

Document Summary for Voucher 0264TA10015 (View Only)



Quick Tip

For specific information, click on a Details link. You can sign and stamp your document from the Document Status section. [more](#)

For this Document you can:

Entering Document

Current Document

[Bottom of page](#)

Trip Number 1

Travel
Authorization 0264TA10015
Number

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

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

Purpose Description Attend opening of Lansdowne Portrait/participate in press announcement of Nevada Atomic Test Site Museum's affiliation

Ticketed Trans 3,464.50

Details

Expenses **Expense Summary**

Edit	Delete	Date	Expense	Amount	Pmt Method
/		06/27/2002	car service	41.00	OTHER
/		06/27/2002	Lodging Tax	20.21	OTHER
/		06/28/2002	business calls	5.00	OTHER
/		06/28/2002	car service	331.20	OTHER
/		06/28/2002	fax charges	20.80	OTHER
/		06/28/2002	Lodging Tax	20.21	OTHER
/		06/28/2002	visit Guggenheim	24.00	OTHER
/		06/29/2002	car service	194.40	OTHER
/		06/29/2002	Lodging Tax	20.21	OTHER
/		06/29/2002	Taxi	11.00	OTHER
/		06/29/2002	tips	19.00	OTHER
/		06/29/2002	visit Bellagio Art Gallery	12.00	OTHER
/		06/30/2002	car to airport	43.20	OTHER
/		06/30/2002	fax charges	3.80	OTHER

Total: 766.03

Lodging/M&IE 957.72

Details

Accounting Code Summary

Accounting Code	Label	Amount
<u>Details</u>	accs1	5,188.25
		Total: 5,188.25

Totals Details **Totals Summary**

Disbursement Type	Amount
Amount Claimed	1,723.75
Non-Reimbursable Expenses	3,464.50
Advance Applied	0.00
Pay To Charge Card	0.00
Pay To Traveler	1,723.75

Enter Comments Half of the hotel charges are reported on Mr. Small's voucher and the other half are reported on Mrs. Small's travel voucher

Document Status **Document Status**

Enter Status/PIN to stamp this document

Document Status DATA LINK Awaiting:

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. 0264TA10015	
a. NAME <small>(Last, first, middle initial)</small> Small, Lawrence M.		b. SOCIAL SECURITY NO. [REDACTED]		6. PERIOD OF TRAVEL a. FROM 06/27/02 b. TO 06/30/02		4. SCHEDULE NO.	
c. MAILING ADDRESS <small>(Include ZIP Code)</small> 1000 Jefferson Drive, SW SIB 205, MRC 016 Washington, DC 20560		d. OFFICE TELEPHONE NO. 202-357-1846		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0264TA10015 b. DATE(S) 06/21/02		10. CHECK NO.	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE <small>(City and State)</small> Washington, DC		11. PAID BY			
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small> D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
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 <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>	
See Attached Ticket 1 ACCOUNTING CLASSIFICATION: cs1-1100-401-1100-4001-6100-2111- --- -		3,464.50				IAD-Washington, DCLAS-Las Vegas, NV 1,723.75 NR- 3,464.50	
COMMENTS: Trip Number 1 Half of the hotel charges are reported on Mr. Small's voucher and the other half are reported on Mrs. Small's travel voucher							
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 7-2-02		AMOUNT CLAIMED 1723.75	
NOTE: Falsification of an item in an expense account is a crime 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; Id. 1001).							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. <small>(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).)</small>		APPROVING OFFICIAL SIGN HERE Leslie Davis		Assistant to the Sec- DATE 7-2-02		17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY <small>(Explain and show amount)</small>	
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 <small>Certifier's initials:</small>		\$
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE [Signature]		DATE 7/2/02	c. APPLIED TO TRAVEL ADVANCE <small>(Appropriation symbol):</small>		\$ 0.00
ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE				d. NET TO TRAVELER		\$ 1723.75	

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.
- thru (g)
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) 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.
- (n) 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

