UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

US EPA RECORDS CENTER REGION 5
506847
931626

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

OCT 11 1984

MEMORANDUM

SUBJECT: Cost Recovery Documentation for Superfund Site

FROM: Dottie Pipkin
Cost Recovery Task Group
Guidance and Oversight Branch, OWPE

TO: Chris Grundler, Regional Coordinator
Region 5

In response to the Region's request, cost documentation for the following site is attached:

SITE NAME: Reilly Tar, MN

	DOCUMENTS	T-SCHEDULES
1. Payroll Documents	✓	N/A
2. Travel Documents	✓	✓
3. FIT Contract Nos.	Submitted	
4. TAT Contract Nos.	N/A	
5. Contract Lab Documents	Submitted	
6. REM Contract Nos.	Submitted	
7. OSC Contract Documents Nos.	N/A	
8. Expert Witness Documents	Submitted	
9. EMSL, EPIC Overflights	Submitted	
10. NEIC Documents	N/A	
11. TechLaw (Intera) Docs	N/A	
12. IT Contract Nos.	N/A	
Misc. Vouchers	✓	N/A

13. IAGs N/A

HHS	_____	NOAA	_____	FEMA	_____
DOI	_____	USGS	_____	DOD	_____
USCG	_____	Corps	_____	DOJ	_____
Other	_____				

14. Cooperative Agreement
State Submitted _____ _____

Please be advised that this material has not been reviewed for confidential business information or Privacy Act considerations. If there are any corrections or missing documents, please contact me at 382-2032.

RECEIVED [signature] DATE OCT 11 1984

COST SUMMARY
Reilly Tar, MN
As of 5/1/84
UPDATED 10/9/84

EPA EXPENDITURES	
EPA PAYROLL	68,873.36
EPA TRAVEL	18,626.39
MISCELLANEOUS VOUCHERS	1,058.45
FIT CONTRACT - E&E	34,367.61
- NUS	23,385.43
NATIONAL LAB CONTRACT	2,846.42
REM CONTRACT - WESTON	18,795.63
EXPERT WITNESS CONTRACT	135,260.02
TES CONTRACT	34,416.00
EMSL OVERFLIGHTS	2,831.00
IAG'S - DOJ	41,698.03
- USGS	22,115.00
COOPERATIVE AGREEMENT - MN	564,997.00
TOTAL EPA EXPENDITURES	$ 969,270.34

COST SUMMARY
Reilly Tar, MN
As of 10/9/84

MISCELLANEOUS VOUCHERS

CONTRACTOR: Kirby A. Kennedy & Associates

INVOICE NO: 004005

PURPOSE: Transcript of Deposition of Herbert Finch

TOTAL INVOICE COST: $1,049.10

NAME: Paul R. Bitter

VOUCHER NO: V0049

PURPOSE: Express Mail Service

TOTAL VOUCHER COST: 9.35

TOTAL MISCELLANEOUS VOUCHERS: $1,058.45

DOCUMENTATION: Copies of Applicable Paid Invoices

KIRBY A. KENNEDY & ASSOCIATES
411 Edina Executive Office Plaza
5200 Willson Road
Minneapolis, Minnesota 55424
Phone: (612) 922-1955
(Hearing Rooms Available – St. Paul and Minneapolis)

JAN 24 1983

TO: Mr. Robert E. Leininger
Enforcement Attorney
Environmental Protection Agency
230 South Dearborn St.
Chicago, Illinois 60604

RE: U.S. vs. Reilly Tar

MM PAID 004005

1-15-83	7-21	For One Copy of the deposition of HERBERT FINCH, Volumes I through VI, atken at Minneapolis, Minnesota...	$1,049.10
		1 and 1/2% carrying charge for 6 months.....	~~94.47~~
		*	~~$1,143.6~~

F DB5001 57412NA$T 2TGB05GT06

PLEASE REMIT 25.26 1,049.10

THANK YOU.

Kirby A. Kennedy

DAP

*Pd Inv per attached. 2/9/83 DAP

(PLEASE RETURN YELLOW COPY)

EST/REQUISITION (see before completing the form)

1. DATE	2. DATE REQUIRED	PAGE	OF
8/23/82	ASAP	1	1

b. PROG ELEM	4. DELIVER TO:	5a. PROJECT MANAGER (Name)
c. DIVISION: ORC	Mary Langer	b. TELEPHONE NO. / 6. PROCUREMENT OFF.

EMEN E USE ONLY

ORDER – ORDER NO. 57412 NAST

AUTHORITY/CONTRACT NO.	DISCOUNT TERMS	PERSON TAKING ORDER/QUOTING	FOB POINT

ME AND ADDRESS	DATE	TELEPHONE	DELIVERY
. Kennedy & Assoc. ina Executive Office Plaza Willson Rd., Minneapolis, MN 55424	CONTRACTING/ORDERING OFFICER		TELEPHONE

8. FINANCIAL DATA
(a) APPROPRIATION 68-20X8145

9. SERVICING FINANCE OFFICE

FMO USE (b)	DT (c)	DOCUMENT CONTROL NO. (d)	ACCOUNT NO. (e)	OBJECT (f)	AMOUNT (g) DOLLARS	CTS.
1	D	B50021	2GTB05GT06	2526	900	00
2					1140	00
2						
2						

NOTE: ITEM 8(e) DOCUMENT TYPE - CONTRACT = 'C', PURCHASE ORDER = 'P', IGA = 'A', OTHER (MISC) = 'X'

10. AMOUNT OF MONEY SHOWN AS COMMITTED IS:	11. CONTRACTING OFFICE	12. PLANNING ID NO.
☐ ORIGINAL ☐ INCREASE ☐ DECREASE	☐ AUTHORIZED ☐ NOT AUTHORIZED TO EXCEED BY 10% AMOUNT SHOWN	

STOCK OR ITEM NO. (13)	DESCRIPTION (14)	QUANTITY (15)	UNIT OF ISSUE (16)	UNIT COST (17)	AMOUNT (18)
	Transcript of Deposition of Herbert Finch in Reilly Tar Superfund Case	1			
		est. 1200	pg.	$.95	~~est. 50.00~~ ~~$900.00~~
	Deposition previously taken				
			(est.)		1,140.00
	Series of Depositions: 7/21				
	22				
	23				
	8/19				
	concluded 9/16 → 9/29				
	Purpose: In preparation of trial				

ENVIRONMENTAL PROTECTION AGENCY SEP 8 4 28 PH '82 RECEIVED MANAGEMENT SERVICES BRANCH

19. SUGGESTED CONTRACTOR/VENDOR	21. SIGNATURE OF ORIGINATOR	DATE
Kirby A. Kennedy & Assoc. 411 Edina Executive Office Plaza, 5200 Willson Rd. Minneapolis, MN 55424 612 922 1955		9/2/82
	22. SIGNATURE OF PROP MGT OFFICER/DESIGNEE	DATE

20. RECOMMENDED PROCUREMENT METHOD	23. ACCOUNTABLE PROPERTY	24. NOT AVAILABLE FROM EXCESS
☐ COMPETITIVE ☐ NONCOMPETITIVE (Justification attached)	☐ INITIALS	☐ INITIALS

25. APPROVALS

a. BRANCH/OFFICE	DATE	d. FINANCE	DATE
Roger M. Grimes	8/27/82		
b. DIVISION/OFFICE	DATE	e. OTHER	DATE
Robert B. Schaefer	9/1/82	Mary K. Langer	9/3/82
c. FUNDS LISTED ABOVE ARE AVAILABLE AND RESERVED	DATE	f. OTHER	DATE
	9/1/82		

EPA Form 1900-8 (Rev. 7-80) PREVIOUS EDITION IS OBSOLETE

MARK ALL PACKAGES AND PAPERS WITH CONTRACT AND/OR ORDER NUMBERS

1. DATE OF ORDER	2. CONTRACT NO. (if any)	3. ORDER NO.	PAGE 1 OF
9/24/82		57412NAST	1

4. ISSUING OFFICE U.S. Environmental Protection Agency, Region V
230 S. Dearborn St., Chicago, IL 60604

5. ACCOUNTING AND APPROPRIATION DATA 2GTB
68-20X8145 DB5001 2GTB05GT06 25.26 $1140.00

6. SHIP TO (Consignee and Address, ZIP Code) U.S. Environmental Protection Agency
ATTN: Mary Langer,(5C-16), Office of Regional Counsel
230 S. Dearborn St., Chicago, IL 60604

7. TO: CONTRACTOR (Name, Address, ZIP Code)

Kirby A. Kennedy & Associates [redacted] non-responsive
411 Edina Executive Office Plaza
5200 Willson Rd.
Minneapolis, MN 55424

8. TYPE OF ORDER
☒ (a) Purchase Reference your

Please furnish the following on the terms specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. This purchase is negotiated under authority of
41 CFR 252 (c)(15) (P.L. 95-507)

☐ (b) Delivery Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

OBLIGATED

9. REQUISITION OFFICE	10. REQUISITION NO./PURCHASE AUTHORITY		
Regional Counsel	R. Leininger		
11. F.O.B. POINT	**12. GOVERNMENT B/L NO.**	**13. DELIVERY TO F.O.B. POINT ON OR BEFORE**	**14. DISCOUNT TERMS**
Destination	N/A	10/12/82	Net 30

15. SCHEDULE *See reverse for rejections

Item No. (a)	Supplies or Services (b)	Quantity Ordered (c)	Unit (d)	Unit Price (e)	Amount (f)	Quantity Accepted* (g)
1	One copy of a Transcript of Deposition of Herbert Finch in Reilly Tar Superfund Case. (Estimated number of pages) Deposition dates: 7/21/82-7/23/82, 8/19/82, 9/16/82 and 9/29/82. NOTE TO VENDOR - This is a firm order ONLY IF your price does not exceed the total Price on the Order. If you cannot perform in exact accordance with this order or if your price exceeds the total price on the order, WITHHOLD PERFORMANCE and notify the Contracting Officer immediately, giving your quotation. REFERENCE INVOICE IN TRIPLICATE, CITING THE ORDER NUMBER IN BLOCK 3.	1200 (est.) pg.		$.95	$1,140.00 (est.)	

16. CLASSIFICATION: ☒ SMALL BUSINESS ☐ OTHER THAN SMALL BUSINESS ☐ MINORITY BUSINESS ENTERPRISE

SEE BILLING INSTRUCTIONS ON REVERSE	17. SHIPPING POINT	18. GROSS SHIPPING WEIGHT	19. INVOICE NO.	15. (h) Total from continuation pages	
	20. MAIL INVOICE TO (Include ZIP Code) U.S. Environmental Protection Agency Financial Operations, 230 S. Dearborn St., Chicago, IL 60604			N.T.E.: $1140.00	15. (i) GRAND TOTAL

21. UNITED STATES OF AMERICA — BY (Signature)	22. NAME (Typed) (312) 886-6581
Brigitte Manzke	Brigitte Manzke TITLE: CONTRACTING/~~ORDERING~~ OFFICER

ORDER FOR SUPPLIES OR SERVICES 147-107 STANDARD FORM 147 (REV. 2-77)
Prescribed by GSA, FPR (41 CFR) 1-3.605

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1 DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: USEPA ~~HSE~~ WMD RRS II

2 VOUCHER NUMBER

3 SCHEDULE NUMBER: V0049 DEC 3 1983

Read the Privacy Act Statement on the back of this form.

4 CLAIMANT

a NAME (Last, first, middle initial): BITTER PAUL R

b SOCIAL SECURITY NO: non-responsive

c MAILING ADDRESS (Include ZIP Code): ~~5DAR~~ USEPA 5HR-13, 230 S DEARBORN, CHICAGO IL 60604

d OFFICE TELEPHONE NUMBER: 886-3607

5. PAID BY: PAID

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 1983 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE ¢ / NO OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCEL-LANEOUS (i)
11/25	C	EXPRESS MAIL				9 35		
		Acct # 4TGB05FT06 - Reilly Tar						
			ENFORCEMENT					
			26.07					
		SUBTOTALS CARRIED FORWARD FROM THE BACK						
		TOTALS				9 35		

Show appropriate code in col. (b): A—Local travel; B—Telephone or telegraph, or C—Other Expenses (itemized). (Explain expenditures in specific detail.)

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ $ 9.35

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE: R Rehdenbach — DATE: 12.2.83

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: [signature] — DATE:

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: Paul Bitter — DATE: 12/2/83

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) — b. DATE RECEIVED — c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

4TGB05FT06 68-20X8145

FC0001 2209

1164-210

STANDARD FORM 1164 (Rev.11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

OM: PAUL BITTER
USEPA HR-13
230 S. DEARBORN
CHICAGO IL 60604

Customer Number if any

TO: MR [redacted]

non-responsive

Label 11-B, Jan.

OR

Initials of Receiving Clerk

P ZIP

☐ To Whom & Date Del

☐ To Whom Date & Address of Del

Weight

Lbs

Postage & Fees

B13463949

SERVICE GUARANTEE:
Domestic mailings under this service made at designated USPS facilities on or before a specified deposit time will be accepted for express shipment to a designated USPS delivery area having Express Mail Service for next day delivery to an addressee or agent on or before the time specified by the USPS at mailing. USPS will refund upon application to originating office, the postage for any shipments mailed under this service and not meeting the service guarantee except for those delayed by strike or work stoppage. See USPS Notice 43 for details.

INSURANCE COVERAGE:
See USPS Notice 7 or Notice 43 for exclusions of coverage.
(1) Document Reconstruction Insurance. Non-negotiable documents are insured against loss, damage, or rifling up to $50,000 per piece, subject to a limit of $500,000 per occurrence.
(2) Merchandise Insurance. Parcels are insured against loss, damage, or rifling up to a maximum of $500.

- Signature is required upon delivery.
- Claims for delay, loss, damage or rifling must be made within 90 days. Claim forms may be obtained at the best office of mailing.
- This receipt must be presented when a claim is filed.

EXPRESS MAIL SERVICE

Customer Receipt

REMOVE COPIES 1 & 2

COST SUMMARY
Reilly Tar, MN
As of 10/9/84

EPA TRAVEL

REGIONAL EMPLOYEE NAME

Bitter, Paul

Braun, Jack

Hanzel, Michael

Leininger, Robert

Pankanin, James

Taliaferro, David

TOTAL REGIONAL TRAVEL

HEADQUARTERS EMPLOYEE NAME**

Taimi, Kathleen

Woitte, Deborah

Kosakowski, Michael

Parker, Jean

Grundler, Christopher

Foote, Sharon

TOTAL HEADQUARTERS TRAVEL

TOTAL EPA TRAVEL

[redacted]
non-responsive

DOCUMENTATION: FMD SPUR Report
Copies of Applicable Paid Travel Vouchers and Treasury Schedules

*Documentation Previously Submitted

EPA REGION V TRAVEL AND OTHER COSTS
REILLY TAR, SITE # 06
AS OF MAY 8, 1984

NAME	TS NUMBER	AMOUNT	TOTAL
Bitter, Paul	20410	226.69	
	20645	227.70	
	22166	255.25	
	22321	220.05	
	23043	229.73	
	23150	244.05	
	23362	310.30	
	23418	157.45	
	30108	212.41	
	30531	416.00	
	31247	236.76	
	31641	202.40	
	32512	221.00	
	32871	260.48	
	33627	273.31	
	34592	300.15	
	40153	360.92	
	40516	305.14	
	40810	313.95	
	41680	321.71	
	41779	318.49	
	42720	280.50	
TOTAL			$5,894.44
Braun, Jack	12313	199.72	
TOTAL			199.72
Hanzel, Michael	33368	239.57	
TOTAL			239.57
Leininger, Robert	12312	143.76	
	20253	199.08	
	20690	165.00	
	20815	239.82	
	21724	245.26	
	22565	275.00	
	22991	262.10	
	23054	368.85	
	23275	243.00	
	23397	254.77	
	23682	251.09	

EPA REGION V TRAVEL AND OTHER COSTS
REILLY TAR, SITE # 06
AS OF MAY 8, 1984

NAME	TS NUMBER	AMOUNT	TOTAL
Leininger, Robert	30090	456.10	
	30468	252.00	
	31135	378.75	
	31535	176.50	
	31843	528.16	
	32208	215.00	
	32516	232.00	
	32700	234.00	
	784799	201.00	
	34604	317.16	
	40947	265.00	
	41678	365.00	
	41780	334.96	
	43037	390.33	
TOTAL			$6,993.69
Pankanin, James	12302	137.70	
	12448	155.43	
	20249	204.14	
	20428	231.41	
	20837	195.74	
	34593	272.84	
TOTAL			1,197.26
Taliaferro, David	22563	283.45	
TOTAL			283.45
TOTAL TRAVEL			$14,808.13

OTHER COSTS

DCN	OC	OBDN	FY	AMOUNT	TOTAL
DB5001	2526	057412NAST	82	1,049.10	
FC0001	2209	0000040001	84	9.35	
TOTAL OTHER COSTS					$ 1,058.45
TOTAL REGION V TRAVEL AND OTHER COSTS FOR SITE # 06					$15,866.58

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
FMD OBJECT CLASSES
AS OF MAY 8,1984
PREPARED BY R. HOFFMAN

SFSITENG 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
	ZP0000	4TFA05FH06	H	000PAYROLL	11	1100	15	1,186.20	0.00	1,186.20
		4TFA05FH06	H	000PAYROLL	11	1135	15	2,980.15	2,980.15	0.00
		4TFA05FH06	H	000PAYROLL	12	1200	15	122.16	0.00	122.16
		4TFA05FH06	H	000PAYROLL	12	1210	15	3.48	3.48	0.00
		4TFA05FH06	H	000PAYROLL	12	1211	15	18.14	18.14	0.00
		4TFA05FH06	H	000PAYROLL	12	1212	15	0.57	0.57	0.00
		4TFA05FH06	H	000PAYROLL	12	1213	15	6.02	6.02	0.00
		4TFA05FH06	H	000PAYROLL	12	1240	15	38.74	38.74	0.00
		4TFA05FH06	H	000PAYROLL	12	1241	15	208.61	208.61	0.00
		4TFA05FH06	H	000PAYROLL	12	1242	15	10.02	10.02	0.00
		4TFA05FH06	H	000PAYROLL	12	1243	15	47.34	47.34	0.00
		4TFA05WH06	H	000PAYROLL	12	1211	15	4.29	4.29	0.00
		4TFA05WH06	H	000PAYROLL	12	1212	15	0.20	0.20	0.00
		4TFA05WH06	H	000PAYROLL	12	1213	15	1.84	1.84	0.00
		4TG805FT06	T	000PAYROLL	11	1135	15	2,303.43	2,303.43	0.00
		4TG805FT06	T	000PAYROLL	12	1210	15	28.54	28.54	0.00
		4TG805FT06	T	000PAYROLL	12	1211	15	153.64	153.64	0.00
		4TG805FT06	T	000PAYROLL	12	1212	15	6.34	6.34	0.00
		4TG805FT06	T	000PAYROLL	12	1213	15	37.90	37.90	0.00
		4TG805FT06	T	000PAYROLL	12	1240	15	29.94	29.94	0.00
		4TG805FT06	T	000PAYROLL	12	1241	15	161.25	161.25	0.00
		4TG805FT06	T	000PAYROLL	12	1242	15	7.75	7.75	0.00
		4TG805FT06	T	000PAYROLL	12	1243	15	36.79	36.79	0.00
		4TJ8053T06	T	000PAYROLL	11	1100	15	63.89	0.00	63.89
		4TJ805BT06	T	000PAYROLL	12	1200	15	9.19	0.00	9.19
		4TJ8055T06	T	000PAYROLL	12	1210	15	31.53	31.53	0.00
		4TJ805BT06	T	000PAYROLL	12	1211	15	169.94	169.94	0.00
		4TJ8058T06	T	000PAYROLL	12	1212	15	0.04	0.04	0.00
		4TJ8058T06	T	000PAYROLL	12	1213	15	87.04	87.04	0.00
		4TJ8058T06	T	000PAYROLL	12	1230	15	12.56	12.56	0.00
		4TJ8058T06	T	000PAYROLL	12	1231	15	12.56	12.56	0.00
		4TJ8058T06	T	000PAYROLL	12	1232	15	0.69	0.69	0.00
		4TFA05WH06	H	000PAYROLL	11	1112	15	61.27	61.27	0.00
		4TFA05FH06	H	000PAYROLL	11	1112	15	259.12	259.12	0.00
		4TG805FT06	T	000PAYROLL	11	1112	15	2,194.86	2,194.86	0.00
		4TJ8058T06	T	000PAYROLL	11	1112	15	2,427.92	2,427.92	0.00
		4TJ8058T06	T	000PAYROLL	11	1139	15	179.49	179.49	0.00
						TOTAL	DCN			
	AA0024	3TG8815T06	T	000T838113	21	2114	99	86.22	86.22	0.00
						TOTAL	DCN	86.22	86.22	0.00

