

Itinerary for  
Clay T. Whitehead/Henry Goldberg  
New Haven, Conn.  
March 26, 1974

9:15a.m. Coyt will pick you up  
9:50 a.m. Lv. National airport via Allegheny 432  
10:49 a.m. Arr. New Haven, Conn.

We have reserved an Avis rental car for you.

12:00 noon Luncheon meeting (203) 432-4412  
Yale Faculty Club

2:00 p.m. Address session of class in  
Broadcast Regulation  
Dean John Roberts (203) 432-4412

4:30 p.m. Open meeting at Yale

You have an open return ticket from NYC.



YALE LAW SCHOOL  
NEW HAVEN, CONNECTICUT 06520

JOHN C. ROBERTS  
ASSOCIATE DEAN

February 15, 1974

Henry Goldberg, Esq.  
General Counsel  
Office of Telecommunications Policy  
Executive Office of the President  
Washington, D. C. 20504

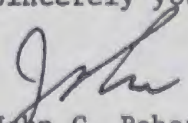
Dear Hank:

Our arrangements for lunch are now firm, and I expect to have the following guests: Professor Peck from the Economics Department, Al Klevorick (an economist who teaches at the Law School), Gene Rostow, Tom Emerson, Barbara Underwood, Ralph Brown (a copyright expert), and myself. I wanted to keep the group small enough so that we could have real discussion.

Our student speakers' organization is anxious to sponsor an open meeting for Mr. Whitehead, and we have scheduled that for 4:30. I take it this will not make his day too arduous.

I look forward to seeing you on the 26th.

Sincerely yours,

  
John C. Roberts  
Associate Dean

JCR/m





YALE LAW SCHOOL  
NEW HAVEN, CONNECTICUT 06520

JOHN C. ROBERTS  
ASSOCIATE DEAN

February 13, 1974

Henry Goldberg, Esq.  
General Counsel  
Office of Telecommunications Policy  
Executive Office of the President  
Washington, D. C. 20504

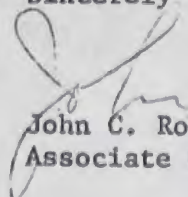
Dear Hank:

I am delighted to confirm the plans we discussed on the telephone for the visit you and Mr. Whitehead plan to make to Yale.

I will arrange a luncheon meeting on Tuesday, February 26 with a number of Law School and University faculty members who are interested in problems of cable and telecommunications generally. The luncheon will begin at noon at the Yale Faculty Club. I hope you will both agree to attend a session of my class in Broadcast Regulation that afternoon from 2-4 p.m. I have asked the students to look at the cable report, and I am sure they will also be interested in asking questions about the Fairness Doctrine and other current issues in communications. I am also exploring whether it might be possible to meet informally with a larger number of students later in the afternoon. This will depend somewhat on your travel schedule, however.

We are very pleased that you and Mr. Whitehead will be spending time with us. I am looking forward to it, as are our faculty and students.

Sincerely yours,

  
John C. Roberts  
Associate Dean

JCR/m



YALE LAW SCHOOL  
NEW HAVEN, CONNECTICUT 06520

*Mr. Whitehead*

JOHN C. ROBERTS  
ASSOCIATE DEAN

March 29, 1974

Dr. Clay T. Whitehead  
Director  
Office of Telecommunications Policy  
Executive Office of the President  
Washington, D. C. 20504

Dear Dr. Whitehead:

I hope you enjoyed your day at Yale. I thought it was a very productive one from our point of view, and the students' reactions I have heard have been most favorable. Particularly those who attended the class session felt they came away with a good perspective on your office and your views.

Thank you again for making the trip and sharing your experience and your views with us.

