

**The original documents are located in Box 14, folder “Travel Requests and Vouchers (1)” of the Fernando E.C. De Baca Files at the Gerald R. Ford Presidential Library.**

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July 21, 1975

FOR: TRAVEL OFFICE  
FROM: OFFICE OF HISPANIC AFFAIRS  
SUBJECT: Request for ticketing two trips

We understand these two trips have been approved; we would appreciate very much your arranging reservations on air jet for the following schedule for Mr. De Baca:

1. Thursday, July 24 - Monday, July 28, 1975

|                                |          |          |         |
|--------------------------------|----------|----------|---------|
| Depart Washington, D. C.       | 5:25 PM  | TWA #423 | 7/24/75 |
| Arrive Albuquerque, New Mexico | 9:50 PM  |          |         |
| Depart Albuquerque             | 9:10 AM  | CO #92   | 7/27/75 |
| Arrive Chicago                 | 12:23 PM |          |         |
| Depart Chicago                 | 6:30 PM  | AA #692  | 7/28/75 |
| Arrive Washington, D. C.       | 9:10 PM  |          |         |

2. Thursday, July 31 - Friday, August 1, 1975

|                                     |          |         |         |
|-------------------------------------|----------|---------|---------|
| Depart Washington, D. C. (National) | 10:10 AM | EA #185 | 7/31/75 |
| Arrive Tampa International Airport  | 12:12 PM |         |         |
| Depart Tampa International Airport  | 9:00 AM  | EA #180 | 8/1/75  |
| Arrive Washington, D. C.            | 10:59 AM |         |         |

Thank you very much for your help.



Margaret Dress  
Secretary to  
Fernando E. C. De Baca  
Special Assistant to the President

mmd:d:7/21/75



mind

Hold

(never submitted)



THE WHITE HOUSE

WASHINGTON

DATE: May 7, 1975

TO: JERRY JONES *FER*  
FROM: Fernando E. C. De Baca  
SUBJECT: Request for Travel

NAME Fernando E. C. De Baca

Crystal City, Texas to El Paso, Texas to Albuquerque,  
New Mexico, to New York City

DESTINATION and return

1) Crystal City: To deliver commencement address at Community  
College and High School. 2) El Paso: (Las Cruces, N. M.)

PURPOSE OF TRIP To deliver keynote address to LULAC Convention

3) Albuquerque, N. M.: To deliver commencement address at Albuquer.  
High School 4) NYC: Guest of Honor at Annual Puerto Rican Parade.  
(Compensatory time: June 2, 3, 5 & 6)

DEPARTURE DATE May 28, 1975 RETURN DATE June 9, 1975

MODE OF TRANSPORTATION Air Jet

LODGING ACCOMMODATIONS \_\_\_\_\_

ESTIMATED TOTAL EXPENSES \$ \_\_\_\_\_

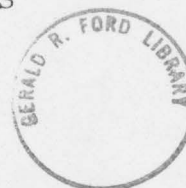
AUTHORIZATION OF SUPERVISOR \_\_\_\_\_

(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: \_\_\_\_\_

JERRY JONES

(submit in duplicate)



MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

NOTE: TRAVEL REQUEST SENT TO JERRY JONES 6/23/75

through ~~Dr.~~ Mr. Barody, Jr.

Destination: Milwaukee, Wisconsin and return to Wa.

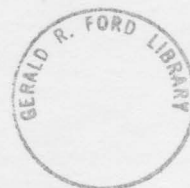
Purpose of trip: To address League of United  
American Citizens National Convention

Trip: via jet (Y class)

Accommodations: The Red Carpet Inn, Milwaukee

estimated costs Air fare \$130. Per Diem \$70 = \$200 total  
(two days)

Dates: leave June 27, return June 29



THE WHITE HOUSE  
WASHINGTON

DATE: May 7, 1975

TO: JERRY JONES  
FROM: *FER* Fernando E. C. De Baca  
SUBJECT: Request for Travel

NAME Fernando E. C. De Baca

DESTINATION Kansas City, Missouri and return

PURPOSE OF TRIP Luncheon speech at the National Convention of  
IMAGE, a National Hispanic organization concerned with Government  
employment. Expected attendance: 1200 persons. Other speakers:  
Secretary Weinberger/Secretary Middelndorf

DEPARTURE DATE May 22 RETURN DATE May 25, 1975

MODE OF TRANSPORTATION Air Jet

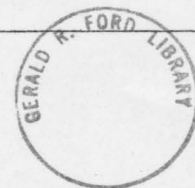
LODGING ACCOMMODATIONS Plaza Hotel

ESTIMATED TOTAL EXPENSES \$ \_\_\_\_\_

AUTHORIZATION OF SUPERVISOR \_\_\_\_\_  
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: JERRY JONES

(submit in duplicate)



May 9, 1975

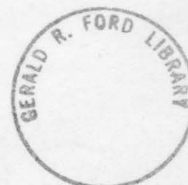
The following is a list of proposed travel from  
May 5 - June 30, 1975

Fernando E. C. De Baca

|         |                                                       | <u>Travel Y-Class</u> | <u>P.D. +</u>   |
|---------|-------------------------------------------------------|-----------------------|-----------------|
| 5/5/75  | New York City<br>(Forum of Hispanic<br>Organizations) | 67.00                 | 35.00           |
| 5/22-25 | Kansas City, Mo.<br>(IMAGE National<br>Convention)    | 176.00                | 125.00          |
| 5/28-30 | Crystal City, Texas<br>(Commencement<br>Address)      | 276.00                | 100.00          |
| 6/3-5   | Albuquerque, N. M.<br>(Commencement<br>Address)       | 278.00                | 75.00           |
| 6/27-29 | Milwaukee, Wisc.<br>(LULAC National<br>Convention)    | 124.00                | 100.00          |
|         |                                                       | <u>\$921.00</u>       | <u>\$435.00</u> |

(Mr. De Baca is scheduled to be keynote speaker at all  
these occasions)

total: \$1,356.00



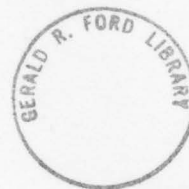


NOTE: mmd

TRAVEL NOTE:

DALE IN TRANSPORTATION  
ADVISES TO CALL THAT OFFICE  
AS SOON AS WE GET A TRAVEL  
REQUEST OFF TO MR. JONES.  
THEY NEED TIME TO GET THE  
RESERVATIONS. THE AUTHORIZATION  
CAN BE GOT BY THEM OVER THE  
PHONE FROM JONES'S OFFICE IF  
NECESSARY AT THE LAST IF THEY  
HAVEN'T HAD IT THROUGH THE  
MAIL.

(Bill Dale)





~~Sherton~~

~~Dallas  
Hotel~~

~~Apr. 24~~

3rd Annual  
Businessman's Luncheon

Dallas American  
Chamber of  
Commerce



THE WHITE HOUSE

WASHINGTON

DATE: April 14, 1975

TO: JERRY JONES  
FROM: *FCR* FERNANDO E. C. DE BACA  
SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA *Fernando E. C. De Baca*

DESTINATION Washington D. C. to Houston, Texas, to San Juan, Puerto Rico, and return

PURPOSE OF TRIP Houston, Texas: To address SBA Conference on Minority Business Enterprise at Shamrock Hilton

San Juan, Puerto Rico: To keynote Pan American Ophthalmology Conference (Presidential invitation); to confer with Governor of Puerto Rico, Mayors of San Juan & Arizube and P. R. Community groups.

DEPARTURE DATE 4/18/75 RETURN DATE 4/23/75

MODE OF TRANSPORTATION Air Jet

4/18 Lv 9:10 AM Dulles EA 559 4/19 Lv 8:45 AM Houston NA 186  
Ar 11:22 AM Houston Ar 3:00 PM San Juan EA 321

4/23 Lv 10:00 AM San Juan PA 488  
LODGING ACCOMMODATIONS Ar 3:46 PM Wa. EA 192

Shamrock Hilton, Houston, TEXAS; Caribe Hilton, San Juan, P. R.

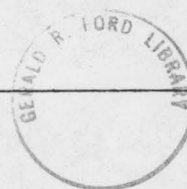
ESTIMATED TOTAL EXPENSES \$ \_\_\_\_\_

AUTHORIZATION OF SUPERVISOR \_\_\_\_\_  
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: JERRY JONES

(submit in duplicate)

(NOTE: Request for tickets for flights by COB Thursday, April 17)



THE WHITE HOUSE  
WASHINGTON

DATE: March 14, 1975

TO: Jerry Jones

FROM: Office of Fernando E. C. De Baca

SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA (by secretary M. M. Dress)  
(Typed and Signature)

DESTINATION Albuquerque, New Mexico, Houston, Texas  
In Albuquerque, National Association of Counties Conference

PURPOSE OF TRIP speech at General Session, March 20; In Houston:  
1) Speech before Pan American Airlines Employees Association (Government Relations Program) and 2) Speech at the Hispanic Leadership Conf.

DEPARTURE DATE March 19, 1975 RETURN DATE March 23, 1975

MODE OF TRANSPORTATION Air jet; coach

LODGING ACCOMMODATIONS In Albuquerque at Albuquerque Hilton Hotel; in Houston at Houston Oaks Hotel or Warwick Hotel

(Name)

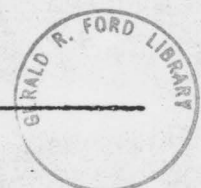
(Address)

ESTIMATED TOTAL EXPENSES \$ \_\_\_\_\_

AUTHORIZATION OF SUPERVISOR \_\_\_\_\_  
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: \_\_\_\_\_  
Jerry Jones

(Submit in Duplicate)



DATE: FEBRUARY 27, 1975

SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA, *Fernando*  
(Typed and Signature)

DESTINATION EL PASO, TEXAS

PURPOSE OF TRIP Speech on minority business opportunities before joint meeting of the American Asso. of Hispanic owned banks and Association of Hispanic Savings & Loan Institutions.

DEPARTURE DATE 2-28-75 RETURN DATE 3-2-75

MODE OF TRANSPORTATION AIR JET (First Class)

LODGING ACCOMMODATIONS Hotel Camino Real, Ciudad Juarez, Mexico  
(Name)

(Address)

ESTIMATED TOTAL EXPENSES \$

AUTHORIZATION OF SUPERVISOR

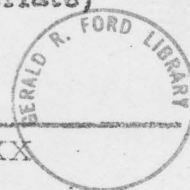
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY:

XXXXXXXXXXXX

# JERRY JONES

(Submit in Duplicate)





THE WHITE HOUSE  
WASHINGTON

DATE: FEBRUARY 21, 1975

TO: ~~XXXXXXXXXXXX~~ JERRY JONES

FROM: FERNANDO E. C. DE BACA

SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA *Fernando E. C. De Baca*  
(Typed and Signature)

DESTINATION MIAMI, FLORIDA

PURPOSE OF TRIP To participate in White House Conference on  
Domestic and Economic Affairs

DEPARTURE DATE 2-24-75 RETURN DATE 2-26-75

MODE OF TRANSPORTATION DOT/Coast Guard Flight  
Air Jet (Coach)

LODGING ACCOMMODATIONS The Diplomat Hotel  
(Name)

Hollywood, Florida

(Address)

ESTIMATED TOTAL EXPENSES \$                     

AUTHORIZATION OF SUPERVISOR                                       
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY:                                     

~~XXXXXXXXXXXX~~  
JERRY JONES

(Submit in Duplicate)



April 17, 1975

MEMORANDUM FOR: JERRY JONES  
VIA: WILLIAM J. BAROODY, JR.  
FROM: BERNANDO E. C. DE BACA  
SUBJECT: Request for travel

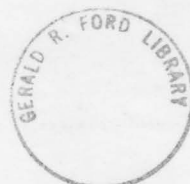
I would appreciate your review of the attached travel request and your authorization so that I might follow through on the commitments I have made to participate in these three important Hispanic affairs--

1. Addressing the Annual Greater Dallas/Fort Worth Latin American Chamber of Commerce luncheon
2. Keynoting the Annual Conference of the Association of Mexican American Educators (AMAE) in Oakland
3. Speaking (principal speaker) at the Spanish Speaking Political Association' Annual Conference in San Diego.

This represents the last travel request from this office until late May.

Attachment

mmd:d:4/17/75



THE WHITE HOUSE

WASHINGTON

DATE: April 17, 1975

TO: JERRY JONES  
FROM: Fernando E. C. De Baca  
SUBJECT: Request for Travel

NAME \_\_\_\_\_

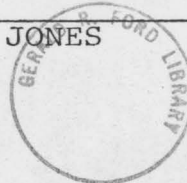
DESTINATION Dallas, Texas - Oakland, Ca. - San Diego, Ca.  
PURPOSE OF TRIP 4/24 Dallas, Tx: To address the Annual Greater Dallas/Ft Worth Latin Chamber of Commerce Luncheon (600 people)  
4/25 Oakland, Ca: To keynote the Annual Conference of the Assn of Mexican American Educators (AMAE)  
4/26 San Diego, Ca: To be the principal speaker at the Spanish Speaking Political Assn Annual Conference  
DEPARTURE DATE 4/23 RETURN DATE 4/27  
MODE OF TRANSPORTATION Air Jet  
LODGING ACCOMMODATIONS Dallas, Tx: Holiday Inn  
San Diego: San Diego Hilton

ESTIMATED TOTAL EXPENSES \$ \_\_\_\_\_

AUTHORIZATION OF SUPERVISOR \_\_\_\_\_  
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: JERRY JONES

(submit in duplicate)





June 30, 1975

MEMORANDUM FOR

ALEX ARMENDARIS

Attached is a reimbursement voucher for official travel performed to Kansas City, Missouri and Milwaukee, Wisconsin to attend minority business workshops sponsored by IMAGE and the League of United Latin American Citizens in cooperation with the Office of Minority Business Enterprise.

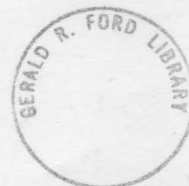
As a member of the Inter Agency Committee on Minority Business Enterprise, I want to take this opportunity to thank you and your staff, particularly Bob Sabrera, for your assistance in arranging minority business "feedback sessions" to better gauge the effectiveness of our Government-wide efforts and to enable us to plan for the future.

Fernando E. C. De Baca  
Special Assistant to the President

FECDeB:mmd:6/30/75

CC: Mr. William J. Baroody, Jr.

Mr. Thomas J. English



\*\*\*If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).

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

A circular stamp with the text "GERALD R. FORD LIBRARY" around the perimeter. The stamp is partially cut off by the right edge of the page.

|                                                |                       |                                                         |            |                                    |               |                    |           |                            |                  |                         |       |
|------------------------------------------------|-----------------------|---------------------------------------------------------|------------|------------------------------------|---------------|--------------------|-----------|----------------------------|------------------|-------------------------|-------|
| ISSUED BY<br><b>TRANS WORLD AIRLINES, INC.</b> |                       | PASSENGER TICKET AND BAGGAGE CHECK                      |            | ORIGIN<br><b>KANSAS CITY</b>       |               |                    |           |                            |                  |                         |       |
| ENDORSEMENTS                                   |                       | SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON |            | DESTINATION<br><b>WASHINGTON-D</b> |               |                    |           |                            |                  |                         |       |
| NAME OF PASSENGER<br><b>DEBACA/RR.F</b>        |                       | DATE OF ISSUE<br><b>25 MAY 75</b>                       |            | ISSUED IN EXCHANGE FOR             |               |                    |           |                            |                  |                         |       |
| NOT TRANSFERABLE                               |                       | TOUR CODE                                               |            | PLACE OF ORIGINAL ISSUE            |               |                    |           |                            |                  |                         |       |
|                                                |                       | CONJUNCTION TICKET(S)                                   |            | DATE AND PLACE OF ISSUE            |               |                    |           |                            |                  |                         |       |
| X/O                                            | NOT GOOD FOR PASSAGE  | CARRIER                                                 | FLIGHT     | CLASS                              | DATE          | TIME               | STATUS    | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER         | ALLOW |
|                                                | <b>KANSAS CITY</b>    | <b>TW</b>                                               | <b>492</b> | <b>Y</b>                           | <b>25 MAY</b> | <b>530P</b>        | <b>OK</b> | <b>Y</b>                   |                  |                         |       |
| X                                              | <b>ST. LOUIS</b>      | <b>TW</b>                                               | <b>430</b> | <b>Y</b>                           | <b>25 MAY</b> | <b>700P</b>        | <b>OK</b> |                            |                  |                         |       |
|                                                | <b>WASHINGTON-DCA</b> |                                                         |            |                                    |               |                    |           |                            |                  |                         |       |
|                                                | <b>VOID</b>           |                                                         |            |                                    |               |                    |           |                            |                  |                         |       |
|                                                | <b>VOID</b>           |                                                         |            |                                    |               |                    |           |                            |                  |                         |       |
| FARE                                           |                       | TAX                                                     |            | TAX                                |               | TAX                |           | TOTAL                      |                  | TICKET NUMBER           |       |
| <b>80.31</b>                                   |                       | <b>5.42</b>                                             |            | <b>6.42</b>                        |               | <b>6.42</b>        |           | <b>86.73</b>               |                  | <b>01524 02550969 0</b> |       |
| FARE CALCULATION                               |                       | FORM OF PAYMENT                                         |            | 1015 06-74 11-75 WFB               |               | FERNANDO C DE BACA |           |                            |                  |                         |       |
| 13528577 5                                     |                       |                                                         |            |                                    |               |                    |           |                            |                  |                         |       |





|                                                |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
|------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|--------|-----------------------------------|-------|-----------------------------------|--------|----------------------------|------------------|
| ISSUED BY<br><b>TRANS WORLD AIRLINES, INC.</b> |                      | PASSENGER TICKET AND BAGGAGE CHECK<br>SUBJECT TO CONDITIONS<br>OF CONTRACT ON<br>PASSENGER'S COUPON |        |                                   |       | ORIGIN<br><b>WASHINGTON-D</b>     |        | 015 2402330078             |                  |
| ENDORSEMENTS                                   |                      | DEPART<br>COUNT                                                                                     |        | PASSENGER'S COUPON                |       | DESTINATION<br><b>KANSAS CITY</b> |        |                            |                  |
| NAME OF PASSENGER<br><b>DEBACA/MRF</b>         |                      | NOT TRANSFERABLE                                                                                    |        | DATE OF ISSUE<br><b>23 MAY 73</b> |       | ISSUED IN EXCHANGE FOR            |        |                            |                  |
|                                                |                      |                                                                                                     |        | DATE AND PLACE OF ORIGINAL ISSUE  |       |                                   |        |                            |                  |
|                                                |                      |                                                                                                     |        | TOUR CODE                         |       | CONJUNCTION TICKET(S)             |        | DATE AND PLACE OF ISSUE    |                  |
| X-O                                            | NOT GOOD FOR PASSAGE | CARRIER                                                                                             | FLIGHT | CLASS                             | DATE  | TIME                              | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE |
|                                                | FROM WASHINGTON-DCA  | TW                                                                                                  | 431    | Y                                 | 23MAY | 730A                              | OK     | Y                          |                  |
| X                                              | TO ST LOUIS          | TW                                                                                                  | 421    | Y                                 | 23MAY | 850A                              | OK     | Y                          |                  |
|                                                | TO KANSAS CITY       |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
|                                                | TO --VOID--          |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
|                                                | TO --VOID--          |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| FARE CALCULATION                               |                      | BAGGAGE                                                                                             |        | TAXES                             |       | FORM OF PAYMENT                   |        | 1000000                    |                  |
| 80.31 SC 73                                    |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| AX                                             |                      |                                                                                                     |        |                                   |       | CC1K532421320A8663                |        |                            |                  |
| AX                                             |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| AX                                             |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| TOTAL                                          |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| 86.73                                          |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| DIV AMT. PD.                                   |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| STOCK CONTROL                                  |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |
| 14144221 6                                     |                      |                                                                                                     |        |                                   |       |                                   |        |                            |                  |



IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET FROM/TO ANY  
ENTITY OTHER THAN TRANS WORLD AIRLINES OR AUTHORIZED AGENTS

REV. 1-72

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFF.