TRAVEL AUTHORIZATION NO.
0264TA10015

TRAVELER'S LAST NAME
Small

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(e)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
19 02													
06/27		D-:RES: Washington											
06/27		A-:LAS VEGAS,NV			73 68	73 68		224 50	298 18			298 18	
06/27		car service											41 00
06/27		Lodging Tax											20 21
06/28		Subsistence	36 28	30 51		66 79	8 50	224 50	299 79			299 79	
06/28		visit Guggenheim											24 00
06/28		fax charges											20 00
06/28		Lodging Tax											20 21
06/28		business calls											5 00
06/28		car service											331 20
06/29		Taxi											11 00
06/29		Subsistence	21 80	27 83	85 40	135 03	231 10	224 50	338 50			338 50	
06/29		tips											19 00
06/29		Lodging Tax											20 21
06/29		visit Bellagio Art Gallery											12 00
06/29		car service											194 40
06/30		D-:LAS VEGAS,NV											
06/30		A:RES: Washington,											
06/30		Subsistence	21 25			21 25			21 25			21 25	
06/30		fax charges											3 00
06/30		car to airport											43 20
SUBTOTALS											0 00	957 72	766 03
TOTALS											0 00	957 72	766 03

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, 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,

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 1,723.75

07/02/02

ACCOUNTING DETAIL

Doc No:

0264TA10015

Copyright 1998 Gelco Information Network, Inc.

Small, Lawrence

ACCOUNTING CLASS CODE

TRIP 1

ACCOUNTING CLASS CODE	TRIP 1
COM. CARRIER-408	3,464.50
LODGING-409	673.50
M&IE-409	284.22
OTHER-409	755.03
TRANSPORT-409	11.00
-----	-----
accs1	5,188.25
	0.00
	0.00

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

SPLIT PAY DISBURSEMENTS:

TOTAL EXPENSES -----	5,188.25
NON-REIMBURSABLE EXPENSES -----	3,464.50
	=====
TOTAL AMOUNT CLAIMED -----	1,723.75
GOV'T ADVANCE OUTSTANDING --	0.00
GOV'T ADVANCE APPLIED -----	0.00

	0.00
	=====
NET TO TRAVELER (GOVT) -----	1,723.75
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 -----	1,723.75

07/02/02 RECEIPT CHECKLIST
Copyright 1998 Gelco Information Network, Inc.

Voucher: 0264TA10015
Small, Lawrence [REDACTED]

	DATE		DESCRIPTION	COST
[]	1. 06/27/00	AIR	SI Central Chg Card	3,464.50
[]	2. 06/28/02		car service	331.20
[]	3. 06/29/02		Dinner Expenses	85.40
[]	4. 06/29/02		car service	194.40
[]	5. 06/27/02 TO 06/30/02		Lodging Expenses	673.50

07/02/02

DOCUMENT HISTORY

Copyright 1998 Gelco Information Network GSD, Inc.

Voucher: 0264TA10015

Small, Lawrence

STATUS	DATE	TIME	SIGNATURE NAME
CREATED	07/01/02	11:34AM	LESLIE DAVIS
SIGNED	07/01/02	12:16PM	LESLIE DAVIS
SIGNED	07/01/02	3:12PM	LESLIE DAVIS
SIGNED	07/02/02	2:10PM	LESLIE DAVIS
SIGNED	07/02/02	2:24PM	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).

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.

ATTN: LESLIE

JPGS

(202) 433-8067

ON DEMAND SEDAN & LIMOUSINE
WEST OAKEY
LAS VEGAS NV 89102

ACCOUNT #: 1161

INVOICE DETAIL SUMMARY
* ONLY DEPT ID: SMAL
06/26/02 - 06/30/02

BILL TO.....: CCOF

NV

ACCOUNT NUMBER.: 1161

* ACCOUNTS PAYABLE *
=====
* Use this ACCOUNT # *
* on all payments to *
* us. Thank you. *