Sincerely yours,

*John C. Roberts*  
John C. Roberts  
Associate Dean

JCR/m



RECEIVED  
MAR 32 10 03 AM '74

OFFICE OF  
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(1) 74450481  
AP  
AVIS RENT A CAR  
300 CROWN ST.  
NEW HAVEN, CONN. 06510  
203-624-2161

MINIMUM CHARGE - ONE DAY PLUS MILEAGE  
SURCHARGE 5%

3/26/74

(2) R/A NUMBER	(3) CHITZ OUT LOC	(4) CAR NUMBER	(5) DYNAS LOC	(6) CHITZ IN LOCATION	(13) AMOUNT DUE
	0306	985052	8173	0889	25.23
(7) VEHICLE DESCRIPTION	(8) LICENSE PLATE NUMBER	(9) RETURN LOCATION NAME	(10) RETURN TIME & DATE		
RTAV	PA 459675	LCA	3/26/74		

(11) 37973 01 0001EX HA

CENTRAL BILLING  
EXEC OFF PRES  
OFF TELECOMM POLICY  
C T WHITEHEAD 22

(12) AV CA CD IDI OR C/ PA CM  
OTHER

(52) AUTHORIZATION NUMBER OUT	(53) AUTHORIZATION NUMBER IN
MILEAGE DETERMINED BY READING FACTORY INSTALLED ODOMETER	(20) TIME USED
07234	0 DY 8 HR
(21) MILES IN	(22) TIME IN
7156	26 MAR 74 1944
(23) MILES OUT	(24) TIME OUT
78	3/26/74 11 AM
(25) MILES DRIVEN	(26) HOURS
	18
(27) DAYS	(28) WEEKS
16	16.00

(13) DRIVER'S LICENSE NUMBER  
RC 2650647

(14) LOCAL CONTACT/ADDITIONAL INFORMATION

(15) REMARKS

CUSTOMER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.

(16) RENTAL WILL BE PAID BY

AV 37973010001 NA

OFFICE OF TELECOMM  
1250 24TH ST N.W.  
WASHINGTON, DC 20009

CHG. CASH

(31) ADJUSTMENTS	(32) TOTAL LINES (25 THRU 31)
	30.04
(33) YES TA COM	(33A) 20 %
	6.01
(34) TIME AND MILEAGE CHARGE	24.03
(35) INTER-CITY FEE	(36) MISCELLANEOUS
(37) GAS TO FILL (TAXABLE)	(38) PER DAY
	\$ 2.00
(39) SUB TOTAL	24.03
(40) TAXES (MARK)	1.20
(41) GAS TO FILL (NON-TAXABLE)	(42) PER DAY
	\$ 1.00
(43) TOTAL CHARGE	25.23
(44) LESS GAS ETC.	
(45) NET CHARGE	25.23

THIS IS YOUR BILL

BENEFICIARY (IF NONE STATED, PAY ESTATE OF INSURED)

RELATIONSHIP

(17) I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND AGREE THEREOF.

X

AVIS LICENSEE

IF THIS RENTAL IS TO BE CHARGED TO ANY CREDIT CLUB THE ABOVE SIGNATURE IS DEEMED TO HAVE BEEN MADE ON THE APPLICABLE CREDIT CLUB VOUCHER OR SALES SLIP.

(18) CORRECT BILLING NAME AND ADDRESS

ACCEPTS (X) DECLINES (X)

ACCIDENT INSURANCE (X) DECLINES (X)

TRAVEL VOUCHER

(47) CASH REFUND RECEIVED

(48) CASH BY NUMBER

(49) IN 21391C 0889

(51) INTER-CITY FEE

0 2 4

CENTRAL BILLING

SPECIAL DOCUMENT NUMBER

MAKE CHECK PAYABLE TO AVIS AND MAIL IN SELF-ADDRESSED ENVELOPE

REMIT TO:

06-03-L

RENTAL AGREEMENT NO

THIS NUMBER MUST APPEAR ON ALL CORRESPONDENCE AND REMITTANCES



TRAVEL VOUCHER  
MEMORANDUM

DEPARTMENT, BUREAU, OR ESTABLISHMENT <b>Executive Office of the President Office of Telecommunications Policy</b>		VOUCHER NO.
PAYEE'S NAME <b>Clay T. Whitehead</b>		SCHEDULE NO.
MAILING ADDRESS (Including ZIP Code) <b>OIP 1800 G St., NW Wash., D.C. 20504</b>		PAID BY
OFFICIAL DUTY STATION <b>Washington, D. C.</b>	RESIDENCE <b>Washington, D. C.</b>	
FOR TRAVEL AND OTHER EXPENSES FROM (DATE) <b>3/26/74</b> TO (DATE) <b>3/26/74</b>		CHECK NO.
APPLICABLE TRAVEL AUTHORIZATION(S) NO. <b>TP4AT185</b> DATE <b>3/20/74</b>		CASH PAYMENT OF \$ RECEIVED (DATE)
TRAVEL ADVANCE Outstanding <b>\$ 500.00</b> Amount to be applied <b>0</b> Balance to remain outstanding <b>\$ 500.00</b>		