ISSUED BY



NORTHWEST ORIENT

PASSENGER  
COUPON

Not Good For Passage

AIRLINE FORM

SERIAL NUMBER

012:4090:340:114

DATE OF ISSUE

20 JUN 75

IF EXTENDED PAYMENT DESIRED,  
CIRCLE NO. OF MONTHS

6 9 12

NW GATE  
6/28/75

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

NOT GOOD FOR PASSAGE

OTATO NO.

FARE BASIS

CARRIER

CONNECTION OF PASSENGER WITH SUBSCRIBER

APPROVAL CODE

FROM

WASH. D.C.

Y

NW

TICKETS NOT TRANSFERABLE

NO CASH REFUNDS

SUBJECT TO TARIFF REGULATIONS

CREDIT CARD NAME/CODE  
FORM OF CREDIT

BA

DATE AND PLACE OF ISSUE

TO

MILWAUKEE

FLIGHT NUMBER / CLASS

361 / Y

DATE  
6/28

TIME

VALID ONLY WHEN SIGNED IN  
THE PRESENCE OF THE HONORING  
CARRIER, NOT VALID IF DETACHED  
FROM UNIVERSAL CREDIT CARD  
CHARGE FORM.BAGGAGE  
CHECKED  
UNCHECKED

PCB.

UNCK.  
WT.

WT.

4019 121 736 587

02/76-BAC

FARE 60.53

TOTAL SC 37

TAX 4.84

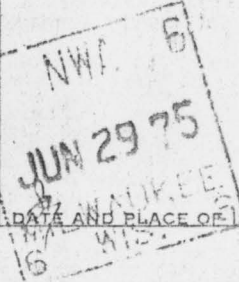
165.37

CUSTOMER FILLS IN WHITE AREA ONLY

FERN



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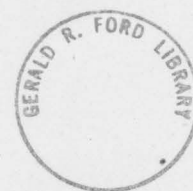
|                                                                                                                                                                                                                                                          |  |                                                                                                                  |  |                                                                                       |  |                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFF. |  | ISSUED BY<br> NORTHWEST ORIENT |  | PASSENGER COUPON<br>Not Good For Passage                                              |  | AIRLINE FORM<br>012:4090:337:421                                             |  |
| DATE OF ISSUE<br>29 JUN 75                                                                                                                                                                                                                               |  | IF EXTENDED PAYMENT DESIRED, CIRCLE NO. OF MONTHS<br>3 6 9 12                                                    |  |  |  |                                                                              |  |
| NAME OF PASSENGER IF OTHER THAN CARDHOLDER<br>X <i>Amber</i>                                                                                                                                                                                             |  | OTATO NO.                                                                                                        |  | CONNECTION OF PASSENGER WITH SUBSCRIBER<br>VAL SW                                     |  | APPROVAL CODE                                                                |  |
| NOT GOOD FOR PASSAGE                                                                                                                                                                                                                                     |  | FARE BASIS<br>Y                                                                                                  |  | CARRIER<br>NW                                                                         |  | TICKETS NOT TRANSFERABLE<br>NO CASH REFUNDS<br>SUBJECT TO TARIFF REGULATIONS |  |
| FROM<br>X MILWAUKEE 96019                                                                                                                                                                                                                                |  | FLIGHT NUMBER / CLASS<br>62/7                                                                                    |  | CREDIT CARD NAME/CODE<br>B1                                                           |  | DATE AND PLACE OF ISSUE<br>JUN 29 75 MILWAUKEE                               |  |
| TO<br>WASH DC                                                                                                                                                                                                                                            |  | DATE<br>6/29                                                                                                     |  | TIME<br>16                                                                            |  | FORM OF CREDIT<br>4019 121 736 587                                           |  |
| FARE<br>60.53                                                                                                                                                                                                                                            |  | SC TOTAL<br>37                                                                                                   |  | BAGGAGE<br>CHECKED<br>UNCHECKED                                                       |  | UNCL. WT.<br>WT                                                              |  |
| TAX<br>4.84                                                                                                                                                                                                                                              |  | 65.37                                                                                                            |  | 00610                                                                                 |  | CUSTOMER FILLS IN WHITE AREA ONLY<br>FERNANDO E C DEBACA                     |  |



|                                                                |                    |                  |            |
|----------------------------------------------------------------|--------------------|------------------|------------|
| NAME <i>De Barea</i>                                           |                    | NO. IN ROOM      | ROOM       |
| FIRST MIDDLE                                                   |                    |                  | <i>445</i> |
| ADDRESS <i>Special Assistant to the President, White House</i> |                    | 191131           |            |
| CITY <i>Washington</i>                                         | STATE <i>D.C.</i>  | ZIP <i>20500</i> |            |
| CAR                                                            | YEAR               | LICENSE NO.      |            |
| FIRM <i>The White House</i>                                    | ARRIVE <i>6/28</i> |                  |            |
|                                                                |                    | CLERK IN         | CLERK OUT  |

| MEMO | DATE    | EXPLANATION | CHARGES | CREDITS | BAL. DUE | PICK-UP |
|------|---------|-------------|---------|---------|----------|---------|
| 1    | 6-28-75 |             | * 1.82  |         |          |         |
| 2    | 6-28-75 |             | * 22.00 |         |          |         |
| 3    | 6-28-75 |             | * 1.54  |         |          |         |
| 4    | 6-28-75 |             | * 17.00 |         | 42.41    | * 42.41 |
| 5    | 6-29-75 |             | * 3.75  |         |          |         |
| 6    | 6-29-75 |             | * 0.50  |         | 46.66    | * 46.66 |
| 7    | 6-29-75 |             |         | * 5.35  | 41.31    |         |
| 8    | 6-29-75 |             |         | * 41.31 | 0.00     |         |
| 9    |         |             |         |         |          |         |
| 10   |         |             |         |         |          |         |
| 11   |         |             |         |         |          |         |
| 12   |         |             |         |         |          |         |
| 13   |         |             |         |         |          |         |
| 14   |         |             |         |         |          |         |
| 15   |         |             |         |         |          |         |
| 16   |         |             |         |         |          |         |
| 17   |         |             |         |         |          |         |
| 18   |         |             |         |         |          |         |
| 19   |         |             |         |         |          |         |
| 20   |         |             |         |         |          |         |
| 21   |         |             |         |         |          |         |
| 22   |         |             |         |         |          |         |

|                                   |                                          |                                     |                                      |                                     |
|-----------------------------------|------------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| PLEASE INDICATE METHOD OF PAYMENT | CASH <input checked="" type="checkbox"/> | AMER. EXP. <input type="checkbox"/> | MASTER CHG. <input type="checkbox"/> | BANK AMER. <input type="checkbox"/> |
|-----------------------------------|------------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|





THE WHITE HOUSE  
WASHINGTON

DATE: November 12, 1974

TO: Jerry Jones

FROM: FERNANDO E. C. DE BACA

SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA

(Typed and Signature)

DESTINATION 11/14 Oakland; 11/15 Los Angeles; 11/16 Sacramento-Washington, D.C.

PURPOSE OF TRIP 11/14/74-To meet with Bilingual Children's Television officials & review progress of bilingual children's TV project; 11/15/74-Luncheon meeting with NBC-TV/CBS-TV/ABC-TV Corporate Vice Presidents, & Radio station General Managers on Hispanics in media.\*\*

DEPARTURE DATE 11/13/74 RETURN DATE 11/17/74

MODE OF TRANSPORTATION AIR JET

LODGING ACCOMMODATIONS 11/13/74 - San Franciscan Hotel, S.F., Calif.  
11/14-15 - Airport Ramada Inn, Los Angeles, CA  
11/16/74 - El Rancho Motor Hotel, Sacramento  
(Name)

(Address)

ESTIMATED TOTAL EXPENSES \$ 752.97

AUTHORIZATION OF SUPERVISOR Fernando E. C. De Baca

(Signature of Certifying Officer if appropriate)

Cleared with Counsellor Armstrong on 11/7/74

ACKNOWLEDGED BY: Jerry Jones

(Submit in Duplicate)

\*\* Over

PURPOSE OF TRIP (continued) 11/15/74 Los Angeles Dinner Speaker  
LA City & County/ Spanish Speaking Community Awards Dinner  
11/16-17 Sacramento - Keynote speaker, Annual National Domestic  
Issues Conference.

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File

THE WHITE HOUSE  
WASHINGTON

DATE: November 12, 1974

TO: Jerry Jones

FROM: FERNANDO E. C. DE BACA

SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA

(Typed and Signature)

DESTINATION 11/14 11/15 11/16  
San Francisco-Los Angeles-Sacramento-Washington, D.C.

PURPOSE OF TRIP 11/14/74-To meet with Bilingual Children's Television  
officials & review progress of bilingual children's TV  
project; 11/15/74-Luncheon meeting with NBC-TV/CBS-TV/ABC-TV Corporate  
Vice Presidents, & Radio station General Managers on Hispanics in media.\*\*

DEPARTURE DATE 11/13/74 RETURN DATE 11/17/74

MODE OF TRANSPORTATION AIR JET

LODGING ACCOMMODATIONS 11/13/74 - San Franciscan Hotel, S.F., Calif.  
11/14-15 - Airpost Ramada Inn, Los Angeles, CA  
11/16/74 - El Rancho Motor Hotel, Sacramento  
(Name)

(Address)

ESTIMATED TOTAL EXPENSES \$ 687.77

AUTHORIZATION OF SUPERVISOR

(Signature of Certifying Officer if appropriate)

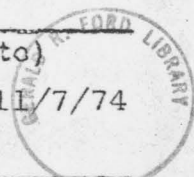
Cleared with Counsellor Armstrong on 11/7/74

ACKNOWLEDGED BY:

Jerry Jones

(Submit in Duplicate)

\*\* Over





THE WHITE HOUSE  
WASHINGTON

DATE: October 9, 1974

TO: Jerry Jones

FROM: FERNANDO E. C. DE BACA

SUBJECT: Request for Travel

NAME FERNANDO E. C. DE BACA

*Fernando E. C. De Baca*  
(Typed and Signature)

DESTINATION DALLAS, TEXAS and RETURN

PURPOSE OF TRIP To meet with Dallas Federal officials regarding  
bilingual education, public assistance & migrant  
programs; to meet with Spanish speaking community leaders.

DEPARTURE DATE October 11, 1974 RETURN DATE October 13, 1974

MODE OF TRANSPORTATION AIR JET

LODGING ACCOMMODATIONS HOLIDAY INN

(Name)

4840 AIRPORT FREEWAY

(Address)

ESTIMATED TOTAL EXPENSES \$ 320.00

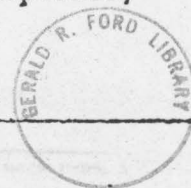
AUTHORIZATION OF SUPERVISOR

*Fernando E. C. De Baca*  
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: \_\_\_\_\_

Jerry Jones

(Submit in Duplicate)





*Sample*  
THE WHITE HOUSE  
WASHINGTON

DATE: September 11, 1974

TO: Jerry Jones

FROM: Fernando E. C. De Baca

SUBJECT: Request for Travel

*Fernando E. C. De Baca*  
NAME Fernando E. C. De Baca

(Typed and Signature)

DESTINATION HOUSTON, TEXAS and RETURN

(a) To attend formal reception and dinner for "Villa Alegre"  
PURPOSE OF TRIP (Bilingual Children's Television Series) Sponsored by EXXON  
and U.S. Office of Education (b) To meet with Houston Spanish speaking community  
leaders.

DEPARTURE DATE September 12 RETURN DATE September 14

MODE OF TRANSPORTATION Air Jet

LODGING ACCOMMODATIONS Shamrock Hilton Inn  
(Name)

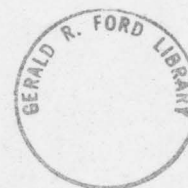
HOUSTON, TEXAS  
(Address)

ESTIMATED TOTAL EXPENSES \$ 300.00

AUTHORIZATION OF SUPERVISOR \_\_\_\_\_  
(Signature of Certifying Officer if appropriate)

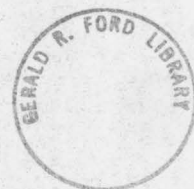
ACKNOWLEDGED BY: \_\_\_\_\_  
Jerry Jones

(Submit in Duplicate)



PURPOSE OF TRIP (continued) 11/15/74 Los Angeles Dinner Speaker  
LA City & County/ Spanish Speaking Community Awards Dinner  
11/16-17 Sacramento - Keynote speaker, Annual National Domestic  
Issues Conference.

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May 20, 1975

FOR: HELEN HUGHES  
FROM: OFFICE OF HISPANIC AFFAIRS  
SUBJECT: Travel Vouchers

We submit the enclosed travel vouchers dating from 12/03/74.

If there are any problems with these, please call me and I shall come down to your office and take further instruction. Thanks for your attention to these.

Margaret Dress  
Secretary to  
Fernando E. C. De Baca

(X6219)





## DEPARTMENT, BUREAU, OR ESTABLISHMENT

Executive Office of the President, White House Office

PAYEE'S NAME

Fernando E. C. De Baca

MAILING ADDRESS (Including ZIP Code)

1255 New Hampshire Avenue, N.W. Apt. 1015  
Washington, D.C. 20036

OFFICIAL DUTY STATION

Washington, D.C.

RESIDENCE

Washington, D.C.

VOUCHER NO.

SCHEDULE NO.

PAID BY

CHECK NO.

CASH PAYMENT OF \$

RECEIVED (DATE)

(Signature of Payee)

## TRANSPORTATION REQUESTS ISSUED

\*\* Certified correct. Payment or credit has not been received.

5-20-75  
(Date)

(Signature of Payee)

AMOUNT  
CLAIMED

| Dollars | Cts |
|---------|-----|
|---------|-----|

Cts

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

DIFFERENCES:

( Date )

\*\*\* (Approving Officer)

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)

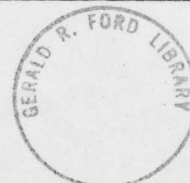
Certified correct and proper for payment:

NET TO  
TRAVELER

(Date)

(Authorized Certifying Officer)

### ACCOUNTING CLASSIFICATION



\* 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.

**\*\* FRAUDULENT CLAIM**—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\*If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



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

\*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).

## TRAVEL VOUCHER

|                                                                                                                           |                                             |                                                   |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><u>Executive Office of the President, White House Office</u>                      |                                             | VOUCHER NO.                                       |
| PAYEE'S NAME<br><u>Fernando E.C. De Baca</u>                                                                              |                                             | SCHEDULE NO.                                      |
| MAILING ADDRESS (Including ZIP Code)<br><u>1255 New Hampshire Avenue N.W. Apt. #1015</u><br><u>Washington, D.C. 20036</u> |                                             | PAID BY                                           |
| OFFICIAL DUTY STATION<br><u>Washington, D.C.</u>                                                                          | RESIDENCE<br><u>Washington, D.C.</u>        |                                                   |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <u>4/17/75</u> TO (DATE) <u>4/23/75</u>                                      | TRAVEL ADVANCE<br>Outstanding \$ <u>-0-</u> | CHECK NO.                                         |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                            | Amount to be applied                        | CASH PAYMENT OF \$ _____<br>RECEIVED (DATE) _____ |
|                                                                                                                           | Balance to remain outstanding \$ <u>-0-</u> | (Signature of Payee)                              |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL                                     |                                                      |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------------------------------------------|------------------------------------------------------|
|                                  |                                   |                                             |                                                         |                | FROM-                                                | TO-                                                  |
|                                  |                                   |                                             |                                                         |                | Washington, D.C.<br>Houston, Texas<br>San Juan, P.R. | Houston, Texas<br>San Juan, P.R.<br>Washington, D.C. |

\*\* Certified correct. Payment or credit has not been received.

5-20-75  
(Date)Fernando E.C. De Baca  
(Signature of Payee)AMOUNT  
CLAIMED

Dollars Cts

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

DIFFERENCES:

(Date)

\*\*\* (Approving Officer)

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) \_\_\_\_\_

Certified correct and proper for payment:

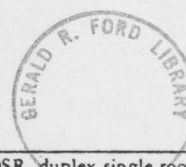
Applied to travel advance (appropriation symbol)

(Date)

(Authorized Certifying Officer)

NET TO  
TRAVELER

ACCOUNTING CLASSIFICATION



\* 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.

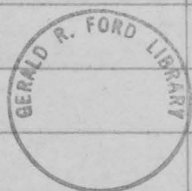
\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; *id.* 1001).

\*\*\*If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).

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

[illegible]





|               |               |                |
|---------------|---------------|----------------|
| <u>29.6</u>   | <u>2.4</u>    | <u>2.4</u>     |
| 90.74         | 3.80          | 4.75           |
| 2.17          | 7.50          | 2.75           |
| 3.33          | 1.75          | 2.74           |
| 2.00          | 8.00          | <u>6</u> 27.00 |
| 2.00          | <u>2</u> 4.50 | 16.49          |
| 15.95         | 93.75         | .50            |
| 25.00         | 4.50          | 33.11          |
| 4.00          | 2.00          | 4.10           |
| 7.75          | 1.75          | 2.28           |
| 7.50          | 2.00          | <u>2</u> 4.50  |
| 2.25          | 3.00          | 106.25         |
| 4.20          | 4.50          | 4.75           |
| 2.25          | 84.37         | 2.75           |
| 2.25          | 432.37        | 33.37          |
| 3.50          | 132.11        | 33.37          |
| 3.50          | 2.04          | 3.30           |
| 57.25         | 2.08          | 25.00          |
| 7.50          | 62.50         | <u>307.01</u>  |
| 1.75          | 4.75          |                |
| 1.75          | 114.00        |                |
| 4.00          | 11.00         |                |
| 37.37         | 14.00         |                |
| 375.73        | 150.00        |                |
| <u>237.50</u> | <u>746.37</u> |                |
| \$ 549.24     |               |                |



|          |           |          |
|----------|-----------|----------|
| 13 1     | 10 9      | 11 4     |
| 5.50     | 3.85      | 3.30     |
| 5.00     | 3.20      | 2.90     |
| 11 4.75  | 3.85      | 5.00     |
| 62.50    | 8 4.50    | 1.50     |
| 4.00     | 81.25     | 2.60     |
| 4.75     | 4.00      | 2.80     |
| 5.50     | 14.79     | 2.80     |
| 2.25     | 2.00      | 3.00     |
| 2.50     | 5 4.75    | 4.50     |
| 4.75     | 369.10    | 1.20     |
| 4.00     | 56.25     | 1.05     |
| 9.91     | 4.00      | 1.83     |
| 35.78    | 2.75      | 22.15    |
| 2 64.73  | 4.75      | 87.50    |
| 1 18.75  | 163.73    | 4.00     |
| 4.75     | 35.37     | 3.31     |
| 21.58    | 60.37     | 1.81     |
| .85      | 160.37    | 4.00     |
| 1 00.00  | 2.06      | 87.37    |
| 37.50    | 1.75      | 62.50    |
| 4.75     | 2.01      | 4.00     |
| 4.75     | 1.12      | 8.50     |
| 3.92     | 2.89      | 8.50     |
| 39.28    | 2.31      | 3.30     |
| 37.50    | 181.25    | 60.74    |
| # 569.55 | # 1172.27 | 2.19     |
|          |           | 1.66     |
|          |           | 50.00    |
|          |           | # 424.01 |

# TRAVEL VOUCHER

|                                                                                                                         |                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><b>The White House Office</b>                                                   |                                       | VOUCHER NO.                           |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                           |                                       | SCHEDULE NO.                          |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. - Apt. 1015<br/>Washington, D. C. 20036</b> |                                       | PAID BY                               |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                       | RESIDENCE<br><b>Washington, D. C.</b> |                                       |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>4/11/75</b> TO (DATE) <b>4/14/75</b>                                    |                                       | CHECK NO.                             |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                          |                                       | CASH PAYMENT OF \$<br>RECEIVED (DATE) |
| TRAVEL ADVANCE<br>Outstanding \$<br>Amount to be applied<br>Balance to remain outstanding \$                            |                                       | (Signature of Payee)                  |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

|                                                                                                       |                                                                     |                 |         |     |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------|---------|-----|
| <b>6/2/75</b><br>(Date)                                                                               | <b>Fernando E. C. De Baca</b><br>(Signature of Payee)               | AMOUNT CLAIMED  | Dollars | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government. |                                                                     | DIFFERENCES:    |         |     |
| (Date)                                                                                                | *** (Approving Officer)                                             |                 |         |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO. D.O. SYMBOL DATE (MONTH-YEAR)   | Total verified correct for charge to appropriation(s)<br>(initials) |                 |         |     |
| Certified correct and proper for payment:                                                             | Applied to travel advance (appropriation symbol)                    |                 |         |     |
| (Date)                                                                                                | (Authorized Certifying Officer)                                     | NET TO TRAVELER |         |     |

ACCOUNTING CLASSIFICATION



\* Abbreviations for Pullman accommodations: MR, master room; DR, drawing room; CP, cabin apartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; b-UB, lower and upper berth; S, seat.  
\*\* FRAUDULENT CLAIM-Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 1514) 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).  
\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify.