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
FMD OBJECT CLASSES
AS OF MAY 8,1984
PREPARED BY R. HOFFMAN

SFSITENO 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
	AA0409	3TG8815T06	T	0TRT983147	21	2113	99	164.00	164.00	0.00
		3TG8815T06	T	000T983147	21	2111	99	12.40	12.40	0.00
		3TG8815T06	T	000T983147	21	2117	99	28.00	28.00	0.00
						TOTAL DCN		204.40	204.40	0.00
	AA9514	3TG8815T06	T	DW89038101	25	2570	27	75,000.00	0.00	75,000.00
						TOTAL DCN		75,000.00	0.00	75,000.00
	B2A005	2TFA725T06	T	AD15F2A090	25	2570	27	41,698.03	41,698.03	0.00
						TOTAL DCN		41,698.03	41,698.03	0.00
	D85001	2TG805GT06	T	057412NAST	25	2526	05	1,049.10	1,049.10 ✓	0.00
						TOTAL DCN		1,049.10	1,049.10	0.00
	DD0001	3TJB57BT06	T	00L1069684	22	2209	05	215.22	215.22	0.00
						TOTAL DCN		215.22	215.22	0.00
LEINNGER, ROBERT	DD1001	4TJ805BT06	T	0TRTS40947	21	2113	05	214.00	214.00	0.00
		4TJ805BT06	T	000TS40947	21	2111	05	9.00	9.00	0.00
						TOTAL DCN		223.00	223.00	0.00
	FC0001	4TFA05FH06	H	0000040001	22	2209	05	9.35	9.35	0.00
		4TG805FT06	T	0000040004	22	2209	05	9.35	9.35	0.00
						TOTAL DCN		18.70	18.70	0.00
	FC1001	4TFA05FH06	H	000TS42720	21	2114	05 SEE BITTER, PG 4	20.50	20.50 ✓	0.00
		4TG805FT06	T	000TS40153	21	2114	05 SEE BITTER, PG 4	16.00	16.00 ✓	0.00
						TOTAL DCN		36.50	36.50	0.00
	FC1002	3TG805FT06	T	000TS31641	21	2114	05 SEE BITTER, PG 5	20.00	20.00 ✓	0.00
		4TG805FT06	T	000TS40516	21	2114	05 SEE BITTER, PG 5	9.22	9.22 ✓	0.00
						TOTAL DCN		29.22	29.22	0.00
	FC1003	4TG805FT06	T	000TS40810	21	2114	05 SEE BITTER, PG 5	12.30	12.30 ✓	0.00
BITTER, PAUL		4TG805FT06	T	000TS41779	21	2111	05	117.06	117.06 ✓	0.00
		4TG805FT06	T	000TS41779	21	2114	05	7.18	7.18 ✓	0.00
		4TG805FT06	T	000TS41779	21	2117	05	54.25	54.25 ✓	0.00
		4TG805FT06	T	0TRT341779	21	TOTAL DCN		190.79	190.79 ✓	0.00
HANSEL, MICHAEL	FC1005	3TG805FT06	T	000TS33368	21	2114	05 SEE HANSEL, PG 11	9.20	9.20 ✓	0.00
		4TG805FT06	T	000TS41680	21	2114	05 SEE BITTER PG 5	15.58	15.58 ✓	0.00
						TOTAL DCN		24.78	24.78	0.00

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
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PREPARED BY R. HOFFMAN

SFSITENO 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
PANKENIN, JAMES	FC1008	3TG805FT06	T	000TS34593	21	2114	05 see PANKENIN, PG. 7	5.74	5.74 ✓	0.00
						TOTAL DCN		5.74	5.74	0.00
	(NOT A SITE SPECIFIC CHARGE) ↳ s/b 1A5205A000									
SMITH, CHARLES	F10000	1TFA05SH06	H	0TRTS12323	21	2113	05	112.00 s/b 0	112.00	0.00
						TOTAL DCN		112.00 s/b 0.00	112.00 s/b 0.00	0.00
PANKENIN, JAMES	N10000	1TEZ05ST06	T	0TRTS12302	21	2113	05	112.00	112.00 ✓	0.00
		1TEZ05ST06	T	000TS12302	21	2111	05	12.50	12.50 ✓	0.00
		1TEZ05ST06	T	000TS12302	21	2117	05	13.20	13.20 ✓	0.00
						TOTAL DCN		137.70	137.70 ✓	0.00
LEININGER ROBERT	N10001	1TEZ05ST06	T	0TRTS12312	21	2113	05	112.00	112.00 ✓ } 118.00 25.76 2111 SELECT	0.00
		1TEZ05ST06	T	000TS12312	21	2117	05	6.00	6.00 ✓ 143.76	0.00
						TOTAL DCN		118.00	118.00	0.00
PANKENIN, JAMES	N10002	1TEZ05ST06	T	0TRTS12448	21	2113	05 see PANKENIN, PG 7+8	112.00	112.00 ✓	0.00
						TOTAL DCN		112.00	112.00	0.00
				0TRTS 12313		2113		112.00	112.00	
	QSF027	1TFA05SH06	H	000TS12313	21	2111	05	61.00	61.00 ✓ } 199.72	0.00
		1TFA05SH06	H	000TS12313	21	2117	05	26.72	26.72 ✓	0.00
						TOTAL DCN		87.72	87.72	0.00
	506029	4TJ8775T06	T	0TRT974742	21	2113	99	225.00	225.00	0.00
						TOTAL DCN		225.00	225.00	0.00
	N10001	1TEZ05ST06	T	000TS12312	21	2111	05	25.76	25.76 ✓	0.00
						TOTAL DCN		25.76	25.76	0.00
FOOTE, SHA	T1A284	4TG8815T06	T	0TRT972070	21	2113	99	237.00	237.00	0.00
FOOTE, SHA		4TG8815T06	T	000T972070	21	2111	99	75.95	75.95	0.00
FOOTE, SHA		4TG8815T06	T	000T972070	21	2117	99	24.50	24.50	0.00
						TOTAL DCN		337.45	337.45	0.00
FOOTE, SHA	T1A305	4TG8815T06	T	0TRT972032	21	2113	99	238.00	238.00	0.00
FOOTE, SHA		4TG8815T06	T	000T972032	21	2111	99	125.60	125.60	0.00
FOOTE, SHA		4TG8815T06	T	000T972032	21	2117	99	36.87	36.87	0.00
						TOTAL DCN		400.47	400.47	0.00
TAIMI, KAT	E1A119	4TFA725H06	H	0TRT994298	21	2113	99	95.00	95.00	0.00
TAIMI, KAT		4TFA725H06	H	000T994298	21	2111	99	1.75	1.75	0.00
TAIMI, KAT		4TFA725H06	H	000T994299	21	2117	99	8.75	8.75	0.00
						TOTAL DCN		105.50	105.50	0.00

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
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SFSITENO 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
TAIMI, KAT	E1A189	4TFA725H06	H	0TRT958104	21	2113	99	135.00	135.00	0.00
TAIMI, KAT		4TFA725H06	H	000T958104	21	2111	99	37.50	0.00	37.50
TAIMI, KAT		4TFA725H06	H	000T958104	21	2117	99	10.00	0.00	10.00
						TOTAL DCN		182.50	135.00	47.50
SHECKELLS,	E1A198	4TFA725H06	H	0TRT958111	21	2113	99	135.00	135.00	0.00
SHECKELLS,		4TFA725H06	H	000T958111	21	2111	99	37.50	0.00	37.50
SHECKELLS,		4TFA725H06	H	000T958111	21	2117	99	10.00	0.00	10.00
						TOTAL DCN		182.50	135.00	47.50
WILLIS, NA	E1A199	4TFA725H06	H	0TRT958116	21	2113	99	135.00	135.00	0.00
WILLIS, NA		4TFA725H06	H	000T958116	21	2111	99	37.50	0.00	37.50
WILLIS, NA		4TFA725H06	H	000T958116	21	2117	99	10.00	0.00	10.00
						TOTAL DCN		182.50	135.00	47.50
PARKER, JE	AA0024	3TGB815T06	T	0TRT838113	21	2113	99	320.00	320.00	0.00
PARKER, JE		3TGB815T06	T	000T838113	21	2117	99	39.70	39.70	0.00
						TOTAL DCN		359.70	359.70	0.00
PARKER, JE	AA0568	3TGB815T06	T	0TRT991409	21	2113	99	164.00	164.00	0.00
PARKER, JE		3TGB815T06	T	000T991409	21	2111	99	89.11	89.11	0.00
PARKER, JE		3TGB815T06	T	000T991409	21	2117	99	66.00	66.00	0.00
						TOTAL DCN		319.11	319.11	0.00
	E28024	3TFA725M06	M	0081056601	41	4183	33	1,073,584.00	366,183.00	707,401.00
		3TFA725W06	W	0081056601	41	4183	33	919,703.00	117,180.00	802,523.00
						TOTAL DCN		1,993,287.00	483,363.00	1,509,924.00
KOSAKOWSKI	01T734	2TGB815T06	T	0TRT827884	21	2113	99	250.00	250.00	0.00
KOSAKOWSKI		2TGB815T06	T	000T827884	21	2111	99	71.70	71.70	0.00
KOSAKOWSKI		2TGB815T06	T	000T827884	21	2117	99	8.00	8.00	0.00
						TOTAL DCN		329.70	329.70	0.00
BITTER, PA	FC1001	4TFA05FH06	H	0TRTS42720	21	2113	05	225.00	0.00	225.00
BITTER, PA		4TFA05FH06	H	000TS42720	21	2111	05	10.00	10.00	0.00
BITTER, PA		4TFA05FH06	H	000TS42720	21	2117	05	25.00	25.00	0.00
BITTER, PA		4TGB05FT06	T	0TRTS40153	21	2113	05	110.00	110.00	0.00
BITTER, PA		4TGB05FT06	T	000TS40153	21	2111	05	179.02	179.02	0.00
BITTER, PA		4TGB05FT06	T	000TS40153	21	2117	05	55.90	55.90	0.00
						TOTAL DCN		604.92	379.92	225.00
BITTER, PA	FC1002	3TGB05FT06	T	0TRTS31641	21	2113	05	152.00	152.00	0.00

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TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
				31641		2114	05 see page 2			
BITTER, PA	FC1002	3TGB05FT06	T	000TS31641	21	2111	05	6.00	6.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS31641	21	2117	05	24.40	24.40 ✓	0.00
BITTER, PA		4TFA05FH06	H	0TRTS43135	21	2113	05	125.00	0.00 N.D.A	125.00
BITTER, PA		4TFA05FH06	H	000TS43135	21	2111	05	103.00	0.00 N.D.A	103.00
BITTER, PA		4TFA05FH06	H	000TS43135	21	2117	05	15.00	0.00 N.D.A	15.00
BITTER, PA		4TG805FT06	T	0TRTS40516	21	2113	05 ok per ticket stub	135.00	135.00 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS40516	21	2111	05	111.20	111.20 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS40516	21	2115	05	38.72	38.72 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS40516	21	2117	05	11.00	11.00 ✓	0.00
						TOTAL DCN		721.32	478.32	243.00
BITTER, PA	FC1003	3TG805FT06	T	0TRTS32512	21	2113	05	164.00	164.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS32512	21	2111	05	20.00	20.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS32512	21	2114	05	14.00	14.00 ✓	0.00
BITTER, PA		3TG305FT06	T	000TS32512	21	2117	05	23.00	23.00 ✓	0.00
BITTER, PA		4TG805FT06	T	0TRTS40810	21	2113	05 ok per ticket stub	135.00	135.00 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS40810	21	2111	05	116.20	116.20 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS40810	21	2117	05	50.45	50.45 ✓	0.00
						TOTAL DCN		522.65	522.65	0.00
BITTER, PA	FC1004	3TG805FT06	T	0TRTS32971	21	2113	05	154.00	154.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS32871	21	2111	05	60.78	60.78 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS32871	21	2114	05	20.00	20.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS32871	21	2117	05	25.70	25.70 ✓	0.00
						TOTAL DCN		260.48	260.48 ✓	0.00
BITTER, PA	FC1005	4TG805FT06	T	0TRTS41680	21	2113	05	110.00	110.00 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS41680	21	2111	05	126.20	126.20 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS41680	21	2115	05	47.43	47.43 ✓	0.00
BITTER, PA		4TG805FT06	T	000TS41680	21	2117	05	22.50	22.50 ✓	0.00
						TOTAL DCN		306.13	306.13	0.00
BITTER, PA	FC1006	3TG805FT06	T	0TRTS33627	21	2113	05	152.00	152.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS33627	21	2111	05	20.00	20.00 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS33627	21	2115	05	58.30	58.30 ✓	0.00
BITTER, PA		3TG805FT06	T	000TS33627	21	2117	05	43.01	43.01 ✓	0.00
BITTER, PA		4TG805FT06	T	0TRTS43045	21	2113	05	100.00	0.00 N.D.A	100.00
BITTER, PA		4TG805FT06	T	000TS43045	21	2111	05	75.00	0.00 N.D.A	75.00
BITTER, PA		4TG805FT06	T	000TS43045	21	2117	05	75.00	0.00 N.D.A	75.00
						TOTAL DCN		523.31	273.31	250.00
BITTER, PA	FC1007	3TG805FT06	T	0TRTS34592	21	2113	05	150.00	150.00 ✓	0.00

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BITTER, PA	FC1007	3TGB05FT06	T	000TS34592	21	2111	05	100.95	100.95	0.00
BITTER, PA		3TGB05FT06	T	000TS34592	21	2117	05	49.20	49.20	0.00
						TOTAL DCN		300.15	300.15	0.00
BITTER, PA	QC1001	3TFA05FH06	H	0TRTS30108	21	2113	05	138.00	138.00	0.00
BITTER, PA		3TFA05FH06	H	000TS30108	21	2111	05	21.50	21.50	0.00
BITTER, PA		3TFA05FH06	H	000TS30108	21	2114	05	20.00	20.00	0.00
BITTER, PA		3TFA05FH06	H	000TS30108	21	2117	05	32.91	32.91	0.00
						TOTAL DCN		212.41	212.41	0.00
BITTER, PA	QC1002	3TFA05FH06	H	0TRTS30531	21	2113	05	258.00	258.00	0.00
BITTER, PA		3TFA05FH06	H	000TS30531	21	2111	05	104.60	104.60	0.00
BITTER, PA		3TFA05FH06	H	000TS30531	21	2114	05	20.00	20.00	0.00
BITTER, PA		3TFA05FH06	H	000TS30531	21	2117	05	33.40	33.40	0.00
						TOTAL DCN		416.00	416.00	0.00
BITTER, PA	QC1003	3TFA05FH06	H	0TRTS31247	21	2113	05	135.00	135.00	0.00
BITTER, PA		3TFA05FH06	H	000TS31247	21	2111	05	55.93	55.93	0.00
BITTER, PA		3TFA05FH06	H	000TS31247	21	2114	05	14.00	14.00	0.00
BITTER, PA		3TFA05FH06	H	000TS31247	21	2117	05	31.83	31.83	0.00
						TOTAL DCN		236.76	236.76	0.00
BITTER, PA	QF1002	2TFA05FH06	H	0TRTS20410	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS20410	21	2111	05	67.25	67.25	0.00
BITTER, PA		2TFA05FH06	H	000TS20410	21	2117	05	47.44	47.44	0.00
						TOTAL DCN		226.69	226.69	0.00
BITTER, PA	QF1006	2TGB05GT06	T	0TRTS22166	21	2113	05	164.00	164.00	0.00
BITTER, PA		2TGB05GT06	T	000TS22166	21	2111	05	54.80	54.80	0.00
BITTER, PA		2TGB05GT06	T	000TS22166	21	2117	05	36.45	36.45	0.00
						TOTAL DCN		255.25	255.25	0.00
BITTER, PA	QF1007	2TFA05FH06	H	0TRTS22321	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS22321	21	2111	05	72.40	72.40	0.00
BITTER, PA		2TFA05FH06	H	000TS22321	21	2117	05	35.65	35.65	0.00
						TOTAL DCN		220.05	220.05	0.00
BITTER, PA	QF1008	2TFA05FH06	H	0TRTS23043	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23043	21	2111	05	59.48	59.48	0.00
BITTER, PA		2TFA05FH06	H	000TS23043	21	2114	05	20.00	20.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23043	21	2117	05	38.25	38.25	0.00
						TOTAL DCN		229.73	229.73	0.00

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BITTER, PA	QF1009	2TFA05FH06	H	0TRTS23150	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23150	21	2111	05	71.90	71.90	0.00
BITTER, PA		2TFA05FH06	H	000TS23150	21	2114	05	20.00	20.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23150	21	2117	05	40.15	40.15	0.00
						TOTAL DCN		244.05	244.05	0.00
BITTER, PA	QF1010	2TFA05FH06	H	0TRTS23362	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23362	21	2111	05	135.90	135.90	0.00
BITTER, PA		2TFA05FH06	H	000TS23362	21	2114	05	20.00	20.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23362	21	2117	05	42.40	42.40	0.00
						TOTAL DCN		310.30	310.30	0.00
BITTER, PA	QF1011	2TFA05FH06	H	0TRTS23418	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23418	21	2111	05	16.00	16.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23418	21	2114	05	20.00	20.00	0.00
BITTER, PA		2TFA05FH06	H	000TS23418	21	2117	05	9.45	9.45	0.00
						TOTAL DCN		157.45	157.45	0.00
BITTER, PA	QF1013	2TFA05FH06	H	0TRTS20645	21	2113	05	112.00	112.00	0.00
BITTER, PA		2TFA05FH06	H	000TS20645	21	2111	05	87.50	87.50	0.00
BITTER, PA		2TFA05FH06	H	000TS20645	21	2117	05	28.20	28.20	0.00
						TOTAL DCN		227.70	227.70	0.00
PANKANIN,	FC1008	3TGB05FT06	T	0TRTS34593	21	2113	05	150.00	150.00	0.00
PANKANIN,		3TGB05FT06	T	000TS34593	21	2111	05	63.35	63.35	0.00
PANKANIN,		3TGB05FT06	T	000TS34593	21	2117	05	53.75	53.75	0.00
						TOTAL DCN		267.10	267.10	0.00
PANKANIN,	ND1002	2TGB05GT06	T	0TRTS20249	21	2113	05	112.00	112.00	0.00
PANKANIN,		2TGB05GT06	T	000TS20249	21	2111	05	48.08	48.08	0.00
PANKANIN,		2TGB05GT06	T	000TS20249	21	2115	05	23.06	23.06	0.00
PANKANIN,		2TGB05GT06	T	000TS20249	21	2117	05	21.00	21.00	0.00
						TOTAL DCN		204.14	204.14	0.00
PANKANIN,	ND1003	2TGB05GT06	T	0TRTS20428	21	2113	05	112.00	112.00	0.00
PANKANIN,		2TGB05GT06	T	000TS20428	21	2111	05	60.72	60.72	0.00
PANKANIN,		2TGB05GT06	T	000TS20428	21	2115	05	39.49	39.49	0.00
PANKANIN,		2TGB05GT06	T	000TS20428	21	2117	05	19.20	19.20	0.00
						TOTAL DCN		231.41	231.41	0.00
PANKANIN,	N10002	1TEZ05ST06	T	000TS12448	21	2111	05	6.00	6.00	0.00
PANKANIN,		1TEZ05ST06	T	000TS12448	21	2115	05	22.73	22.73	0.00

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PANKANIN,	N10002	1TEZ05ST06	T	000TS12448	21	2117	05	14.70	14.70	0.00
						TOTAL DCN		43.43	43.43	0.00
PANKANIN,	QF1005	2TG805GT06	T	0TRTS20837	21	2113	05	112.00	112.00	0.00
PANKANIN,		2TG805GT06	T	000TS20837	21	2111	05	69.04	69.04	0.00
PANKANIN,		2TG805GT06	T	000TS20837	21	2117	05	14.70	14.70	0.00
						TOTAL DCN		195.74	195.74	0.00
	01T576	2TG8815T06	T	0068016425	25	2535	22	34,325.00	0.00	34,325.00
						TOTAL DCN		34,325.00	0.00	34,325.00
LEININGER,	D81001	2TG805GT06	T	0TRTS21724	21	2113	05	112.00	112.00	0.00
LEININGER,		2TG805GT06	T	000TS21724	21	2111	05	76.26	76.26	0.00
LEININGER,		2TG805GT06	T	000TS21724	21	2117	05	57.00	57.00	0.00
						TOTAL DCN		245.26	245.26	0.00
LEININGER,	D81003	2TG805GT06	T	0TRTS22565	21	2113	05	112.00	112.00	0.00
LEININGER,		2TG805GT06	T	000TS22565	21	2111	05	139.80	139.80	0.00
LEININGER,		2TG805GT06	T	000TS22565	21	2117	05	23.20	23.20	0.00
						TOTAL DCN		275.00	275.00	0.00
LEININGER,	D81004	2TG805GT06	T	0TRTS22991	21	2113	05	112.00	112.00	0.00
LEININGER,		2TG805GT06	T	000TS22991	21	2111	05	71.10	71.10	0.00
LEININGER,		2TG805GT06	T	000TS22991	21	2117	05	79.00	79.00	0.00
						TOTAL DCN		262.10	262.10	0.00
LEININGER,	D81005	2TG805GT06	T	0TRTS23054	21	2113	05	112.00	112.00	0.00
LEININGER,		2TG805GT06	T	000TS23054	21	2111	05	193.85	193.85	0.00
LEININGER,		2TG805GT06	T	000TS23054	21	2117	05	63.00	63.00	0.00
						TOTAL DCN		368.85	368.85	0.00
LEININGER,	D81006	2TG805GT06	T	0TRTS23275	21	2113	05	112.00	112.00	0.00
LEININGER,		2TG805GT06	T	000TS23275	21	2111	05	80.00	80.00	0.00
LEININGER,		2TG805GT06	T	000TS23275	21	2117	05	51.00	51.00	0.00
						TOTAL DCN		243.00	243.00	0.00
LEININGER,	D81007	2TG805GT06	T	0TRTS23397	21	2113	05	112.00	112.00	0.00
LEININGER,		2TG805GT06	T	000TS23397	21	2111	05	87.77	87.77	0.00
LEININGER,		2TG805GT06	T	000TS23397	21	2117	05	55.00	55.00	0.00
						TOTAL DCN		254.77	254.77	0.00
LEININGER,	D81008	2TG805GT06	T	0TRTS23582	21	2113	05	119.00	119.00	0.00