## TRANSPORTATION REQUESTS ISSUED

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE, CLASS OF SERVICE, AND ACCOM- MODATIONS *	DATE ISSUED	POINTS OF TRAVEL	
					FROM-	TO-
<b>B1660855</b>	<b>66.27</b>	<b>AL</b>	<b>Mixed</b>	<b>3/25</b>	<b>Washington, D.C. NYC, NYC</b>	<b>New Haven, Conn. Washington, D.C.</b>

April 16, 1974

AMOUNT  
CLAIMED

Dollars Cts

**\$15 25**

Approved. Long distance telephone calls are certified as necessary in the interest of the Government.

DIFFERENCES:

NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY  
VOUCHER NO. D.O. SYMBOL DATE (MONTH-YEAR)Total verified correct for charge to appropriation(s)  
(initials)

Applied to travel advance (appropriation symbol)

NET TO  
TRAVELER

ACCOUNTING CLASSIFICATION

0.970.4.92110.511

Handwritten signature/initials.

\* Abbreviations for Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB-UB, lower and upper berth; S, seat.

PREVIOUS TEMPORARY DUTY (Complete these blocks only if in travel status immediately prior to period covered by this voucher and if administratively required)

[illegible][illegible]

GPO : 1970 OF --430-454 (5A)  
c48--16--79475-1

Grand total to face of voucher  
(Subtotals, to be carried forward if necessary)

\$15.25

9	00	6	25
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\*If per diem allowances for members of employee's immediate family are included, give members' names, their relationship to employee, and ages and marital status of children (unless this information is shown on the travel authorization).



1. PLACE PREPARED (City and State) <b>Washington, D. C.</b>	2. DATE PREPARED <b>3/20/74</b>	<b>OFFICIAL TRAVEL AUTHORIZATION</b> (See Instructions on reverse)
3. NAME OF TRAVELER (As shown on payroll) <b>Clay T. Whitehead</b>		
4. TITLE (As shown on payroll) <b>Director</b>		
5. OFFICE OR SERVICE, DIVISION AND PERMANENT DUTY STATION <b>Office of Telecommunications Policy</b>		
6. LOCATION OF TRAVELER'S OFFICIAL STATION <b>Washington, D. C.</b>		<b>NOTE TO TRAVELER</b> The official travel specified herein may not be performed until Item 22 has been executed by a GSA official empowered to authorize the travel. The number (Item 23) and date (Item 24) of this Authorization must appear on each voucher claiming reimbursement for travel expenses incurred consequent to this Authorization.
7. SPECIFIC PURPOSE OF TRAVEL		

Attend seminar on communications at Yale University.