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]

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

☆ U.S. GOVERNMENT PRINTING OFFICE : 1970 OF-430-454 (4A)

\*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 FLIGHT**

SOLD SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

NAME OF PASSENGER: **M.R. F. DEBACA** NOT TRANSFERABLE

ISSUED IN EXCHANGE FOR: **111 APR 75** DATE OF ISSUE

COUPONS NOT VALID BEFORE: \_\_\_\_\_ ORIGINAL CARRIER FORM & SERIAL NO. \_\_\_\_\_ PLACE \_\_\_\_\_ DATE \_\_\_\_\_ AGENTS NUMERIC CODE \_\_\_\_\_

COUPONS NOT VALID AFTER: \_\_\_\_\_ TICKET DESIGNATOR \_\_\_\_\_ TOUR CODE \_\_\_\_\_

FROM: **BALTIMORE** FARE BASIS: **YN** CARRIER: **AA** FLIGHT/CLASS: **325** DATE: **11 APR 75** TIME: **5** STATUS: **X** ALLOW: **5C**

TO: **DALLAS** BAGGAGE CHECKED: \_\_\_\_\_ UNCHECKED: \_\_\_\_\_ PCS: \_\_\_\_\_ UNCK WT: \_\_\_\_\_

FARE: **78.12** EQUIV. AMT. PD. **6.25** TAX: **84.37** TOTAL: **84.37**

CPN: \_\_\_\_\_ TICKET NUMBER: \_\_\_\_\_ CK: \_\_\_\_\_

DATE AND PLACE OF ISSUE: **02/76-BAC**

**FERNANDO E C DEBACA**

4019 121 736 587

IF UNLAWFUL TO PURCHASE OR REUSE ON THIS AUTHORIZED AGENT

**FASTPACK TICKET**

CARDHOLDER SIGNATURE: **Fernando C DeBaca** DATE OF ISSUE: **12 APR 75**

IF EXTENDED PAYMENT DESIRED, CIRCLE NO. OF MONTHS: **3 6 9 12** DPH: **0001 570**

PRINT NAME OF PASSENGER IF OTHER THAN CARDHOLDER: \_\_\_\_\_ OTATO NO. \_\_\_\_\_ CONNECTION OF PASSENGER WITH SUBSCRIBER \_\_\_\_\_ APPROVAL CODE \_\_\_\_\_

**BRANIFF INTERNATIONAL PASSENGER COUPON**

FROM: **DALLAS** FARE BASIS: **Y** CARRIER: **BN** TICKET NOT TRANSFERABLE

TO: **SAN ANTONIO** FLIGHT NUMBER: **197** NO CASH REFUND

DATE: **1 APR 80** TIME: **800A**

FARE: **29.63** TAX: **2.37** EQUIV. AMT. PD. **1.37** TOTAL: **32.37**

ROUTE CODE: \_\_\_\_\_ (002) TICKET NUMBER: **002 4095364579 5** CK: \_\_\_\_\_

EXP. DATE: **015 06-74 11-75 WFB**

**RNANDO C DE BACA**

512 42132 088 663

ISSUED BY: **BRANIFF AIRWAYS, INCORPORATED** PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

ENDORSEMENTS (CARBON): \_\_\_\_\_ DATE OF ISSUE: **13 APR 75**

NAME OF PASSENGER: **DEBACA/F** NOT TRANSFERABLE

TOUR CODE: \_\_\_\_\_ CONJUNCTION TICKET(S): \_\_\_\_\_

FROM: **DALLAS/FORT WORTH** CARRIER: **AA** FLIGHT: **782** CLASS: **Y** DATE: **13 APR 75** TIME: **7400** STATUS: **OK**

TO: **ATLANTA GA** CARRIER: **AA** FLIGHT: **1336** CLASS: **Y** DATE: **13 APR 75** TIME: **0000** STATUS: **OK**

TO: **BALTIMORE MD** CARRIER: **AA** FLIGHT: **606** CLASS: **Y** DATE: **13 APR 75** TIME: **1220A** STATUS: **OK**

FARE: **121.30** TAX: **9.70** TOTAL: **132.11**

002 4431044137 2

1015 06-74 11-75 WFB

**FERNANDO C DE BACA**

512 42132 088 663

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE





2034 De Baca F 4-1214 1-1700

No. 13757

|                       |                  |       |         |      |                 |
|-----------------------|------------------|-------|---------|------|-----------------|
| ROOM                  | LAST NAME        | FIRST | INITIAL | RATE | GARAGE TICKET   |
| The White House       | 4-12             |       |         |      |                 |
| ADDRESS               | DEPARTURE        |       |         |      | CLOSING READING |
| Washington, D C 20500 |                  |       |         |      | OPENING READING |
| CITY                  | STATE            |       |         |      | NUMBER OF CALLS |
| ROOM CLERK            | FIRM AFFILIATION |       |         |      | FROM FOLIO      |
| Mike                  | Federal          |       |         |      | TO FOLIO        |

| DATE      | REFERENCE  | CHARGES  | CREDITS | BALANCE   | PICK UP |
|-----------|------------|----------|---------|-----------|---------|
| 2012-     | ROOM 2034  | C* 17.00 |         |           |         |
| 2012-     | TAX 2034   | C* 1.02  |         |           |         |
| 2012-     | PHONE 2034 | C* .35   |         | * 18.37 * |         |
| 2012-     | LOIS 2034  | A* 2.03  |         |           |         |
| 2012-     | LOIS 2034  | A* 2.04  |         | * 22.49   |         |
| 2012- AUG | 2034       |          | A* 2.00 | * 20.49   |         |
| 2012- AUG | 2034       | A* 30.57 |         | * 51.06   |         |

GUEST'S SIGNATURE

El Tropicano MOTOR HOTEL

CAPITOL 3-9461 SAN ANTONIO, TEXAS 78205

FIRM NAME

MAIL ADDRESS

CITY

STATE

C  
O  
D  
E  
S

CODE SYMBOL EXPLANATION

|               |              |
|---------------|--------------|
| D-DRUGS       | H-TELEGRAMS  |
| E-BARBER SHOP | J-TAXI       |
| F-FLOWERS     | K-PKG. STORE |
| G-COD         | L-CLUB       |
| M-BEAUTY SHOP |              |



## TRAVEL VOUCHER

|                                                                                                                       |                                       |                                       |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><b>The White House Office</b>                                                 |                                       | VOUCHER NO.                           |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                         |                                       | SCHEDULE NO.                          |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. Apt. 1015<br/>Washington, D. C. 20036</b> |                                       | PAID BY                               |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                     | RESIDENCE<br><b>Washington, D. C.</b> |                                       |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>4/2/75</b> TO (DATE) <b>4/6/75</b>                                    |                                       | CHECK NO.                             |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                        |                                       | CASH PAYMENT OF \$<br>RECEIVED (DATE) |
| TRAVEL ADVANCE<br>Outstanding \$ <b>-0-</b>                                                                           |                                       | (Signature of Payee)                  |
| Amount to be applied<br>Balance to remain outstanding \$ <b>-0-</b>                                                   |                                       |                                       |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |                   |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-------------------|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO-               |
|                                  |                                   | AA                                          | Y                                                       | 4/2            | San Diego, Ca.   | Washington, D. C. |

\*\* Certified correct. Payment or credit has not been received.

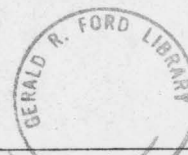
|                          |                                                       |                |         |     |
|--------------------------|-------------------------------------------------------|----------------|---------|-----|
| <b>5/30/75</b><br>(Date) | <b>Fernando E. C. De Baca</b><br>(Signature of Payee) | AMOUNT CLAIMED | Dollars | Cts |
|--------------------------|-------------------------------------------------------|----------------|---------|-----|

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

|                                                                                                     |                                                                     |              |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------|
| (Date)                                                                                              | *** (Approving Officer)                                             | DIFFERENCES: |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO. D.O. SYMBOL DATE (MONTH-YEAR) | Total verified correct for charge to appropriation(s)<br>(initials) |              |
| Certified correct and proper for payment:                                                           | Applied to travel advance (appropriation symbol)                    |              |

|        |                                 |                 |
|--------|---------------------------------|-----------------|
| (Date) | (Authorized Certifying Officer) | NET TO TRAVELER |
|--------|---------------------------------|-----------------|

ACCOUNTING CLASSIFICATION



\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).

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<br>(LOCATION) | (DATE OF ARRIVAL) |
|---------------------------------------------------------------------------|-------------------|

[illegible]

\*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)



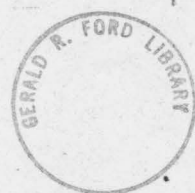
|               |       |           |       |         |
|---------------|-------|-----------|-------|---------|
| ROOM          | NAME  | DEP. DATE | RATE  | REMARKS |
| STREET        |       | PERSONS   |       |         |
| CITY          | STATE | ARR. DATE |       |         |
| GROUP OR FIRM |       | R         | CLERK |         |
| No. 17663     |       |           |       |         |

|             |  |            |  |           |  |      |      |                                                                                                                                                                                              |
|-------------|--|------------|--|-----------|--|------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRINT NAME: |  | FIRST NAME |  | LAST NAME |  | HOME | FIRM | <br><b>The Ambassador</b><br>HOTEL AND HEALTH SPA<br>3400 WILSHIRE BOULEVARD<br>LOS ANGELES, CALIF. 90010 |
| ADDRESS:    |  | STATE      |  | ZIP CODE  |  |      |      |                                                                                                                                                                                              |
| CITY:       |  |            |  |           |  |      |      |                                                                                                                                                                                              |
| FIRM:       |  | TELEPHONE  |  |           |  |      |      |                                                                                                                                                                                              |
|             |  |            |  |           |  |      |      |                                                                                                                                                                                              |

| MEMO | DATE | REFERENCE | CHARGES  | CREDITS | BALANCE DUE | PICK UP |
|------|------|-----------|----------|---------|-------------|---------|
|      |      | 112       | 2.00     |         |             |         |
|      |      | 112       | 2.00     |         |             |         |
|      |      | 112       | 1.00     |         | 4.13        |         |
|      |      | 112       | 1.00     |         |             |         |
|      |      | 112       | 1.00     |         |             |         |
|      |      | 112       | 1.00     |         |             |         |
|      |      | 112       | 1.00     |         |             |         |
|      |      | 112       | 1.00     |         | 7.70        |         |
|      |      | 112       | 1.00     |         | 9.02        |         |
|      |      | 112       | 2.00     |         |             |         |
|      |      | 112       | 0* 52.00 |         |             |         |
|      |      | 112       | 0* 3.12  |         |             |         |
|      |      | 112       | 0* 3.33  |         | 68.29 *     |         |

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY ANY PART OR FULL AMOUNT OF THESE CHARGES. I/WE AGREE TO PAY ATTORNEY FEES AND COSTS IN THE EVENT LEGAL ACTION IS INSTITUTED TO ENFORCE THE TERMS HEREIN.

|           |         |
|-----------|---------|
| SIGNATURE | REMARKS |
| ADDRESS   |         |
| CHARGE TO |         |
| ADDRESS   |         |





(Doug Lee  
Hugh Bucanan)

MEDIA INTERVIEWS

WHITE HOUSE CONFERENCE IN SAN DIEGO, CAL.  
April 3, 1975

8:45 - 9:00 AM KCST-TV tape with Carole Hutchison

9:00 - 9:20 AM On White House Conference  
Program  
(off stage)

9:45 - 10:00 AM San Diego Union Interviewer: Vi Murphy

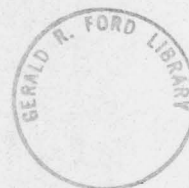
10:35 - 10:40 Live KSDO Radio Interviewer: Lynn Durling  
(NOTE: You will  
phone her at precisely 10:34 at 234-0275  
and be on the air)

11:00 - 11:15 AM KOGO Radio tape; correspondent: Susan Farrell

1:00 - 2:20 Lunch

2:45 - 3:00 PM Newspaper: San Diego Interviewer: Victor  
en Espanol Santana

3:25 - 3:35 PM Live KPBS-TV Correspondent: Gloria Penner



Schedule, April 4,5, 1975  
Continued, page 2

|            |                                                                                 |
|------------|---------------------------------------------------------------------------------|
| 6:20-8:30  | Informal meeting with Mr. Gallegos<br>representatives of the Hispanic Community |
| 8:30       | Depart for Hotel                                                                |
| 9:15       | Arrive at Hotel                                                                 |
| 9:20-12:00 | Free time                                                                       |

Saturday

|             |                                                                                                                    |
|-------------|--------------------------------------------------------------------------------------------------------------------|
| 8:30 AM     | Wake-up call                                                                                                       |
| 9:45        | Depart for L.A. Hilton Hotel (Wilshire Blvd.)                                                                      |
| 10:00       | Arrive at the Hilton. Proceed to Boston<br>Room. Meet Ben Fernandez (360-2217) and<br>group of Hispano Republicans |
| 10:05-12:00 | "Informal" Brunch                                                                                                  |
| 12:05 PM    | Return to Ambassador Hotel                                                                                         |

RETURN ON SUNDAY, APRIL 6

Flight #76 AMERICAN AIRLINES leaving LA at 9:15 AM  
Arriving Dulles at 5:00 PM



## SCHEDULE

Friday, April 4, Saturday, April 5

(In San Diego)

### Friday

|               |                                                                                                         |
|---------------|---------------------------------------------------------------------------------------------------------|
| 7:00 AM       | Wake-up call                                                                                            |
| 7:30-8:15     | Breakfast (hotel cafeteria)                                                                             |
| 8:30          | Depart for San Diego Airport<br>(Transportation to be provided by<br>W.H. Conference staff)             |
| 9:15          | Depart for LAX in AA Flight #12                                                                         |
| -----         |                                                                                                         |
| 9:50          | Arrive LAX<br>(will be met by Eddie Cano-688-7275)                                                      |
| 10:15         | Depart for Ambassador Hotel                                                                             |
| 10:45-11:00   | Check into Hotel. Proceed to room                                                                       |
| 11:15-11:55   | Meeting with Jose Certuche (266-4690)                                                                   |
| 12:00         | Proceed to Hotel Restaurant                                                                             |
| 12:05-2:30 pm | Working luncheon with Jeff Rubalcaba<br>(647-5797) and representative of business<br>& industry         |
| 2:35          | Return to room                                                                                          |
| 2:40-3:00     | Rest period                                                                                             |
| 3:05-4:30     | Meeting with Jay Rodriquez (845-7000) of<br>NBC and representatives of the LA media<br>(off the record) |
| 4:35-5:00     | OPEN                                                                                                    |
| 5:05-5:15     | Get ready for evening function                                                                          |
| 5:20          | Meet Tony Gallegos in lobby of Hotel.<br>Proceed to Montebello Country Club                             |
| 5:25-6:15     | Travelling time                                                                                         |



## TRAVEL VOUCHER

|                                                                                                                          |                                       |                                                   |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><b>The White House</b>                                                           |                                       | VOUCHER NO.                                       |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                            |                                       | SCHEDULE NO.                                      |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. Apt. 1015<br/>Washington, D. C. 20036</b>    |                                       | PAID BY                                           |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                        | RESIDENCE<br><b>Washington, D. C.</b> |                                                   |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>3/14/75</b> TO (DATE) <b>3/23/75</b>                                     |                                       | CHECK NO.                                         |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO _____ DATE _____                                                                |                                       | CASH PAYMENT OF \$ _____<br>RECEIVED (DATE) _____ |
| TRAVEL ADVANCE<br>Outstanding \$ <b>-0-</b><br>Amount to be applied _____<br>Balance to remain outstanding \$ <b>-0-</b> |                                       | (Signature of Payee)                              |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL  |                                                                             |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|-------------------|-----------------------------------------------------------------------------|
|                                  |                                   |                                             |                                                         |                | FROM-             | TO-                                                                         |
| F-0592615                        | 376.47                            | AA                                          | Y                                                       | 3/13           | Washington, D. C. | Los Angeles, Ca.<br>to Phoenix, Az. to Denver, Col.<br>to Washington, D. C. |

\*\* Certified correct. Payment or credit has not been received.