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
FMD OBJECT CLASSES
AS OF MAY 8,1984
PREPARED BY R. HOFFMAN

SFSITEND 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
LEININGER,	DB1008	2TG805GT06	T	000TS23682	21	2111	05	80.19	80.19 ✓	0.00
LEININGER,		2TG805GT06	T	000TS23682	21	2117	05	51.90	51.90 ✓	0.00
						TOTAL DCN		251.09	251.09 ✓	0.00
LEININGER,	DD1001	3TG805FT06	T	0TRTS31535	21	2113	05	138.00	138.00 ✓ } 176 50	0.00
LEININGER,		3TG805FT06	T	000TS31535	21	2111	05	7.50	7.50 ✓	0.00
LEININGER,		3TG805FT06	T	000TS31535	21	2117	05	31.00	31.00 ✓	0.00
LEININGER,		3TJ857BT06	T	0TRTS30090	21	2113	05	134.00	134.00 ✓ } 456 10	0.00
LEININGER,		3TJ857BT06	T	000TS30090	21	2111	05	270.60	270.60 ✓	0.00
LEININGER,		3TJ857BT06	T	000TS30090	21	2117	05	51.50	51.50 ✓	0.00
LEININGER,		4TG805FT06	T	0TRTS43037	21	2113	05	120.00	0.00 ✓ } 390 33	120.00
LEININGER,		4TG805FT06	T	000TS43037	21	2111	05	179.33	179.33 ✓	0.00
LEININGER,		4TG805FT06	T	000TS43037	21	2117	05	91.00	91.00 ✓	0.00
LEININGER,		4TJ805BT06	T	000TS40947	21	2117	05 SEE LEININGER PG 2	42.00	42.00 ✓ SEE PG 2	0.00
						TOTAL DCN		1,064.93	944.93	120.00
LEININGER,	DD1002	3TJ857BT06	T	0TRTS30468	21	2113	05	211.00	211.00 ✓ } 252 00	0.00
LEININGER,		3TJ857BT06	T	000TS30468	21	2111	05	18.00	18.00 ✓	0.00
LEININGER,		3TJ857BT06	T	000TS30468	21	2117	05	23.00	23.00 ✓	0.00
LEININGER,		4TJ805BT06	T	0TRTS41678	21	2113	05	125.00	125.00 ✓ } 365 00	0.00
LEININGER,		4TJ805BT06	T	000TS41678	21	2111	05	155.00	155.00 ✓	0.00
LEININGER,		4TJ805BT06	T	000TS41678	21	2117	05	85.00	85.00 ✓	0.00
						TOTAL DCN		617.00	617.00	0.00
LEININGER,	DD1003	3TG805FT06	T	0TRTS31843	21	2113	05	157.00	157.00 ✓ } 528 16	0.00
LEININGER,		3TG805FT06	T	000TS31843	21	2111	05	325.16	325.16 ✓	0.00
LEININGER,		3TG805FT06	T	000TS31843	21	2117	05	46.00	46.00 ✓	0.00
LEININGER,		3TJ857BT06	T	0TRTS34604	21	2113	05	152.00	152.00 ✓ } 317.16	0.00
LEININGER,		3TJ857BT06	T	000TS34604	21	2111	05	88.16	88.16 ✓	0.00
LEININGER,		3TJ857BT06	T	000TS34604	21	2117	05	77.00	77.00 ✓	0.00
LEININGER,		4TJ805BT06	T	0TRTS41780	21	2113	05	135.00	135.00 ✓ }	0.00
LEININGER,		4TJ805BT06	T	000TS41780	21	2111	05	153.96	153.96 ✓	0.00
LEININGER,		4TJ805BT06	T	000TS41780	21	2117	05	86.00	86.00 ✓	0.00
						TOTAL DCN		1,220.28	1,220.28	0.00
LEININGER,	DD1004	3TG805FT06	T	0TRTS32208	21	2113	05	141.00	141.00 ✓	0.00
LEININGER,		3TG805FT06	T	000TS32208	21	2111	05	9.00	9.00 ✓	0.00
LEININGER,		3TG805FT06	T	000TS32208	21	2117	05	65.00	65.00 ✓	0.00
						TOTAL DCN		215.00	215.00 ✓	0.00
LEININGER,	DD1005	3TG805FT06	T	0TRTS31135	21	2113	05	157.00	157.00 ✓	0.00
LEININGER,		3TG805FT06	T	000TS31135	21	2111	05	194.75	194.75 ✓	0.00

+ 246 35 Reimbursement by traveller 211 00

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
FMD OBJECT CLASSES
AS OF MAY 8,1984
PREPARED BY R. HOFFMAN

SFSITENO 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
LEININGER,	DD1005	3TGB05FT06	T	000TS31135	21	2117	05	27.00	27.00	0.00
						TOTAL DCN		378.75	378.75	0.00
LEININGER,	DD1006	3TGB05FT06	T	0TRTS32516	21	2113	05	154.00	154.00	0.00
LEININGER,		3TGB05FT06	T	000TS32516	21	2111	05	10.00	10.00	0.00
LEININGER,		3TGB05FT06	T	000TS32516	21	2117	05	68.00	68.00	0.00
						TOTAL DCN		232.00	232.00	0.00
LEININGER,	DD1007	3TGB05FT06	T	0TRTS32700	21	2113	05	154.00	154.00	0.00
LEININGER,		3TGB05FT06	T	000TS32700	21	2111	05	9.00	9.00	0.00
LEININGER,		3TGB05FT06	T	000TS32700	21	2117	05	71.00	71.00	0.00
						TOTAL DCN		234.00	234.00	0.00
LEININGER,	ND1001	2TGB05GT06	T	0TRTS20253	21	2113	05	112.00	112.00	0.00
LEININGER,		2TGB05GT06	T	000TS20253	21	2111	05	31.00	31.00	0.00
LEININGER,		2TGB05GT06	T	000TS20253	21	2117	05	56.08	56.08	0.00
						TOTAL DCN		199.08	199.08	0.00
LEININGER,	ND1004	2TGB05GT06	T	0TRTS20815	21	2113	05	112.00	112.00	0.00
LEININGER,		2TGB05GT06	T	000TS20815	21	2111	05	79.04	79.04	0.00
LEININGER,		2TGB05GT06	T	000TS20815	21	2117	05	48.78	48.78	0.00
						TOTAL DCN		239.82	239.82	0.00
LEININGER,	QF1004	2TGB05GT06	T	0TRTS20690	21	2113	05	112.00	112.00	0.00
LEININGER,		2TGB05GT06	T	000TS20690	21	2111	05	11.00	11.00	0.00
LEININGER,		2TGB05GT06	T	000TS20690	21	2117	05	42.00	42.00	0.00
						TOTAL DCN		165.00	165.00	0.00
LEININGER,	506090	3TJB785T06	T	0TRT784799	21	2113	05	140.00	140.00	0.00
LEININGER,		3TJB785T06	T	000T784799	21	2111	05	6.00	6.00	0.00
LEININGER,		3TJB785T06	T	000T784799	21	2117	05	55.00	55.00	0.00
						TOTAL DCN		201.00	201.00	0.00
TALIAFERRO	DB1002	2TGB05GT06	T	0TRTS22563	21	2113	05	112.00	112.00	0.00
TALIAFERRO		2TGB05GT06	T	000TS22563	21	2111	05	121.50	121.50	0.00
TALIAFERRO		2TGB05GT06	T	000TS22563	21	2117	05	49.95	49.95	0.00
						TOTAL DCN		283.45	283.45	0.00
GRUNDLER,	AA0573	3TGB815T06	T	0TRT965666	21	2113	99	246.00	246.00	0.00
GRUNDLER,		3TGB815T06	T	000T965666	21	2111	99	43.90	43.90	0.00
GRUNDLER,		3TGB815T06	T	000T965666	21	2117	99	15.00	15.00	0.00
						TOTAL DCN		304.90	304.90	0.00

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
FMO OBJECT CLASSES
AS OF MAY 8,1984
PREPARED BY R. HOFFMAN

SFSITENO 06

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	MAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
HANSELL, M	FC1005	3TGB05FT06	T	0TRTS33368	21	2113	05	154.00	154.00	0.00
		3TGB05FT06	T	000TS33368	21	2111	05	53.37	53.37	0.00
		3TGB05FT06	T	000TS33368	21	2117	05	23.00	23.00	0.00
						TOTAL DCN		230.37	230.37	0.00
	506107	4TJ8775T06	T	0TRT972198	21	2113	99	236.00	236.00	0.00
		4TJ3775T06	T	000T972198	21	2111	99	150.00	0.00	150.00
		4TJ8775T06	T	000T972198	21	2117	99	30.00	0.00	30.00
						TOTAL DCN		416.00	236.00	180.00
WOITTE, DE	506029	4TJ8775T06	T	000T974742	21	2111	99	139.09	139.09	0.00
WOITTE, DE		4TJ8775T06	T	000T974742	21	2114	99	62.22	62.22	0.00
						TOTAL DCN		201.31	201.31	0.00
WOITTE, DE	506087	4TJ8775T06	T	0TRT974744	21	2113	99	237.00	237.00	0.00
WOITTE, DE		4TJ8775T06	T	000T974744	21	2111	99	84.70	84.70	0.00
WOITTE, DE		4TJ8775T06	T	000T974744	21	2117	99	33.89	33.89	0.00
						TOTAL DCN		355.59	355.59	0.00
WOITTE, DE	506092	4TJ8775T06	T	0TRT972000	21	2113	99	238.00	238.00	0.00
WOITTE, DE		4TJ8775T06	T	000T972000	21	2111	99	79.46	79.46	0.00
WOITTE, DE		4TJ8775T06	T	000T972000	21	2117	99	74.76	74.76	0.00
						TOTAL DCN		392.22	392.22	0.00
WOITTE, DE	506187	3TJ8785T06	T	0TRT993248	21	2113	99	204.00	204.00	0.00
WOITTE, DE		3TJ8785T06	T	000T993248	21	2111	99	10.00	10.00	0.00
WOITTE, DE		3TJ8785T06	T	000T993248	21	2117	99	29.00	29.00	0.00
						TOTAL DCN		243.00	243.00	0.00
						TOTAL SFSITENO		2,178,525.69	556,734.75	1,621,790.94

HAZARDOUS SUBSTANCE RESPONSE SITE (06) (REILLY TAR)
FMD OBJECT CLASSES
AS OF MAY 8,1984
PREPARED BY R. HOFFMAN

TRAVELER NAME	DOC CONTRL NUMBER	ACCOUNT NUMBER	ACTY	OBLIG DOCUMENT NUMBER	PAJ OC	OBJT CLAS	SFO	CUMULATIVE OBLIGATIONS CURRENT+PRIOR	CUM PAYMENTS (EXCLUDING ADVANCES)	UNPAID OBLIGATIONS
						GRAND TOTAL		2,178,525.69	556,734.75	1,621,790.94

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

BUREAU DIVISION OR OFFICE: USEPA, Region V

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5A161 12/9/81

TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Bitter, Paul

b. SOCIAL SECURITY NO. non-responsive

6. PERIOD OF TRAVEL: a. FROM 11-12-81 b. TO 11-13-81

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, Chicago, Illinois 60604 C-040

d. OFFICE TELEPHONE NO. 886-3007

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS20410 b. DATE(S) 11-9-81

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State)

10. CHECK NO.

8. TRAVEL ADVANCE
- a. Outstanding
- b. Amount to be applied
- c. Amount due Government (Attached: [ ] Check [ ] Cash)
- d. Balance outstanding

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED
- b. AMOUNT RECEIVED $
- c. PAYEE'S SIGNATURE

11. PAID BY: PAID 001796

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5875:220:821 $112.00	AA	Coach	11-7-81	Chicago, Illinois	Minneapolis, Minnesot and return

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul C. Bitter DATE 11-19-81 AMOUNT CLAIMED ▶ $ 114 69

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ DATE 11/19/81

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
- a. VOUCHER NO.
- b. D.O. SYMBOL
- c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $ 114 69

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):

d. NET TO TRAVELER ▶ $ 114 69

18. ACCOUNTING CLASSIFICATION

TS20410

68-20X8145 QF1002 2TFA05FH06 2111 $67.25 ~~2114 $22.94~~ 2117 ~~$24.50~~ 41.44 G. Watts 6-7570

1012-114

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS20410

TRAVELER'S LAST NAME Bitter

DATE 19 81 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11-12	7:00AM	LV: Residence via POV								51	11 47		
	7:45am	AR: O'Hare											
	8:30AM	LV:O'Hare via NW#403											
	9:40am	AR: Minneapolis, MN bus to downtown						28 22					4 00
	10:30am	TDY MPCA via TAXI											8 50
11-13		TDY MPCA											
	4:50PM	LV: Minneapolis via #382											
	6:00pm	AR: Chicago, O'Hare + Parking											12 00
RB	8:30pm	AR: residence via POV								51	11 47		
		PER DIEM at $50 per day											
		1 3/4 days										67 25	
									SUBTOTALS ▶				
									TOTALS ▶		22 94	67 25	24 50

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

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

TOTAL AMOUNT $114.69

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 6 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to

TS-20410

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T [redacted]

2. DATE 11-9-81

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE Paul Bitter, Environmental Engineer

[redacted] NO.

non-responsive

5. OFFICIAL STATION/ORGANIZATION USEPA, Region V, Air & Hazardous Materiald Division, Office of Superfund, Superfund Sites Sec.

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S
STARTING DATE	ENDING DATE	☐ SGTR'S ☐ JTR'S
11-12-81	11-13-81	6b. CONSULTANT ☐ INTERMITTENT ☐ TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota.

TS-20410

Justification: To attend a meeting rescheduled from October 19, 1981 due to employee's sickness. The purpose of the meeting is to develop a scope of work necessary for futther action on Reilly Tar site and to assess the current technical putputs prodded by the Minnesota Pollution Control Agency consultants.

QF1002

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

7. DAILY METHOD OF REIMBURSEMENT

☒ PER DIEM $ 23 PLUS AVERAGE COST LODGING NTE $ 27 ☐ ACTUAL SUBS NTE $ _____ L SUBS GSA HRGA $ _____ AREA

OBLIGATED

8. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ R[illegible] OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO D(1) OR D(2)

☐ FOUND TO BE THE ADVANTAGE OF THE GOVERNMENT

☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

9. TDY ALLOWANCE AUTHORIZED		10. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
X	b. TAXI, LIMOSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC* #		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
0501 68-20X8145	

PURPOSE CODE K Dom.

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TFA05FH06	2111	$50	2141		2154		2134	
			2113	$112	2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117	$ 50	2151		2131		1217	
			TOTAL	$212						

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE R E Bartelt

NAME AND TITLE *(Typed)* R. E. Bartelt, Director, OSF

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE [signature]

NAME AND TITLE *(Typed)* David Kee, Director, A&HMD

EPA Form 2610-1 (Rev. 7-79) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHICGO, IL 60604

PAID BY

12/9/81 — RICHARD C. WALKER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
DEC 15 1981
SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SYMBOL: 68X0103

GR 6,446.40
AP 1,944.95
NET 4,501.45

Per OKA Wk. to 12/15/81 - misc Checks to D.A. Ronnica Reaiman, 230 S. Dearborn, Chicago, Ill. 60604 fw

X — ALIGN AREA

UNIT	SHEET NO.	AGENCY STATION NO.	SCHEDULE NUMBER	FOR DO USE ONLY
11	1 3	68-01-1005	5A161	

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
450145	

PAYEE'S NAME (If necessary, use Block 5 and/or additional sheets)	DETAILS (No. of number of items on continuation sheets)	AMOUNT	NO. CHECK	VOUCHER NO.
DOMINGO ABELLA	????	5000		1790GR6550 AP5000
JONATHAN BARNEY		10280		1791
DIANE BARTELT		1240		1792
RICHARD BARTELT		6395		1793
MICHAEL BERMAN		6300		1794
MICHAEL BERMAN		5400		1795
PAUL BITTER		11469		1796
JACK BRAUN		16147		1797GR47346 AP31199
DONALD J BRUCE		13605		1798GR28605 AP15000
TODD CAYER		24668		1799
MARGARET CORRIGAN		16041		1800GR26830 AP10789
KENNETH W BURCH		9803		1801
JEFFREY GAGLER		9265		1802
DEBORAH GARBER		32150		1803
GEORGE HAMPER		7385		1804
GEORGE HAMPER		5850		1805

//// 5A161 68011005 12/15/81

BEG CK NO. END CK NO.

32,793,521 - 32,793,574

ALIGN AREA | X

MEMORANDUM

ALIGN AREA | X

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	3	68-01-1005	5A161

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 2, 5, AND 7)	INVOICE NUMBER OR IDENTIFICATION (LINES 3, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
HARLAN HIRT		11457		1806
HARLAN HIRT		9243		1807
HARLAN HIRT		17475		1808
HARLAN HIRT		11566		1809GR26566 AP15000
HARLAN HIRT		1310		1810
ANTHOY	????			
ANTHONY HOLOSKA		5062		1811
JAMES HOOPER		3784		1812
KATHLEEN HOMER		24317		1813GR39317 AP15000
DAVID KEE		6369		1814
DAVID KEE		19417		1815
DAVID KEE		4922		1816
DAVID KEE		2916		1817GR32916 AP30000
DAVID KEE		1842		1818GR31842 AP30000
DAVID KEE		9944		1819
PETER KELLY		10439		1820
MICHAEL KOERBER		2500		1821GR7500 AP5000
GREGG KULMA		4423		1822GR4660 AP237
ROBERT LEININGER		900		1823GR5900 AP5000
JONATHAN MCPHEE		9420		1824GR16920 AP7500
JONATHAN MCPHEE		9350		81825

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA X

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	3	3	68-01[illegible]-1005	5A161

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OR REFERENCE IDENTIFICATION LINES 1, 3, 5 AND 7 LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
WILLIAM MUNO	4100		1826
WILLIAM MUNO	3005		1827
MICHAEL MUTNAN	2441		1828
NORMAN NIEDERGANG	3061		1829
STEVE OSTRODKA	6185		1830
MICHAEL C OTOOLE	14716		1831GR29716 AP15000
JAMES PANKANIN	11941		1832
CHARLES PYCHA	7350		1833
STEVE ROTHBLATT	3300		1834GR4400 AP1100
DAVID SCHULZ	5120		1835GR12620 AP7500
JANE SCHULTEIS	~~3000~~		~~1836~~
SIMON SHELDON	6550		1837
CHARLES SUTFIN	8400		1838
GREGORY VANDERLAAN	3430		1839GR4600 AP1170
MARK VENDL	3695		1840
HOWARD ZAR	6712		1841
HOWARD ZAR	10510		1842
HOWARD ZAR	2425		1843
DOMINGO ABELLA	1550		1790GR6550 AP5000

////

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

686

PAID BY

1/24/81

RICHARD C. WALKER

Richard C. Walker

DATE

APPROPRIATION SUMMARY

68X0108 11,531.00

NOV 30 1981

SYMBOL 2080
CHICAGO, ILL.

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	1	68-01-1005	T5005

FOR D.C. USE ONLY

MEMORANDUM

GRAND TOTAL	NO CHECK TOTAL
1153100	

PAYEE AND DEVELOPMENT OF PAYMENT	ADDRESS INVOICE NUMBER OTHER IDENTIFICATION	AMOUNT	CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1153100		272-349

T5005 68011005 11/30/81

BEG CK NO. FND CK NO.