8. APPROXIMATE DATES OF TRAVEL		9. TYPE OF AUTHORIZATION		If Item 9B is checked, complete Items 10 and 11 below	
A. BEGINNING ABOUT: <b>3/26/74</b>		A. ORIGINAL <input checked="" type="checkbox"/>		10. ORIGINAL AUTH. NO.	11. ITEM NO. (S) AMENDED
B. ENDING ABOUT: <b>3/26/74</b>		B. AMENDED <input type="checkbox"/>			
12. ITINERARY					
A. DATE	B. TRAVEL FROM	C. TRAVEL TO	D. ADDRESS AT DESTINATION		
<b>3/26/74</b>	<b>Washington, D. C.</b>	<b>New Haven, Conn.</b>	<b>and return</b>		
13. MODE OF TRANSPORTATION					
A. NORMAL			B. SPECIAL (Must be justified in Item 16)		
(1) <input checked="" type="checkbox"/> COMMON CARRIER <input checked="" type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> RAIL <input type="checkbox"/> SHIP (2) <input type="checkbox"/> GOVERNMENT-OWNED VEHICLE			(1) <input checked="" type="checkbox"/> FIRST CLASS PLANE (2) <input type="checkbox"/> EXTRA-FARE TRAIN OR PLANE (3) <input type="checkbox"/> PRIVATELY OWNED VEHICLE (Complete 13C below) (4) <input type="checkbox"/> OTHER		
C. If travel by privately owned vehicle is authorized check which of the following restrictions apply:					
(1) <input type="checkbox"/> COST OF TRAVEL DOES NOT EXCEED TRAVEL BY COMMON CARRIER.		(2) <input type="checkbox"/> COST OF TRAVEL IS LIMITED TO THE CURRENT INTERAGENCY MOTOR POOL SERVICE RATES FOR A COMPARABLE VEHICLE.		(3) <input type="checkbox"/> ITS USE HAS BEEN ADMINISTRATIVELY DETERMINED TO BE ADVANTAGEOUS TO THE GOVERNMENT. (Explain in Item 16)	
14. ALLOWANCES					
A. MILEAGE RATE	B. PER DIEM RATE	C. OTHER ALLOWANCES (Explain in Item 16 below)			
\$ PER MILE	\$ <b>25.00</b> PER DAY				
15. ESTIMATED COST TO THE GOVERNMENT					
A. TOTAL TRANSPORTATION	B. TOTAL PER DIEM	C. TOTAL OTHER	D. TOTAL COST TO GOVERNMENT		
\$ <b>160.00</b>	\$ <b>25.00</b>	\$ <b>40.00</b>	\$ <b>225.00</b>		
16. STATEMENT OF JUSTIFICATION FOR SPECIAL MODES OF TRANSPORTATION AND ALLOWANCES					
Use of taxi authorized. First class travel authorized. Use of rental car authorized.					
17. TRAVEL RECOMMENDED				18. COST ACCOUNT SYMBOL	
BY <b>Director, Office of Telecommunications Policy</b> <b>3/20/74</b> (Signature) (Title) (Date)				<b>0.970.4.92110.511</b>	
19. TRAVEL APPROVED				20. FUNDS OBLIGATED	
BY <b>Bryan M. Eagle</b> <b>Executive Assistant</b> <b>3/20/74</b> (Signature) (Title) (Date)				BY _____ (Initials) (Date)	
21. TRAVEL CONCURRED IN (When required)					
22. TRAVEL AUTHORIZED: The person named in Item 3 above is authorized to travel at Government expense subject to the Standardized Government Travel Regulations (as amended), Bureau of the Budget Circular No. A-56 (Revised), existing GSA travel policy, and the conditions specified in this Authorization.				23. AUTHORIZATION NO.	
BY <b>Bryan M. Eagle</b> <b>Executive Assistant</b> (Signature) (Title)				<b>TP4AT185</b>	
				24. DATE AUTHORIZED <b>3/20/74</b>	



## INSTRUCTIONS FOR PREPARATION OF GSA FORM 87

Items 1 through 4: Self-explanatory.

Items 5 and 6: If these locations are in a regional office, enter the regional location (city and State) and the regional number; if located in GSA Central Office, enter Washington, Central Office.

Item 7: Show the specific purpose of the travel. Generalizations such as "Official Business" or similar phrases are not acceptable. Indicate why the desired results cannot be gained through correspondence or other less-expensive means than travel.

Item 8: Enter the scheduled dates of the first and last days of the travel period.

Item 9: Check whether the form represents an original or an amended authorization.

Items 10 and 11: If the form amends a previous authorization, enter the original authorization number in Item 10 and the item number(s) being amended in Item 11.

Item 12: If trip order, specify in sequence and by date each official point to be visited and, if known, the address at destination where the traveler can be reached. If authorization covers travel within specified States, list the States. If travel authorization is limited only to the continental limits of the United States, enter phrase "To any points within the continental limits of the United States, in such order and at such times as may be necessary, and return."

Item 13: Check mode(s) of transportation required. The use of extra-fare trains, extra-fare airplanes, and other types of conveyances shall be justified by showing the advantage to the Government in a statement under Item 16.