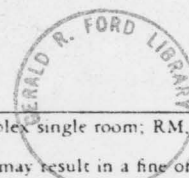
|                                                                                                                       |                                                                           |                 |         |     |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|---------|-----|
| <b>5/30/75</b><br>(Date)                                                                                              | <i>Fernando E. C. De Baca</i><br>(Signature of Payee)                     | AMOUNT CLAIMED  | Dollars | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government.                 |                                                                           | DIFFERENCES:    |         |     |
| (Date)                                                                                                                | *** (Approving Officer)                                                   |                 |         |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO. _____ D.O. SYMBOL _____ DATE (MONTH-YEAR) _____ | Total verified correct for charge to appropriation(s)<br>(initials) _____ |                 |         |     |
| Certified correct and proper for payment:                                                                             | Applied to travel advance (appropriation symbol)<br>_____                 |                 |         |     |
| (Date)                                                                                                                | (Authorized Certifying Officer)                                           | NET TO TRAVELER |         |     |

ACCOUNTING CLASSIFICATION

\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



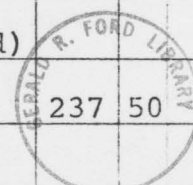
# SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

DEPARTURE FROM OFFICIAL STATION  
(DATE) (HOUR)

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

| DATE<br>19 <u>75</u>                                                           | NATURE OF EXPENSE*                                                                      | AUTHORIZED MILEAGE RATE |              | AMOUNT CLAIMED |             |        |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------|--------------|----------------|-------------|--------|--|
|                                                                                |                                                                                         | SPEEDOMETER READINGS    | NO. OF MILES | MILEAGE        | SUBSISTENCE | OTHER  |  |
| 3/14                                                                           | Taxi from residence to Washington National Airport 6:30 AM                              |                         |              |                |             | 4 00   |  |
|                                                                                | Lv: Washington, D. C. 7:30 AM                                                           |                         |              |                |             |        |  |
|                                                                                | Ar: Los Angeles, Ca. 11:06 AM                                                           |                         |              |                |             |        |  |
|                                                                                | Taxi from Los Angeles International Airport to Hilton Hotel                             |                         |              |                |             | 7 75   |  |
| 3/15                                                                           | Taxi from Hilton Hotel to Los Angeles International Airport                             |                         |              |                |             | 7 50   |  |
|                                                                                | Lv: Los Angeles, Ca. 3:45 PM                                                            |                         |              |                |             |        |  |
|                                                                                | Ar: Phoenix, Az. 4:48 PM                                                                |                         |              |                |             |        |  |
|                                                                                | Taxi from Phoenix Airport to hotel                                                      |                         |              |                |             | 2 25   |  |
|                                                                                | Taxi from hotel to Mexican American Community Center and return                         |                         |              |                |             | 4 20   |  |
| 3/16                                                                           | Taxi from hotel to Phoenix Airport                                                      |                         |              |                |             | 2 25   |  |
|                                                                                | Lv: Phoenix, Az. 5:45 PM                                                                |                         |              |                |             |        |  |
|                                                                                | Ar: Denver, Colo. 8:12 PM                                                               |                         |              |                |             |        |  |
|                                                                                | Taxi from Denver Airport to hotel                                                       |                         |              |                |             | 2 25   |  |
| 3/17                                                                           | Taxi from hotel to Federal Building and return                                          |                         |              |                |             | 3 50   |  |
| 3/18                                                                           | Taxi from hotel to Federal Building and return                                          |                         |              |                |             | 3 50   |  |
| 3/19                                                                           | Taxi from hotel to Denver Federal Center                                                |                         |              |                |             | 5 25   |  |
|                                                                                | Taxi from Denver Federal Center to Federal Building to Airport                          |                         |              |                |             | 7 50   |  |
|                                                                                | Lv: Denver, Colo. 12:20 PM                                                              |                         |              |                |             |        |  |
|                                                                                | Ar: Albuquerque, N. M. 1:20 PM                                                          |                         |              |                |             |        |  |
|                                                                                | Taxi from Albuquerque Airport to hotel                                                  |                         |              |                |             | 1 75   |  |
| 3/21                                                                           | Taxi from hotel to Airport                                                              |                         |              |                |             | 1 75   |  |
|                                                                                | Lv: Albuquerque, N. M. 2:55 PM                                                          |                         |              |                |             |        |  |
|                                                                                | Ar: Houston, Texas 6:25 PM                                                              |                         |              |                |             |        |  |
| 3/23                                                                           | Lv: Houston, Texas 8:40 AM                                                              |                         |              |                |             |        |  |
|                                                                                | Ar: Washington, D. C. 2:35 PM                                                           |                         |              |                |             |        |  |
|                                                                                | Taxi from Washington National Airport to residence                                      |                         |              |                |             | 4 00   |  |
|                                                                                | Upgrade YN to Y Class Air fare (receipt attached)                                       |                         |              |                |             |        |  |
|                                                                                | Washington, D. C. to Los Angeles, Ca.                                                   |                         |              |                |             | 37 37  |  |
|                                                                                | Air fare from Denver to Albuquerque to Houston to Washington, D. C. (receipts attached) |                         |              |                |             | 75 73  |  |
|                                                                                | Per diem: 9-1/2 days @ \$25/day                                                         |                         |              |                |             |        |  |
| Grand total to face of voucher (Subtotals, to be carried forward if necessary) |                                                                                         |                         |              |                |             | 237 50 |  |



\*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).

[illegible]

| ISSUED BY             |                      | PASSENGER TICKET AND BAGGAGE CHECK<br>SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON |        |                  |                         |         |        |                                  |                  | ORIGIN                |                 | AIRLINE FORM            | SERIAL NUMBER    |
|-----------------------|----------------------|-----------------------------------------------------------------------------------------------|--------|------------------|-------------------------|---------|--------|----------------------------------|------------------|-----------------------|-----------------|-------------------------|------------------|
|                       |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         | 005 4450 998 064 |
| ENDORSEMENTS (CARSON) |                      | DEPART COUNT                                                                                  |        | DATE OF ISSUE    |                         |         |        |                                  |                  | DESTINATION           |                 |                         |                  |
| NAME OF PASSENGER     |                      |                                                                                               |        | NOT TRANSFERABLE |                         |         |        | ISSUED IN EXCHANGE FOR           |                  |                       |                 |                         |                  |
|                       |                      |                                                                                               |        |                  |                         |         |        | DATE AND PLACE OF ORIGINAL ISSUE |                  |                       |                 |                         |                  |
|                       |                      |                                                                                               |        |                  |                         |         |        | TOUR CODE                        |                  | CONJUNCTION TICKET(S) |                 | DATE AND PLACE OF ISSUE |                  |
| X/O                   | NOT GOOD FOR PASSAGE | CARRIER                                                                                       | FLIGHT | CLASS            | DATE                    | TIME    | STATUS | FARE BASIS/TKT. DESIGNATOR       | NOT VALID BEFORE | NOT VALID AFTER       | ALLOW           |                         |                  |
| FROM                  |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| TO                    |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| TO                    |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| TO                    |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| TO                    |                      | BAGGAGE CHECKED UNCHECKED                                                                     | PCB WT | UNCK WT          | PCB WT                  | UNCK WT | PCB WT | UNCK WT                          | PCB WT           | UNCK WT               | FORM OF PAYMENT |                         |                  |
| FARE                  | FARE CALCULATION     |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| TAX                   |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| TOTAL                 |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |
| EQUIV. AMT. PD.       | ROUTE CODE           |                                                                                               | CPN    |                  | FOR ISSUING OFFICE ONLY |         |        |                                  |                  |                       |                 | TICKET NUMBER           |                  |
|                       |                      |                                                                                               |        |                  |                         |         |        |                                  |                  |                       |                 |                         |                  |

512 42132 088 663

10-15 06-74 11-75 WTS  
FERRANDO C DE BACA

ISSUED BY

American Airlines

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

PASSENGER'S COUPON

ENDORSEMENTS (CARBON)

DEPART COUNT

NAME OF PASSENGER

NOT TRANSFERABLE

DATE OF ISSUE

14 MAR 1975

DESTINATION

WASHINGTON

ISSUED IN EXCHANGE FOR

13 MAR 75

DATE AND PLACE OF ORIGINAL ISSUE

13 MAR 75

YOUR CODE

CONJUNCTION TICKET(S)

AIRLINE FORM

SERIAL NUMBER

0014481914842

AA

WASHINGTON

160 DIST OF COL

X/O

NOT GOOD FOR PASSAGE

CARRIER

FLIGHT

CLASS

DATE

TIME

STATUS

FARE BASIS/TKT. DESIGNATOR

NOT VALID BEFORE

NOT VALID AFTER

ALLOW

FROM

TO

TO

TO

TO

FARE

TAX

TAX

TOTAL

EQUIV. AMT. PD

BAGGAGE CHECKED UNCHECKED

PCS WT

UNCK PCS WT

UNCK PCS WT

UNCK PCS WT

UNCK PCS WT

UNCK PCS WT

FARE CALCULATION

FORM OF PAYMENT

001 4481914842 6

TICKET NUMBER

4019 121 736 587

02/76-BAC

FERNANDO E C DEBACA

DO NOT MARK OR STAMP IN WHITE AREA ABOVE

PRINTED IN U.S.A. BY HAWAIIAN AIRLINES, LTD.



I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.

### UNIVERSAL CREDIT CARD CHARGE FORM

DATE AND PLACE OF ISSUE

CONTINENTAL AIRLINES, INC. 005

1. CARDHOLDER COPY

DATE OF ISSUE

19 MAR 75

IF EXTENDED PAYMENT DESIRED, CIRCLE NO. OF MONTHS

3 6 9 12

DATE AND PLACE OF ISSUE

19 MAR 75

248-1 5

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

OTATO NO.

CONNECTION OF PASSENGER WITH SUBSCRIBER

APPROVAL CODE

COMPLETE ROUTING

FARE BASIS

CARRIER

TICKETS NOT TRANSFERABLE  
NO CASH REFUNDS

CREDIT CARD NAME/CODE

FORM OF CREDIT

AIRLINE FORM SERIAL NO.

005 4450998 064

512 42132 088 663

EXP. DATE  
1015 06-74 11-75 MFB  
FERNANDO C DE BACA

FARE

TOTAL

ROUTE CODE

TAX

COMP. AMT. PD.

75.73

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.

### UNIVERSAL CREDIT CARD CHARGE FORM

DATE AND PLACE OF ISSUE

American Airlines 001

1. CARDHOLDER COPY

DATE OF ISSUE

14 MAR 75

IF EXTENDED PAYMENT DESIRED, CIRCLE NO. OF MONTHS

3 6 9 12

DATE AND PLACE OF ISSUE

160 AAL INC  
WASHINGTON  
160 DIST OF COL

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

OTATO NO.

CONNECTION OF PASSENGER WITH SUBSCRIBER

APPROVAL CODE

COMPLETE ROUTING

FARE BASIS

CARRIER

TICKETS NOT TRANSFERABLE  
NO CASH REFUNDS

CREDIT CARD NAME/CODE

FORM OF CREDIT

AIRLINE FORM SERIAL NO.

001 448191484

4019 121 736 587

02/76-BAC

FERNANDO E C DEBACA

FARE

TOTAL

ROUTE CODE

TAX

COMP. AMT. PD.

34.60

277

37.37



|            |                               |             |          |
|------------|-------------------------------|-------------|----------|
| ROOM       | (LAST) NAME (FIRST) (INITIAL) | RATE        | OUT DATE |
| 122        | De G. H. Moore                | 17.00       | 15       |
|            | CITY STATE                    |             |          |
|            | 17th & Pennsylvania           |             |          |
| ROOM CLERK | Springfield, Ill. to the      | R C.R. N.R. |          |

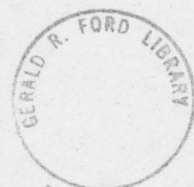
| MEMO. |    | DATE     | EXPLANATION | CHARGES | CREDITS | BAL. DUE |
|-------|----|----------|-------------|---------|---------|----------|
|       | 1  | MAR14-75 | ROOM        | ****    | * 17.00 |          |
|       | 2  | MAR14-75 | TAX         | ****    | * 1.02  | * 18.02  |
|       | 3  | MAR15-75 | L'DIST      | ---     | * 4.32  |          |
|       | 4  | MAR15-75 | REST'R      | ---     | C* 4.84 | * 27.18  |
|       | 5  | MAR15-75 | L'DIST      | ---     | * 1.93  | * 29.11  |
|       | 6  | MAR15-75 | PHONE       | ---     | * 0.36  |          |
|       | 7  | MAR15-75 | ---         | INT.CF  | * 0.50  | * 28.97  |
|       | 8  |          |             |         |         |          |
|       | 9  |          |             |         |         |          |
|       | 10 |          |             |         |         |          |
|       | 11 |          |             |         |         |          |
|       | 12 |          |             |         |         |          |
|       | 13 |          |             |         |         |          |
|       | 14 |          |             |         |         |          |
|       | 15 |          |             |         |         |          |
|       | 16 |          |             |         |         |          |
|       | 17 |          |             |         |         |          |
|       | 18 |          |             |         |         |          |
|       | 19 |          |             |         |         |          |
|       | 20 |          |             |         |         |          |
|       | 21 |          |             |         |         |          |
|       | 22 |          |             |         |         |          |
|       | 23 |          |             |         |         |          |
|       | 24 |          |             |         |         |          |

GUEST  
ACCOUNT

THE LOS ANGELES HILTON  
LOS ANGELES, CALIF.

WE HOPE TO HAVE THE PLEA-  
SURE OF SERVING YOU AGAIN  
HERE, AS WELL AS IN OTHER  
HILTON HOTELS.

A 1316296



## TRAVEL VOUCHER

|                                                                                                                          |                                       |                                                   |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><b>The White House Office</b>                                                    |                                       | VOUCHER NO.                                       |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                            |                                       | SCHEDULE NO.                                      |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. Apt. 1015<br/>Washington, D. C. 20036</b>    |                                       | PAID BY                                           |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                        | RESIDENCE<br><b>Washington, D. C.</b> |                                                   |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>3/12/75</b> TO (DATE) <b>3/13/75</b>                                     |                                       | CHECK NO.                                         |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. _____ DATE _____                                                               |                                       | CASH PAYMENT OF \$ _____<br>RECEIVED (DATE) _____ |
| TRAVEL ADVANCE<br>Outstanding \$ <b>-0-</b><br>Amount to be applied _____<br>Balance to remain outstanding \$ <b>-0-</b> |                                       | (Signature of Payee)                              |

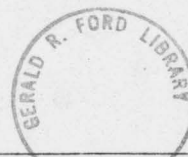
## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

|                                                                                                                       |                                                                           |                   |         |     |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------|---------|-----|
| <b>5/30/75</b><br>(Date)                                                                                              | <b>Fernando E. C. De Baca</b><br>(Signature of Payee)                     | AMOUNT CLAIMED →  | Dollars | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government.                 |                                                                           | DIFFERENCES:      |         |     |
| (Date)                                                                                                                | *** (Approving Officer)                                                   |                   |         |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO. _____ D.O. SYMBOL _____ DATE (MONTH-YEAR) _____ | Total verified correct for charge to appropriation(s)<br>(initials) _____ |                   |         |     |
| Certified correct and proper for payment:                                                                             | Applied to travel advance (appropriation symbol)                          |                   |         |     |
| (Date)                                                                                                                | (Authorized Certifying Officer)                                           | NET TO TRAVELER → |         |     |

ACCOUNTING CLASSIFICATION



\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 6804).



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

|                                                                    |  |  |                   |  |  |
|--------------------------------------------------------------------|--|--|-------------------|--|--|
| <b>TEMPORARY DUTY STATION LAST DAY OF PRECEDING VOUCHER PERIOD</b> |  |  |                   |  |  |
| (LOCATION)                                                         |  |  | (DATE OF ARRIVAL) |  |  |

GERALD R. FORD LIBRARY

☆ U.S. GOVERNMENT PRINTING OFFICE : 1970 OF-430-654 (4A)

\*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).

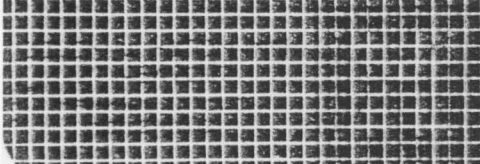
| LOCAL<br>PHONE<br>CALLS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-------------------------|--------|---------|-----------|----------|--------|----------|--------|
|                         |        |         |           |          |        |          |        |

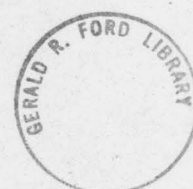
|                                                                                                                                                                                  |  |  |  |                                                                                          |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>AD DE BARA, FERNANDO</b><br><small>ROOM LAST (NAME) FIRST INITIAL</small><br><b>12 1601 PENNSYLVANIA NW</b><br><small>IN DATE OUT DATE</small><br><b>1 WASHINGTON, DC 8/1</b> |  |  |  | <b>18</b><br><small>RATE</small><br><b>14</b><br><small>OUT DATE</small><br><b>63068</b> | From Folio<br>To Folio<br><b>86966</b><br><small>NUMBER</small> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

| DATE    | REFERENCE   | CHARGES  | CREDITS | BALANCE   | PICK UP |
|---------|-------------|----------|---------|-----------|---------|
| AR 11/2 | DDEVOE 302  | C* 2.50  |         | * 2.50    | * 2.50  |
| AR 11/2 | ROOM 302    | C* 18.00 |         |           |         |
| AR 11/2 | TAX 302     | C* .90   |         | * 21.40 * | * 21.40 |
| AR 13/2 | LDIST 302   | A* 3.33  |         | * 24.73   | * 24.73 |
| AR 13/2 | RESTORE 302 | A* 2.02  |         | * 26.75   | * 26.75 |
| AR 13/2 | LDIST 302   | A* 2.17  |         | * 28.92   |         |

**Sheraton-Islander Inn**  
 GOAT ISLAND, NEWPORT, R. I. 02840

Transfer To City Ledger

|                                                                                     |                         |
|-------------------------------------------------------------------------------------|-------------------------|
|  | Guest's Signature _____ |
|                                                                                     | Charge To _____         |
|                                                                                     | Address _____           |
|                                                                                     | Credit Card _____       |





PRINTED IN U.S.A. RAND McNALLY 9-73 442

| ISSUED BY<br><b>ALLEGHENY AIRLINES, INC.</b> |                      | PASSENGER TICKET AND BAGGAGE CHECK |        | SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON |               | ORIGIN                           |        |                            |                  |                 |       |
|----------------------------------------------|----------------------|------------------------------------|--------|---------------------------------------------------------|---------------|----------------------------------|--------|----------------------------|------------------|-----------------|-------|
| ENDORSEMENTS (CARBON)                        |                      | DEPART COUNT                       |        | PASSENGER'S COUPON                                      |               | DESTINATION                      |        |                            |                  |                 |       |
| NAME OF PASSENGER                            |                      | NOT TRANSFERABLE                   |        | DATE OF ISSUE<br><b>3 13 75</b>                         |               | ISSUED IN EXCHANGE FOR           |        |                            |                  |                 |       |
|                                              |                      |                                    |        | TOUR CODE                                               |               | DATE AND PLACE OF ORIGINAL ISSUE |        |                            |                  |                 |       |
|                                              |                      |                                    |        | CONJUNCTION TICKET(S)                                   |               | DATE AND PLACE OF ISSUE          |        |                            |                  |                 |       |
| X/O                                          | NOT GOOD FOR PASSAGE | CARRIER                            | FLIGHT | CLASS                                                   | DATE          | TIME                             | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER | ALLOW |
| FROM                                         |                      |                                    |        |                                                         |               |                                  |        |                            |                  |                 |       |
| TO                                           |                      |                                    |        |                                                         |               |                                  |        |                            |                  |                 |       |
| TO                                           |                      |                                    |        |                                                         |               |                                  |        |                            |                  |                 |       |
| TO                                           |                      |                                    |        |                                                         |               |                                  |        |                            |                  |                 |       |
| TO                                           |                      |                                    |        |                                                         |               |                                  |        |                            |                  |                 |       |
| TO                                           |                      |                                    |        |                                                         |               |                                  |        |                            |                  |                 |       |
| FARE                                         |                      | BAGGAGE CHECKED                    |        | PCS                                                     | UNCK          | PCS                              | UNCK   | PCS                        | UNCK             | FORM OF PAYMENT |       |
| TAX                                          |                      | UNCK                               |        | WT                                                      | WT            | WT                               | WT     | WT                         | WT               |                 |       |
| TOTAL                                        |                      | FARE CALCULATION                   |        |                                                         |               |                                  |        |                            |                  |                 |       |
| EQUIV. AMT. PD.                              |                      | ROUTE CODE                         |        | CPN                                                     | TICKET NUMBER |                                  |        |                            |                  |                 |       |
|                                              |                      |                                    |        |                                                         |               | <b>037 4421628837 3</b>          |        |                            |                  |                 |       |
|                                              |                      |                                    |        |                                                         |               |                                  |        | <b>4019 121 736 587</b>    |                  |                 |       |
|                                              |                      |                                    |        |                                                         |               |                                  |        | <b>02/76-BAC</b>           |                  |                 |       |
|                                              |                      |                                    |        |                                                         |               |                                  |        | <b>FERNANDO E C DEBACA</b> |                  |                 |       |

| I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUED CARD AND AS REFLECTED IN APPLICABLE TARIFF. |               | <b>ALLEGHENY AIRLINES</b><br>KWIK-CHARGE TICKET |                               | DATE AND PLACE OF ISSUE                                              |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------|-------------------------------|----------------------------------------------------------------------|----------------------------|
| X <i>[Signature]</i><br>CARDHOLDER'S SIGNATURE                                                                                                                                                                                                          |               | DATE OF ISSUE<br><b>12 MAR 75</b>               |                               | IF EXTENDED PAYMENT DESIRED, CIRCLE NO. OF MONTHS<br><b>3 6 9 12</b> |                            |
| NAME OF PASSENGER IF OTHER THAN CARDHOLDER                                                                                                                                                                                                              |               | CARDHOLDER COMPLETE WHITE AREAS ONLY            |                               | APPROVAL CODE                                                        |                            |
| FROM                                                                                                                                                                                                                                                    | FARE BASIS    | CARRIER                                         | SUBJECT TO TARIFF REGULATIONS |                                                                      |                            |
| <b>WASHINGTON</b>                                                                                                                                                                                                                                       | <b>8</b>      | <b>AL</b>                                       | CREDIT CARD NAME/CODE         |                                                                      |                            |
| <b>PROVIDENCE</b>                                                                                                                                                                                                                                       | <b>895/12</b> | <b>4</b>                                        | FORM OF CREDIT                |                                                                      |                            |
| AIRLINE FORM SERIAL NO.                                                                                                                                                                                                                                 |               | FORM OF CREDIT                                  |                               |                                                                      |                            |
| <b>037:4090:960:085</b>                                                                                                                                                                                                                                 |               | <b>PASSENGER COUPON</b>                         |                               |                                                                      | <b>4019 121 736 587</b>    |
| ACCOUNT NO.                                                                                                                                                                                                                                             |               | CARDHOLDER NAME                                 |                               |                                                                      | <b>02/76-BAC</b>           |
| <b>42.01</b>                                                                                                                                                                                                                                            |               | <b>4537</b>                                     |                               |                                                                      | <b>FERNANDO E C DEBACA</b> |
| <b>3.36</b>                                                                                                                                                                                                                                             |               | <b>80.37</b>                                    |                               |                                                                      |                            |



