

Itinerary for
Clay T. Whitehead
March 4, 1974
Boston, Massachusetts

12 Janet Frazier
12:30 lunch
2:30 Dean Capron
3:15 Students
4:00 Doris.

Monday, March 4, 1974

9:00 a.m. Lv. OTP
9:35 a.m. Lv. National via EA 572
10:47 a.m. Arr. Boston, Mass.

12:00 noon Meeting with Elizabeth Fainsod (617) 495-5792
Executive Assistant to the Director
Institute of Politics, Harvard

TELEPHONE NUMBERS:

Bud Hostetter (617) 742-8265
54 Lewis Wharf

Fred Wiseman
54 Lewis Wharf (617) 742-6680

WGBH Tom Keller. 848-3800

4:10

~~4:10~~ m 5:22

5:30 p.m. Lv. Boston via AA453
6:53 p.m. Arr. National airport
Coyt will pick you up.

6:49 - 8:12 EA391

arrange from.
Doris on Atlantic Ave.

Don Dwight x Lt Gov Nove

sugg:

→ James Brinkley

Lt Gov Mich

Lt - FBI

b 1928

Mod repub

Willis Shock

TI

Check w/Foster

\$5.25
\$6.50

total

TRAVEL VOUCHER
MEMORANDUM

DEPARTMENT/BUREAU/ESTABLISHMENT Executive Office of the President Office of Telecommunications Policy		VOUCHER NO.
PAYEE'S NAME Clay T. Whitehead		SCHEDULE NO.
MAILING ADDRESS (Including ZIP Code) 1800 G St., NW Washington, D. C. 20504		PAID BY
OFFICIAL DUTY STATION Washington, D. C.	RESIDENCE Washington, D. C.	
FOR TRAVEL AND OTHER EXPENSES FROM (DATE) 3/4/74 TO (DATE) 3/4/74		CHECK NO.
APPLICABLE TRAVEL AUTHORIZATION(S) NO. TP4AT158 DATE 2/27/74		CASH PAYMENT OF \$ RECEIVED (DATE)
TRAVEL ADVANCE Outstanding \$ Amount to be applied Balance to remain outstanding \$		

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-
B1660052	109.27	EA	First	3/1	Washington, D. C. and return	Boston, Mass.

3/6/74

AMOUNT
CLAIMED

Dollars Cts

→ **\$11 75**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

Reid Jack 3/28.

* 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)

TEMPORARY DUTY STATION LAST DAY OF PRECEDING VOUCHER PERIOD	(LOCATION)	(DATE OF ARRIVAL)
--	-------------------	--------------------------

[illegible]

GPO : 1970 OF - 430-454 (5A)
48-10-79475-1

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

\$11.75

\$11	75
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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).

Issued By **BOLD SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON**

EASTERN AIR LINES, INC.

If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carriers for death or personal injury and in respect of loss of or damage to baggage.

NAME OF PASSENGER

NOT TRANSFERABLE

MR C WHITEHEAD

TW

PASSENGER TICKET
AND BAGGAGE CHECK
PASSENGER'S COUPON

FROM
TO
CARRIER
FARE
CALCULATION

585233121

007

DATE AND PLACE OF ISSUE

DATE OF ISSUE

ORIGIN

DESTINATION

ORIGINALLY ISSUED AGAINST BY AGENTS NUMERIC CODE AT ON DATE YR

TICKET DESIGNATION & TOUR CODE

THIS TICKET ISSUED IN EXCHANGE FOR

NOT GOOD FOR PASSAGE

FARE BASIS

ALLOW

CARRIER

FLIGHT/CLASS

DATE

TIME

STATUS

VOID

VOID

VOID

VOID

VOID

VOID

VOID

VOID

WAS NATIONAL

EA

572F

4MAR

935AOK

BOSTON MA

AA

453F

4MAR

930POKSC

WAS NATIONAL

BAGGAGE
CHECKED
UNCKD.