Item 14: See the GSA Administrative Manual, Chap. 7 (DOA 5410.1) for allowable mileage and per diem

rates. Under other allowances, indicate any unusual expense that the traveler will incur, such as rental of conference rooms, employment of temporary stenographers, or transfer of excess baggage in connection with official travel. If travel is incident to a change of official station, and the payment of travel, transportation, and related moving expenses is authorized, enter the remark "See attached GSA Form 87A." All such allowances must be carefully detailed on GSA Form 87A.

Item 15: Enter the estimated cost of travel, per diem, and other expenses that the Government will incur as a result of this authorization.

Item 16: If space provided is insufficient, complete the statement on a plain sheet and staple a copy to each copy of the authorization form.

Item 17: To be executed by the official recommending the travel.

Item 18: Enter the cost account symbol(s) to which the expenses incident to the travel are to be charged.

Item 19: To be executed by the official administratively approving the travel.

Item 20: For use by the service or staff office maintaining official prevalidation control records.

Item 21: When required, the signatures of concurring officials or the method by which their concurrences are obtained shall be included in this block.

Item 22: To be executed by the appropriate GSA official empowered to authorize the travel.

Item 23: The authorization number to be entered by the official approving the travel.

Item 24: Enter the date Item 22 is executed.



Friday 2/1/74

TRIP  
2/1/74

12:00

Mr. Goldberg advises Mr. Whitehead will be going to Yale University on February 26.

*John Roberts*  
*(203) 432-4412*

Wednesday 3/20/74

TRIP  
3/26/74

11:00

We have made the following arrangements for your trip to Yale with Mr. Goldberg on Tuesday, March 26:

9:50 a.m.	Lv. National airport via AL432
10:49 a.m.	Arr. New Haven, Conn.

We have reserved an Avis rental car.

OPEN RETURN FROM NYC.



February 25, 1974

Al Carter, GSA

Elizabeth Johnston, OTP

Deobligation of funds

No travel was performed under TA number TP4AT153 issued to Clay T. Whitehead.

Please deobligate funds in the amount of \$225.00.

EJohnston:jm



1. PLACE PREPARED (City and State)	2. DATE PREPARED
Washington, D. C.	2/19/74
3. NAME OF TRAVELER (As shown on payroll)	
Clay T. Whitehead	
4. TITLE (As shown on payroll)	
Director	
5. OFFICE OR SERVICE, DIVISION AND PERMANENT DUTY STATION	
Office of Telecommunications Policy	
6. LOCATION OF TRAVELER'S OFFICIAL STATION	
Washington, D. C.	
7. SPECIFIC PURPOSE OF TRAVEL	

OFFICIAL TRAVEL AUTHORIZATION  
(See Instructions on reverse)

NOTE TO TRAVELER

The official travel specified herein may not be performed until Item 22 has been executed by a GSA official empowered to authorize the travel.  
The number (Item 23) and date (Item 24) of this Authorization must appear on each voucher claiming reimbursement for travel expenses incurred consequent to this Authorization.