# Budget Rent a Car

Budget Rent-A-Car System Licensee

## RENTAL AGREEMENT

1.5. GREEN STATE AIRPORT  
WARWICK, RHODE ISLAND 02886  
401-753-8900

ELTHORP HOTEL - DOZANCE STREET  
PROVIDENCE, RHODE ISLAND 02903  
401-774-5400

A -

18

|                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                      |  |                                                                                    |  |                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 4019 121 736 EXP 587<br>DATE                                                                                                                                                                                                                                                                                             |  | AMEX <input type="checkbox"/><br>BUDGET <input type="checkbox"/><br>CARTE B <input type="checkbox"/><br>DINERS <input type="checkbox"/><br>OTHER <input type="checkbox"/>                                                                            |  | REPLACEMENT CAR<br><input type="checkbox"/> SPARE<br><input type="checkbox"/> JACK |  | ORIGINAL CAR<br><input type="checkbox"/> SPAR<br><input type="checkbox"/> JACK |  |
| 02/76-BAC                                                                                                                                                                                                                                                                                                                |  | FERNANDO E C DEBACA                                                                                                                                                                                                                                  |  | CAR NO.                                                                            |  | LICENSE NO.                                                                    |  |
| RENTER                                                                                                                                                                                                                                                                                                                   |  | AGE                                                                                                                                                                                                                                                  |  | MAKE                                                                               |  | TIME IN                                                                        |  |
| RESIDENCE                                                                                                                                                                                                                                                                                                                |  | CITY                                                                                                                                                                                                                                                 |  | STATE                                                                              |  | PHONE NO.                                                                      |  |
| LICENSE NO.                                                                                                                                                                                                                                                                                                              |  | STATE                                                                                                                                                                                                                                                |  | EXPIRATION                                                                         |  | MILEAGE IN                                                                     |  |
| COMPANY                                                                                                                                                                                                                                                                                                                  |  | ADDRESS                                                                                                                                                                                                                                              |  | CITY                                                                               |  | STATE                                                                          |  |
| LOCAL ADDRESS                                                                                                                                                                                                                                                                                                            |  | ADDITIONAL DRIVER                                                                                                                                                                                                                                    |  | LICENSE NO.                                                                        |  | EXPIRATION                                                                     |  |
| WARNING: OPERATING THIS VEHICLE WITHOUT WRITTEN PERMISSION OF BUDGET MAY VOID THE INSURANCE COVERAGE.                                                                                                                                                                                                                    |  | NOTICE: ALL AUTHORIZED DRIVERS MUST BE AGE 21 OR OLDER AND PROPERLY LICENSED.                                                                                                                                                                        |  | THIS VEHICLE MUST NOT BE DRIVEN INTO MEXICO                                        |  | ALL PARKING AND TRAFFIC VIOLATIONS ARE RESPONSIBILITY OF RENTER                |  |
| REMARKS:                                                                                                                                                                                                                                                                                                                 |  | MILEAGE READING TAKEN FROM FACTORY INSTALLED ODOMETER                                                                                                                                                                                                |  | BENEFICIARY (IF OTHER THAN TO ESTATE)                                              |  | RELATIONSHIP                                                                   |  |
| <input type="checkbox"/> NO DAMAGE                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> DAMAGE (DESCRIPTION)                                                                                                                                                                                                        |  | DECLINES <input type="checkbox"/> RENTER INIT.                                     |  | ACCEPTS <input type="checkbox"/> RENTER INIT.                                  |  |
| I AGREE TO RETURN THIS VEHICLE ON OR BEFORE THE INDICATED DUE BACK DATE AND TO THE SAME LOCATION AT WHICH IT WAS RENTED UNLESS OTHERWISE SPECIFIED ON THE LINE BELOW. RENTAL SUBJECT TO ADDITIONAL FEE IF CAR IS NOT RETURNED AS SPECIFIED.                                                                              |  | DUE BACK BY: March 13, 75                                                                                                                                                                                                                            |  | AUTHORIZED BY                                                                      |  | DATE                                                                           |  |
| FULL COLLISION WAIVER<br>BY INITIALING RENTER, AGREES TO PAY THE SUM OF \$200 PER DAY FOR EACH DAY OR FRACTION THEREOF THAT THIS RENTAL AGREEMENT IS IN EFFECT AND BUDGET AGREES TO WAIVE ALL CLAIMS AGAINST RENTER FOR COLLISION DAMAGE TO VEHICLE PROVIDED IT IS OPERATED OR USED IN CONFORMITY WITH RENTAL AGREEMENT. |  | \$100.00 LIABILITY<br>BY INITIALING RENTER, AGREES TO PAY BUDGET FOR ALL LOSS OR DAMAGE TO VEHICLE (REGARDLESS OF NEGLIGENCE) LIMITED, HOWEVER, TO \$100.00 PER OCCURRENCE PROVIDED VEHICLE IS OPERATED OR USED IN CONFORMITY WITH RENTAL AGREEMENT. |  | TOTAL DEPOSIT \$                                                                   |  | REFUND                                                                         |  |
| ACCEPTS: X                                                                                                                                                                                                                                                                                                               |  | DECLINES: X                                                                                                                                                                                                                                          |  | RENTER INIT. X                                                                     |  | RET. AT. Airport                                                               |  |
| I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT.                                                                                                                                                                                                                                  |  | RENTER'S SIGNATURE                                                                                                                                                                                                                                   |  | EMPLOYEE NO.                                                                       |  | SIGNATURE AUTHORIZED BUDGET REPRESENTATIVE                                     |  |
| TOTAL CHARGE                                                                                                                                                                                                                                                                                                             |  | LESS REFUND FOR                                                                                                                                                                                                                                      |  | LESS REFUND FOR                                                                    |  | TOTAL CHARGE                                                                   |  |
| SUB TOTAL                                                                                                                                                                                                                                                                                                                |  | SALES TAX OR SURCHARGE                                                                                                                                                                                                                               |  | SUB TOTAL                                                                          |  | PERSONAL ACCIDENT INS.                                                         |  |
| GAS                                                                                                                                                                                                                                                                                                                      |  | OTHER                                                                                                                                                                                                                                                |  | GAS                                                                                |  | OTHER                                                                          |  |
| SUB TOTAL                                                                                                                                                                                                                                                                                                                |  | SUB TOTAL                                                                                                                                                                                                                                            |  | SUB TOTAL                                                                          |  | SUB TOTAL                                                                      |  |
| NET DUE BUDGET                                                                                                                                                                                                                                                                                                           |  | NET DUE RENTER                                                                                                                                                                                                                                       |  | CHARGED                                                                            |  | PAID                                                                           |  |
| TYPE                                                                                                                                                                                                                                                                                                                     |  | CALLED IN BY:                                                                                                                                                                                                                                        |  | EMP. NO.                                                                           |  | R/A CLOSED BY:                                                                 |  |

## TRAVEL VOUCHER

|                                                                                                                       |                                       |                                                                           |                                                   |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------|
| DEPARTMENT, BUREAU OR ESTABLISHMENT<br><b>The White House</b>                                                         |                                       | VOUCHER NO.                                                               |                                                   |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                         |                                       | SCHEDULE NO.                                                              |                                                   |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. Apt. 1015<br/>Washington, D. C. 20036</b> |                                       | PAID BY                                                                   |                                                   |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                     | RESIDENCE<br><b>Washington, D. C.</b> |                                                                           |                                                   |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>3/8/75</b> TO (DATE) <b>3/10/75</b>                                   |                                       | CHECK NO.                                                                 |                                                   |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO _____ DATE _____                                                             |                                       | TRAVEL ADVANCE<br>Outstanding <b>\$ -0-</b>                               | CASH PAYMENT OF \$ _____<br>RECEIVED (DATE) _____ |
|                                                                                                                       |                                       | Amount to be applied _____<br>Balance to remain outstanding <b>\$ -0-</b> | (Signature of Payee)                              |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

|                                                                                                       |                                                       |                   |                                                  |                  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------|--------------------------------------------------|------------------|
| <b>5/30/75</b><br>(Date)                                                                              | <b>Fernando E. C. De Baca</b><br>(Signature of Payee) | AMOUNT CLAIMED    | Dollars<br><b>168</b>                            | Cts<br><b>89</b> |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government. |                                                       | DIFFERENCES:      |                                                  |                  |
| (Date)                                                                                                | *** (Approving Officer)                               |                   |                                                  |                  |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY                                                | Total verified correct for charge to appropriation(s) |                   |                                                  |                  |
| VOUCHER NO.                                                                                           | D.O. SYMBOL                                           | DATE (MONTH-YEAR) | (initials)                                       |                  |
| Certified correct and proper for payment.                                                             |                                                       |                   | Applied to travel advance (appropriation symbol) |                  |
| (Date)                                                                                                | (Authorized Certifying Officer)                       | NET TO TRAVELER   | <b>168</b>                                       | <b>89</b>        |

ACCOUNTING CLASSIFICATION



\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (51 U.S.C. 6804).

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<br>(LOCATION) | (DATE OF ARRIVAL) |
|---------------------------------------------------------------------------|-------------------|

[illegible]

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

168.89

80 00 88 89

\*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).



ROOM 1253 START HERE → (LAST) NAME (FIRST) (MIDDLE INITIAL) OUT RATE  
 DE BACA, Fernando E 0 3400  
 STREET HOME ADDRESS APT. ROOM TAX  
 1700 Pennsylvania Ave NW 272  
 CITY STATE ZIP CODE OCC. TAX  
 Washington D.C. 20500 1+  
 ROOM C. F. FIRM NAME R ACCOMMODATIONS  
 The White House

THE *Roosevelt*  
 MADISON AVENUE AT 45TH STREET  
 NEW YORK, N.Y. 10017 (212) 686-9200

IMPORTANT NOTICE TO GUESTS: MONEY, JEWELS AND OTHER VALUABLES MUST BE PLACED IN SAFE DEPOSIT BOXES IN THE SERVICE. OTHER THAN THE MANAGEMENT WILL NOT BE RESPONSIBLE FOR ANY LOSS.  
 STREET ADDRESS ROOM OR FLOOR NO. CITY STATE ZIP CODE  
 Washington D.C. 20500  
 PLEASE WILL PAY ☐ BILL TO ☐ BILL TO ☐  
 NO. CASH OR CHECKS ☐ HOME ADDRESS ☐ FROM OFFICE ☐  
 SIGNATURE  
 GROSS DEPOSIT \$ COMMISSION DEDUCTED \$  
 REFERENCE NUMBER  
 CIRCLE NEW ACCOUNT  
 TOTAL AMOUNT \$ DUE

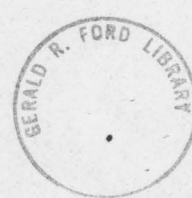
| MEMO | DATE | EXPLANATION | CHARGES | CREDITS | BAL. DUE | PICKUP | ROOM |
|------|------|-------------|---------|---------|----------|--------|------|
|      | 9    |             |         |         |          |        |      |
|      | 10   |             |         |         |          |        |      |
|      | 11   |             |         |         |          |        |      |
|      | 12   |             |         |         |          |        |      |
|      | 13   |             |         |         |          |        |      |
|      | 14   |             |         |         |          |        |      |
|      | 15   |             |         |         |          |        |      |
|      | 16   |             |         |         |          |        |      |
|      | 17   |             |         |         |          |        |      |
|      | 18   |             |         |         |          |        |      |
|      | 19   |             |         |         |          |        |      |
|      | 20   |             |         |         |          |        |      |
|      | 21   |             |         |         |          |        |      |
|      | 22   |             |         |         |          |        |      |
|      | 23   |             |         |         |          |        |      |

BILLING ADDRESS (OTHER THAN INDICATED ABOVE)  
 NAME: DEBACA 65 2928  
 STREET: THE ROOSEVELT  
 CITY: NEW YORK N.Y. 10017  
 STATE: N.Y. ZIP CODE: 10017

YOU WILL RECEIVE YOUR BILL FROM OUR ACCOUNTING DEPARTMENT WITHIN 10 DAYS.

GUEST ADVICE

GUEST'S SIGNATURE



9-74

Page 1

ISSUED  
BY

EASTERN AIR LINES

PASSENGER TICKET  
CUSTOMER'S RECEIPTTHIS TICKET IS DEEMED ISSUED AT  
PLACE OF ORIGIN OF CARRIAGE ON  
DATE INDICATED.

DATE OF ISSUE

10 MAR 75

IF EXTENDED PAYMENT DESIRED,  
CIRCLE NO. OF MONTHS

3 6 9 12

EASTERN AIRLINES  
IN-FLIGHT SERVICES

NOT GOOD FOR PASSAGE

GOOD IN  
EITHER DIRECTION  
BETWEENNEW YORK  
AND  
WASHINGTONVIA  
EASTERN  
AIR-SHUTTLEADULT ☐CHILD ☐MIL. RESVD. ☐OTHER ☐

\*Includes 8% U.S. Transportation Tax and \$ .34 Security Charge

SOLD SUBJECT  
TO TARIFF  
REGULATIONSPAYMENT ACKNOWLEDGED BY  
ABOVE IN-FLIGHT VALIDATION

FORM OF CREDIT (if other than cash/check)

4019 121 736 587

02/76-BAC

007 4170837860 0 □ FERNANDO E C DEBACA

Page 1

ISSUED  
BY

EASTERN AIR LINES

PASSENGER TICKET  
CUSTOMER'S RECEIPTTHIS TICKET IS DEEMED ISSUED AT  
PLACE OF ORIGIN OF CARRIAGE ON  
DATE INDICATED.

DATE OF ISSUE

18 MAR 75

IF EXTENDED PAYMENT DESIRED,  
CIRCLE NO. OF MONTHS

3 6 9 12

EASTERN AIRLINES  
IN-FLIGHT SERVICE

NOT GOOD FOR PASSAGE

GOOD IN  
EITHER DIRECTION  
BETWEENNEW YORK  
AND  
WASHINGTONVIA  
EASTERN  
AIR-SHUTTLEADULT ☒CHILD ☐MIL. RESVD. ☐OTHER ☐

\*Includes 8% U.S. Transportation Tax and \$ .34 Security Charge

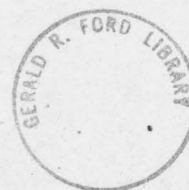
SOLD SUBJECT  
TO TARIFF  
REGULATIONSPAYMENT ACKNOWLEDGED BY  
ABOVE IN-FLIGHT VALIDATION

FORM OF CREDIT (if other than cash/check)

4019 121 736 587

02/76-BAC

007 4170462879 2 □ FERNANDO E C DEBACA



## TRAVEL VOUCHER

|                                                                                                                 |                                |                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br>The White House                                                         |                                | VOUCHER NO.                           |
| PAYEE'S NAME<br>Fernando E. C. De Baca                                                                          |                                | SCHEDULE NO.                          |
| MAILING ADDRESS (Including ZIP Code)<br>1255 New Hampshire Avenue, N. W. - Apt. 1015<br>Washington, D. C. 20036 |                                | PAID BY                               |
| OFFICIAL DUTY STATION<br>Washington, D. C.                                                                      | RESIDENCE<br>Washington, D. C. |                                       |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) 2/24/75 TO (DATE) 2/26/75                                          |                                | CHECK NO.                             |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                  |                                | CASH PAYMENT OF \$<br>RECEIVED (DATE) |
| TRAVEL ADVANCE<br>Outstanding \$ - 6 -<br>Amount to be applied<br>Balance to remain outstanding \$ - 6 -        |                                | (Signature of Payee)                  |

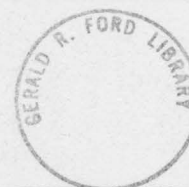
## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

|                                                                                                       |                                                       |                                                                   |         |     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|---------|-----|
| 5/29/75<br>(Date)                                                                                     | <u>Fernando E. C. De Baca</u><br>(Signature of Payee) | AMOUNT CLAIMED                                                    | Dollars | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government. |                                                       | DIFFERENCES:                                                      |         |     |
| (Date)                                                                                                | *** (Approving Officer)                               | Total verified correct for charge to appropriation (s) (initials) |         |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO. D.O. SYMBOL DATE (MONTH-YEAR)   |                                                       | Applied to travel advance (appropriation symbol)                  |         |     |
| Certified correct and proper for payment:                                                             |                                                       | NET TO TRAVELER                                                   |         |     |
| (Date)                                                                                                | (Authorized Certifying Officer)                       |                                                                   |         |     |

ACCOUNTING CLASSIFICATION



\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



## SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

| DEPARTURE FROM OFFICIAL STATION<br>(DATE) |        | TEMPORARY DUTY STATION<br>(LOCATION) | LAST DAY OF PRECEDING VOUCHER PERIOD<br>(DATE OF ARRIVAL) |
|-------------------------------------------|--------|--------------------------------------|-----------------------------------------------------------|
|                                           | (HOUR) |                                      |                                                           |

[illegible]

\* 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


**National Airlines**

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

ORIGIN

DESTINATION

ENDORSEMENTS (CARBON)

DEPART COUNT

DATE OF ISSUE

ISSUED IN EXCHANGE FOR

DATE AND PLACE OF ORIGINAL ISSUE

NAME OF PASSENGER

NOT TRANSFERABLE

W

26 FEB 75

MIAMI FL

TOUR CODE

CONJUNCTION TICKET(S)