81,344,301 - 81,344,301

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

BUR VOU NO 272-349

SCHED NO T5005

THE UNITED STATES, DR , TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P. O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 111-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (Check one)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,423	11,531 00
TOTAL NUMBER OF PSGRS: (79)	

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

bjf

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	11,531 —
VERIFIED BY (SIGNATURE OR INITIALS)	Rachel P. Holmlund

TOTAL CLAIMED ➤ 11,531 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA FPMR (41 CFR)

AGENCY (Name & Address)	GTR NUMBER	
E.P.A.	D-7,632,423	
	PERIOD (From - To)	
	01 NOV THRU 15 NOV '81	

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
11109	5875220795 1	16800	HOLOSKA
	797 1	7800	FILIPPINI
	818 1	10600	CANAVAN
	821 1	11200	BITTER
	824 1	9000	ADAMS
	832 1	11100	KULMA
			TAYLOR
	4000730673	49300	RLEMANN
11116	5875220839 1	11200	PANKANIN
	844 1	12000	ADAMKUS
	845	12000	UEFFLN
	846 1	10800	BOLDEN
	866 1	14600	KYTE
11125	875220971 1	24400	STRODKA
	972 1	11200	HIRT
	973	25400	MADDOX
	976	11200	HIRT
	978	16400	SANDERS
	979 1	15800	BEAUN
	980 1	15800	BRUCE
	981 1	15800	WALDNOGEL
	982 1	15800	TOOLE

REVIEWED BY:	DATE: 11/15/81	PAGE TOTAL: 3162.00
APPROVED BY:	DATE:	GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS 1296 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)

BUREAU DIVISION OR OFFICE: USEPA, Region V

[X] TEMPORARY [illegible] [ ] PERMANENT [illegible] OF STATION

4. SCHEDULE NO. 5A218 1/12/82

5. PERIOD OF TRAVEL: a. FROM 12-16-81 b. TO 12-17-81

6. TRAVEL AUTHORIZATION: a. NUMBER(S) TS20645 b. DATE(S) 12-3-81

TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Bitter, Paul

b. SOCIAL SEC[illegible] [redacted] non-responsive

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, Chicago, Illinois 60604

d. OFFICE TEL[illegible]: 886-300[illegible]

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State): Chicago, Illinois

10. CHECK NO.

11. PAID BY: 002507

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: [ ] Check [ ] Cash)
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in [illegible] with reimbursable transportation charges described below, purchased under cash payment procedure [illegible] FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL: PAID	TO (f)
$112.00	AA	Coach	12-9-81	Chicago, Illinois	Minneapolis, Minnesota and return

RECEIVED RESOURCES MGT FINANCE OFFICE DEC 31 54 AM

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment [illegible] has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during [illegible] period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R. Bitter DATE 12/[illegible]/81

AMOUNT CLAIMED ▶ $ 115.70

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may [illegible] in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Gregory Vanderlaan DATE 12/19/81

17. FOR FINANCE OFFICE USE ONLY
a. DIFFERENCES, IF ANY (Explain and show amount)
b. TOTAL [illegible] CHARGE [illegible] $ 115.70
c. APPLIED [illegible] TRAVEL ADVANCE (Approp[illegible] symbol): $
d. [illegible] TO TRAVELER ▶ $ 115.70

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
68-20X8145 QF1013 2TFA05FH06
2111 $87.50
~~2114 $13.00~~
$15.20
28.20
115.70

G. Watts
6-7570

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

1012-114

TS20645

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS20645

TRAVELER'S LAST NAME Bitter

DATE 19 81 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/16	10:40	LV:EPA Office via POV								15	3 00		
	12:50	LV: Chgo. O'Hare											
	2:00	AR: Minneapolis, MN 1 mo to Hotel						34 56	34 56			34 56	
		TDY MPCA+ 4/phone calls (Business)			15 00	15 00			15 00				2 00
12/17		TDY USCG											
	9:15pm	LV: Minneapolis via NWI											
	10:15	AR: Chgo. O'Hare											
		LV: O'Hare via POV+Parking								50	10 00		12 00
	11:15	AR: residence and Tolls											1 20
		PER DIEM at $23+27=$50											
		7 quarters=										28 87 50	
									SUBTOTALS ▶				
									TOTALS ▶		13 00	87 50	15 20

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

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

TOTAL AMOUNT 115.70

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required for

20645

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T xxxxxxxxxxxxxxxxxx
2. DATE 12-3-81

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
USEPA, Region V, A&HMD, Office of Superfund, Superfund Sites Section

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
12-16-81	12-17-81

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

MINNEAPOLIS, MN
MNMINNEA

From Chicago, Illinois to Minneapolis, Minnesota and return.

Justification: To attend U.S. Geological Survey meeting with MPCA, City of St. Louis Park, MDH, EPA and all consultants which have worked on various studies for the Reilly Tar site. Initiation of community relation plan for the Reilly Tar site will be formalized.

QF1013 TS20645

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[X] PER DIEM $ 23 per day US AVERAGE [ ] ACTUAL SUBS NTE $ _____ [ ] ACTUAL SUBS GSA HRGA $ _____
COST LODGING NTE $ 27 _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Home, etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8185	2

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TFA05FH06	2111	$50	2131		2143		2154	
			2113	$112	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	$50	2141		2153		1217	
			TOTAL	$212						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE
R E Bartelt

NAME AND TITLE *(Typed)*
R. E. Bartelt, Director, AAGSF

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE
[signature]

NAME AND TITLE *(Typed)*
David Kee, Director, A&HMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H.

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TR INSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION SO DESIGNATED HEREON OR ATTACHED

1/12/82 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JAN 19 1982

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108

GR 2,489.53
AP 789.90
NET 1,699.63

DESIGNATED AGENT
RONALD PEARMAN

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A218

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO CHECK TOTAL
169963	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
VALDAS V ADAMKUS		12523		2503
ALLEN ADCOCK		2010		2504GR7910 AP5900
DIANE BARTELT		1815		2505
RICHARD E BARTELT		4310		2506
PAUL BITTER		11570		2507
CHARLES G CASTLE		23500		2508
IRVIN DZIKOWSKI		8742		2509
LOUISE C GROSS		7794		2510
JOSEPH F HARRISON		3650		2511
JACOBS M KAYE		1955		2512GR16955 AP15000
LARRY JENSEN		1656		2513
DAVID KEE		4785		2514GR19785 AP15000
PETER KELLY		9573		2515
JOEL MORBITO		3611		2516GR8611 AP5000
MICHAEL MUTMAN		4336		2517GR11836 AP7500

////

5A218 68011005 01/19/82

D O CHECK NUMBERS

2

BEG CK NO. END CK NO.

82,935,669 - 82,935,691

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X					X	ALIGN AREA

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	5A218

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
PETER OLSEN		6160		2518
TIMOTHY OMARA		7200		2519GR22200 AP15000
MICHAEL O TOOLE		10000		2520
ANTHOY RESTAINO		2600		2521
ANTHONY RUTTER		12520		2522GR27520 AP15000
KAREN WALDVOGEL		6245		2523GR6835 AP590
GENE WOJCIK		3175		2524
MARION YOUNG		20233		2525
////				

5
4
3
2
1
0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	6858 ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

1053

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

DEC 31 1981

SYMBOL 2080
CHICAGO, ILL

12/21/81
DATE

RICHARD C. WALKER
AUTHORIZED CERTIFYING OFFICER

OPERATION SUMMARY

68X0108 9,632.00

ALIGN AREA	X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5009

GRAND TOTAL	NO-CHECK TOTAL
963200	

FOR D O USE ONLY

MEMORANDUM

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 5 AND 7)	INVOICE NUMBER (LINES 2 AND 3)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	963200		436-498

T5C09 68011C09 12/31/81

BEG CK NO. END CK NO.

33,C37,314 - 33,C37,314

BEGINNING

ENDING

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
) S. Dearborn
.icago, Illinois 60604

BUR VOU NO

SCHED NO.
T5009

THE UNITED STATES, DR , TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
121-0332

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,425	9632 00

TOTAL NUMBER OF PSGRS: (63)

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

bjf

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ 9,632 00

VERIFIED BY (SIGNATURE OR INITIALS) Dna J. White

TOTAL CLAIMED ➤ 9632 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)	OTR NUMBER	PERIOD (From - To)
E.P.A.	D-7, 632, 425	01 DEC THRU 15 DEC '81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
12 09	5875472329	11000	HIRT
	336	11000	FRUMM
	334	11200	BITTER
	336	10600	CANAVAN
	337	11900	TALBERT
12 10	5875492387	15800	MADANY
	391	15800	KUSH
	392	15200	OSTRODKA
	393	15800	BARTELT
	394	15800	VANDERLAAN
	395	15800	RUTTER
	396	15800	DIEFFENBACH
	397	16400	JENSEN
	398	16400	NEUBERGER
12 11	5875472453	11800	DZIKOWSKI
12 14	5875472513	9000	FRUMM
	517	16400	BAKK
	520	16400	GROSS
	521	11200	HARRISON
	531	24400	MORBITO
	532	16400	KELLY
	533	16400	JACOBSON

REVIEWED BY:	DATE: 15 DEC '81	PAGE TOTAL: 2570.00	
APPROVED BY:	DATE:	GRAND TOTAL:	

GENERAL SERVICES ADMINISTRATION

SB-1206 (4-80)

ead the Privacy Act
Statement on the back)

☐ PERMANENT CHANGE OF STATION

4. SCHEDULE NO. 5A595 5/24/82

a. NAME (Last, first, middle initial): BITTER PAUL R

b. SOCIAL SECURITY NO.: [redacted] non-responsive

6. PERIOD OF TRAVEL
a. FROM: 5-5-82
b. TO: 5-6-82

c. MAILING ADDRESS (Include ZIP Code): 5 HR-TUB, 111 W JACKSON BLVD, CHICAGO IL 60604

00129

d. OFFICE TELEPHONE NO.: 886-3007

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS-22166
b. DATE(S): 5/3/82

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE (City and State): MATTESON IL

10. CHECK NO.

TRAVEL ADVANCE
Outstanding
Amount to be applied
Amount due Government (Attached: ☐ Check ☐ Cash)
Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

006038

GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876:534:709	164		COACH	5/4/82	CHICAGO AND	WASHINGTON DC RETURN

RECEIVED ... 11 06 AM '82

PAID PAID

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

AVELER IN HERE ▶ Paul R Bitter DATE 5/7/82 AMOUNT CLAIMED ▶ $ 91.25

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

5.7.82

PROVING FICIAL IN HERE ▶ [signature] DATE 8/7/82

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 91.25
Certifier's Initials:
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▶ $ 91.25

LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
THORIZED RTIFYING FICIAL N HERE ▶ DATE

ACCOUNTING CLASSIFICATION
68-20X8145 2TGB05GT06 TS 22166 - QF1006 2111 - 54.80 2111 - 31.45

:14-

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: BITTER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5/5	5:30AM	POV DEPT. RESIDENCE TO OHARE		~~5~~	~~2~~	~~7~~				50	10 00		TOLLS 1 20
5/5	7:AM	DEPT OHARE AA 452	—	5	5	10		44 80	54 80			54 80	
5/5		TDY WASHINGTON											
5/6	7:AM	DEPT HOTEL TO AIRPORT											TAXI 8 00
5/6	8:AM	DEPT WASHINGTON UA 445											
5/6	5:PM	ARRIVE RESIDENCE VIA WORK								50	10		[redacted] 7 25 OHARE PARKING
									SUBTOTALS ▶		20	54 80	16 45
									TOTALS ▶		20	54 80	16 45

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to provide the information (other than SSN) required in

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

91.25

TOTAL AMOUNT

17 22164

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 687477

2. DATE May 3, 1982

3. NAME AND TITLE Paul Bitter - Environmental Engineer

4. SOCIAL SECURITY NO. [redacted] non-responsive

5. OFFICIAL STATION/ORGANIZATION Waste Management Division, Remedial Response Branch Section II - USEPA, REGION V

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
5-5-82	5-6-82

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

FROM: Chicago, Illinois to Washington, D.C. and return DCWASHI

PURPOSE: To attend NCP Discussion and its impact on the Reilly Tar Project. Also will bried HQ on scope and status of Reilly Tar Project.

TS 22166 QF1006

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

7. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ _____ AREA

8. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*

c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. [ ] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO D(1) OR D(2)

[X] COUNCIL TO BE THE ADVANTAGE OF THE GOVERNMENT

[ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

9. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC* # _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

10. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

	APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
0501	68-20X8145	

PURPOSE CODE DOMESTIC M

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	$150.00	2141		2154		2134	
			2113	164.00	2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117	50.00	2151		2131		1217	
			TOTAL	$364.00						

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE [signature]

NAME AND TITLE *(Typed)* R. E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE [signature]

NAME AND TITLE *(Typed)* B. G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-79) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

ATF-H 2000

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY — TO VOUCHER NUMBER

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHICAGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION SYMBOLS DESIGNATED HEREIN OR ON SUPPORTING PAPERS.

PAID BY

5/24/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
MAY 27 1982
SYMBOL 2082
CHICAGO, ILL

APPROPRIATION SUMMARY

68X0103

DESIGNATED AGENT
RONALD PEARMAN

GR	3,474.63
AP	1,230.75
NET	2,243.88

ALIGN AREA: X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A595

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
224338	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
JONATHAN BARNEY		3949		6835GR16449 AP12500
PAUL BITTER		9125		6836
JACK BRAUN		11314		6037GR21314 AP10000
JACK BRAUN		26277		6038
DALE BRYSON		371		6039GR10371 AP10000
RICHARD DALTON		10400		6040GR17900 AP7500
JAMES FILIPPINI		10541		6041
JERROLD FRUMM		437		6042GR15512 AP15075
JERROLD FRUMM		4850		6043
MICHAEL ELAM		10330		6044GR15830 AP5500
MICHAEL ELAM		13111		6045
LIBBY HALPERIN		8526		6046
DAN HOPKINS		16665		6047
JOHN KELLEY		700		6048
JOHN KELLEY		2045		6049GR12045 AP10000

5A595 66011CC5 05/27/82

D O CHECK NUMBERS: 2

BEG CK NO: 51,661,242 — END CK NO: 51,661,271

BEGINNING | ENDING

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIEN AREA | ALIEN AREA

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	63-01-1005	5A595

PAYEE AND IF NECESSARY, ADDRESS (LINES 1, 3, 5, AND 7)	INVOICE NUMBER, OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
CHARLES LUCZAK		7473		6050
PATRIC MCCOY		7945		6051
JONATHAN MCPHEE		11634		6052GR21634 AP10000
JAMES MAYKA		9993		6053
ROBERT NEWPORT		2265		6054
EUGENIA NIEMIEC		5100		6055GR10100 AP5000
MICHAEL OTOOLE		3900		6056
JAMES PANKANIN		4094		6057
MICHELE ROCAWICH		4100		6058GR11600 AP7500
PETER SMITH		5591		6059
CHARLES SUTFIN		14096		6060
PIERRE TALBERT		768		6061GR10768 AP10000
DAVID ULLRICH		2907		6062GR17907 AP15000
STEPHANIE VALENTINE		9288		6063
GARY VICTORINE		1588		6064GR6588 AP5000

////

5
4
3
2
1
0

VOUCHER AND SCHEDULE OF PAYMENTS

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

2875

PAID BY

6/82
DATE

RACHEL P. HOLTLUND
AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

68X0108 23429.15

SYMBOL 2082 JUN 18, 198
68-01-1005 T5026
BEG CK NO. END CK NO.
01,803,401 01,803,401

ALIGN AREA	X

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR DO USE ONLY
11	1	1	68-01-1005	T5026	

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2342915	

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 2 3 AND 7	LINES 2 4 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	P.O. BOX 371608 M	2342915		M1328-1478

5
3
2

NO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
77 S. Dearborn
Chicago, Il 60604

BUR VOU NO 1328-1478

SCHED NO. ~~1~~ T5026

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

PAID

CARRIERS BILL NUMBER 052-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT	
D-7,632,595	23,429	15
TTL PAX THIS BILL (151)		

MEMORANDUM

pe

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	23,429	15

VERIFIED BY (SIGNATURE OR INITIALS) Ora Jan White

TOTAL CLAIMED ➤	23,429	15

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): E.P.A.

GTR NUMBER: D-7,632,595

PERIOD (From - To): MAY 01 - MAY 15 '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
X 050458765349	7091	16400	BITTER
	7111	27700	GARBER
	7132	16400	BRYSON
050558765349	7221	16400	LEININGER
	7234	14000	VENDL
	7255	9000	FRUMM
	7278	8200	ULLRICH
	7299	11200	FREY
	8223	90000	STRODKA
	8243	9000	BALMAT
	8271	23400	TORREMBA
	8275	16400	RUTTER
	8290	14600	PEARSON
	8302	16400	MEYER
	8318	16400	WALKER
	8329	12600	WALKER
	8340	12600	PATTI
	8361	11000	BREMER
	8372	16400	ELAM
	8392	16400	MCPHEE
	8405	20300	KELLEH
	9041	14600	SAYROPOULOU

REVIEWED BY: DATE: 15MAY'82 PAGE TOTAL: 3110.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS-1298 (4-80)

(See the Privacy Act Statement on the back)

☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

4. SCHEDULE NO. SA678 6/1/82

TRAVELER (PAYEE)

a. NAME (Last, first, middle initial) BITTER PAUL R

non-responsive

6. PERIOD OF TRAVEL
a. FROM 5/16/82 b. TO 5/17/82

c. MAILING ADDRESS (Include ZIP Code) 00013
111 W JACKSON BLVD.
CHICAGO IL 60604

d. OFFICE TELEPHONE NO. 886-3007

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS-22321 b. DATE(S) 5/12/82

e. PRESENT DUTY STATION CHICAGO, IL.

f. RESIDENCE (City and State) MATTESON, IL.

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
Balance outstanding 1

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY 086263

GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876:535:667	$112	SATO	COACH	5/14/82	CHICAGO, IL	MINNEAPOLIS, MN and return

RECEIVED
FINANCIAL MANAGEMENT BRANCH
MAY 20 5 15 PM '82

PAID

12. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 5/18/82 AMOUNT CLAIMED ▶ $ 108.05

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

13. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 5/18/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: $108.05

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):

d. NET TO TRAVELER ▶ $108.05

LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

14. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE 5/18/82

ACCOUNTING CLASSIFICATION

68-20X8145 2TFA05FH06 2111 72.40 ~~2114 20.90~~ 2117 ~~15.65~~ 35.65 108.05

QF1007 TS22321

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: BITTER

DATE 1982 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: .20 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5/16	5:PM	DEPART RESIDENCE POV TO OHARE								50	$10		TOLLS 1.20
	6:50 PM	DEPT. OHARE NW341											
	8: PM	ARRIVE MINNEAPOLIS TDY			15 00	15 00		44 40	59 40			59 40	LIMO A/C
5/17	8: AM	PBO TO ST. LUIS PARK MEETING											
	5: PM	DEPART MEETING PBO TO AIRPORT	3 00	10 00			13 00		13 00			13 00	
	5:50 PM	DEPART MINN. NW 458											
	7:20 PM	ARRIVE OHARE											
	8:50PM	ARRIVE RESIDENCE POV								50	10		TOLLS 1.20
													PARKING 7.25
													15 65
									SUBTOTALS ▶		20	72 40	15 40
									TOTALS ▶		20	72 40	15 65

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

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

TOTAL AMOUNT $ 108.05

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required in

TS 42341

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 687445

2. DATE May 12, 1982

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Paul Bitter - Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
U.S. EPA, Region V, Waste Management Division, Office of Superfund

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☐ SGTR'S	☐ JTR'S
5-16-82	5-17-82	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

FROM: Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

PURPOSE: To interview qualified consultants proposing work at the Reilly Tar site.

QF1007 2TFA05FH06 OBLIGATED

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

7. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

8. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO D(1) OR D(2)
☐ FOUND TO BE THE ADVANTAGE OF THE GOVERNMENT
☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM-ALLOWANCES

9. TDY ALLOWANCE AUTHORIZED	10. CHANGE OF STATION ALLOWANCES AUTHORIZED
a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
b. TAXI, LIMOSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
c. GOVMT OR CONTRACT RENTAL. BOAC #	c. REAL ESTATE EXPENSES
d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
e. REGISTRATION FEES	e. TEMPORARY QUARTERS
f. EXCESS BAGGAGE _____ LBS	f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
0501 68-20X8145	

PURPOSE CODE: DOMESTIC M K

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		~~2TFA05FH06~~	2111	$ 75	2141		2154		2134	
			2113	112	2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117	50	2151		2131		1217	
			TOTAL	$237.00						

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE R E Bartelt

NAME AND TITLE (Typed) R. E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE (Typed) B. G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-77) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D O VOU NO TRANSP

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER TO PAYMENT FROM THE APPROPRIATION DESIGNATED HEREIN OR ON SUPPORTING VOUCHERS

PAID BY

6/1/82 RACHEL P. HOLMLUND

DATE AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
JUN 21 1982
SYMBOL 2052
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0103 DESIGNATED AGENT RONALD PEARMAN

GR 2,257.40
AP 655.00
NET 1,602.40

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A618

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
160240	

PAYEE AND IF NECESSARY ADDRESS LINES 1 3 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
BRUCE BAKER		14291		6262
PAUL BITTER		10805		6263
DALE BRYSON		10395		6264GR17395 AP7500
DALE BRYSON		2400		6265GR12400 AP10000
DALE BRYSON		500		6266GR6000 AP5500
MARY CANAVAN		5000		6267
BERTRAM FREY		3425		6268GR8425 AP5000
PETER KELLY		8290		6269
ROBERT LEININGER		790		6270GR15790 AP15000
IRENE LITTLE		8275		6271
MICHAEL MACMULLEN		2895		6272
GARY MILBURN		8365		6273
GARY MILBURN		10337		6274
5 4 GLORIA MORAN		7015		6275
3 2 PETER OLSEN		3500		6276
1 0 ////				

5A618 68011CC5 06/02/82

D O CHECK NUMBERS

BEGINNING

USE FOR FIRST CHECK SERIAL

BEG CK NO. END CK NO.