TRIP DATE	TRIP #	YOUR REF	ROUTING INFORMATION	TOTAL
06/28/02	288059		2 PAX As Directed By SEDAN	
09:35X	SMALL, LAWRENCE		2.00 hrs x 36.00 :	72.00
	Venetian 733-5000			
	9600 W. SAHARA (LV ART MUSEUM)			
	CC 127 LESLIE			
			#288059 TOTAL DUE...:	72.00
06/28/02	288062		2 PAX As Directed By SEDAN	
18:20X	SMALL, LAWRENCE		6.00 hrs x 36.00 :	216.00
	Venetian 733-5000			
	CO CCOF SMALL, LAWRENCE +			
	9600 E. SAHARA (LV ART MUSEUM)			
	Wait & Return			
			Gratuity.....:	43.20
	CO 141 LESLIE			
			#288062 TOTAL DUE...:	259.20
06/28/02	288064		2 PAX As Directed By *CXL*	
21:30X	SMALL, LAWRENCE		1.50 hrs x 0.00 :	0.00
	9600 W. SAHARA (LV ART MUSEUM)			
	CO CCOF SMALL, LAWRENCE +			
	Venetian 733-5000			
	CO 0 LESLIE			
			#288064 TOTAL DUE...:	0.00
06/29/02	288065		2 PAX As Directed By SEDAN	
08:30X	SMALL, LAWRENCE		2.00 hrs x 36.00 :	72.00
	Venetian 733-5000			
	CO CCOF SMALL, LAWRENCE +			
	755 E. FLAMINGO (DESERT RESEARCH INSTITUTE)			
	Wait & Return			
			Gratuity.....:	14.40
	CO 101 LESLIE			
			#288065 TOTAL DUE...:	86.40
06/29/02	288068		2 PAX As Directed By SEDAN	
18:15X	SMALL, LAWRENCE		2.50 hrs x 36.00 :	90.00

Venetian 733-5000
CO CCOF SMALL, LAWRENCE +
9600 W. SAHARA (LV ART MUSEUM)
Wait & Return

Gratuity.....: 18.00
#288068 TOTAL DUE...: 108.00

06/30/02 288070 2 PAX As Directed By SEDAN

11:00X SMALL, LAWRENCE 1.00 hrs x 36.00 : 36.00
Venetian 733-5000
CO CCOF SMALL, LAWRENCE +
@DEPART LAS UA # 00:00X
Gratuity.....: 7.20
CO 108 LESLIE
#288070 TOTAL DUE...: 43.20

** GRAND TOTAL **

Hr/Flat Total..: \$ 486.00
Gratuity.....: 82.80
Phone.....: 0.00
Mileage.....: 0.00
Misc Charges...: 0.00
ADMIN Chrg...: 0.00
Adjustments.(-): 0.00
Discount....(-): 0.00

06/26/02 thru 06/30/02 (1161)

of Runs: 6

TOTAL DUE.....: 568.80

---->>> PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT <<<<----

5162174

06/00 01/31/03
REFERENCE SMALL
93

4301356900475358
ON PA S DAN
LAS V AS NV
5279000145
401101052247247



AUTH. NO.		DATE			DEPT.	INITIALS	<input type="checkbox"/> TAKE <input type="checkbox"/> SEND	
QUAN.	CLASS	DESCRIPTION			UNIT COST	AMOUNT		
		ODS				36 00		
		fp				5 00		
SIGN HERE X					SUB TOTAL	41 00		
					TAX			
SALES SLIP					TOTAL	41 00		

The bearer of the card identified on this slip is authorized to pay the amount shown as TOTAL upon proper presentation. It applies to any card TOTAL (together with any other charges due to bearer) subject to and in accordance with the agreement governing the use of such card.

CARDHOLDER COPY
MS-544-2 1-01

IMPORTANT: RETAIN THIS COPY FOR STATEMENT VERIFICATION



ADMIT 1
7-131 V1551ACE0629 06291909 2046 1200 X2

THE BELLAGIO GALLERY OF FINE ART
presents
ALEXANDER CALDER
THE ART OF INVENTION

SAT JUNE 29 2002
3:45 PM

02/06/29
ADMIT 1
SECTION
ROW
SEAT
197
\$12.00



U.S. General Services Administration

[Back to Original](#)

Domestic Perdiem Rates

Nevada - FY 02

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, [click here for the National Association of Counties \(NACO\) website](#) (a non-federal website).

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of \$55.00 for lodging and \$30.00 for meals and incidental expenses (M&IE).

Primary Destination (1)	County (2, 3)	Max Lodging (exc. taxes)	+ M&IE Rate	=	Max Per Diem Rate (4)	First & Last Day (75% of M&IE)
INCLINE VILLAGE / CRYSTAL BAY (May 15 - September 15)	CITY LIMITS OF INCLINE VILLAGE AND CRYSTAL BAY	99	38		137	28.5
INCLINE VILLAGE / CRYSTAL BAY (September 16 - May 14)	CITY LIMITS OF INCLINE VILLAGE AND CRYSTAL BAY	79	38		117	28.5
LAS VEGAS	CLARK COUNTY; NELLIS AFB	79	38		117	28.5
STATELINE	DOUGLAS (SEE ALSO SOUTH LAKE TAHOE, CA)	129	42		171	31.5