DATE AND PLACE OF ISSUE

| NOT GOOD FOR PASSAGE | CARRIER | FLIGHT | CLASS | DATE   | TIME | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER | ALLOW |
|----------------------|---------|--------|-------|--------|------|--------|----------------------------|------------------|-----------------|-------|
| FROM AM. FLA.        | NA      | 202    | Y     | 26 FEB | 600P | OK     | Y                          |                  |                 |       |
| TO NAS/NATIONAL      |         |        |       |        |      |        |                            |                  |                 |       |
| TO VOID-VOID-VOID    |         |        |       |        |      |        |                            |                  |                 |       |
| TO VOID-Y ID-VOID    |         |        |       |        |      |        |                            |                  |                 |       |
| TO VOID-VOID-VOID    |         |        |       |        |      |        |                            |                  |                 |       |

FARE

80.90 50.37

TAX

0.47

TOTAL

81.37

FARE CALCULATION

4019 121 736 587

FORM OF PAYMENT

02/76-BAC

FERNANDO E C DEBACA

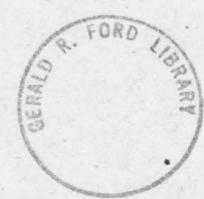
FOR ISSUING OFFICE ONLY

ROUTE CODE

CN

TICKET NUMBER

CK



IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY OTHER SOURCE THAN NATIONAL AIRLINES, INC. OR ITS AUTHORIZED TRAVEL AGENT

PRINTED IN U.S.A. BY NATIONAL 002-3047

3504

DEBACO, F. MR  
1 EP

PRES-2 E

FEB 26  
FEB 24

10527

DAILY 26.00

BAL DUE

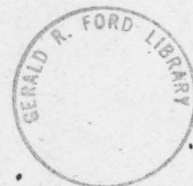
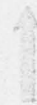
|                    |          |         |
|--------------------|----------|---------|
| FEB 24-75 L'DIST — | * 2.05   | * 2.05  |
| FEB 24-75 ROOM     | * 26.00— | * 28.05 |
| FEB 25-75 L'DIST — | * 0.62   | * 28.67 |
| FEB 25-75 L'DIST — | * 1.71 < | * 30.38 |
| FEB 25-75 L'DIST — | * 1.60 < | * 31.98 |
| FEB 25-75 L'DIST — | * 1.25   |         |
| FEB 25-75 L'DIST — | * 1.19   | * 34.42 |
| FEB 25-75 L'DIST — | * 1.49   | * 35.91 |
| FEB 25-75 ROOM     | * 26.00— | * 61.91 |
| FEB 26-75 L'DIST — | * 0.62   |         |
| FEB 26-75 L'DIST — | * 0.62   |         |
| FEB 26-75 L'DIST — | * 1.81 < |         |
| FEB 26-75 L'DIST — | * 0.62   |         |
| FEB 26-75 L'DIST — | * 0.88   | * 66.16 |

W/O TAX 2.00 64.16

RECEIVED Division

8-1-2-107

LAST BALANCE IS AMOUNT DUE UNLESS OTHERWISE INDICATED





## TRAVEL VOUCHER

|                                                                                                               |                                |                                        |                      |
|---------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|----------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br>The White House                                                       |                                | VOUCHER NO.                            |                      |
| PAYEE'S NAME<br>Fernando E. C. De Baca                                                                        |                                | SCHEDULE NO.                           |                      |
| MAILING ADDRESS (Including ZIP Code)<br>1255 New Hampshire Avenue, N. W. Apt. 1015<br>Washington, D. C. 20036 |                                | PAID BY                                |                      |
| OFFICIAL DUTY STATION<br>Washington, D. C.                                                                    | RESIDENCE<br>Washington, D. C. |                                        |                      |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) 2/21/75 TO (DATE) 2/22/75                                        |                                | TRAVEL ADVANCE<br>Outstanding \$ - 0 - | CHECK NO.            |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                |                                | Amount to be applied                   | CASH PAYMENT OF \$   |
|                                                                                                               |                                | Balance to remain outstanding \$ - 0 - | RECEIVED (DATE)      |
|                                                                                                               |                                |                                        | (Signature of Payee) |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

|                                                                                                       |             |                                                       |            |                                                  |         |     |
|-------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|------------|--------------------------------------------------|---------|-----|
| 5/29/75<br>(Date)                                                                                     |             | Fernando E. C. De Baca<br>(Signature of Payee)        |            | AMOUNT CLAIMED                                   | Dollars | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government. |             |                                                       |            | DIFFERENCES:                                     |         |     |
| (Date)                                                                                                |             | *** (Approving Officer)                               |            |                                                  |         |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY                                                |             | Total verified correct for charge to appropriation(s) |            |                                                  |         |     |
| VOUCHER NO.                                                                                           | D.O. SYMBOL | DATE (MONTH-YEAR)                                     | (initials) |                                                  |         |     |
| Certified correct and proper for payment:                                                             |             |                                                       |            | Applied to travel advance (appropriation symbol) |         |     |
| (Date)                                                                                                |             | (Authorized Certifying Officer)                       |            | NET TO TRAVELER                                  |         |     |

ACCOUNTING CLASSIFICATION



\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).

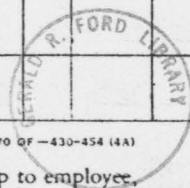
PREVIOUS TEMPORARY DUTY (Complete these blocks only if in travel status immediately prior to period covered by this voucher and if administratively required)

[illegible][illegible]

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

\* U.S. GOVERNMENT PRINTING OFFICE : 1970 OF -430-454 (4A)

\*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).



|             |            |              |               |
|-------------|------------|--------------|---------------|
| ROOM<br>124 | De Baco F. | DATE<br>2-23 | RATE<br>15.00 |
| GUESTS<br>1 |            |              |               |

# YORK VALLEY INN 17232

3883 E. MARKET ST. (PA. ROUTE 462)  
PHONE 755-2881

YORK, PA. 17402

## RESERVE AHEAD BY...

—the new instant free reservation system—

Now, 7 seconds is all it takes to reserve ahead at any of nearly 600 Quality Inns . . . . . and receive written confirmation.

### Next Trip Reserve Ahead

Phone Out \_\_\_\_\_

Phone in \_\_\_\_\_

Total calls \_\_\_\_\_

Date \_\_\_\_\_ Ref. No. \_\_\_\_\_ Code \_\_\_\_\_ Amount \_\_\_\_\_

## PLEASE PARK HEAD-ON

All of our guests know that the entire area surrounding York Valley Inn abounds in historic significance. But did you know that the land on which our motel is located was actually an original land grant to William Penn? Furthermore, the land was owned by the Penns' until March 16, 1824, when it was sold to one of the few persons who owned the land before we acquired it in 1952. We are proud of this historic heritage, and try to reflect this feeling in our accommodations and service.

**CANTERBURY PUB**—The bar, was named for the ship in which Penn came to America and landed in Chester, Pa.

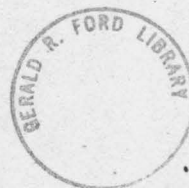
**TREATY ROOM**—Seating capacity 65 for special occasions.

**WILLIAM PENN**—The banquet room. Named for the recipient of the original Pennsylvania land grant from King Charles II of England.

**SWORD & SHIELD**—Our main dining room. A beautiful place to enjoy meals prepared for a gourmet's delight.



LAST BALANCE IS  
AMOUNT DUE UNLESS  
OTHERWISE INDICATED





# ECONO-CAR<sup>®</sup>

RENTAL SYSTEM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|---------------|----------------|-------|-----------------------------------------------------|--------|-------------|-----|------|---------|----------------|--|-------|---------|------------------------|--|--------|---|------------------------------|--|------------------------|------|-----------------------------|--|-------------|--|-----------------|-----------------|----------------|--|-----------------|--|---------|---------|--------------------------|--|----------|----------|-------------|--|-----------------------|--|-------------|--|----------|--------|------------|--|--|--|-------------|--|--|--|----------------|--|--|--|---------------------------|------|--|--|--------------------------|--|--|--|-----|--|--|--|--------|-------|--|--|--------------------|--|
| <b>4 No. 1596915</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>RENTING STATION</b><br><b>ECONO-CAR OF WASHINGTON</b><br>WASHINGTON NATIONAL AIRPORT 703-684-7220<br><br><b>CHECK-IN LOT:</b><br>2305 JEFF DAVIS HIGHWAY (ROUTE 1)<br>DOWNTOWN WASHINGTON 202-333-3250<br>1137 19TH STREET, N.W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | <b>Vehicle Make &amp; Type</b><br>Buick Regal<br><b>Vehicle No.</b> 201115<br><b>License No.</b> 17T-573<br><b>State</b> Penn<br><b>Local Station Code</b> 19<br><b>Owner City</b> WNA |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| <b>Method of Payment</b> Check One<br><table style="width:100%; text-align: center;"> <tr> <td>Cash</td> <td>Econo-Car</td> <td><input checked="" type="radio"/> Amex</td> <td>Diner's</td> </tr> <tr> <td>Carte Blanche</td> <td>Master Charge</td> <td>Bank Americard</td> <td>Other</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | Cash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Econo-Car       | <input checked="" type="radio"/> Amex                                                                                                                                                  | Diner's | Carte Blanche | Master Charge | Bank Americard | Other | <b>Credit Card &amp; No.</b> 080-560-712-4-100AY ST |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Cash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Econo-Car     | <input checked="" type="radio"/> Amex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Diner's         |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Carte Blanche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Master Charge | Bank Americard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other           |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| <b>Customer Name</b> F. De Baco<br><b>Address:</b> 681 Coventry Rd<br><b>City &amp; State:</b> Kensington Cal 94108<br><b>Firm Name</b> White House Office<br><b>Firm Address</b> 17th + Penn<br><b>City</b> Wash <b>State</b> De<br><b>Local Contact Name</b> B-456-6219<br><b>Local Address</b> H-293-2860 <b>Local Phone</b> 1026 26th St NW<br><b>Vehicle Will Be Returned On</b> 2-24-75 <b>Deposit</b> AMEX<br><b>Vehicle Will Be Returned To</b> 1137 19th St NW, Wash DC<br><b>Vehicle Will Be Used Only In States of</b> VA, MD, DC<br><b>Check-Out</b> <input checked="" type="checkbox"/> Spare <input checked="" type="checkbox"/> Jack<br><b>Check-In</b> <input type="checkbox"/> Spare <input type="checkbox"/> Jack<br><b>Collision Damage Waiver</b><br><input checked="" type="checkbox"/> Accepts <input checked="" type="checkbox"/> Declines<br><b>Customer Responsibility</b> \$100.00 |               | <b>RENTAL CHARGE COMPUTATION</b><br><table style="width:100%;"> <tr> <td>Miles</td> <td>@ unlimited</td> <td>Mileage In</td> <td>276</td> </tr> <tr> <td>Hours</td> <td>@ 2.50</td> <td>Mileage Out</td> <td>250</td> </tr> <tr> <td>Days</td> <td>@ 14.95</td> <td>Mileage Driven</td> <td></td> </tr> <tr> <td>Weeks</td> <td>@ 37.50</td> <td>Plus Alt. Veh. Mileage</td> <td></td> </tr> <tr> <td>Months</td> <td>@</td> <td>Final Check-In Total Mileage</td> <td></td> </tr> <tr> <td>Total Time and Mileage</td> <td>3750</td> <td>Final Check-In: Date &amp; Time</td> <td></td> </tr> <tr> <td>Net Charges</td> <td></td> <td>Date &amp; Time Out</td> <td>2-21-75 5:00 PM</td> </tr> <tr> <td>Inter-City Fee</td> <td></td> <td>Total Time Used</td> <td></td> </tr> <tr> <td>Per Day</td> <td>\$ 5.00</td> <td colspan="2" style="text-align: center;"><b>ALTERNATE VEHICLE</b></td> </tr> <tr> <td>Per Week</td> <td>\$ 35.00</td> <td>Vehicle No.</td> <td></td> </tr> <tr> <td>Total Taxable Charges</td> <td></td> <td>License No.</td> <td></td> </tr> <tr> <td>Tax @ 5%</td> <td>\$1.78</td> <td>Mileage In</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Mileage Out</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Mileage Driven</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Date and Time of Exchange</td> <td>A.M.</td> </tr> <tr> <td></td> <td></td> <td colspan="2" style="text-align: center;">Designate PAID or CHARGE</td> </tr> <tr> <td></td> <td></td> <td colspan="2" style="text-align: center;">AMK</td> </tr> <tr> <td></td> <td></td> <td>Out By</td> <td>In By</td> </tr> <tr> <td></td> <td></td> <td>Refund Received By</td> <td></td> </tr> </table> |                 |                                                                                                                                                                                        |         | Miles         | @ unlimited   | Mileage In     | 276   | Hours                                               | @ 2.50 | Mileage Out | 250 | Days | @ 14.95 | Mileage Driven |  | Weeks | @ 37.50 | Plus Alt. Veh. Mileage |  | Months | @ | Final Check-In Total Mileage |  | Total Time and Mileage | 3750 | Final Check-In: Date & Time |  | Net Charges |  | Date & Time Out | 2-21-75 5:00 PM | Inter-City Fee |  | Total Time Used |  | Per Day | \$ 5.00 | <b>ALTERNATE VEHICLE</b> |  | Per Week | \$ 35.00 | Vehicle No. |  | Total Taxable Charges |  | License No. |  | Tax @ 5% | \$1.78 | Mileage In |  |  |  | Mileage Out |  |  |  | Mileage Driven |  |  |  | Date and Time of Exchange | A.M. |  |  | Designate PAID or CHARGE |  |  |  | AMK |  |  |  | Out By | In By |  |  | Refund Received By |  |
| Miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | @ unlimited   | Mileage In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 276             |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | @ 2.50        | Mileage Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 250             |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | @ 14.95       | Mileage Driven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | @ 37.50       | Plus Alt. Veh. Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | @             | Final Check-In Total Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Total Time and Mileage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3750          | Final Check-In: Date & Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Net Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | Date & Time Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2-21-75 5:00 PM |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Inter-City Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | Total Time Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Per Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 5.00       | <b>ALTERNATE VEHICLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Per Week                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ 35.00      | Vehicle No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Total Taxable Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | License No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| Tax @ 5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1.78        | Mileage In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Mileage Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Mileage Driven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Date and Time of Exchange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A.M.            |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Designate PAID or CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | AMK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Out By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | In By           |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Refund Received By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| <b>Special Instructions — Additional Information</b><br>GASOLINE NOT INCLUDED<br>"FULL"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | <b>SAFE TRIP INSURANCE</b><br><input checked="" type="checkbox"/> Accepts <input checked="" type="checkbox"/> Declines<br><small>BY ACCEPTANCE, RENTER PURCHASES ACCIDENT INSURANCE AS DESCRIBED IN THE CERTIFICATE ON PAGE 1 AND AGREES TO PAY THEREFORE A PREMIUM AS SHOWN</small><br><b>Beneficiary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| <b>Additional Driver's License #</b><br><b>Signature of Additional Customer</b><br><b>Customer's Driver's License #</b> 02099618<br><b>Signature of Customer</b> X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | <b>State</b> Cal <b>Expiration Date</b> 1/20/75<br><b>Date of Birth</b> 1/20/38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| <b>CUSTOMER AGREES TO THE TERMS AND CONDITIONS SHOWN ON REVERSE SIDE.</b><br><br><b>ONLY AUTHORIZED PERSONS MAY DRIVE THIS VEHICLE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | <b>RENTER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS</b><br><br><b>ALL CORRESPONDENCE AND REMITTANCES MUST SHOW THIS NUMBER.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |
| 4 No. 1596915                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                        |         |               |               |                |       |                                                     |        |             |     |      |         |                |  |       |         |                        |  |        |   |                              |  |                        |      |                             |  |             |  |                 |                 |                |  |                 |  |         |         |                          |  |          |          |             |  |                       |  |             |  |          |        |            |  |  |  |             |  |  |  |                |  |  |  |                           |      |  |  |                          |  |  |  |     |  |  |  |        |       |  |  |                    |  |

## TRAVEL VOUCHER

|                                                                                                                       |                                             |                      |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><b>The White House</b>                                                        |                                             | VOUCHER NO.          |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                         |                                             | SCHEDULE NO.         |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. Apt. 1015<br/>Washington, D. C. 20036</b> |                                             | PAID BY              |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                     | RESIDENCE<br><b>Washington, D. C.</b>       |                      |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>1/22/75</b> TO (DATE) <b>1/25/75</b>                                  | TRAVEL ADVANCE<br>Outstanding <b>\$ -0-</b> | CHECK NO.            |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                        | Amount to be applied                        | CASH PAYMENT OF \$   |
|                                                                                                                       | Balance to remain outstanding <b>\$ -0-</b> | RECEIVED (DATE)      |
|                                                                                                                       |                                             | (Signature of Payee) |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL  |                                                               |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|-------------------|---------------------------------------------------------------|
|                                  |                                   |                                             |                                                         |                | FROM-             | TO-                                                           |
|                                  | 433.47                            | AA                                          | F                                                       | 1/21           | Washington, D. C. | Phoenix, Az.<br>to Albuquerque, N. W. to<br>Washington, D. C. |

\*\* Certified correct. Payment or credit has not been received.

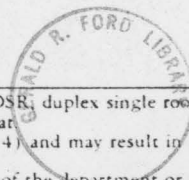
|                                                                                                       |                                                       |                   |                                                                     |     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------|---------------------------------------------------------------------|-----|
| <b>5/30/75</b><br>(Date)                                                                              | <b>Fernando E. C. De Baca</b><br>(Signature of Payee) | AMOUNT CLAIMED    | Dollars                                                             | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government. |                                                       | DIFFERENCES:      |                                                                     |     |
| (Date)                                                                                                | *** (Approving Officer)                               |                   |                                                                     |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO.                                 | D.O. SYMBOL                                           | DATE (MONTH-YEAR) | Total verified correct for charge to appropriation(s)<br>(initials) |     |
| Certified correct and proper for payment:                                                             |                                                       |                   | Applied to travel advance (appropriation symbol)                    |     |
| (Date)                                                                                                | (Authorized Certifying Officer)                       | NET TO TRAVELER   |                                                                     |     |

ACCOUNTING CLASSIFICATION

\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 6804).





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]

☆ U.S. GOVERNMENT PRINTING OFFICE : 1970 OF-430-454 (4A)

\*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 **TRANS WORLD AIRLINES, INC.** PASSENGER TICKET AND BAGGAGE CHECK  
 ENDORSEMENTS  
 NAME OF PASSENGER **DEBACA, F** NOT TRANSFERABLE  
 DATE OF ISSUE **20 JAN 75**  
 TOUR CODE **01524**  
 CON/JUNCTION TICKET(S) **01953233 30**  
 DATE AND PLACE OF ISSUE **20 JAN 75**

| NOT GOOD FOR PASSAGE | CARRIER | FLIGHT | CLASS | DATE   | TIME  | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER | ALLOW |
|----------------------|---------|--------|-------|--------|-------|--------|----------------------------|------------------|-----------------|-------|
| FROM WASHINGTON-DCA  | TW      | 449    | F     | 22 JAN | 355P  | OK     |                            |                  |                 |       |
| TO CHICAGO-ORD       | TW      | 435    | F     | 22 JAN | 600P  | OK     |                            |                  |                 |       |
| TO PHOENIX           | FL      | 36     | S     | 23 JAN | 1113A | OK     |                            |                  |                 |       |
| TO ALBUQUERQUE       | TW      | 354    | F     | 25 JAN | 235P  | OK     |                            |                  |                 |       |
| TO CHICAGO-ORD       |         |        |       |        |       |        |                            |                  |                 |       |

FARE CALCULATION  
 FARE 11206784 0  
 TAX 11206784 0  
 TOTAL 11206784 0  
 EQUIV. AMT. PD. 11206784 0  
 STOCK CONTROL 11206784 0

01524 01953233 30

11206784 0

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN TRANS WORLD AIRLINES OR ITS AUTHORIZED AGENTS

4019 121 736 587

02/75-BAC

FERNANDO E C DEBACA



DATE  
 AUTHORIZATION CODE  
 CK./BILL NO. CASH. IN.