01,460,445 - 01,460,470

ENDING

SERIAL NUMBER RANGE, IF APPLICABLE

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA XX

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	5A618

6/82

68X0108

ALIGN AREA X

FONT	SHEET	OF
11	1	1

GRAND TOT
2342915

AMERICAN AIRL
PITTSBURGH P/

////

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
SUZZANNE PROROK		2954		6277
WALTER REDMON		7312		6278
RUTH SASAKI		13750		6279
DAVID SCHULZ		1531		6280GR16531 AP15000
PETER SPYROPOULOS		3150		6281
CHARLES SUTFIN		8150		6282
CHARLES SUTFIN		7200		6283
EDITH TEBO		7751		6284
MICHAEL WALKER		3374		6285GR10874 AP7500
MITCHELL WRICH		6050		6286
MITCHELL WRICH		2235		6287
////				

5
4
3
2
1
0

D CHECK NUMBERS | BEC

USE

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
) S. Dearborn
Chicago, Il 60604

BUR VOU NO 1328-1478

SCHED NO. ~~tst~~ T5026.

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

PAID

CARRIERS BILL NUMBER 052-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,595	23,429	15
TTL PAX THIS BILL (151)		
TOTAL CLAIMED ➤	23,429	15

MEMORANDUM

pe

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	23,429	15

VERIFIED BY (SIGNATURE OR INITIALS) Ora Jan White

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 C) 101-4

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER	PERIOD (From - To)
E.P.A.	D-7,632,595	MAY 01-MAY 15'82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0514	5876535590	22000	OBRIEN
	592	19100	CONSTANTEL
	594	16400	REICHARD
	595	16400	REICAARD
	598	17000	SIMS
	618	34200	ATTERMEYER
	622	10800	HOPKINS
	629	10600	CAYER
	630	10600	HALPERIN
	646	10600	GREENING
	667	11200	BITTER
	4000909463	38000	JOHNSON

REVIEWED BY:	DATE: 15MAY'82	PAGE TOTAL: 216900
APPROVED BY:	DATE: 15MAY'82	GRAND TOTAL: 23429.15

GENERAL SERVICES ADMINISTRATION

RS 1206 (1-80)

...ent on the back)

☐ PERMANENT CHANGE OF STATION

4. SCHEDULE NO. 5A853 8/9/82

...AME (Last, first, middle initial)

BITHER Paul R

[redacted] non-responsive

6. PERIOD OF TRAVEL

a. FROM 7/21 b. TO 7/22

[redacted] non--responsive

00111

d. OFFICE TELEPHONE NO. 886-3007

7. TRAVEL AUTHORIZATION

a. NUMBER(S) TS-23043

b. DATE(S) 7/13

e. PRESENT DUTY STATION CHICAGO IL

f. RESIDENCE (City and State) MATTESON, IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding 00 00

b. Amount to be applied 00 00

c. Amount due Government (Attached: ☐ Check ☐ Cash)

d. Balance outstanding 00 00

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

PAID

11. PAID BY 008565

...GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876747:971	$112	SATO	COACH	7/16/82	Chicago, IL
					Minneapolis, MN and return

RECEIVED ...CIAL MANAGEMENT BRANCH 27 3 38 PM '82

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

...VELER ...N HERE ▶ Paul R Bitter DATE 7/22/82 AMOUNT CLAIMED ▶ $ ~~116~~ 117.73 7/23/8

...E: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

...This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

REW 7/23/82

...PROVING ...FICIAL ...N HERE ▶ Gregory C. Vanderlaan DATE 7/23/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

...AST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

...OUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: $ 117.73

...THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

...THORIZED ...RTIFYING ...FICIAL ...N HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 117.73

ACCOUNTING CLASSIFICATION

2TFA05FH06 QF1008 TS 23043 K

68-20X8145 NPO 21.11 $ 59.48 21.17 $38.25

21.14 20.00 117.73

R Mateu 7/23/82

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-23043

TRAVELER'S LAST NAME BITTER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
~~7/21~~	~~5:00 AM~~												
7/21	5:40AM	DEPART RESIDENCE POV								50	10 00		
	6:40AM	ARRIVE OHARE											TOLLS 1 21
	7:10AM 8:20AM	DEPART OHARE NO 401 ARRIVE MINN.											TAXI
		TAXI TO MPCA MEET W/ MPCA STAFF											$6 00
		TDY		5 00	15 00	20 00		39 48	59 48			59 48	
7/22	6:30AM	DEPART HOTEL; TAXI TO MPCA OFFICES AND AIRPORT											TAXI 22 3.
	8:40AM	DEPART MINNEAPOLIS TO CHICAGO											
		ARRIVE CHGO - POV TO OFFICE											TAXI 8 75
	5:PM	POV TO RESIDENCE ARRIVE RESIDENCE								50	10		
													[illegible]
													[illegible]
										SUBTOTALS ▶	20 00	59 48	[illegible]
										TOTALS ▶	20 00	59 48	[illegible]

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to [illegible]

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

TOTAL AMOUNT [illegible]

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 687548

2. DATE 7-13-82

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
USEPA, Region V, Waste Management Division, Remedial Response II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☐ SGTR'S	☐ JTR'S
7-20-82	7-21-82	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

Purpose: To design soil core drilling investigation with MPCA, and contractor; inspect site for future building potential on undisturbed, "uncontaminated" soil. (Reilly Tar)

TS 23043 QF1008

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

7. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____ _____ AREA

8. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. *BOAC #* _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO DIII OR DIII
☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

9. TDY ALLOWANCE AUTHORIZED		10. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
XX	b. TAXI, LIMOSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE	PURPOSE CODE
0501 68-20X8145		DOMESTIC K

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TEA05EH06	2111	75	2141		2154		2134	
			2113	112	2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117	50	2151		2131		1217	
			TOTAL	$237						

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE R.E. Bartelt — NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE B.G. Constantelos — NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-79) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSACTING OFFICE: CHGO, IL 60604

DO YOU NO TRANSP

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 AUG 10, 1982
68-01-1005 5A853
BEG CK NO. END CK NO.
07,000,030 07,000,033

8/9/82 DATE

RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

83X0108 GR 621.98
AP 150.00
NET 471.98

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A853

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
47198	

ALIGN AREA X

PAYEE AND IF NECESSARY ADDRESS LINES 1 3 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
PAUL BITTER MATTESON IL 60443	4103 APPLEWOOD LN	11773		8565
BARBARA BRUCE 536 S CLARK ST	USEPA CHGO IL 60605	7500		8566GR22500 AP15000
KENT FULLER 536 S CLARK ST	USEPA CHGO IL 60605	5425		8567
STANLEY WITT 536 S CLARK ST	USEPA CHGO IL 60605	22500		8568
////				

5
4
3
2
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D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

DO YOU NO TRANSP

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE [illegible] PAYMENT [illegible] THE APPROPRIATION [illegible]

PAID BY

6/12/82

RACHEL EP. HOLMLUND

DATE

AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 AUG 13, 1982
68-01-1005 5A873
BEC CK NO. END CK NO.
07,058,728 07,058,734

APPROPRIATION SUMMARY
63X0108

GROSS 693.18
APPLY 150.00
NET 543.18

ALIGN AREA XX

XX ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-101-1005	5A873

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
54318	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
[illegible]	????			
CHARLES J BEIER 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	7775		86887
PAUL R BITTER MATTESON IL 60443	4103 APPLEWOOD LANE	13205		8688
JOSEPH S GOOD 25089 CENTER RIDGE RD	USEPA [illegible]WESTLAKE OH 44145	7975		8689
DAVID M LUECK NAPERVILLE IL 60540	1447 ENCINA DR	6162		8690GR21162 AP15000
DANIEL J MURRAY 25089 ENTER RIDGE RD	USEPA WESTLAKE OH 44145	7695		8691
MARTIN G TREMBLY 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	9339		8692
DANIEL C WATSON 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	2167		8693
////				

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D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D.O. VOUCHER NO. TRANSF: 3501

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 AUG 11, 1982
68-01-1005 T5035
BEG CK NO. END CK NO.
07,003,209 07,003,209

3/10/82 RACHEL P. HOLMLUND

DATE AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0103 16,783.00

ALIGN AREA X

FOR	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5035

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1678800	

PAYEE AND NECESSARY ADDRESS (LINES 1 AND 2)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 3, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1678800		1991-2088

5
4
3
2

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

PAYMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 1991-2088

SCHED NO T5035

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 072-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,600	16788 00

TTL PAX THIS BILL 98

RECEIVED
FINANCIAL MANAGEMENT BRANCH
AUG 3 10 50 AM '82

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	16788 00

VERIFIED BY (SIGNATURE OR INITIALS) Joy Nicholas

TOTAL CLAIMED ➤ 16788 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CF

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
EPA Region V 230 S. Dearborn Chicago, Il 60604	D-7,632,600
	PERIOD (From - To) 16 JUL - 31 JUL '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0716	5876747971	11200	BITTER
	978	11200	ADAMS
	980	16400	WRICH
	981	16400	BREMER
	982	16400	MARSH
	988	32500	KUEHL
	989	16400	KYTE
	5876748063	39800	PIMENTEL
	064		
0719	080	12000	GARRA
	081	15000	NORLING
	082	12000	GARRA
	084	23800	WALKER
	088	15800	TARULIS
	093	23800	DAGGETT
	094	33800	HODGE
	096	11200	KOERBER
	097	8400	MCGRATH
	098	8400	SAULYS
	099	11200	THAYIL
	100	11200	DALTON
	101	13000	PHILLIPS

REVIEWED BY:	DATE: 31 JUL 82	PAGE TOTAL: 2,665.00
APPROVED BY:	DATE:	GRAND TOTAL:

NERAL SERVICES ADMINISTRATION

(Read the Privacy Act Statement on the back)

☐ PERMANENT CHANGE OF STATION

4. SCHEDULE NO. SA873 8/12/82

5a. NAME (Last, first, middle initial) Bitter Paul R

non-responsive

non-responsive

00014

d. OFFICE TELEPHONE NO. 886-3007

6. PERIOD OF TRAVEL
a. FROM 7/29 7/29 b. TO 7/30 7/30

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS-23150 b. DATE(S) 7/22/82

c. PRESENT DUTY STATION CHICAGO IL.

f. RESIDENCE (City and State) MATTESON, IL.

10. CHECK NO. PAID 008683

TRAVEL ADVANCE	
Outstanding	000 00
Amount to be applied	000 00
Amount due Government (Attached: ☐ Check ☐ Cash)	
Balance outstanding	000 00

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$112	SATO	COACH	7/27/82	CHICAGO, IL	MINNEAPOLIS, MN and return

5876:748:659

RECEIVED FINANCIAL MGMT BRANCH AUG 3 2 PM '82

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul Bitter DATE 8/2/82 AMOUNT CLAIMED ▶ $ 132 05

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

This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ R E Bartelt DATE 8/2/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 132 05
Certifier's initials: AM

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 132 05

LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

ACCOUNTING CLASSIFICATION

68-20X8145 QF-1009 21.11 $71.90 $21.17 40.15 J
2TFA05-FH06 TS 23150 21.184 20.00 TOTAL $132.05

Paul Bitter 8/2/82

-114-

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGE

TRAVEL AUTHORIZATION NO. TS-23150

TRAVELER'S LAST NAME BITTER

DATE 1982 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7/29	6 AM	DEPT. RESIDENCE POV TO AIRPORT								50	10 00		TOLLS #1.
7/29	7:30 AM	DEPART ORHARE UA 749											
7/29		ARRIVE MINNEAPOLIS TAXI TO HPCA TDY.		3 00	15 00	18 00		44 40	62 40			62 40	TAXI 19
7/30	7:30 AM	MEETING W/HPCA TRANSPORT - PBO	3 50	6 00		9 50			9 50			9 50	BUSINESS 18
7/30	2:30 PM	DEPART MINNEAPOLIS AA 432											BUS FARE 16
7/30	3:40 PM	ARRIVE OHARE POV TO RESIDENCE								50	10 00		PARKING 11
7/30	5:30 PM	ARRIVE RESIDENCE											TOLLS 1
									SUBTOTALS ▶		20 00	71 90	40 1
									TOTALS ▶		20	71 90	40 1

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

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

132.05 ✓

TOTAL AMOUNT

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to provide the information (other than SSN) required to

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T [redacted]

2. DATE 7-22-82

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
USEPA, Region V, Waste Management Division, RRII - Superfund

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[ ] SGTR'S	[ ] JTR'S
7-29-82	7-30-82	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

Purpose: To introduce MERL and the Radian Corp. to MPCA staff and develop workplan for MERL's Research at three hazardous sites.

TS23150 QF1009

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

7. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ AREA

8. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO D(1) OR D(2)
[ ] FOUND TO BE THE ADVANTAGE OF THE GOVERNMENT
[ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

9. TDY ALLOWANCE AUTHORIZED	10. CHANGE OF STATION ALLOWANCES AUTHORIZED
a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
b. TAXI, LIMOSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____	c. REAL ESTATE EXPENSES
d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
e. REGISTRATION FEES	e. TEMPORARY QUARTERS
f. EXCESS BAGGAGE _____ LBS	f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

0501	APPROPRIATION NO. 68-20X8145	SERVICING FINANCE OFFICE CODE

PURPOSE CODE ✓

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TFA05FH06	2111	75	2141		2154		2134	
			2113	112	2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117	50	2151		2131		1217	
			TOTAL	$237						

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE Eileen L. Vanderlaan 7-23-82

NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE B.G. Constantelos

NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-79) -- PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUR. AUTH. OFFICE: REGION V
LOCATION (TRANSMITTING OFFICE): CHGO, IL 60604

PAID BY

6/12/82
DATE

RACHEL EP. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

APPROPRIATION SYMBOL: 68X0103

GROSS 693.18
APPLY 150.00
NET 543.18

SYMBOL 2082 AUG 13, 1982
EE-C1-1005 5A873
BEG CK NO. C7,C58,728
END CK NO. C7,C58,734

ALIGN AREA XX

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-101-1005	5A873

FOR D O USE ONLY

GRAND TOTAL: 54518

NO-CHECK TOTAL:

MEMORANDUM

PAYEE AND (IF NECESSARY) ADDRESS (LINES 1, 3, 5, AND 7)	INVOICE NUMBER OR OTHER IDENTIFICATION (LINES 2, 4, AND 6)	AMOUNT	D O CHECK	VOUCHER NO
[redacted]	????			
CHARLES J BEIER 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	7775		86837
PAUL R BITTER MATTESON IL 60443	4103 APPLEWOOD LANE	13205		8688
JOSEPH S GOOD 25089 CENTER RIDGE RD	USEPA [redacted]WESTLAKE OH 44145	7975		8689
DAVID M LUECK NAPERVILLE IL 60540	1447 ENCINA DR	6162		8690GR21162 AP15000
DANIEL J MURRAY 25089 ENTER RIDGE RD	USEPA WESTLAKE OH 44145	7695		8691
MARTIN G TREMBLY 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	9339		8692
DANIEL C WATSON 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	2167		8693
////				

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C

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY — DO VOUCHER TRANSP. 3501

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME, I HEREBY CERTIFY THAT THE OBLIGATIONS INCURRED ARE CORRECT AND PROPER FOR PAYMENT AND THAT THE APPROPRIATIONS CHARGEABLE ARE AVAILABLE AND LAWFULLY APPLICABLE THERETO.

8/10/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 — AUG 11, 1982
68-01-1005 — T5035
BEG CK NO. 07,003,209 — END CK NO. 07,003,209

APPROPRIATION/SUB: 68X0103 — 16,783.00

ALIGN AREA X

FONT	SHEET	OF	AGENCY/STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5035

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1678800	

X ALIGN AREA

PAYEE'S NAME, ADDRESS (LINES 1, 2, AND 3)	VOUCHER NUMBER OR IDENTIFICATION (LINES 4 AND 5)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371603 M	1678800		1991-2088

5
4
3
2

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

GS Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 1991-2088

SCHED NO T5035

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 072-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,600	16788 00

TTL PAX THIS BILL 98

MEMORANDUM

cpa

RECEIVED
FINANCIAL MANAGEMENT BRANCH
AUG 3 10 50 AM '82

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	16788 00

VERIFIED BY (SIGNATURE OR INITIALS) Joy Nicholas

TOTAL CLAIMED ➤ 16788 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA FPMR (41 CF

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,600

PERIOD (From - To): 16 JULY - 31 JULY '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
07 22	5876748 397	112.00	HADADY
	413	238.00	ELAM
07 23	467	164.00	SPEIZMAN
07 26	556	238.00	BARTELT
	558	130.00	ROBICHAUD
	562	198.00	VANDERLAAN
	568	106.00	SUCHMAN
	571	106.00	SCHULZ
	574	146.00	NEILL
	594	198.00	FILIPPINI
	606	150.00	SMALL
	627	98.00	EHORN
	628	98.00	LISZEWSKI
07 27	656	98.00	BRYSON
X	659	112.00	BITTER
	660	220.00	HOOPER
	661	201.00	RICKEY
	662	201.00	SUTFIN
	665	98.00	REED
	666	53.00	CLARK
	668	106.00	TOOLE
	669	98.00	DIEFENBACH

REVIEWED BY:

DATE: 31 JUL '82

PAGE TOTAL: 3,063.00

APPROVED BY:

DATE.

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO. 009837

4. SCHEDULE NO. 51037 9/21/82

5. TRAVEL (PAYEE)
a. NAME *(Last, first, middle initial)* BITTER PAUL R

[redacted] non-responsive

[redacted] non-responsive

d. OFFICE TELEPHONE NO. 886-3007

6. PERIOD OF TRAVEL
a. FROM 8/23/82 b. TO 8/25/82

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 23362 TS ~~23262~~
b. DATE(S) 8-16-82

e. PRESENT DUTY STATION CHICAGO IL

f. RESIDENCE *(City and State)* MATTESON IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	00 00
b. Amount to be applied	00 00
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*	
D. Balance outstanding	00 00

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY MN

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876:750:060	$112	SATO	COACH	8-19-82	Chicago, IL	Minneapolis, MN and return

RECEIVED SEP 0 2 39 PM '82

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 8/27/82 AMOUNT CLAIMED ▶ $198 30

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

RED 9-2-82

APPROVING OFFICIAL SIGN HERE ▶ R E Bartlett DATE 9/2/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* PJ $198 30

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

d. NET TO TRAVELER ▶ $198 30

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

F 68-20X8145 2TFA05FH06 K 2111 $135.90
QF1010 T$23362 NPO 2114 20.00
2117 42.40

R. Mateson 9-2-82

198.30

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-23262

TRAVELER'S LAST NAME BITTER

DATE 1982 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
8/23	9:AM	DEPART RESIDENCE POV TO OHARE								50	10 00		TOLLS 1 20
	11:35AM	DEPART OHARE (RESCHEDULED FLIGHT) AA #311 ; TDY	—	—	15 00	15 00		49 95	64 95			64 95	BUSINESS CALLS 50
8/24	9:AM	DEPART MINNEAPOLIS TAXI TO MACA MEETING TDY	—	6 00	15 00	21 00		49 95	70 95			70 95	BUSINESS CALLS 1 50
		PBO TO MINNEAPOLIS											LINO TO MACA 10 00 (8/24)
8/25	8:AM	DEPART MINNEAPOLIS TAXI TO MACA/MEETING	3 00	3 00	10 00	16			16 00				TAXI TO MACA 00 (8/25)
	8:56PM	PBO TO MINNEAPOLIS AIRPORT DEPART MINNEAPOLIS											
		UA FLT # 466 (CHANGED FLT DUE TO EXTENDED MEETING)											
8/26	5:10PM	ARRIVED OHARE											PARKING 18 00
	11:30PM	POV TO RESIDENCE ARRIVE RESIDENCE								50	10 00		TOLLS 1 20
									SUBTOTALS ▶		20 00	135 90	42 40
									TOTALS ▶		✓ 20 00	135 90	42 40

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

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

TOTAL AMOUNT CLAIMED ▶ 198.30 ✓

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 823139

2. DATE 8-16-88

[XX] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE

PAUL BITTER, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION

USEPA, Region V, Waste Management Division, Remedial Response Br., Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[ ] SGTR'S	[ ] JTR'S
8-23-82	8-25-82	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

Purpose: To attend meeting with Reilly Tar and legal representatives to determine the acceptability of any plan proposed by Reilly Tar for remedial actions at the site.

