49	96.60		

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

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

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

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

**TOTAL AMOUNT CLAIMED** 1,040.09

07/02/02

ACCOUNTING DETAIL

Doc No:

0264TA10016

Copyright 1998 Gelco Information Network, Inc.

Small, Sandra

ACCOUNTING CLASS CODE

TRIP 1

COM. CARRIER-408			3,464.50
LODGING-409			673.50
M&IE-409			269.99
OTHER-409			96.60
-----	-----	-----	-----
accs1	0.00	0.00	4,504.59

Organization: 1100-OFC OF SECTY  
1100-401-1100-4001-6100-2111----

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----		4,504.59
NON-REIMBURSABLE EXPENSES -----		3,464.50
		=====
TOTAL AMOUNT CLAIMED -----		1,040.09
GOV'T ADVANCE OUTSTANDING --	0.00	
GOV'T ADVANCE APPLIED -----	0.00	
		-----
		0.00
		=====
NET TO TRAVELER (GOVT) -----		1,040.09
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 -----		1,040.09

	DATE		DESCRIPTION	COST
[ ]	1. 06/27/02	AIR	SI Central Chg Card	3,464.50
[ ]	2. 06/29/02		Dinner Expenses	85.39
[ ]	3. 06/27/02	TO		
	06/30/02		Lodging Expenses	673.50

07/02/02

DOCUMENT HISTORY

Copyright 1998 Gelco Information Network GSD, Inc.

Voucher: 0264TA10016

Small, Sandra

=====

STATUS	DATE	TIME	SIGNATURE NAME
-----	-----	-----	-----
CREATED	07/01/02	12:18PM	LESLIE DAVIS
SIGNED	07/01/02	3:07PM	LESLIE DAVIS
SIGNED	07/01/02	3:10PM	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).

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 (41 CFR 301-304), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of Nov. 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, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, Nov. 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel; and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

1/2 vouchered  
for  
Mrs. Small  
Dinner  
m/m Small  
6/29/02

Lunch  
m/m Small  
6/29/02

Prime Steakhouse  
Bellagio Resort & Casino  
Las Vegas, NV  
CHECK: 9372  
TABLE: 56/1  
SERVER: TIO-910 TEAM 23  
DATE: JUN29'02 10:16PM  
CARD TYPE: [REDACTED]  
EXP DATE: [REDACTED]  
AUTH CODE: 24489

SUBTOTAL: 144.79  
GRATUITY : 26.00  
TOTAL : \$170.79

SIGNATURE [REDACTED]  
\*\*\*\*\* THANK YOU \*\*\*\*\*  
Please Leave Signed Copy

Cafe Bellagio  
Bellagio Resort & Casino  
Las Vegas, NV  
CHECK: 6629  
TABLE: 81/1  
SERVER: 1151113 REGINA  
DATE: JUN29'02 3:00PM  
CARD TYPE: [REDACTED]  
ACCT #: [REDACTED]  
EXP DATE: [REDACTED]  
AUTH CODE: 98210

SUBTOTAL: 46.65  
GRATUITY : \$9.00  
TOTAL : \$55.65

SIGNATURE [REDACTED]  
\*\*\*\*\* THANK YOU \*\*\*\*\*  
Please Leave Signed Copy







**THE**  
**VENETIAN**<sup>TM</sup>

Resort • Hotel • Casino ~ Las Vegas

3555 Las Vegas Blvd. So.  
Las Vegas, Nevada 89109

DATE	REFERENCE NO.	DESCRIPTION	CHARGES	CREDITS	BALANCE
6/27/02	374334642	REFRESHMENTS	\$4.25		\$4.25
6/27/02	374339002	ROOM CHARGE	\$449.00		\$453.25
6/27/02	374339002	TAX	\$40.41		\$493.66
6/27/02	374334637	APPL DEPOSIT		\$489.41	\$4.25
6/27/02	374334640	VALENTINO	\$147.36		\$151.61
6/28/02	374344698	REFRESHMENTS	\$4.25		\$155.86
6/28/02	374349002	ROOM CHARGE	\$449.00		\$604.86
6/28/02	374349002	TAX	\$40.41		\$645.27
6/28/02	374344656	IN SUITE DINING	\$36.28		\$681.55
6/28/02	374344658	IN SUITE DINING	\$21.80		\$703.35
6/28/02	374344663	IN SUITE FAX/COPY/PRINT	\$0.50		\$703.85
6/28/02	374344673	ROYAL STAR	\$61.02		\$764.87
6/28/02	374344684	REFRESHMENTS	\$4.25		\$769.12
6/28/02	374344685	IN SUITE FAX/COPY/PRINT	\$14.25		\$783.37
6/28/02	374344685	IN SUITE FAX/COPY/PRINT	\$1.90		\$785.27
6/28/02	374344685	IN SUITE FAX/COPY/PRINT	\$1.50		\$786.77
6/28/02	374344686	IN SUITE FAX/COPY/PRINT	\$0.75		\$787.52
6/28/02	374344686	REFRESHMENTS	\$4.25		\$791.77
6/28/02	374344687	IN SUITE FAX/COPY/PRINT	\$1.90		\$793.67
6/29/02	374359002	ROOM CHARGE	\$449.00		\$1,242.67
6/29/02	374359002	TAX	\$40.41		\$1,283.08
6/29/02	374354708	IN SUITE DINING	\$21.80		\$1,304.88
6/29/02	374354711	IN SUITE DINING	\$28.96		\$1,333.84
6/29/02	374354714	IN SUITE DINING	\$23.10		\$1,356.94
6/29/02	374354716	REFRESHMENTS	\$1.87		\$1,358.81
6/29/02	374354721	BUSINESS CENTER	\$3.00		\$1,361.81
6/29/02	374354735	LOCAL CALL	\$1.00		\$1,362.81
6/29/02	374354735	LOCAL CALL	\$1.00		\$1,363.81
6/30/02	374364751	IN SUITE FAX/COPY/PRINT	\$3.80		\$1,367.61
6/30/02	374364751	FD VISA		\$1,367.61	\$0.00
6/30/02	374364752	IN SUITE DINING	\$42.50		\$42.50
6/30/02	374364752	FD VISA		\$42.50	\$0.00
<b>TOTAL:</b>					<b>\$0.00</b>

Room #: 28140

Name: MR LAWRENCE SMALL

Today's Date: 6/30/02

Time: 09:24 AM

In the event that I do not officially check-out at my time of departure, or if charges, goods, services, or damages to my room are posted to my account subsequent to my check-out, I hereby authorize the hotel to charge my credit card. I acknowledge, regardless of billing instructions, that I am liable for all charges incurred until the balance of my account is paid in full. I understand failure to comply with these payment terms subjects me to interest charges of 1.5% per month (18% per annum) applied to any unpaid amounts. I further acknowledge that the hotel provides Fireproof Safe Deposit Boxes free of charge to me at the Front Desk. I understand the hotel, pursuant to the Nevada Innkeepers Statute, is not responsible for money, jewelry, documents, clothing, or other articles of value left in my room.

Free parking is provided to our guests as a courtesy and is at your own risk. Park only in designated areas, remove any items of value, and lock your vehicle. The hotel is not responsible for theft, fire, or damage to your vehicle or its contents.

P.12/11