20 LORLODGE E  
 242749007 ALBU  
 011043 NM  
 74 82 18 5 BAC  
 130 050 198 8

01 24 75

5015387

REFER TO AGREEMENT ON REVERSE SIDE.  
 PLEASE RETAIN COPY FOR STATEMENT VERIFICATION.

X *[Signature]*  
 CARDHOLDER'S SIGNATURE

SALES  
 DRAFT

| DESCRIPTION          | AMOUNT |
|----------------------|--------|
| CHECK OR BILL AMOUNT | 12 00  |
| TAX                  | 72     |
| TIPS & MISC.         |        |
| TOTAL                | 12 72  |

CARDHOLDER COPY

ALBUQUERQUE LORLODGE EAST  
 801 CENTRAL NE PHONE 243-2891  
 ALBUQUERQUE, NEW MEXICO

8686

NAME Fernando E. C. De Baca  
 ADDRESS 1255 New Hampshire Ave NW  
 CITY & STATE Washington, D.C. 20036  
 REPRESENTING U.S. Government  
 YEAR 1970 MAKE Cad LICENSE NO. KDK 736 STATE REGISTERED Calif

X *[Signature]*  
 GUEST SIGNATURE

20 1 1200 1200  
 UNIT NO NO DAYS CHARGED RATE TOTAL



THE WHITE HOUSE  
WASHINGTON

DATE: January 20, 1975

TO: Jerry Jones

FROM: Fernando E. C. De Baca

SUBJECT: Request for Travel

NAME Fernando E. C. De Baca  
(Typed and Signature)

DESTINATION Phoenix, Arizona/Albuquerque/Santa Fe, New Mexico

PURPOSE OF TRIP 1) to keynote Amigos de SER Conference  
2) to keynote Hispanic Leadership Conference  
(See Attached Itinerary)

DEPARTURE DATE 1-21-75 RETURN DATE 1-24-75

MODE OF TRANSPORTATION Air Jet/First Class

LODGING ACCOMMODATIONS Ramada Inn East, Phoenix, Arizona  
(Name)

Ramada Inn, Albuquerque, New Mexico

(Address)

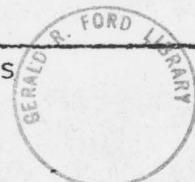
ESTIMATED TOTAL EXPENSES \$ 630.00

|          |          |
|----------|----------|
| Air Fare | \$433.84 |
| Per Diem | 137.50   |
| Misc.    | 58.66    |

AUTHORIZATION OF SUPERVISOR William J. Baroody, Jr.  
(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: Jerry Jones

(Submit in Duplicate)



THE  
WHITE HOUSE  
ITINERARY  
FERNANDO E. C. DE BACA  
SPECIAL ASSISTANT TO THE PRESIDENT

TUESDAY, January 21, 1975:

7:10 p.m. Depart Washington National Airport, TWA 407/283F  
1:35 p.m. Arrive Phoenix, Arizona (Ramada Inn East (602))

WEDNESDAY, January 22, 1975:

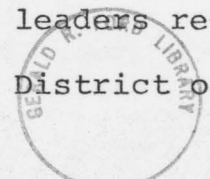
9:00 - 12:00 p.m. Keynote Address, Amigos de SER Conference  
12:30 - 2:00 p.m. Lunch with Governors staff  
2:00 - 4:00 p.m. Interview with LULAC News Magazine,  
Arizona Republic and KFL  
4:00 - 4:30 p.m. Honorable Raul Castro, Governor of Arizona  
5:30 - 7:00 p.m. Hispanic Community Groups

THURSDAY, January 23, 1975:

9:00 - 9:30 a.m. Honorable Tim Barrow, Mayor of the City  
of Phoenix  
9:30 - 10:45 a.m. Union officials, Mayor Barrow, city/county  
officials re Rio Salado Project  
  
11:13 a.m. Depart Phoenix, Arizona via FL 36  
12:55 p.m. Arrive Albuquerque, New Mexico  
1:00 - 1:30 p.m. Press Conference (Albuquerque Airport)  
1:30 - 3:00 p.m. Travel by car to Santa Fe, New Mexico  
  
3:30 - 4:30 p.m. Honorable Jerry Apodaca, Governor of New Mexico  
4:30 - 5:00 p.m. Speaker of the House Walter Martinez  
5:00 - 6:30 p.m. Return by car to Albuquerque, New Mexico

FRIDAY, January 24, 1975:

9:00 - 10:00 a.m. Dedication of Albuquerque High School (Speech)  
(Barrio School)  
10:00 - 12:00 p.m. Coffee, Chamber of Commerce/IMAGE/LULAC  
12:00 - 1:30 p.m. Speech "1975 - Economic Crisis and  
Challenge" Albuquerque-Santa Fe Federal  
Executive Board, Kirtland Officers Club  
  
2:30 - 3:00 p.m. Honorable Harry Kinney, Mayor of the city  
of Albuquerque  
3:00 - 3:30 p.m. Greater Albuquerque Religious leaders re-  
garding Farmworker programs  
3:30 - 4:00 p.m. Middle Rio Grande Conservancy District officials  
4:00 - 4:30 p.m. Reyes Lopez Tijerina



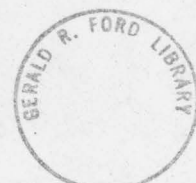


THE  
WHITE HOUSE  
ITINERARY  
FERNANDO E. C. DE BACA  
Page 2

4:30 - 5:00 p.m. Al Whale, American Red Cross  
7:30 - 9:30 p.m. Keynote address: "1975-Economic Crisis  
and Challenge" Albuquerque City/IMAGE  
Hispanic Leadership Conference

SATURDAY, January 25, 1975:

8:30 a.m. Breakfast meeting with Hispanic community  
leaders and Albuquerque City Council  
2:35 p.m. Depart Albuquerque, New Mexico via TWA 354/390F  
9:33 p.m. Arrive Baltimore/Washington Airport



## TRAVEL VOUCHER

DEPARTMENT, BUREAU, OR ESTABLISHMENT

The White House Office

VOUCHER NO.

PAYEE'S NAME

Fernando E. C. De Baca

SCHEDULE NO.

MAILING ADDRESS (Including ZIP Code)

1255 New Hampshire Avenue, N. W., Apt. #1015  
Washington, D. C. 20036

PAID BY

OFFICIAL DUTY STATION

Washington, D. C.

RESIDENCE

Washington, D. C.

FOR TRAVEL AND OTHER EXPENSES

FROM (DATE)  
12/24/74TO (DATE)  
1/07/75

TRAVEL ADVANCE

-0-

CHECK NO.

Outstanding

\$

APPLICABLE TRAVEL AUTHORIZATION(S)

NO.

DATE

Amount to be applied

Balance to remain  
outstanding

\$

-0-

CASH PAYMENT OF \$

RECEIVED (DATE)

(Signature of Payee)

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

6/2/75  
(Date)Fernando E. C. De Baca  
(Signature of Payee)AMOUNT  
CLAIMED

Dollars Cts

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

DIFFERENCES:

(Date)

\*\*\* (Approving Officer)

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)

Certified correct and proper for payment:

Applied to travel advance (appropriation symbol)

(Date)

(Authorized Certifying Officer)

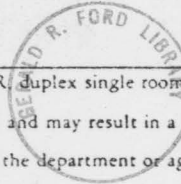
NET TO  
TRAVELER

ACCOUNTING CLASSIFICATION

\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; id. 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



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]

☆U.S. Government Printing Office: 1974 0-551-378

\*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).



MEMORANDUM

THE WHITE HOUSE

WASHINGTON

Per Diem Computation:

12/24 3/4 day

12/25-12/30 -0-

12/31 1/2 day

1/1 1

1/2 1

1/3 1

1/4 -0-

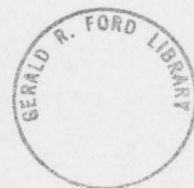
1/5 1

1/6 1

1/7 1

---

7-1/4 days total



TI 873 PRINTED IN U.S.A. REV. 4/73

|                         |  |                           |        |                  |       |                       |        |                            |                  |                           |       |
|-------------------------|--|---------------------------|--------|------------------|-------|-----------------------|--------|----------------------------|------------------|---------------------------|-------|
| DEBACA F                |  | PASSENGER'S COUPON        |        | DATE OF ISSUE    |       | 24DEC74               |        | DESTINATION                |                  | UNITED AIR LINES          |       |
| NAME OF PASSENGER       |  | NOT TRANSFERABLE          |        | TOUR CODE        |       | CONJUNCTION TICKET(S) |        | DATE AND PLACE OF ISSUE    |                  | WASH DC/NATIONAL          |       |
| FROM PAS/NATIONAL       |  | CARRIER                   | FLIGHT | CLASS            | DATE  | TIME                  | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER           | ALLOW |
| TO CHICAGO/CHARE        |  | UA                        | 271    | F                | 24DEC | 810A                  | OK     | F                          |                  |                           |       |
| TO DENVER               |  | UA                        | 263    | Y                | 24DEC | 1010A                 | OK     | Y                          |                  |                           |       |
| FARE 151.60 SQ 0.73     |  | BAGGAGE CHECKED UNCHECKED |        | PCS              | WT    | UNCK                  | WT     | PCS                        | WT               | FORM OF PAYMENT           |       |
| TAX 12.13               |  |                           |        |                  |       |                       |        |                            |                  | CCAX0805607124100         |       |
| TOTAL 163.73            |  |                           |        |                  |       |                       |        |                            |                  | 080 560 712 4 100AX       |       |
| FOR ISSUING OFFICE ONLY |  | TICKET NUMBER             |        | 016 4253806138 1 |       |                       |        |                            |                  | VALID 06/74 THRU 05/75 65 |       |
|                         |  |                           |        |                  |       |                       |        |                            |                  | FERNANDO E C DEBACA 2928  |       |
|                         |  |                           |        |                  |       |                       |        |                            |                  | BANK OF NEW MEXICO        |       |

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

PRINTED IN U.S.A. BY RAND McNALLY

|                         |  |                            |        |                                    |       |                       |        |                            |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
|-------------------------|--|----------------------------|--------|------------------------------------|-------|-----------------------|--------|----------------------------|------------------|----------------------------------|-------|---------------------------|--|-----------------------|--|-------------------------|--|------------------|--|-----------------|--|-------|--|
| ISSUED BY               |  | CONTINENTAL AIRLINES, INC. |        | PASSENGER TICKET AND BAGGAGE CHECK |       | SUBJECT TO CONDITIONS |        | OF CONTRACT ON             |                  | PASSENGER'S COUPON               |       | ORIGIN                    |  | AIRLINE               |  | FORM                    |  | SERIAL NUMBER    |  |                 |  |       |  |
| ENDORSEMENTS (CARBON)   |  | DEPART COUNT               |        | PASSENGER'S COUPON                 |       | DATE OF ISSUE         |        | ISSUED IN EXCHANGE FOR     |                  | DATE AND PLACE OF ORIGINAL ISSUE |       | TOUR CODE                 |  | CONJUNCTION TICKET(S) |  | DATE AND PLACE OF ISSUE |  | NOT VALID BEFORE |  | NOT VALID AFTER |  | ALLOW |  |
| NAME OF PASSENGER       |  | NOT TRANSFERABLE           |        | 12/31/74                           |       |                       |        |                            |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| FROM PAS/NATIONAL       |  | CARRIER                    | FLIGHT | CLASS                              | DATE  | TIME                  | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER                  | ALLOW |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TO CHICAGO/CHARE        |  | UA                         | 271    | F                                  | 24DEC | 810A                  | OK     | F                          |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TO DENVER               |  | UA                         | 263    | Y                                  | 24DEC | 1010A                 | OK     | Y                          |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| FARE 151.60 SQ 0.73     |  | BAGGAGE CHECKED UNCHECKED  |        | PCS                                | WT    | UNCK                  | WT     | PCS                        | WT               | UNCK                             | WT    | FORM OF PAYMENT           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TAX 12.13               |  |                            |        |                                    |       |                       |        |                            |                  |                                  |       | 080 560 712 4 100AX       |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TOTAL 163.73            |  |                            |        |                                    |       |                       |        |                            |                  |                                  |       | VALID 06/74 THRU 05/75 65 |  |                       |  |                         |  |                  |  |                 |  |       |  |
| FOR ISSUING OFFICE ONLY |  | TICKET NUMBER              |        | 016 4253806138 1                   |       |                       |        |                            |                  |                                  |       | AND E C DEBACA 2928       |  |                       |  |                         |  |                  |  |                 |  |       |  |
|                         |  |                            |        |                                    |       |                       |        |                            |                  |                                  |       | BANK OF NEW MEXICO        |  |                       |  |                         |  |                  |  |                 |  |       |  |

|                         |  |                           |        |                                    |       |                       |        |                            |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
|-------------------------|--|---------------------------|--------|------------------------------------|-------|-----------------------|--------|----------------------------|------------------|----------------------------------|-------|---------------------------|--|-----------------------|--|-------------------------|--|------------------|--|-----------------|--|-------|--|
| ISSUED BY               |  | Western Airlines          |        | PASSENGER TICKET AND BAGGAGE CHECK |       | SUBJECT TO CONDITIONS |        | OF CONTRACT ON             |                  | PASSENGER'S COUPON               |       | ORIGIN                    |  | AIRLINE               |  | FORM                    |  | SERIAL NUMBER    |  |                 |  |       |  |
| ENDORSEMENTS            |  | DEPART COUNT              |        | PASSENGER'S COUPON                 |       | DATE OF ISSUE         |        | ISSUED IN EXCHANGE FOR     |                  | DATE AND PLACE OF ORIGINAL ISSUE |       | TOUR CODE                 |  | CONJUNCTION TICKET(S) |  | DATE AND PLACE OF ISSUE |  | NOT VALID BEFORE |  | NOT VALID AFTER |  | ALLOW |  |
| NAME OF PASSENGER       |  | NOT TRANSFERABLE          |        | 15 JAN 75                          |       |                       |        |                            |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| FROM PAS/NATIONAL       |  | CARRIER                   | FLIGHT | CLASS                              | DATE  | TIME                  | STATUS | FARE BASIS/TKT. DESIGNATOR | NOT VALID BEFORE | NOT VALID AFTER                  | ALLOW |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TO CHICAGO/CHARE        |  | UA                        | 271    | F                                  | 24DEC | 810A                  | OK     | F                          |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TO DENVER               |  | UA                        | 263    | Y                                  | 24DEC | 1010A                 | OK     | Y                          |                  |                                  |       |                           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| FARE 151.60 SQ 0.73     |  | BAGGAGE CHECKED UNCHECKED |        | PCS                                | WT    | UNCK                  | WT     | PCS                        | WT               | UNCK                             | WT    | FORM OF PAYMENT           |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TAX 12.13               |  |                           |        |                                    |       |                       |        |                            |                  |                                  |       | 080 560 712 4 100AX       |  |                       |  |                         |  |                  |  |                 |  |       |  |
| TOTAL 163.73            |  |                           |        |                                    |       |                       |        |                            |                  |                                  |       | VALID 06/74 THRU 05/75 65 |  |                       |  |                         |  |                  |  |                 |  |       |  |
| FOR ISSUING OFFICE ONLY |  | TICKET NUMBER             |        | 017 4242787859 2                   |       |                       |        |                            |                  |                                  |       | FERNANDO E C DEBACA 2928  |  |                       |  |                         |  |                  |  |                 |  |       |  |
|                         |  |                           |        |                                    |       |                       |        |                            |                  |                                  |       | BANK OF NEW MEXICO        |  |                       |  |                         |  |                  |  |                 |  |       |  |

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY OTHER SOURCE THAN WESTERN AIR LINES

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.

# American Airlines VIT EXPRESS TICKET

DATE AND PLACE OF ISSUE

DATE OF ISSUE

7 JAN 75

IF EXTENDED PAYMENT DESIRED,  
CIRCLE NO. OF MONTHS

3 6 9 12

CARDHOLDER'S SIGNATURE

CARDHOLDER  
COMPLETE WHITE AREAS ONLY

9753  
APPROVAL CODE

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

FROM

PHOENIX

FARE BASIS

CARRIER

X AA

SUBJECT TO TARIFF  
REGULATIONS

CREDIT CARD NAME/CODE  
FORM OF CREDIT

AIRLINE FORM SERIAL NO. 001:4091:536:970

FLIGHT NUMBER

TIME

WASH DULLES

PASSENGER  
COUPON

080 560 712 4 100AX

FARE 148.45

TOTAL

ROUTE CODE

TAX 11.95

160.37

ACCOUNT NO. VALID 06/74 THRU 05/75 65

CARDHOLDER NAME FERNANDO E C DEBACA 2928

CITY BANK OF NEW MEXICO

EXP. DATE

RAMADA INNS

ADVANCE  
PAYMENT

Previous Balance

BALANCE

Phone Your Nearest RAMADA INN for FREE  
Confirmed RAMADA INN STANT® Reservations

|                 |              |                |              |          |          |
|-----------------|--------------|----------------|--------------|----------|----------|
| NAME            | ARRIVAL DATE | LENGTH OF STAY | NO. IN PARTY | RATE     | ROOM NO. |
| STREET ADDRESS: |              |                |              |          |          |
| CITY            | STATE        | CITY           |              | ZIP CODE |          |

SPECIAL GROUP

Symbols Charges Credits

Date

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

GERALD D. DEBACA LIBRARY



# INAUGURAL PROGRAM

MONDAY, JANUARY 6, 1975

## OATH OF OFFICE CEREMONY

MONDAY, JANUARY 6, 1975

12:00 NOON

STATE CAPITOL BUILDING, PHOENIX, ARIZONA

## INAUGURAL BALL

MONDAY, JANUARY 6, 1975

8:00 P.M. TO 1:00 A.M.

CIVIC PLAZA, EXHIBITION HALL, PHOENIX, ARIZONA

INAUGURAL BALL TICKETS ARE \$10.00 PER PERSON (\$20.00 PER COUPLE) TO DEFRAY THE BALL EXPENSES. PLEASE INCLUDE YOUR CHECK AND NOTE TICKET NUMBERS ON THE ENCLOSED R.S.V.P. CARD, AND RETURN BY DECEMBER 28, 1974.

### ADDRESS ALL COMMUNICATIONS TO:

THE INAUGURAL BALL COMMITTEE  
SECURITY BUILDING  
222 NORTH CENTRAL — 6TH FLOOR  
PHOENIX, ARIZONA 85004

BOTH ALCOHOLIC AND NON-ALCOHOLIC BEVERAGES WILL BE AVAILABLE.  
NO-HOST BAR. HORS D'OEUVRES WILL BE SERVED.