To attend meeting with CH_2M-HILL to initiate water treatability study at the Reilly Tar site.

QF1010 TS23362 OBLIGATED

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [XX] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*

c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____

d. [ ] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE

DOMESTIC K

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TFA05FH06	2111	$350.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	50.00	2141		2153		1217	
			TOTAL	$312.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R E Bartelt

NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE David S. Ullrich

NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED ON THIS VOUCHER ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION SPECIFIED THEREON OR ON SUPPORTING SCHEDULES

9/16/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 — SEP 17, 1982
58-01-1005 — 51021
BEG CK NO. 51,614,092 — END CK NO. 61,614,111

APPROPRIATION SUMMARY

68X0103 — GR 6,791.90; AP 700.00; NET 6,091.90

ALIGN AREA X

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	51021

FOR DO USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
609190	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
JAMES BALDWIN DOWNERS GROVE IL 60515	4330 PROSPECT	12313		9694
PAUL BITTER MATTESON IL 60443	4103 APPLEWOOD	4545		9695
ROBERTA BLOCK CHGO IL 60613	702 W GORDON TERRACE	11050		9696
ROBERT BOWDEN 536 S CLARK ST	USEPA CHGO IL 60605	7160		9697
DARLEEN BURTON 10 W JACKSON 4TH FL	USEPA CHGO IL 60604	76887		9698
BETTY CAMPBELL HOFFMAN ESTATES IL 60194	625 W BERKLEY LN	15173		9698A
ANTHONY CARROLLO 10 W JACKSON	OFFICE OF INSP GENERAL CHGO IL 60604	39775		9699
HARRY CLARK GLENWOOD IL 60425	317 VIRGINIA	7875		9700
MARCELLA GEWIRTH CHGO IL 60637	1365 E PARK PL	5550		9701
KENT FULLER 536 S CLARK ST	USEPA CHGO IL 60605	13880		9702
5 LARRY HOLLINGSWORTH 4 CHGO IL 60690	PO BX A3256	50405		9703
3 2 RICHARD HUDDLESTON 1 OAK LAWN IL 60453	9544 BRANDT ????	12535		9704
0				

DO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM X

REGION AREA	X
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	51021

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
PETER KELLY 230 S DEARBORN ST	USEPA CHGO IL 60604	2900		9705
non-responsive		10624		9706
		88900		9707
		10577		9708GR80577 AP70000
		114095		9709
WILLIAM URBINA 231 S LA SALLE ST	CONTINENTAL BK 53 27350 ???? CHGO IL 60693	[illegible]		9710
WILLIAM URBINA 231 S LA SALLE ST CHGO IL 60693	CONTINENTAL BK 53 27350 PROOF TRANSIT DIV	34004		9711
WILLIAM URBINA 231 S LA SALLE ST CHGO IL 60693	CONTINENTAL BK 53 27350 PROOF TRANSIT DIV	44770		9710
non-responsive		46072		9712
		12635		9704

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO TRANSP 4188
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

9/17/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 SEP 27, 1982
68-01-1005 T5038
BEG CK NO. 61,788,035 END CK NO. 61,788,035

APPROPRIATION SUMMARY

63X0108 28,339.20

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5038

GRAND TOTAL	NO-CHECK TOTAL
2833920	

FOR D O USE ONLY

MEMORANDUM

ALIGN AREA X

PAYEE AND IF NECESSARY, ADDRESS LINES 1, 2 AND	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 & 3 AND 6	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2833920		2195-2338

5
4
3
2
1
0

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region 7
30 South Dearborn Street
Chicago, Illinois 60604

BUR VOU NO 2195-2338

SCHED NO T5038

THE UNITED STATES OF (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 082-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID mm

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,612	28,339 20
TTL PAX THIS BILL 145	

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED CORRECT FOR ➤	28,339 20
VERIFIED BY (SIGNATURE OR INITIALS)	Dra J Tribble

TOTAL CLAIMED ➤ 28,339 20

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA FPMR (41 CFR) 101 41

TICKET REPORT

AGENCY (Name & Address)

EPA

GTR NUMBER

D-7,632,612

PERIOD (From - To)

16 AUG - 31 AUG '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0817	5876749886	46600	ZARV
	9555	12800	FULLERV
0818	9712	20600	CARROLLOV
	9778	13000	BOWDENV
	9799	48000	VENDLV
	9800	48000	HILTONV
	9833	48000	MAYKAV
	9889	48000	METHODV
	5876750002	11200	LEININGERV
	0038	25200	KLEPITSCHV
0819	0045	13000	LEFFINV
	0046	16400	PATRICKV
	0050	20100	KELLYV
	0052	16400	LEEV
	0053	48000	TROUTV
	0058	8800	ADAMSV
	0060	11300	BITTERV
	0063	17000	TOOLE
	1113	23800	CONSTANTELV
	1114	23800	BARTELTV
	1119	16400	WOJCIECHOWV
0820	2002	46800	ELAM

CONTINUED -- SEE PAGE 3

REVIEWED BY:

DATE: 31 AUG '82

PAGE TOTAL: 4,713.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SD-1206 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA SHR-TUB RRSII

2. TYPE OF TRAVEL: ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5/021 9/16/82

5. NAME (Last, first, middle initial): BITTER PAUL R

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL: a. FROM 9/1 b. TO 9/2

d. OFFICE TELEPHONE NO.: 886 3007

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS-23418 b. DATE(S) 8/19/82

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE (City and State): MATTESON IL 60443

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	00 00
b. Amount to be applied	00 00
c. Amount due Government (Attached: ☐ Check ☐ Cash)	
D. Balance outstanding	00 00

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

MW 00009

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with [illegible] transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876750940	$112 SATO	COACH	8/30/82	Chicago, IL	Minneapolis, MN

FILM SEP 0 2

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 9/2/82 AMOUNT CLAIMED ▶ $ 45 45

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Approved 9.3.82 Gregory L. Vanderlaan DATE 9/3/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.D. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 45 45

Certifier's initials: BAN

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 45 45

18. ACCOUNTING CLASSIFICATION

68-20X8145 2TFA05FH06 UPO 2111 $16.00
TS23418 QF-1011 21.14 20.00
21.17 9.45

R. Melton 9-3-82

45 45

1012-115 GPO 1979 O-281-167 P.O. 5213 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-23418

TRAVELER'S LAST NAME BITTER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
9/1	6 AM	DPT, RESIDENCE POV TO OHARE								50	10 00		TOLLS 1 20
9/1	7:30 AM	DPT OHARE UA 749 TDY-PBO-		$6 10	10 00	16 00		0	16 00			16 00	
9/2	8:15 AM	PBO TO AIRPORT (MINNEAPOLIS) DEPT NW 750 -											
		RESCHEDULED FLIGHT DUE TO LENGTH OF MEETING				0			0				
9/2	10:AM	ARRIVE CHICAGO											
	10:30 AM	ARRIVE WORK -											PARKING 8 25
	7:PM	ARRIVE RESIDENCE								50	10 00		
										SUBTOTALS ▶	20 00	16 00	9 45
										TOTALS ▶	20 00	16	9 45

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to [illegible] individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain [illegible] reimbursements to the Government. The information will be [illegible] officers and employees who have a need for the information in the [illegible] of their official duties. The information may be disclosed to [illegible] or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S.C. 6011(b) and 6109) and E O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ 45.45

☆ U S GOVERNMENT PRINTING OFFICE 1979 O—281-187 4213

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T 823003

2. DATE 8-19-82

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE

Paul Bitter, Environmental Engineer

non-responsive

4. OFFICIAL STATION/ORGANIZATION

USEPA, Region V, Waste Management Division, Remedial Response Section II

5. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[ ] SGTR'S	[ ] JTR'S
9-1-82	9-1-88	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MMMINNE

Justification: To introduce EMSL Scientist to MPCA Staff and to analyze log borings for correlation with resistivity measurements.

T323418 QF1011

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [ ] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER b. [ ] PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*

c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____ (1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

d. [ ] COMMERCIAL CAR RENTAL

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 68-20X8145

SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TEA05FH06	2111	$ 75	2131		2143		2154	
			2113	112	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$237						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE RE Diefenbach for R.E. Bartelt 8-19-82

NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE _____

NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

non-responsive

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

ALIGN AREA | X | MEMORANDUM | X | ALIGN AREA

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	51021

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
PETER KELLY 230 S DEARBORN ST	USEPA CHGO IL 60604	2900		9705
[redacted]		10624		9706
non-responsive		88900		9707
		10577		9708GR80577 AP70000
		114095		9709
WILLIAM URBINA 231 S LA SALLE [redacted]	CONTINENTAL BK 53 27350 ???? CHGO IL 60693	[redacted]		9710
WILLIAM URBINA 231 S LA SALLE ST CHGO IL 60693	CONTINENTAL BK 53 27350 PROOF TRANSIT DIV	34004		9711
WILLIAM URBINA 231 S LA SALLE ST CHGO IL 60693	CONTINENTAL BK 53 27350 PROOF TRANSIT DIV	44770		9710
[redacted]		46072		9712
non-responsive		12635		9704

5
4
3
2
1
0

VOUCHER AND SCHEDULE

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO TRANSP 4188
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHICAGO IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

9/17/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

SYMBOL 2082 SEP 27, 1982
68-01-1005 T5038
BEG CK NO. 61,788,035 END CK NO. 61,788,035

APPROPRIATION SUMMARY

68X0108 28,339.20

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5038

GRAND TOTAL	NO-CHECK TOTAL
2833920	

FOR D O USE ONLY

MEMORANDUM

X ALIGN AREA

PAYEE AND NECESSARY ADDRESS LINES 1, 2, 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 3, 4 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2833920		2195-2338

5
4
3
2
1
0

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
30 South Dearborn Street
Chicago, Illinois 60604

BUR VOU NO 2195-2338

SCHED NO T5038

THE UNITED STATES DR (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 082-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID mm

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,612	28,339	20
TTL PAX THIS BILL 145		
TOTAL CLAIMED ➤	28,339	20

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED CORRECT FOR ➤	28,339	20

VERIFIED BY (SIGNATURE OR INITIALS) Ora J White

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)

EPA

GTR NUMBER

D-7,632,612

PERIOD (From - To)

16 AUG - 31 AUG '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
08305876750812		11000	KELLY
	838	8900	TALIAFERRO
	876	13000	ELAM
	890	13000	SEDWICK
	891	23800	BROWN
	904	11000	CONSTANTEL
	908	9000	TALIAFERRO
	920	11200	SIMON
	940	11200	BITTER
	942	11000	VANDERLAAN
08311	943	22100	MCGRATH
	944	14600	MILLER
	945	14600	GULEZIAN
	946	14600	KEE
	947	26160	CLAFF
	948	26160	SAULNS
	949	16400	HESSE
	953	14600	PAISIE
	954	11000	PEKRON
	956	16400	ALEXANDER
	957	23800	CONSTANTEL
	958	23800	BARTELT

REVIEWED BY:

DATE: 31 AUG '82

PAGE TOTAL: 3,383.20

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA - Region V

2. TYPE OF TRAVEL: ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.: 5A166 11-9-82

5. NAME *(Last, first, middle initial)*: BITTER PAUL R

b. SOCIAL SECURITY NO.: [redacted]

6. PERIOD OF TRAVEL: a. FROM 10/10 b. TO 10/11

[redacted] 025

d. OFFICE TELEPHONE NO.: 886-3007

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS-30108 b. DATE(S) 10-3-82

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE *(City and State)*: MATTESON, IL

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	00 00
b. Amount to be applied	
c. Amount due Government *(Attached: ☐ Check ☐ Cash)*	
D. Balance outstanding	00 00

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY: MN 10/11/82 PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876:753:608	$138	SATO	COACH	10-6-82	Chicago, IL	Minneapolis, MN and return

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 10/12/82 AMOUNT CLAIMED ▶ $ 74 41

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

REV 10.12.82

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 10/12/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*: $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* DAP $ 74 41

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: $ -0-

d. NET TO TRAVELER ▶ $ 74 41

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.: b. D.O. SYMBOL: c. MONTH & YEAR:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ (C) DATE

18. ACCOUNTING CLASSIFICATION

68-20X8145	3TFA05FH06	21.11	$21.50
TS-30108	Q C1001	NPO 21.14	20.00
		21.17	32.91

74.41

L. Mather 10-12-82

1012-115

☆ GPO: 1979 0-281-187 P.O. 4213

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet — PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-30108

TRAVELER'S LAST NAME BITTER

DATE 1982 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE. 20 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/10	3:30 PM	DEPART RESIDENCE POV TO OHARE								50	10 00		TOLLS 1 20
	5:00 4:45	ARRIVE OHARE DEPART NW 707			~~PM~~								
	6:14 PM	ARRIVE MINNEAPOLIS TDY			8 00	8 00		5 00	13 00		~~13 00~~	13 00	
10/11	7:30 AM	~~RENTAL~~ RENTAL CAR TO MPCA OFFICES	2 50	6 00		8 50			8 50		~~8 50~~	8 50	CAR RENTAL 21 76
	6:00 PM	DEPART MPCA OFFICE RETURN CAR @ DEPOT											
	5:50 PM 6:50 PM	DEPART OHARE NW 458 (CHANGED FLT)											
	7:20 PM	ARRIVE OHARE											PARKING 8 75
	8:30 PM	POV TO: ARRIVE RESIDENCE								50	10 00		TOLLS 1 20
									SUBTOTALS ▶		20 00	21 50	32 91
									TOTALS ▶		20 00	21 50	32 91

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

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

TOTAL AMOUNT CLAIMED ▶ 74.41 ✓

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☆ U.S. GOVERNMENT PRINTING OFFICE : 1979 O—281-187 4213

30108

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

1. NO T xxxxxxxxxxxxxxxx 922180

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

2. DATE 90-30-82

3. NAME AND TITLE
Paul Bitter, Environmental Engineer/OnScene Coordinator

4. [redacted] non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Branch, Remedial Response Section II

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
10-10-82	10-11-82

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return. MNMINNEAPOLIS

Justification: To meet with CH_2M-Hill in 1st milestone meeting of water treatability study; to determine fate of well W23.

TS30108 OC1001

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____
COST LODGING NTE $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Boat, etc.)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____
X	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20	

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3 TFA05FH06	2111	$75	2131		2143		2154	
			2113	$138	2133		2144		2155	
			2114		2134		2145		2156	
			2115	$50	2135		2147		2157	
			2116		2137		2151		2218	
			2117	$50	2141		2153		1217	
			TOTAL	$313						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE
Nick Gregory Vanderlaag for
NAME AND TITLE *(Typed)*
R. E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE
[signature]
NAME AND TITLE *(Typed)*
B. G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604
DO YOU NO (TRANSP)

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED ON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

11/9/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 — NOV 12, 1982
66-01-1005 — 5A166
BEG CK NO. 66,816,901 — END CK NO. 66,816,907

APPROPRIATION SUMMARY

68X0108
GR 1,111.34
APN 200.00
NET 911.34

ALIGN AREA X — ALIGN AREA X

PAGE SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	68-01-1005	5A166

FOR D.O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
91134	

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
GARY AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	11800		1166
GARY AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	35180		1167
GARY AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	12800		1168
KENNETH BANASZEK BROADVIEW IL 60153	2248 SO 24TH AV	[illegible]		[illegible]
CHARLES BEIER 25089 CENTER RIDGE RD	USEPA ???? WESTLAKE OH 44145	5583		1169A
SYLVESTER BERNOTAS 536 S CLARK ST	USEPA CHGO IL 60605	9200		1170
non-responsive		7441		1171
CHARLES BEIER 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	5583		1169A GR25583 AP20000
4 [illegible]	????			
3 [illegible]	????			
0 ????				

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

704

I HEREBY CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED

Rachel P. Holmlund

11/22/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2C82 — NOV 24, 1982
68-01-1005 — T5008
BEG CK NO. 67,047,671 — END CK NO. 67,047,671

APPROPRIATION SUMMARY

68X0108 — 17,330.00

ALIGN AREA X

CONT. SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR DO USE ONLY
11	1	1	68-01-1005	T5008

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1733000	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1733000		185-286

5
4
3
2

NO. OF CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER
TRANSPORTATION OF PASSENGERS

SEE FPMR [illegible] FOR INSTRUCTIONS ON COMPLETING THIS FORM

[illegible] AND ALTERATIONS SHOWN ON SUBVOUCHERS

BUR VOU NO
185-286

SCHED NO
T5008

U.S. Environmental Protection Agency
Region V
230 South Dearborn Street,
Chicago, Ill 60604

UNITED STATES [illegible] PAYEE'S NAME AND ADDRESS

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
102-0332

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY
PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,615	17,330 00

TTL PAX THIS BILL 102

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	17,330
VERIFIED BY (SIGNATURE OR INITIALS)	
TOTAL CLAIMED ➤ 17,330 00	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,615

PERIOD (From - To): 01 Oct - 15 Oct '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1006	6583	18100	FRUMM
	6605	25800	MCPHEE
	6606	25800	ELAM
	6608	13800	BITTCR
	6637	9100	TALIAFERRO
1007	6511	11H00	SANDER
	6588	11400	JONES
	6600	21700	LEDER
	6611	25800	MCGRATH
	6622	12000	TOOLE
	6633	11700	BRYSON
	6655	11700	CZERNIAK
	6711	13400	LEININGER
	6744	15400	PARKIN
	6788	12000	BENO
	7000	12400	NEUBERGER
	7233	13900	LEFFIN
	7377	12200	FRUMM
1008	7556	9100	KEE
	7604	25800	MCPHEE
	7688	21700	ELAM
	7755	12700	RUTTER

REVIEWED BY: ____ DATE: ____ PAGE TOTAL: 2,748.00

APPROVED BY: ____ DATE: ____ GRAND TOTAL: ____

GENERAL SERVICES ADMINISTRATION

Statement on the back) USEPA - Region V

☐ PERMANENT CHANGE OF STATION

4. SCHEDULE NO. 5A312 12-10-82

a. NAME (Last, first, middle initial) Bitter Paul R

[redacted] non-responsive

6. PERIOD OF TRAVEL
a. FROM 11/3 b. TO 11/5

[redacted] non-responsive

d. OFFICE TELEPHONE NO. 886-3007

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS30531 b. DATE(S) 10-29-82

e. PRESENT DUTY STATION CHICAGO ILL

f. RESIDENCE (City and State) MATTESON, IL

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY 002129

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
5876:976:396	$258.00	AA	coach	11-1-82	Chicago ILL	Washington, DC & return

FINANCIAL MANAGEMENT BRANCH DEC 1 1 07 PM '82 RECEIVED

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 11/9/82 AMOUNT CLAIMED ▶ $158.00

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

Rec'd 11.10.82

APPROVING OFFICIAL SIGN HERE ▶ R E Bartelt DATE 11/10/82

LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: DJW $158
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▶ $158

16. ACCOUNTING CLASSIFICATION TS 30531 T 2111 $104.60 2117 $33.40 NPO-2114 $20.00 Watts 6-7570

68-20X8145 QC1002:3TFA05FH06

158.00

2-114

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PA

TRAVEL AUTHORIZATION NO. 15305-31

TRAVELER'S LAST NAME B. Iffer

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/3	4:PM	DEPT RESIDENCE POV TO AIRPORT								50	10 00		TOLL 1.20
QB	6:55 PM 7:55PM	DEPT OHARE AA 325 ARRIVE WASHINGTON DC. TOY				QB		62 60	62 60			62 60	
11/4	9:AM	TAXI TO EPA HQS TOY (MEETING W/DOJ)	5 00	5 00	15	25 00		5 00	30 00			30 00	TAXI 6.50
11/5	11:AM	TAXI TO #MEETING W/ EPA	2 00	10 00	—	12 00			12 00			12 00	TAXI 6.50
	5:30PM	TAXI TO AIRPORT											9.00 (TAXI)
	7:00PM 8:15PM	DEPT WASHINGTON UA353 ARRIVE CHICAGO											
		PARKING; POV TO RESIDENCE								50	10 00	QB	PARKING 9.00
11/5	9:30PM	ARRIVE RESIDENCE											TOLL 1.20
									SUBTOTALS ▶		20 00	104 60	33.40
									TOTALS ▶				

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

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

TOTAL AMOUNT 158.15

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information ... criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; ... failure to provide the information ... than SSN) ... will

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T 823152

2. DATE 10-29-82

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Branch, Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[ ] SGTR'S	[ ] JTR'S
11-3-82	11-4-82	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Washington, D.C. and return DCWASH

Purpose: Meet with EPA and DOJ attorneys regarding Reilly Tar.