PCS

WT.

UNCK PCS

WT.

UNCK PCS

WT.

UNCK PCS

WT.

UNCK PCS

WT.

UNCK PCS

WT.

FARE

CY

ENDORSEMENTS (Carbon)

FARE

101.13

CY

TOTAL

CY

109.27

ROUTE CODE

ENCODE

CPN

AIRLINE CODE

FORM AND SERIAL NUMBER

CK

TAX

8.09

CY

EQUIV

AMT

PO.

CY

007

5852331214 2

GENERAL SERVICE

ADMINISTRATION

MAR-174

0613 06020906

VIVUS CDP-PL

Agent

CONJUNCTION TICKET(S)

FORM OF PAYMENT

1-4050 1-4050 2-14

1. PLACE PREPARED (City and State) <u>Washington, D. C.</u>	2. DATE PREPARED <u>2/27/74</u>	OFFICIAL TRAVEL AUTHORIZATION (See Instructions on reverse)
3. NAME OF TRAVELER (As shown on payroll) <u>Clay T. Whitehead</u>		
4. TITLE (As shown on payroll) <u>Director</u>		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.
5. OFFICE OR SERVICE, DIVISION AND PERMANENT DUTY STATION <u>Office of Telecommunications Policy</u>		
6. LOCATION OF TRAVELER'S OFFICIAL STATION <u>Washington, D. C.</u>		
7. SPECIFIC PURPOSE OF TRAVEL <u>Attend meetings in Boston, Mass.</u>		

8. APPROXIMATE DATES OF TRAVEL A. BEGINNING ABOUT: <u>3/4/74</u> B. ENDING ABOUT: <u>3/4/74</u>	9. TYPE OF AUTHORIZATION A. ORIGINAL <input checked="" type="checkbox"/> B. AMENDED <input type="checkbox"/>	If Item 9B is checked, complete Items 10 and 11 below 10. ORIGINAL AUTH. NO. 11. ITEM NO. (S) AMENDED	
12. ITINERARY			
A. DATE	B. TRAVEL FROM	C. TRAVEL TO	D. ADDRESS AT DESTINATION
3/4/74	Washington, D. C. and return	Boston, Mass.	

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.		(3) <input type="checkbox"/> ITS USE HAS BEEN ADMINISTRATIVELY DETERMINED TO BE ADVANTAGEOUS TO THE GOVERNMENT. (Explain in Item 16)	
(2) <input type="checkbox"/> COST OF TRAVEL IS LIMITED TO THE CURRENT INTERAGENCY MOTOR POOL SERVICE RATES FOR A COMPARABLE VEHICLE.			

14. ALLOWANCES			
A. MILEAGE RATE	B. PER DIEM RATE	C. OTHER ALLOWANCES (Explain in Item 16 below)	
\$ PER MILE	\$ <u>9.00</u> PER DAY		
15. ESTIMATED COST TO THE GOVERNMENT			
A. TOTAL TRANSPORTATION	B. TOTAL PER DIEM	C. TOTAL OTHER	D. TOTAL COST TO GOVERNMENT
\$ <u>82.00</u>	\$ <u>9.00</u>	\$ <u>30.00</u>	\$ <u>121.00</u>

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 <u>Director, Office of Telecommunications Policy</u> <u>2/27/74</u> (Signature) (Title) (Date)	18. COST ACCOUNT SYMBOL <u>0.970.4.92110.511</u>
19. TRAVEL APPROVED BY <u>Bryan M. Eagle</u> <u>Executive Assistant</u> <u>2/27/74</u> (Signature) (Title) (Date)	20. FUNDS OBLIGATED 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. <u>Bryan M. Eagle</u> <u>Executive Assistant</u> (Signature) (Title)	23. AUTHORIZATION NO. <u>TP4AT158</u> 24. DATE AUTHORIZED <u>2/27/74</u>
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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.