ADMITTANCE BY TICKET ONLY  
TICKETS WILL BE COLLECTED AT THE DOOR

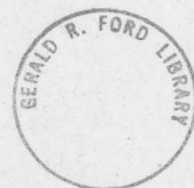
ALL INFORMATION REGARDING ADDITIONAL INVITATIONS AND TICKETS  
ARE AVAILABLE AT THE INAUGURAL BALL HEADQUARTERS —

222 NORTH CENTRAL, PHOENIX — PHONE 258-5708

OR

220 EAST SPEEDWAY, TUCSON — PHONE 624-1249

THANK YOU,  
INAUGURAL BALL COMMITTEE



|           |     |       |           |
|-----------|-----|-------|-----------|
| ROOM      | 126 | 1250  | 9020      |
| NO. PARTY | 1   | 13.44 |           |
| OUT DATE  | 1/5 | RATE  | FOLIO NO. |
| ARRIV.    | 1/3 | FROM  |           |
|           |     | TO    |           |

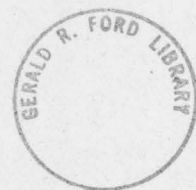
BALANCE FORWARD

|    |  |    |          |     |               |
|----|--|----|----------|-----|---------------|
| 1  |  | 1  | JAJA     | 170 | 00002.01 TELE |
| 2  |  | 2  | JAJA     | 170 | 00002.01 BAL  |
| 3  |  | 3  | JAJA     | 170 | 00002.01 PRBL |
| 4  |  | 4  | JAJAJAJA | 170 | 00002.50 TRAM |
| 5  |  | 5  | JAJAJAJA | 170 | 00000.50 PERM |
| 6  |  | 6  | JAJAJAJA | 170 | 00001.75 DM   |
| 7  |  | 7  | JAJAJA   | 210 | 00001.50 PRBL |
| 8  |  | 8  | JAJAJA   | 210 | 00000.50 TELE |
| 9  |  | 9  | JAJAJA   | 210 | 00001.25 BAL  |
| 10 |  | 10 | JAJAJA   | 210 | 00001.45 PRBL |
| 11 |  | 11 | JAJAJA   | 210 | 00000.20 TELE |
| 12 |  | 12 | JAJAJA   | 210 | 00001.25 BAL  |
| 13 |  | 13 |          |     |               |
| 14 |  | 14 |          |     |               |
| 15 |  | 15 |          |     |               |
| 16 |  | 16 |          |     |               |
| 17 |  | 17 |          |     |               |
| 18 |  | 18 |          |     |               |
| 19 |  | 19 |          |     |               |
| 20 |  | 20 |          |     |               |
| 21 |  | 21 |          |     |               |
| 22 |  | 22 |          |     |               |
| 23 |  | 23 |          |     |               |
| 24 |  | 24 |          |     |               |
| 25 |  | 25 |          |     |               |
| 26 |  | 26 |          |     |               |
| 27 |  | 27 |          |     |               |
| 28 |  | 28 |          |     |               |

SKYWAYS

AIRPORT INN

3855 QUEBEC  
DENVER, COLORADO 80207  
(303) 355-7381



# TRAVEL VOUCHER

|                                                                                                                         |                                       |                                  |                      |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|----------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><b>The White House</b>                                                          |                                       | VOUCHER NO.                      |                      |
| PAYEE'S NAME<br><b>Fernando E. C. De Baca</b>                                                                           |                                       | SCHEDULE NO.                     |                      |
| MAILING ADDRESS (Including ZIP Code)<br><b>1255 New Hampshire Avenue, N. W. - Apt. 1015<br/>Washington, D. C. 20036</b> |                                       | PAID BY                          |                      |
| OFFICIAL DUTY STATION<br><b>Washington, D. C.</b>                                                                       | RESIDENCE<br><b>Washington, D. C.</b> |                                  |                      |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <b>12/14/74</b> TO (DATE) <b>12/16/74</b>                                  |                                       | TRAVEL ADVANCE<br>Outstanding \$ | CHECK NO.            |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                          |                                       | Amount to be applied             | CASH PAYMENT OF \$   |
|                                                                                                                         |                                       | Balance to remain outstanding \$ | RECEIVED (DATE)      |
|                                                                                                                         |                                       |                                  | (Signature of Payee) |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |     |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|-----|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO- |
| NONE                             |                                   |                                             |                                                         |                |                  |     |

\*\* Certified correct. Payment or credit has not been received.

|                          |                                                       |                |         |     |
|--------------------------|-------------------------------------------------------|----------------|---------|-----|
| <b>5/29/75</b><br>(Date) | <b>Fernando E. C. De Baca</b><br>(Signature of Payee) | AMOUNT CLAIMED | Dollars | Cts |
|--------------------------|-------------------------------------------------------|----------------|---------|-----|

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

|                                                        |                         |                                                       |  |  |
|--------------------------------------------------------|-------------------------|-------------------------------------------------------|--|--|
| (Date)                                                 | *** (Approving Officer) | DIFFERENCES:                                          |  |  |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY |                         | Total verified correct for charge to appropriation(s) |  |  |
| VOUCHER NO.                                            | D.O. SYMBOL             | (initials)                                            |  |  |
| DATE (MONTH-YEAR)                                      |                         | Applied to travel advance (appropriation symbol)      |  |  |

Certified correct and proper for payment:

|        |                                 |                 |  |  |
|--------|---------------------------------|-----------------|--|--|
| (Date) | (Authorized Certifying Officer) | NET TO TRAVELER |  |  |
|--------|---------------------------------|-----------------|--|--|

ACCOUNTING CLASSIFICATION

\* 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.  
\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; *id.* 1001).  
\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).



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

|                                                                    |  |  |  |                   |  |
|--------------------------------------------------------------------|--|--|--|-------------------|--|
| <b>TEMPORARY DUTY STATION LAST DAY OF PRECEDING VOUCHER PERIOD</b> |  |  |  |                   |  |
| (LOCATION)                                                         |  |  |  | (DATE OF ARRIVAL) |  |

A circular stamp with the text "GERALD R. FORD LIBRARY" around the perimeter. The stamp is slightly faded and overlaps with the grid lines.

ISSUED BY **United Air Lines**

PASSENGER TICKET AND BAGGAGE CHECK  
SUBJECT TO CONDITIONS OF  
CONTRACT ON PASSENGER'S COUPON  
**PASSENGER'S COUPON**  
DATE OF ISSUE

FOR ISSUING OFFICE ONLY

AIRLINE FORM SERIAL NUMBER  
**016:4206:527:252**

ENDORSEMENTS

NAME OF PASSENGER **DEBACA / F**  
NOT TRANSFERABLE  
NOT VALID BEFORE **2**  
NOT VALID AFTER **2**

ORIGIN  
DESTINATION  
ISSUED IN EXCHANGE FOR  
TICKET DESIGNATION / TOUR CODE  
DATE AND PLACE OF ORIGINAL ISSUE  
**12-14-74**  
**016 4056 526 CUS**  
**12-14-74 LOS ANGELES**

| FROM             | FARE BASIS | CARRIER | FLIGHT/CLASS | DATE  | TIME  | STATUS | ALLOW |
|------------------|------------|---------|--------------|-------|-------|--------|-------|
| LOS ANGELES      | Y          | UA      | 532          | 12/15 | 9:00  | OK     |       |
| SAN FRANCISCO    | Y          | UA      | 56           | 12/15 | 11:00 | OK     |       |
| WASHINGTON/DUNES |            |         |              |       |       |        |       |

FARE  
**341.76**  
TAX  
**27.34**  
TOTAL  
**369.10**

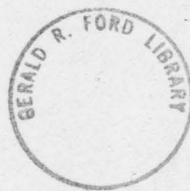
TICKET NUMBER **016 4206527252 4**

| CARRIER | FARE CALCULATION |
|---------|------------------|
|         |                  |
|         |                  |
|         |                  |
|         |                  |
|         |                  |
|         |                  |
|         |                  |
|         |                  |
|         |                  |

FARE **SE. 1110** DATE AND PLACE OF ISSUE

FORM OF PAYMENT  
**EXCHANGE**  
**NO A.C.**

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN UNITED AIR LINES OR ITS AUTHORIZED TRAVEL AGENTS.



Budget  
rentacar

# BUDGET RENT-A-CAR

9775 AIRPORT BOULEVARD  
LOS ANGELES, CALIFORNIA 90045  
Phone (213) 776-6600 / 645-4500

RENTAL AGREEMENT

PAGE 2

No. APT 692150

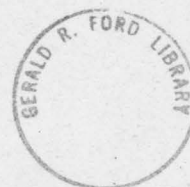
DATE 12-14-74

|                                                                                                                                                                                                                                                         |  |                                                                                     |  |                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|----------------------|--|
| TO BE PAID BY<br>4019 121 736 587                                                                                                                                                                                                                       |  | ORIGINAL CAR                                                                        |  | TIME IN              |  |
| 02/75*BAC                                                                                                                                                                                                                                               |  | CAR NO. 11447                                                                       |  | DEC 15 1952          |  |
| FERNANDO E C DEBACA                                                                                                                                                                                                                                     |  | LICENSE NO. 405L67                                                                  |  | TIME OUT DEC 14 1952 |  |
| CREDIT CARD                                                                                                                                                                                                                                             |  | MAKE 1974                                                                           |  | MILES @              |  |
| BUD-GET                                                                                                                                                                                                                                                 |  | TIME IN                                                                             |  | HOURS @ 300          |  |
| AMEX DINER'S                                                                                                                                                                                                                                            |  | TIME OUT                                                                            |  | DAYS @ 13.95 1395    |  |
| CARTER BLANC                                                                                                                                                                                                                                            |  | REPLACEMENT CAR                                                                     |  | WEEKS @              |  |
| BAG M/C TWA AIR CAN HTZ AVIS NAT AIR TRAV.                                                                                                                                                                                                              |  | CAR NO.                                                                             |  | GAS none             |  |
| RENTER: 12-15-74                                                                                                                                                                                                                                        |  | LICENSE NO.                                                                         |  | SUB-TOTAL 1395       |  |
| RESIDENCE: 350                                                                                                                                                                                                                                          |  | MAKE                                                                                |  | TAX 6% 84            |  |
| CITY STATE PHONE                                                                                                                                                                                                                                        |  | COLLISION DAMAGE WAIVER (CDW) X                                                     |  | CDW \$2.00           |  |
| LIC. NO. STATE EXP.                                                                                                                                                                                                                                     |  | DECLINES CDW X                                                                      |  | PER DAY OR PART OF   |  |
| DUE BACK: 12-15-74                                                                                                                                                                                                                                      |  | ACCEPTS STI: X                                                                      |  | STI \$1.00           |  |
| ADDITIONAL DRIVER                                                                                                                                                                                                                                       |  | SAFE TRIP INSURANCE (STI) X                                                         |  | PER DAY OR PART OF   |  |
| ADDRESS                                                                                                                                                                                                                                                 |  | BY HIS INITIAL, Customer accepts or declines STI at rate shown in adjoining column. |  | SUB-TOTAL 1479       |  |
| LOCAL CONTACT                                                                                                                                                                                                                                           |  | DEPOSITS DATES AMOUNTS                                                              |  | REFUNDS:             |  |
| REMARKS:                                                                                                                                                                                                                                                |  | DEPOSITS DATES AMOUNTS                                                              |  | TOTAL CHARGE 1479    |  |
| VEHICLE WILL BE RETURNED TO RENTING OFFICE SHOWN ABOVE, UNLESS INDICATED                                                                                                                                                                                |  | RETURNED AT                                                                         |  | LESS: DEPOSIT        |  |
| <input checked="" type="checkbox"/> NO DAMAGE <input type="checkbox"/> DAMAGE                                                                                                                                                                           |  | MILEAGE RATE INCLUDES GAS                                                           |  | NET DUE BUDGET 1479  |  |
| DESCRIBE:                                                                                                                                                                                                                                               |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |  | NET DUE RENTER       |  |
| I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND TO RETURN VEHICLE TO BUDGET, ON OR BEFORE DUE BACK DATE & AT PLACE SPECIFIED, DIRECT AND COMPANY CHARGES DUE AND PAYABLE 30 DAYS AFTER RECEIPT OF STATEMENT. |  | CLOSED BY                                                                           |  | PAID CHARGE REFUND   |  |
| RENTER'S SIGNATURE                                                                                                                                                                                                                                      |  | BUD-GET HOME DINERS AMX B O P A                                                     |  | 1479                 |  |
| SIGNATURE - AUTHORIZED BUDGET REPRESENTATIVE                                                                                                                                                                                                            |  | TWA CO. CARTER BLANC AIR CAN M/C                                                    |  |                      |  |
| ADD'L DRIVER - SIGNATURE                                                                                                                                                                                                                                |  |                                                                                     |  |                      |  |

MINIMUM CHARGE  
ONE DAY PLUS MILEAGE

THIS RENTAL AGREEMENT SUBJECT  
TO FINAL AUDIT.

ALL TRAFFIC VIOLATIONS ARE  
RESPONSIBILITY OF RENTER





GUEST

|                            |            |                                                                                        |
|----------------------------|------------|----------------------------------------------------------------------------------------|
| ROOM<br>9107               | ID<br>DEBF | NAME/ADDRESS<br>DE BACA FERNANDO<br>1255 NEW HAMPSHIRE AVE NW<br>WASHINGTON D.C. 20036 |
| ROOM RATE<br>16.00         |            | REPRESENTING                                                                           |
| ARRIVAL DATE<br>12/14/74   |            |                                                                                        |
| DEPARTURE DATE<br>12/15/74 |            |                                                                                        |
| CREDIT INFORMATION         |            | CONVENTION                                                                             |

*The Biltmore Hotel*  
515 SO OLIVE ST.  
LOS ANGELES, CALIFORNIA 90013  
(213) 624-1011



| DATE  | REFERENCE         | CHARGE | CREDIT | BALANCE |
|-------|-------------------|--------|--------|---------|
| 12/14 | ROOM SERV.H014712 | 11.43  |        | 11.43   |
| 12/14 | ROOM              | 16.00  |        | 27.43   |
| 12/14 | ROOM TAX          | .96    |        | 28.39   |
|       |                   |        |        |         |

74 DEC 15 PM 1:00

REGARDLESS OF BILLING INSTRUCTIONS, GUEST IS ALSO  
LIABLE UNTIL BALANCE HAS BEEN PAID.

AMOUNT PAID

\$

PAY LAST AMOUNT  
SHOWN ABOVE

AFFILIATED WITH

ADOLPHUS HOTEL  
DALLAS, TEXAS  
214-747-6411

LYNN HOTEL  
DALLAS, TEXAS  
214-824-6331

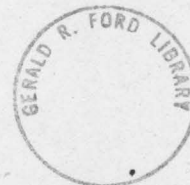
TRANSFER TO CITY LEDGER

GUEST'S SIGNATURE \_\_\_\_\_

CHARGE TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPROVED BY \_\_\_\_\_



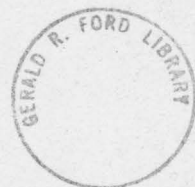
4310

HOTEL BUSINESS SYSTEM 1983 1210 442 828

Nº 23574



447 So. Olive



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## TRAVEL VOUCHER

|                                                                                                                        |                                      |                                       |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------|
| DEPARTMENT, BUREAU, OR ESTABLISHMENT<br><u>Executive Office of the President, White House Office</u>                   |                                      | VOUCHER NO.                           |
| PAYEE'S NAME<br><u>Fernando E.C. De Baca</u>                                                                           |                                      | SCHEDULE NO.                          |
| MAILING ADDRESS (Including ZIP Code)<br><u>1255 New Hampshire Avenue, N.W. Apt. #1015</u>                              |                                      | PAID BY                               |
| OFFICIAL DUTY STATION<br><u>Washington, D.C.</u>                                                                       | RESIDENCE<br><u>Washington, D.C.</u> |                                       |
| FOR TRAVEL AND OTHER EXPENSES<br>FROM (DATE) <u>12/03/74</u> TO (DATE) <u>12/06/74</u>                                 |                                      | CHECK NO.                             |
| APPLICABLE TRAVEL AUTHORIZATION(S)<br>NO. DATE                                                                         |                                      | CASH PAYMENT OF \$<br>RECEIVED (DATE) |
| TRAVEL ADVANCE<br>Outstanding \$ <u>- 0 -</u><br>Amount to be applied<br>Balance to remain outstanding \$ <u>- 0 -</u> |                                      | (Signature of Payee)                  |

## TRANSPORTATION REQUESTS ISSUED

| TRANSPORTATION<br>REQUEST NUMBER | AGENT'S<br>VALUATION<br>OF TICKET | INITIALS OF<br>CARRIER<br>ISSUING<br>TICKET | MODE, CLASS<br>OF SERVICE,<br>AND ACCOM-<br>MODATIONS * | DATE<br>ISSUED | POINTS OF TRAVEL |                                |
|----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------------|----------------|------------------|--------------------------------|
|                                  |                                   |                                             |                                                         |                | FROM-            | TO-                            |
| B4,626,452                       | 328.73                            | TW                                          | F                                                       | 12/3           | Washington, D.C. | Denver, Colorado<br>and return |

\*\* Certified correct. Payment or credit has not been received.

|                                                                                                       |                                                      |                   |                                                                     |     |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------|---------------------------------------------------------------------|-----|
| <u>5-20-75</u><br>(Date)                                                                              | <u>Fernando E.C. De Baca</u><br>(Signature of Payee) | AMOUNT CLAIMED →  | Dollars                                                             | Cts |
| Approved. Long distance telephone calls are certified as necessary in the interest of the Government. |                                                      | DIFFERENCES:      |                                                                     |     |
| (Date)                                                                                                | *** (Approving Officer)                              |                   |                                                                     |     |
| NEXT PREVIOUS VOUCHER PAID UNDER SAME TRAVEL AUTHORITY<br>VOUCHER NO.                                 | D.O. SYMBOL                                          | DATE (MONTH-YEAR) | Total verified correct for charge to appropriation(s)<br>(initials) |     |
| Certified correct and proper for payment:                                                             |                                                      |                   | Applied to travel advance (appropriation symbol)                    |     |
| (Date)                                                                                                | (Authorized Certifying Officer)                      | NET TO TRAVELER → |                                                                     |     |
| ACCOUNTING CLASSIFICATION                                                                             |                                                      |                   |                                                                     |     |

\* 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.

\*\* FRAUDULENT CLAIM—Falsification of an item in an expense account works a forfeiture of the 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; id. 1001).

\*\*\* If long distance telephone calls are included, the approving officer must have been authorized in writing by the head of the department or agency to so certify.



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

(HOUR)

6:10 p.m.

(DATE OF ARRIVAL)

[illegible]

\* 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).

January 30, 1976

MEMORANDUM FOR: DR. JAMES CONNOR  
THROUGH: WILLIAM J. BAROODY, JR.  
FROM: FERNANDO C. E. DE BACA

I would greatly appreciate your approval of the attached travel authorization to New York City and return.

I am scheduled to address an audience of over 800 persons who will be gathered to pay tribute to Angel Rivera, a founder of the Puerto Rican Forum and other significant New York civic organizations.

I will handcarry a special message from the President and deliver an autographed portrait to Mr. Rivera on behalf of the President.

Thank you.





THE WHITE HOUSE  
WASHINGTON

DATE January 29, 1976

TO: James E. Connor

FROM: Fernando E. C. De Baca

SUBJECT: Request for Travel

NAME Fernando E. C. De Baca

(Typed and Signature)

*Fernando E. C. De Baca*

DESTINATION New York City, New York and return

PURPOSE OF TRIP To address Puerto Rican civic gathering honoring Angel Rivera

DEPARTURE DATE 1-30-76 RETURN DATE 1-31-76

MODE OF TRANSPORTATION Air Jet

LODGING ACCOMMODATIONS Sheraton Hotel/La guardia  
(Name)

(Address)

ESTIMATED TOTAL EXPENSES \$ 100

AUTHORIZATION OF SUPERVISOR \_\_\_\_\_

(Signature of Certifying Officer if appropriate)

ACKNOWLEDGED BY: \_\_\_\_\_

James E. Connor

(Submit in Duplicate)