QC 1002 TS 30531

OBLIGATED

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [ ] ACTUAL SUBS NTE $75/day [ ] ACTUAL SUBS GSA HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TFA05FH06	2111	$75	2131		2143		2154	
			2113	258	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$383						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE 10/10/21 R E Bartelt — NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE B.G. Constantelos — NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) - PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

12/10/82 — DATE

RACHEL P. HOLMLUND — DESIGNATED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108 — 163.65

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 — DEC 13, 19
68-01-1005 — 5A312
BEG CK NO. 17,594,076 — END CK NO. 17,594,077

ALIGN AREA X | X ALIGN AREA

CONT SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
1	1	68-01-1005	5A312

FOR DO USE ONLY

GRAND TOTAL: 16365
NO-CHECK TOTAL:

MEMORANDUM

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 3, 5 AND 7)	INVOICE NUMBER OR OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
PAUL R BITTER MATTESON IL 60443	4103 APPLEWOOD LN	15800		2129
MADONNA F MCGRATH 536 S CLARK ST ////	USEPA CHICAGO IL 60605	565		2130

BEGINNING — ENDING — BEGINNING — ENDING

USE FOR FIRST CHECK SERIAL NUMBER RANGE

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D.O. VOU. NO. TRANSPL: 1030

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 DEC 17, 1982
68-01-1005 T5014
BEG CK NO. END CK NO.
17,701,144 17,701,144

/10/32

RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

68X0108 26,828.80

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D O USE ONLY
11	1	1	68-01-1005	T5014	

GRAND TOTAL: 2682380

NO-CHECK TOTAL:

MEMORANDUM

PAYEE, AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 1 6 AND 8	AMOUNT	NO.	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2682880		414-563

CHECK NUMBERS: BEGINNING | ENDING | BEGINNING | ENDING

USE FOR FIRST CHECK SERIAL NUMBER RANGE

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P U VOU NO

DEPARTMENT AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 South Dearborn St
Chicago, Ill 60604

GUR VOU NO 414-563

SCHED NO T3014

UNITED STATES DR—TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 112-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
	26,828 80

D-7,632,617

TTL PAX THIS BILL 150

15

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED CORRECT FOR ➔	26,828
VERIFIED BY (SIGNATURE OR INITIALS)	

TOTAL CLAIMED ➔ 26,828 80

PAID BY CHECK NO. ➔

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3 77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
EPA Region V 230 S. Dearborn Chicago, Il 60604	D-7,632,617
	PERIOD (From - To) 01 Nov - 15 Nov '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
11 01	5876976376 9	2 28 00	DEGRAFF
	5876976381	21 70 0	SUTTFIN
	3816	27 50 0	MCPHEE
	3817	9 20 0	RISLEY
	3818	18 40 0	BARNEY
	3819	47 60 0	WILLIAMS
	3820		
	3822	17 90 0	FIGLIULO
	3823	15 00 0	MILLER
	3824	7 80 0	HOMER
	3826	25 80 0	BITTER
	3827	11 00 0	SMITH
	4033	9 00 0	MCGRATH
	4044	9 00 0	GAULYS
	4066	21 70 0	KELLY
	4088	10 20 0	CHAIKEN
	4110	16 80 0	STOLTENBER
	4133	11 40 0	THEISEN
	4144	11 40 0	GRIFFIEN
	4188	25 80 0	KEE
	4199	17 60 0	PATTI
	4222	25 80 0	ADAMKUS

REVIEWED BY:		DATE: 15 Nov '82	PAGE TOTAL: 3,456.00
APPROVED BY:		DATE:	GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

gm

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA - Region ✓

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5B014 2-18-83

5. TRAVELER (EE)

a. NAME (Last, first, middle initial): Bitter, Paul 00021

b. SOCIAL SECURITY NO.: [redacted] non-responsive

6. PERIOD OF TRAVEL: a. FROM 1/20/83 b. TO 1/21/83

[redacted] non-responsive

d. OFFICE TELEPHONE NO.: 886-3007

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS-31247 b. DATE(S) 1-17-83

e. PRESENT DUTY STATION

f. RESIDENCE (City and State)

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	000.00
b. Amount to be applied	
c. Amount due Government (Attached: [ ] Check [ ] Cash)	000.00
D. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

PAID

11. PAID BY 00107

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5877:124:160	$135	SATO	COACH	1/19	Chgo, IL	Minn/MN

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul A Bitter DATE 2/2/83 AMOUNT CLAIMED ▶ $ 101.76 ✓ QB 2/4/83

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ RE Diefenbach DATE 2.2.83 RW 2.2.83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $ 101.76

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

d. NET TO TRAVELER ▶ $ 101.76

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ d DATE

18. ACCOUNTING CLASSIFICATION

F 68-20X8145 QC1003 21.11 $55.93 21.14 14.00 21.17 $31.83 = 101.76

3TFA05FH06

L. Mateu 6-6335

1012-116 TS31247 NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information: if this is a continuation sheet PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-31247

TRAVELER'S LAST NAME BITTER

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE. ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/20	1:PM	DEPT OFFICE TO OHARE								20	4 00		
		DEPT OHARE NW 183 @ 2:15PM											
		ARRIVE MINNEAPOLIS 3:30 PM RENTAL CAR TO MCA											
		TDY			10 00	10 00		27 43	37 43			37 43	
1/21	7:30AM	MEETING AT MPCA	2 00	6 50	10 00	18 50			18 50			18 50	
	6:PM	DEPT MPCA OFFICES TO CAR RENTAL											CAR RENTAL 22 83
	8PM	DEPT MINNEAPOLIS VA 150											
	9:30	ARRIVE OHARE											
	10:30	ARRIVE RESIDENCE POV								50	10		PARKING 9 00
									SUBTOTALS ▶		14 00	55 93	31 83
									TOTALS ▶		14 00	55 93	31 83

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

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

TOTAL AMOUNT CLAIMED ▶ 101 76

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S.C 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 783849

2. DATE January 17, 1983

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
Region V, Waste Management Division, Remedial Response II

6. PERIOD OF TRAVEL	
STARTING DATE	ENDING DATE
1-20-83	1-21-83

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS.

From Chicago, Illinois to Minneapolis, Minnesota and return

Purpose: Meet w/Project Officers of Reilly Tar, and Waste Disposal Engineering concerning strategy & priorities for Superfund work on Reilly Tar (1.9 million CA) and Enforcement work on Waste Disposal Engineering

TS 31247 PC 1403

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[X] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ _____ AREA

OBLIGATED

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER b. [ ] PRIVATELY OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS/MI

b. [ ] AIR IN LIEU OF AMTRAK (NE corridor) SUBJECT TO BEING ADVANTAGEOUS TO THE GOVERNMENT

c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND (1) [ ] NOT TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

GSA CONTRACTED. BOAC # _____

d. [X] COMMERCIAL CAR RENTAL American International

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE D

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TFA05FH06	2111	$75	2131		2143		2154	
			2113	135	2133		2144		2155	
			2114		2134		2145		2156	
			2115	35	2135		2147		2157	
			2116		2137		2151		2218	
			2117	35	2141		2153		1217	
			TOTAL	$280						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R.E. Bartelt

NAME AND TITLE (Typed) R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE (Typed) B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

NAME OF ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 606034

DO YOU NO TRANSPI

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED ON OR ATTACHED VOUCHERS

Rachel P. Holmlund

2/18/83 — RACHEL P. HOLMLUND

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 FEB 22, 1983
68-01-1005 58014
BEG CK NO. END CK NO.
23,372,575 23,372,580

APPROPRIATION SUMMARY

68X0108
GR 978.76
AP 100.00
NET 878.76

ALIGN AREA X

ALIGN AREA X

ACCT SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11 1	1	68-01-1005	58014

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
87876	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
[redacted] non-responsive		10176		107
ANTHONY CARROLLO CHGO IL 60604	10 W JACKSON 4TH FL	5830		108
KENT FULLER 536 S CLARK ST	USEPA CHGO IL 60605	18793		109
[redacted]	????			
CLIFFORD RISLEY 536 S CLARK ST	USEPA CHGO IL 60605	21875		110
[redacted] non-responsive		11638		111GR21638 AP10000
		19564		112

5
4
3
2
1

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

373

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

DO VOUCHER NO. TR 2006

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS AS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 MAR 01, 1983
68-01-1005 T5038
BEG CK NO. END CK NO.
77,233,271 77,233,271

3/1/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108 17,095.60

ALIGN AREA X

FCNTL	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.O. USE ONLY
11	1	1	68-01-1005	T5038	

GRAND TOTAL	NO-CHECK TOTAL
1709560	

MEMORANDUM

ALIGN AREA X

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1709560		956-1071

5
4
3
2

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER
FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 South Dearborn St.
hicago, Illinois 60604

PAID

BUR VOU NO 956-1071

SCHED NO T5038

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 013-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
	17,095	60
D-7,632,852		
TTL PAX THIS BILL 116		
TOTAL CLAIMED ➤	17,095	60

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

Rec'd FEB 3 1983 white dated 2/3/83 8:55 AM

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	17,095	60

VERIFIED BY (SIGNATURE OR INITIALS) Leonora Santelli

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF 1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

QTR NUMBER: D-7,632,852

PERIOD (From - To): 16 JAN - 31 JAN '83

ISSUE DATE	TICKET NUMBER		AMOUNT	PASSENGER NAME
01 18	5876981	336	9200	WESTLAKE
		337	920	MARONEY
		342	11000	STRINGHAM
		343	16400	SWOFFORD
		345	11400	WAGY
		346	11400	MACMULLEN
		349	11400	CARLSON
		370	16400	MINER
		373	11400	HARTIAN
		387	28200	DIHU
		388	28200	DIHU
01 19	5877124	028	25800	LOWREY
		029	16400	KEE
		031	26880	KIZLAUSKAS
		037	7800	SCHULEMBER
		049	11400	KULMA
		050	11400	VANDERLAAN
		057	7800	BRAEM
		058	11400	TONG
		160	13500	BITTER
		172	17400	WASH
		174	17400	WASH

REVIEWED BY: _____ DATE: 31 JAN '83 PAGE TOTAL: 3,031.80

APPROVED BY: _____ DATE: _____ GRAND TOTAL: _____

GENERAL SERVICES ADMINISTRATION

RB-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA WMD HR RRS II

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 58051 3-23-83

5. a. NAME (Last, first, middle initial): BITTER PAUL R

b. SOCIAL SECURITY NO. non-responsive

6. PERIOD OF TRAVEL: a. FROM 2/17 b. TO 2/17

non-responsive 00036

c. OFFICE TELEPHONE NO 886-3007

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS31641 b. DATE(S) 2/9/83

e. PRESENT DUTY STATION: CHICAGO, IL

f. RESIDENCE (City and State): MATTESON, IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

c. Amount due Government (Attached: [ ] Check [ ] Cash)

D. Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

PAID

11. PAID BY 00351

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any p[illegible] in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$152.10	AA	Coach	2-16-83	Chicago, Ill	Minneapolis, Minn & Return

5877:127:152

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 3/28/83 AMOUNT CLAIMED ▶ $ 50 40

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ R E Diefenbach DATE 3.28.83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 50 40

Certifier's initials:

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 50 40

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

2114-$20.00 3111-$6.00 2117-$24.40 [illegible]

68-20X8145 3TGB05FT06 TS31641 FC1002 61-0394

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS31641

TRAVELER'S LAST NAME Bitter

DATE 1983 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20 ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
~~2/18~~													
2/17	6:AM	DEPT. RESIDENCE ~~6:AM~~ POV TO OHARE								50	10 00		
	7:30 AM	DEPT. OHARE UA 749 (CHANGED FLIGHTS)											
	8:40 AM	ARRIVED MINNEAPOLIS TAXI TO MPCA											TAXI $16.00
		MEETING W/MPCA		6 00		6 00						6 00	
	5:55PM	PBO TO AIRPORT DEPT MINNEAPOLIS NW 458	(CHANGED		FLIGHT)								
	7:00PM	ARRIVE OHARE PARKING FEE											PARKING 6 00
	8:30PM	ARRIVE RESIDENCE POV TO RESIDENCE								50	10 00		
													TOLLS (2WAYS) 2 40
										SUBTOTALS ▶	20	6 00	24 40
										TOTALS ▶	20	6 00	24 40

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

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E O. 9397 of November 22, 1943, and 26 U S.C. 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S C 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

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

TOTAL AMOUNT CLAIMED ▶ $50.40

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 811966

2. DATE 2-9-83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Paul Bitter, Environmental Engineer

4. SOCIAL SECURITY NO.: [redacted] non-responsive

5. OFFICIAL STATION/ORGANIZATION: Waste Management Division, Remedial Response II - Region V

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
2-17-83	2-18-83

6a. APPLICABLE REG'S ☐ SGTR'S ☐ JTR'S

6b. CONSULTANT ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINN

Purpose: Attend meeting with MPCA, DOJ, MDH representatives regarding future technical planning & legal coordination for work to be accomplished under the Cooperative Agreement. Also interview Dr. Olaf, Phanchuch, Univ. of MN - to qualify him as expert witness per DOJ request.

MM OBLIGATED

T $3464 FC1009

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)

c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____

d. ☐ COMMERCIAL CAR RENTAL.

e. ☐ PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO 8(1) OR 8(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

- ☐ a. PUBLIC TRANSPORTATION
- ☒ b. TAXI, LIMOUSINE
- ☐ c. GOVMT OR CONTRACT RENTAL. BOAC# _____
- ☐ d. COMMERCIAL RENTAL
- ☐ e. REGISTRATION FEES
- ☐ f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

- ☐ a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
- ☐ b. TRANSPORTATION OF IMMEDIATE FAMILY
- ☐ c. REAL ESTATE EXPENSES
- ☐ d. RESIDENCE HUNTING
- ☐ e. TEMPORARY QUARTERS
- ☐ f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE: Domestic P

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	$150	2131		2143		2154	
			2113	152	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100	2141		2153		1217	
			TOTAL	$402						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: R E Bartelt — NAME AND TITLE (Typed): R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: [signature] — NAME AND TITLE (Typed): B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO TRANSP
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

Rachel P. Holmlund

3/23/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 MAR 24, 1983
68-01-1005 5B051
BEG CK NO. END CK NO.
79,338,921 79,338,942

APPROPRIATION SUMMARY

68X0108
GR 2,046.98
AP 475.00
NET 1,571.98

ALIGN AREA X X — ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D.O. USE ONLY
11	1	2	68-01-1005	5B051	

GRAND TOTAL 157198 — NO-CHECK TOTAL

MEMORANDUM

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5 AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
GARY AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	12825		349
DAVID BARNA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	6955		350
PAUL BITTER MATTESON IL 60443	4105 APPLEWOOD LN	5060		351
ROBERT BOWDEN 536 S CLARK ST	USEPA CHGO IL 60605	4550		352
ROBERT BOWDEN 536 S CLARK ST	USEPA CHGO IL 60605	520		353
ROBERT BOWDEN 536 S CLARK ST	USEPA CHGO IL 60605	5000		354
CHARLES CS	????			
CHARLES CASTLE 536 S CLARK ST	USEPA CHGO IL 60605	8900		355
ROGER CLAFF 536 S CLARK ST	USEPA CHGO IL 60605	5500		356
non-responsive		5000		357 CR20000 AP15000
		533		358 CR18033 AP17500
		1390		359
0 ????				

D.O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

AREA: X | ALIGN AREA: X

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	58051

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
non-responsive		23400		360
		10378		361
MARK MOLONEY 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	6490		3862
DANIEL MURRAY 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	12520		363
GERALD REGAN 536 S CLARK ST	USEPA CHGO IL 60605	500		364
non-responsive		985		3656R10985 AP10000
DAVID STOLTENBERG 536 S CLARK ST	USEPA CHGO IL 60605	15537		366
non-responsive		2560		3676R7560 AP5000
MARTIN TREMBLY 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	19466		368
DAVID WAGNER 536 S CLARK ST	USEPA CHGO IL 60605	6525		369
ALFONS WINKLHOFER 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	2624		370
////				

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4
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1
0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO. IL 60604

D.O. VOU. NO. (TRANSP.) 2198

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED THEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

3/11/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 MAR 14, 1983
68-01-1005 T5043
BEG CK NO. 78,642,474
END CK NO. 78,642,474

APPROPRIATION SUMMARY

68X0108 19,223.48

ALIGN AREA	X

FCNT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D.O USE ONLY
11	1	1	68-01-1005	T5043	

GRAND TOTAL	NO CHECK TOTAL
1922348	

MEMORANDUM

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1922348		1083-1205

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4
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2

D.O. CHECK NUMBERS:	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR 101-41) FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
30 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 1083-1205

SCHED NO T5043

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 023-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID MM

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
	19,223 48

D,7,632,853

TTL PAX THIS BILL 123

(3115)

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	19,223 48
VERIFIED BY (SIGNATURE OR INITIALS)	Kay Nicholas
TOTAL CLAIMED ➤ 19,223 48	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TIC[illegible] REPORT

Page 6 o[illegible]

AGENCY (Name & Address)	GTR NUMBER	PERIOD (From - To)
EPA	D-7,632,853	01 FEB — 15 FEB '83

	ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
	02 14	5877127 148	9200	SCHULZ
		149	920	CTALIAFERRO
		151	11400	FULLER
X		152	15200	BITTER
		155	9200	DEGRAFF
		158	20400	MILLER
		159	20400	MOAN
		160	9200	STRINGHAM
		161	9200	CLARK
		164	14000	HARRISON
		185	9200	CLOE
		188	15000	HAUSER
		189	15000	HAUSER
		191	15000	HAUSER
		192	17500	ONEILL
		219	16400	MACDOWELL
		220	14400	PAYNE
		230	15200	PAYNE
		292	9800	SCHULZ
	02 15	309	11400	HOMER
		311	6700	ZAR
		313	11400	ADAMKUS

REVIEWED BY: DATE: 15 Feb '83 PAGE TOTAL: 2,560.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1298 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			4. SCHEDULE NO. 51040 5-12-83

5. TRAVEL (YEE)

a. NAME (Last, first, middle initial): BITTER PAUL R

[redacted] non-responsive

[redacted] non-responsive 00057

d. OFFICE TELEPHONE NO.: 886-3007

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE (City and State): MATTESON IL

6. PERIOD OF TRAVEL: a. FROM 4/21 b. TO 4/22

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS-32512 b. DATE(S) 4-15-83

10. CHECK NO.

8. TRAVEL ADVANCE
- a. Outstanding
- b. Amount to be applied
- c. Amount due Government (Attached: ☐ Check ☐ Cash)
- D. Balance outstanding

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED
- b. AMOUNT RECEIVED $
- c. PAYEE'S SIGNATURE

11. PAID BY: 06506

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have ag[illegible] a[illegible] [illegible]nection with reimbursable transportation charges described below, purchased under ca[illegible] pay[illegible] procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
8870:382:964	$164	SATO	COACH	4-19-83	Chgo, IL	Wash, D.C.

RECEIVED FINANCIAL MANAGEMENT BRANCH MAY 3 5 33 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 4/28/83 AMOUNT CLAIMED ▶ $ 57.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ F.E. Wielenbach DATE 4-29-83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: LS $ 57.00

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 57.00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
- a. VOUCHER NO.
- b. D.O. SYMBOL
- c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

68-20X8145 FC-1003 21.11 $20
3TGB05FT06 TS32512 NBO 21.14 14
21.17 23

57.00

R. Matson 9-29-83

116

NSN 7540-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/21	3 PM	DEPART OFFICE TO OHARE POV								20	4 00		
	4:30 PM	DEPART OHARE TW 412											
	6:45	ARRIVE WASHINGTON			8 50	8 50	8 50					8 50	TAXI 6 50
4/22	8:30 AM	TDY PBO Meeting at EPA HQ	4 00	7 50	—	11 50	11 50					11 50	TAXI 6 50
	4:45	TAXI TO AIRPORT											TAXI 4 00
	6:00 PM	DEPART WASHINGTON											
	9:PM	~~PRECINCT DUTY STATION~~ ARRIVE RESIDENCE								50	10 00		PARKING 6 00
									SUBTOTALS ▶		14 00	20 00	23 60
									TOTALS ▶		14	20 00	23 60

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

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

TOTAL AMOUNT CLAIMED ▶ 57 00

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (8643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 811862

2. DATE 4-15-83

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

4. [redacted] non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Section II

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
4-21-83	4-22-83

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Washington, D.C. and return DCWASH

Purpose: Meet with OWPE to finalize transition of Enforcement related contracts from OWPE to 5HR, regarding Reilly Tar.

Meet with Planned Removal Program personnel to respond to their comments related to Calumet Containers Procurement Rationale and to provide a critical path for funding of project.