Attend seminar on communications at Yale University

8. APPROXIMATE DATES OF TRAVEL		9. TYPE OF AUTHORIZATION		If Item 9B is checked, complete Items 10 and 11 below	
A. BEGINNING ABOUT: 2/26/74		A. ORIGINAL <input checked="" type="checkbox"/>		10. ORIGINAL AUTH. NO.	11. ITEM NO. (S) AMENDED
B. ENDING ABOUT: 2/26/74		B. AMENDED <input type="checkbox"/>			
12. ITINERARY					
A. DATE	B. TRAVEL FROM	C. TRAVEL TO		D. ADDRESS AT DESTINATION	
2/26/74	Washington, D. C. New Haven, Conn. New York, New York	New Haven, Conn. New York, New York Washington, D. C.			
13. MODE OF TRANSPORTATION					
A. NORMAL			B. SPECIAL (Must be justified in Item 16)		
(1) <input checked="" type="checkbox"/> COMMON CARRIER (2) <input type="checkbox"/> GOVERNMENT-OWNED VEHICLE			(1) <input checked="" type="checkbox"/> FIRST CLASS PLANE (3) <input type="checkbox"/> PRIVATELY OWNED VEHICLE (Complete 13C below)		
<input checked="" type="checkbox"/> AIR <input type="checkbox"/> BUS			(2) <input type="checkbox"/> EXTRA-FARE TRAIN OR PLANE (4) <input type="checkbox"/> OTHER		
<input type="checkbox"/> RAIL <input type="checkbox"/> SHIP					
C. If travel by privately owned vehicle is authorized check which of the following restrictions apply:					
(1) <input type="checkbox"/> COST OF TRAVEL DOES NOT EXCEED TRAVEL BY COMMON CARRIER.		(2) <input type="checkbox"/> COST OF TRAVEL IS LIMITED TO THE CURRENT INTERAGENCY MOTOR POOL SERVICE RATES FOR A COMPARABLE VEHICLE.		(3) <input type="checkbox"/> ITS USE HAS BEEN ADMINISTRATIVELY DETERMINED TO BE ADVANTAGEOUS TO THE GOVERNMENT. (Explain in Item 16)	
14. ALLOWANCES					
A. MILEAGE RATE		B. PER DIEM RATE		C. OTHER ALLOWANCES (Explain in Item 16 below)	
\$ PER MILE		\$ 25.00 PER DAY			
15. ESTIMATED COST TO THE GOVERNMENT					
A. TOTAL TRANSPORTATION		B. TOTAL PER DIEM		C. TOTAL OTHER	
\$ 160.00		\$ 25.00		\$ 40.00	
				\$ 225.00	
16. STATEMENT OF JUSTIFICATION FOR SPECIAL MODES OF TRANSPORTATION AND ALLOWANCES					
Use of taxi authorized between abode and place of business.					
First class travel authorized.					
Use of rental car authorized.					
17. TRAVEL RECOMMENDED				18. COST ACCOUNT SYMBOL	
BY: Director, Office of Telecommunications Policy 2/19/74				0.970.4.92110.511	
(Signature) (Title) (Date)					
19. TRAVEL APPROVED				20. FUNDS OBLIGATED	
BY: Bryan M. Eagle Executive Assistant 2/19/74				BY: (Initials) (Date)	
(Signature) (Title) (Date)					
21. TRAVEL OCCURRED IN (When required)					
22. TRAVEL AUTHORIZED: The person named in Item 3 above is authorized to travel at Government expense subject to the Standardized Government Travel Regulations (as amended), Bureau of the Budget Circular No. 4-56 (Revised), existing GSA travel policy, and the conditions specified in this Authorization.				23. AUTHORIZATION NO.	
Bryan M. Eagle Executive Assistant				TP4AT153	
(Signature) (Title)				24. DATE AUTHORIZED	
				02/20/74	



## INSTRUCTIONS FOR PREPARATION OF GSA FORM 87

Items 1 through 4: Self-explanatory.

Items 5 and 6: If these locations are in a regional office, enter the regional location (city and State) and the regional number; if located in GSA Central Office, enter Washington, Central Office.

Item 7: Show the specific purpose of the travel. Generalizations such as "Official Business" or similar phrases are not acceptable. Indicate why the desired results cannot be gained through correspondence or other less-expensive means than travel.

Item 8: Enter the scheduled dates of the first and last days of the travel period.

Item 9: Check whether the form represents an original or an amended authorization.

Items 10 and 11: If the form amends a previous authorization, enter the original authorization number in Item 10 and the item number(s) being amended in Item 11.

Item 12: If trip order, specify in sequence and by date each official point to be visited and, if known, the address at destination where the traveler can be reached. If authorization covers travel within specified States, list the States. If travel authorization is limited only to the continental limits of the United States, enter phrase "To any points within the continental limits of the United States, in such order and at such times as may be necessary, and return."

Item 13: Check mode(s) of transportation required. The use of extra-fare trains, extra-fare airplanes, and other types of conveyances shall be justified by showing the advantage to the Government in a statement under Item 16.

Item 14: See the GSA Administrative Manual, Chap. 7 (DOA 5410.1) for allowable mileage and per diem

rates. Under other allowances, indicate any unusual expense that the traveler will incur, such as rental of conference rooms, employment of temporary stenographers, or transfer of excess baggage in connection with official travel. If travel is incident to a change of official station, and the payment of travel, transportation, and related moving expenses is authorized, enter the remark "See attached GSA Form 87A." All such allowances must be carefully detailed on GSA Form 87A.

Item 15: Enter the estimated cost of travel, per diem, and other expenses that the Government will incur as a result of this authorization.

Item 16: If space provided is insufficient, complete the statement on a plain sheet and staple a copy to each copy of the authorization form.

Item 17: To be executed by the official recommending the travel.

Item 18: Enter the cost account symbol(s) to which the expenses incident to the travel are to be charged.

Item 19: To be executed by the official administratively approving the travel.

Item 20: For use by the service or staff office maintaining official prevalidation control records.

Item 21: When required, the signatures of concurring officials or the method by which their concurrences are obtained shall be included in this block.

Item 22: To be executed by the appropriate GSA official empowered to authorize the travel.

Item 23: The authorization number to be entered by the official approving the travel.

Item 24: Enter the date Item 22 is executed.



1. PLACE PREPARED (City and State) <b>Washington, D. C.</b>	2. DATE PREPARED <b>2/19/74</b>	<b>OFFICIAL TRAVEL AUTHORIZATION</b> (See Instructions on reverse)
3. NAME OF TRAVELER (As shown on payroll) <b>Clay T. Whitehead</b>		
4. TITLE (As shown on payroll) <b>Director</b>		
5. OFFICE OR SERVICE, DIVISION AND PERMANENT DUTY STATION <b>Office of Telecommunications Policy</b>		
6. LOCATION OF TRAVELER'S OFFICIAL STATION <b>Washington, D. C.</b>		<b>NOTE TO TRAVELER</b> The official travel specified herein may not be performed until Item 22 has been executed by a GSA official empowered to authorize the travel. The number (Item 23) and date (Item 24) of this Authorization must appear on each voucher claiming reimbursement for travel expenses incurred consequent to this Authorization.
7. SPECIFIC PURPOSE OF TRAVEL <b>Attend seminar on communications at Yale University</b>		

8. APPROXIMATE DATES OF TRAVEL	9. TYPE OF AUTHORIZATION	If Item 9B is checked, complete Items 10 and 11 below	
A. BEGINNING ABOUT: <b>2/26/74</b>	A. ORIGINAL <input checked="" type="checkbox"/>	10. ORIGINAL AUTH. NO.	11. ITEM NO. (S) AMENDED
B. ENDING ABOUT: <b>2/26/74</b>	B. AMENDED <input type="checkbox"/>		

12. ITINERARY			
A. DATE	B. TRAVEL FROM	C. TRAVEL TO	D. ADDRESS AT DESTINATION
<b>2/26/74</b>	<b>Washington, D. C. New Haven, Conn. New York, New York</b>	<b>New Haven, Conn. New York, New York Washington, D. C.</b>	

13. MODE OF TRANSPORTATION			
A. NORMAL		B. SPECIAL (Must be justified in Item 16)	
(1) <input checked="" type="checkbox"/> COMMON CARRIER	(2) <input type="checkbox"/> GOVERNMENT-OWNED VEHICLE	(1) <input checked="" type="checkbox"/> FIRST CLASS PLANE	(3) <input type="checkbox"/> PRIVATELY OWNED VEHICLE (Complete 13C below)
<input checked="" type="checkbox"/> AIR	<input type="checkbox"/> BUS	(2) <input type="checkbox"/> EXTRA-FARE TRAIN OR PLANE	(4) <input type="checkbox"/> OTHER
<input type="checkbox"/> RAIL	<input type="checkbox"/> SHIP		
C. If travel by privately owned vehicle is authorized check which of the following restrictions apply:			
(1) <input type="checkbox"/> COST OF TRAVEL DOES NOT EXCEED TRAVEL BY COMMON CARRIER.		(2) <input type="checkbox"/> COST OF TRAVEL IS LIMITED TO THE CURRENT INTERAGENCY MOTOR POOL SERVICE RATES FOR A COMPARABLE VEHICLE.	
(3) <input type="checkbox"/> ITS USE HAS BEEN ADMINISTRATIVELY DETERMINED TO BE ADVANTAGEOUS TO THE GOVERNMENT. (Explain in Item 16)			

14. ALLOWANCES		
A. MILEAGE RATE \$ PER MILE	B. PER DIEM RATE \$ <b>25.00</b> PER DAY	C. OTHER ALLOWANCES (Explain in Item 16 below)

15. ESTIMATED COST TO THE GOVERNMENT			
A. TOTAL TRANSPORTATION <b>\$ 160.00</b>	B. TOTAL PER DIEM <b>\$ 25.00</b>	C. TOTAL OTHER <b>\$ 40.00</b>	D. TOTAL COST TO GOVERNMENT <b>\$ 225.00</b>

16. STATEMENT OF JUSTIFICATION FOR SPECIAL MODES OF TRANSPORTATION AND ALLOWANCES

**Use of taxi authorized between abode and place of business.**

**First class travel authorized.**

**Use of rental car authorized.**

17. TRAVEL RECOMMENDED BY <b>Director, Office of Telecommunications Policy</b> <b>2/19/74</b> (Signature) (Title) (Date)	18. COST ACCOUNT SYMBOL <b>0.970.4.92110.511</b>
19. TRAVEL APPROVED BY <b>Bryan M. Eagle</b> <b>2/19/74</b> (Signature) (Title) (Date)	20. FUNDS OBLIGATED
21. TRAVEL CONCURRED IN (When required)	

22. TRAVEL AUTHORIZED: The person named in Item 3 above is authorized to travel at Government expense subject to the Standardized Government Travel Regulations (as amended), Bureau of the Budget Circular No. A-56 (Revised), existing GSA travel policy, and the conditions specified in this Authorization. <b>Bryan M. Eagle</b> (Signature) <b>Executive Assistant</b> (Title)	23. AUTHORIZATION NO. <b>TP4AT153</b>
	24. AUTHORIZED <b>02/20/74</b> GSA FORM 87 AUG. 68



## INSTRUCTIONS FOR PREPARATION OF GSA FORM 87

Items 1 through 4: Self-explanatory.

Items 5 and 6: If these locations are in a regional office, enter the regional location (city and State) and the regional number; if located in GSA Central Office, enter Washington, Central Office.

Item 7: Show the specific purpose of the travel. Generalizations such as "Official Business" or similar phrases are not acceptable. Indicate why the desired results cannot be gained through correspondence or other less-expensive means than travel.

Item 8: Enter the scheduled dates of the first and last days of the travel period.

Item 9: Check whether the form represents an original or an amended authorization.

Items 10 and 11: If the form amends a previous authorization, enter the original authorization number in Item 10 and the item number(s) being amended in Item 11.

Item 12: If trip order, specify in sequence and by date each official point to be visited and, if known, the address at destination where the traveler can be reached. If authorization covers travel within specified States, list the States. If travel authorization is limited only to the continental limits of the United States, enter phrase "To any points within the continental limits of the United States, in such order and at such times as may be necessary, and return."

Item 13: Check mode(s) of transportation required. The use of extra-fare trains, extra-fare airplanes, and other types of conveyances shall be justified by showing the advantage to the Government in a statement under Item 16.

Item 14: See the GSA Administrative Manual, Chap. 7 (DOA 5410.1) for allowable mileage and per diem

rates. Under other allowances, indicate any unusual expense that the traveler will incur, such as rental of conference rooms, employment of temporary stenographers, or transfer of excess baggage in connection with official travel. If travel is incident to a change of official station, and the payment of travel, transportation, and related moving expenses is authorized, enter the remark "See attached GSA Form 87A." All such allowances must be carefully detailed on GSA Form 87A.

Item 15: Enter the estimated cost of travel, per diem, and other expenses that the Government will incur as a result of this authorization.

Item 16: If space provided is insufficient, complete the statement on a plain sheet and staple a copy to each copy of the authorization form.

Item 17: To be executed by the official recommending the travel.

Item 18: Enter the cost account symbol(s) to which the expenses incident to the travel are to be charged.

Item 19: To be executed by the official administratively approving the travel.

Item 20: For use by the service or staff office maintaining official prevalidation control records.

Item 21: When required, the signatures of concurring officials or the method by which their concurrences are obtained shall be included in this block.

Item 22: To be executed by the appropriate GSA official empowered to authorize the travel.

Item 23: The authorization number to be entered by the official approving the travel.

Item 24: Enter the date Item 22 is executed.