FC1003

SUPERFUND ACTIVITY

T$32512

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE'S _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*

c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____

d. [ ] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ AT A RATE OF _____ CENTS SUBJECT TO E(1) CHECK (Plane, Plane, etc)

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	$ 75	2131		2143		2154	
			2113	164	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$289						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE
Thomas H. Mateer, acting RRB

NAME AND TITLE *(Typed)*
R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE
[signature]

NAME AND TITLE *(Typed)*
B.G. Constantelos, Director, WMD

Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMEN

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO. IL. 60604

DO YOU NO (TRANSP)

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

5/12/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 MAY 13, 1983
68-01-1005 51040
BEG CK NO. END CK NO.
85,070,708 85,070,713

APPROPRIATION SUMMARY

68X0108 GR 874.63
AP 100.00
NET 774.63

ALIGN AREA XX

FONT SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.O. USE ONLY
TT	1	68-01-1005	51040	

GRAND TOTAL 774.63

NO-CHECK TOTAL

MEMORANDUM

ALIGN AREA X

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION — LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO. CHECK	VOUCHER NO.
GARY AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	12321		6504
GARY AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	19078		6505
non-responsive		5700		6506
non-responsive		1840		6508GR1184 AP1000
		13715		6509

TTT

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4
3
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1
0

D. O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO (TRANSP. 3415
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHICAGO IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

1/33 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108	24,923.00

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 JUN 02, 1983
68-01-1005 T5062
BEG CK NO. 35,849,358 END CK NO. 35,849,358

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5062

GRAND TOTAL	NO-CHECK TOTAL
2492300	

FOR D O USE ONLY

MEMORANDUM

X ALIGN AREA

PAYEE AND IF NECESSARY ADDRESS LINES 1 TO 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 1 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2492300		1818-1984

5
4
3
2
1

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

FOR TRANSPORTATION OF PASSENGERS — COMPLETING THIS FORM

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmnetal Protection Agency
Region V
230 South Dearborn St.
Chicago, Ill 60604

BUR VOU NO: 1818 - 1984

SCHED NO: T-5062

UNITED STATES DR TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 043-0333

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE): ☐ FREIGHT ☒ PASSENGER

PAID BY: PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
	24,923 00

D-7,632,358

TTL PAX THIS BILL 167

MEMORANDUM

30 April 85

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	2492.3

VERIFIED BY (SIGNATURE OR INITIALS): P. Ingalls

TOTAL CLAIMED ➤ 24,923 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 10

TICKET REPORT

Page 2 of

AGENCY (Name & Address)

EPA

GTR NUMBER

D-7,632,858

PERIOD (From - To)

16 APRIL - 30 APRIL 83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
04 18	5870382802 4	9200	FILIPPINI
	816 4	15200	ARDIENTE
	819 4	11400	GLATZEL
	821 4	7800	CANAVAN
	822	7800	LEDER
	827 4	11200	HALKIAS
	829 4	14600	GUTFIN
	841 4	11200	ROBERTS
	904 4	7800	MCDERMOTT
	905 4	16400	KYTE
	906 4	16400	GADE
	917 4	11700	HESSE
	937 4	11200	KULMA
	940 4	16100	BROSSMAN
04 19	954 4	36600	HILTON
	955 4	7800	STRINGHAM
	958 4	11700	PHILLIPS
	959 4	16400	NUDELMAN
	962 4	16400	LYNCH
	963 4	11700	HINKLE
	964 4	16400	BITTER
	967	16400	TANSEY

REVIEWED BY:

DATE: 30 April 83

PAGE TOTAL: 2,772.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SF 1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO. 00761

4. SCHEDULE NO. 51193 6-9-83

5. EMPLOYEE
a. NAME (Last, first, middle initial): BITTER PAUL R

non-responsive

non-responsive

d. OFFICE TELEPHONE NO. 886-3007

6. PERIOD OF TRAVEL
a. FROM 5/16 b. TO 5/17

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS-32871
b. DATE(S): 5/11/83

TRAVEL
e. PRESENT DUTY STATION: CHICAGO IL
f. RESIDENCE (City and State): MATTESON IL

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
d. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE ✓ PAID

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5870:501:005	SATO	COACH	5-13-83	CHGO, IL	MNMINNE

RECEIVED
FINANCIAL MANAGEMENT BRANCH
MAY 23 6 23 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 5/17/83 AMOUNT CLAIMED ▶ $106.48

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ R K Liefenbach DATE 5-19-83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $106 48
Certifier's initials: fd
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▶ $106 48

18. ACCOUNTING CLASSIFICATION

68-20X8145 3TGB05FT06 FC-1004 TS 32871
21.11 $60.78 21.14 $20.00 21.17 $25.70 C 48
106

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-32871

TRAVELER'S LAST NAME BITTER

DATE 1983 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5/16	6:30AM	DEPT Residence POV TO OHARE								50	10 00		TOLL 1.20
	8:30A	DEPT OHARE NW 907	—										
	9:50AM	ARRIVE MINNEAPOLIS TAXI TO MPCA											TAXI 13.50
		TDY		5 00	10 00	15		45 78	60 78			60 78	
5/17	8:AM	DEPART HOTEL LIMO TO AIRPORT	—										LIMO 12 00
	9:10	DEPART MINNEAPOLIS DELAYED FLT # 406											
	10:20 12:30	ARRIVE OHARE ARRIVE OFFICE											OHARE PARKING 9 00
	6:PM	POV TO RESIDENCE ARRIVE RESIDENCE								50	10 00		
									SUBTOTALS ▶		20 00	60 78	25 70
									TOTALS ▶		20 00	60 78	25 70

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

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

TOTAL AMOUNT CLAIMED ▶ 106.48

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U.S.C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payor and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-528 (6693)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 811890

2. DATE 5-11-83

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
Paul Bitzer, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Branch, Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[ ] SGTR'S	[ ] JTR'S
5-16-83	5-17-83	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNNINNE

Purpose: To attend Public Hearing on Reilly Tar

FC 1004

TS32811

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [ ] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK (1) [ ] SUBJECT TO E(1) OR E(2)

c. [ ] GOVERNMENT-OWNED CON[illegible] AND GSA CONTRACTED. BOAC? _____ (1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

d. [ ] COMMERCIAL CAR RENTAL

[ ] PRIVATELY OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUB-

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
X	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC? _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE c

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	$75	2131		2143		2154	
			2113	154	2133		2144		2155	
			2114		2134		2145		2156	
			2115	50	2135		2147		2157	
			2116		2137		2151		2218	
			2117	75	2141		2153		1217	
			TOTAL	$354						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Gregg A. Vanderlaan for — NAME AND TITLE (Typed) R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Mitchell Wright for — NAME AND TITLE (Typed) B.G. Constantelos, Director, WMD

5/11/83

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P Holmlund

6/9/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL	JUN 10, 198
68-01-1005	51193
BEG CK NO.	END CK NO.
36,044,690	36,044,696

APPROPRIATION SUMMARY

68X0108 924.936

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	1	68-01-1005	51193

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
924936	

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
[redacted] non-responsive		10648		7611
		5600		7612
RONNIE J LILLICH 8536 S CLARK ST	USEPA CHICAGO IL 60605	50240		7613
JOHN J MCGUIRE 536 S CLARK ST	USEPA CHICAGO IL 60605	6250		7614
CHARLES J MILLER 536 S CLARK ST	USEPA CHICAGO IL 60605	8058		7615
DAVID H STOLTENBERG 536 S CLARK ST	USEPA CHICAGO IL 60605	4200		7616
R EDWIN ZYLSTRA 5[redacted]36 S [redacted]CLARK ST	USEPA CHICAGO IL 60605	7500		7617
////				

5
4
3
2
1
0

D. O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOUCHER NO. TRANSP 3637
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON AND SUPPORTING VOUCHERS

Rachel P. Holmlund

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2C82	JUN 17, 1983
68-01-1005	T5071
BEG CK NO.	END CK NO.
36,178,838	36,178,838

5/16/83
DATE

RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0103	20,661.80

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5071

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2066180	

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 3, 5 AND 7)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 37160983H	2066180		1995-2127

5
4
3

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P.O. VOUCHER NO.

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U.S. Environmental Protection Agency
Region V
77 South Dearborn St.
Chicago, Illinois -60604

S.F. VOUCHER NO. 1995-2127

SCHED NO. T 5671

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 053-0332

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE): ☐ FREIGHT ☒ PASSENGER

PAID BY: PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,859	20,661 80

TED PAY THIS BILL 133

RECEIVED FINANCIAL MANAGEMENT BRANCH MAY 20 7 44 '03

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	20,661 80

VERIFIED BY (SIGNATURE OR INITIALS): Leonard Lantelli

TOTAL CLAIMED ➤ 20,661 80

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,859

PERIOD (From - To): 01MAY - 15MAY '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
05 1	5870500329	X 61500	JENSEN
	331	X(V) 55500	ROTHBLATT
	336	X 11400	ASSADI
05 2	465	X 16400	ADAMS
	484	X 15400	BRAUN
05 3	494	X 13000	BRUCE
	497	X 11700	DEERING
X	5870591005	X 15400	BITTER
	009	X 61500	TEDESCHI

REVIEWED BY:

DATE: 15MAY '83

PAGE TOTAL: 2,618.00

APPROVED BY:

DATE:

GRAND TOTAL: 20,661.80

GENERAL SERVICES ADMINISTRATION

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA HR RRSII	2. TYPE OF TRAVEL: ☑ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	3. VOUCHER NO. 009247
			4. SCHEDULE NO. 51430 7-27-83

5. TRAVEL (EE)	a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL
	Bitter Paul R 00024	[redacted] non-responsive	a. FROM 7/10/83 b. TO 7/11/83
	[redacted] non-responsive	d. OFFICE TELEPHONE NO. 886-3007	7. TRAVEL AUTHORIZATION a. NUMBER(S) TS 33627 FC 1006 b. DATE(S) 7/13/83
	e. PRESENT DUTY STATION: CHICAGO IL	f. RESIDENCE (City and State): MATTESON IL	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	-0-	a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied				
c. Amount due Government (Attached: ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding	-0-			

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any part[illegible] reimbursable transportation charges described below, purchased under cash payment pr[illegible] (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
5870682369	$152.00	AA	Cash	7/15/83	Chicago, IL	Minneapolis, MN
					And Return	

RECEIVED FINANCIAL MANAGEMENT BRANCH JUL 14 3 37 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 7/12/83 AMOUNT CLAIMED ▶ $121 31

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ for RED Michael C. O[illegible] DATE 7/13/83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: PJ — $121 31

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $121 31

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

51FA05FT06 2111 — $20.00
68-20X8145 2115 — $58.30
2117 — $43.01
$121.31

L. Davis 6-6168

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

TGB05FT06 FC 1006 TS 33627

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information: if this is a continuation sheet PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7/10	4:30PM	DEPT. RESIDENCE POV TO OHARE								50	10		TOLL 1.20
7/10	5:45PM	DEPT. OHARE NW 707 TDY			—			44 80				44 80	
~~7/10~~ 7/11		TDY	3 50	10 00	—	13 50			13 50			13 50	
7/11	5:PM	DEPART MPLA ARRIVE AIRPORT											CAR RENTAL 30 86
7/11	6:10PM	DEPT MINN. HA 138			—								
7/11	7:30PM	ARRIVE OHARE											PARKING 9.75
7/11	9:PM	ARRIVE (POV) RESIDENCE								50	10		TOLL 1 20
									SUBTOTALS ▶		20	58 30	43 01
									TOTALS ▶		20	58 30	43 01

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

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

TOTAL AMOUNT CLAIMED ▶ 121.31

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E O. 9397 of November 22, 1943, and 26 U S C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (8643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 874417

2. DATE 7-5-83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☐ SGTR'S	☐ JTR'S
7-10-83	7-11-83	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINN

Purpose: Meet with expert witnesses and MPCA/EPA lawyers regarding the Reilly Tar Enforcement

FC1006 TS33627

OBLIGATED

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. ☐ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TOY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____		c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL American International		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT-CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	$75	2131		2143		2154	
			2113	152	2133		2144		2155	
			2114		2134		2145		2156	
			2115	35	2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$312						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Thomas F. Maher, acting RRB — NAME AND TITLE (Typed) R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE David G. Stephenson — NAME AND TITLE (Typed) B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H

VOUCHER AND SCHEDULE OF PAYMENT

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D.O. VOU. NO. (TRANSP.)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

Rachel P. Holmlund

7/27/83 — RACHEL P. HOLMLUND

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 JUL 28, 1983
68-01-1005 51430
BEG CK NO. 91,350,684 END CK NO. 91,350,697

APPROPRIATION SUMMARY

68X0108

GROSS [redacted]1,[redacted]717.[redacted]93
APPLY 250.00
NET 1,467.93

ALIGN AREA XX — XX ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.O. USE ONLY
11	1	28	68-01-1005	51430	MEMORANDUM

GRAND TOTAL	NO CHECK TOTAL
1[redacted]46793	

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7 — LINES 2, 4, 6 AND 8

		AMOUNT	NO CHECK	VOUCHER NO.
DAVID H BARAN	????			
DAVID H BARNA 250039 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	5226		9246
[redacted] non-responsive		12131		9247
		17440		9248
		6200		9249
JOHN F CONNELL 536 S CLARK ST	USEPA CHICAGO IL 60605	7200		92[illegible]0
[redacted] non-responsive		9567		9251GR34567 AP25000
JOHN J MCGUIRE 536 S CLARK ST	USEPA CHICAGO IL 60605	12500		9252
CHARLES J MILLER 536 S CLARK ST	USEPA CHICAGO IL 60605	7200		98253
MARK E MOLONEY 25039 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	1390		9254
[redacted] non-responsive		23592		9255

4
3 ////
2
1
0

D.O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

ALIGN AREA | X | **MEMORANDUM** | X | ALIGN AREA

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	581430

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
CLIFFORD RISLEY 536 S CLARK ST	USEPA CHICAGO IL 60605	5770		9256
CLIFFORD RIS	????			
CLIFFORD RISLEY 536 S CLARK ST	USEPA CHICAGO IL 60605	25677		9257
STANLEY A WITT 536 S CLARK ST	USEPA CHICAGO IL 60605	3550		9258
STEPHAN WYNNYCHENKO 536 S CLARK ST	USEPA CHICAGO IL 60605	7350		9259
ITH				

VOUCHER AND SCHEDULE OF PAYMENT

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

DO VOU NO. 4821

I AM TO AUTHORITY VESTED IN ME. I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S, DESIGNATED HEREON OR ON ATTACHED APPORTIONMENT VOUCHERS

PAID BY

Richard C. Walker

9/1/83
DATE

RICHARD C. WALKER
AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2C82 SEP 02, 1983
68-01-1005 T5089
BEG CK NO. 55,999,549 END CK NO. 55,999,549

APPROPRIATION SUMMARY

68X0108 23,250.89

ALIGN AREA X

FONT SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11 1	1	68-01-1005	88T5089

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2325089	

ALIGN AREA X

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES	PO BX 371608 M ????	2325 0		
AMERICAN AIRLINES PITTSBURGH PA 15251	PO BX 371608 M	2325089		2572-2703
////				

5
4
3
2
1

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR 101-41) FOR INSTRUCTIONS ON COMPLETING THIS FORM

P U VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO VOIDED #2617
2572 — 2703

SCHED NO
T5089

UNITED STATES—DR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
073-0332

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY
PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,993	23,250 89

TTL PAX THIS BILL 131

MEMORANDUM

cpa

RECEIVED
FINANCIAL MANAGEMENT
BRANCH
JUL 19 2 31 PM '83

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	23,250 89

VERIFIED BY (SIGNATURE OR INITIALS) Doreen L. Costello

TOTAL CLAIMED ➤ 23,250 89

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPEPSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,993

PERIOD (From - To): 01 JUL - 15 JUL '83

ISSUE DATE	TICKET NUMBER		AMOUNT	PASSENGER NAME
07065	8701692292		164.00	FENNER
	8701692322	V	154.00	HARTIAN
	347	V	298.00	ULLRICH
	365	V	194.00	NIEDERGANG
	366	V	194.00	NIEDERGANG
	369	V	152.00	BITTER
0707	390	V	114.00	PHILLIPS
	393	V	114.00	DUNLAP
	395	V	114.00	RAMSKI
	396	V	194.00	LILLICH
	398	V	414.00	GRANSON
	406	V	414.00	SCHULZ
	410	V	92.00	NASH
	411	V	114.00	MANZARDO
	412	V	204.00	ELSON
	415		114.00	LEDER
	416	V	194.00	MARION
	420		164.00	REKAR
	425		114.00	WATTERS
	428		164.00	BARNEY
	438	V	130.00	KULHA
	441	V	114.00	KARAS

REVIEWED BY: DATE: 15 JUL '83 PAGE TOTAL: 3,368.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS 1296 (4 80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: EPA RRS II

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3 VOUCHER NO. V0005

4. SCHEDULE NO. V0005 10/20-83

5. (EE)
a NAME (Last, first, middle initial): BITTER PAUL R. 00009

b SOCIAL SECURITY NO: non-responsive

6. PERIOD OF TRAVEL
a FROM 9/25 b TO 9/27

non-responsive

d OFFICE TELEPHONE NO: 886-3007

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS-34592
b. DATE(S): 9-22-83

e PRESENT DUTY STATION: CHICAGO IL

f RESIDENCE (City and State): MATTESON, IL

10 CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b Amount to be applied
c Amount due Government (Attached [ ] Check [ ] Cash)
D Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b AMOUNT RECEIVED $
c PAYEE'S SIGNATURE ✓

11. PAID BY

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon, if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$150	SATO	COACH	9-22-83	CHGO, IL	MINNEAPOLIS, MN AND RETURN

5870:785:922

FINANCE CENTER CHICAGO REGIONAL OFFICE BRANCH OCT 7 3 34 PM '83

13 I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 10/5/83 AMOUNT CLAIMED ▶ $150 15

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

14 This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680).)

APPROVING OFFICIAL SIGN HERE ▶ James F. Thompson acting chief RRS II DATE 10/5/83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a VOUCHER NO	b. D.O. SYMBOL	c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $150 15

Certifier's initials:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $150 15

18. ACCOUNTING CLASSIFICATION

68-20X8145	FC 1007	21.11	$100.95
3TGB05FT06	T734592	~~21.14~~ 21.17	~~20.00~~ ~~29.20~~ 49.20

L

L. Mates. L-6335

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet — PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-34592

TRAVELER'S LAST NAME BITTER

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
9/25	6:PM	DEPT RESIDENCE DOY TO OHARE								50	10 00		TOLLS 1 60
	7:55	DEPT OHARE RC 507											
	9:PM	ARRIVE MINNEAPOLIS TAXI TO HOLIDAY INN	PB					37 10	37 10			37 10	PB
9/26		Meeting w/ Reilly Mfg. DOY	2 75	9 00	15 60			37 10	63 85			63 85	
9/27	8:30AM	Meeting w/ Reilly	2 00	8 00					10 00				
9/27	5:0PM	TAXI TO AIRPORT (MPL.)											TAXI 14 00
9/27	5:55PM	DEPT UA 492 CHANGED FLT.											
	7:15	ARRIVE OHARE PARKING											PARKING 12 00
	9:PM	POV TO RESIDENCE								50	10 00		TOLLS 1 60
											PB		
									SUBTOTALS ▶		20 00	100 95	29 20
									TOTALS ▶		20	100 95	29 20

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

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

TOTAL AMOUNT CLAIMED ▶ 150.15 PB

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (0643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[XX] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. XXXXXXXXXXXXXXXX

2. DATE 9-22-83

3. NAME AND TITLE
Paul Bitter, Environmental Engineer/ON-Scene Coordinator

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Branch, Remedial Response Section II

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
9-26-83	9-27-83

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return. MNMINNEAPOLIS

Justification: To attend settlement meeting with Reilly Tar and Chemical Company, MPCA and DOJ.

T$34592 FC1007

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA $ GA $ _____

COST LODGING NTE $ _____ _____ CAR $ _____

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*

c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. [ ] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane, etc.)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC* # _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
DOMESTIC L

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGBo5FT06	2111	$150	2131		2143		2154	
			2113	$150	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	$100	2141		2153		1217	
			TOTAL	$400						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE [signature]

NAME AND TITLE *(Typed)* R. E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION

certifying officer
phone 886-4508

STATION NO. 68-01-1005
TAPE NO. 477

10-20-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0004		$880.00	7	
A0005		$530.00	5	TREASURY DEPARTMENT
G0003		$409715.00	5	DIVISION OF DISBURSEMENT
G0004		$229122.00	7	
G0005		$453636.00	4	OCT 24 1983
G0006		$3608671.00	20	
G0007		$522078.00	10	3131
G0008		$109456.00	4	DENVER, COLORADO
G0009		$794771.00	13	
G0010		$838221.00	5	
P0005		$5474.75	9	
P0006		$5621.80	5	
P0007		$4382.66	7	
T0002	453	$22757.10	1	
V0005		$1309.71	20	
V0006		$1482.27	7	
V0007		$254.35	2	

21479332
21479462
BEG-ENDING CHECK NO.

131 CHECKS TOTALING $7008362.64

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

10-20-83
DATE

Rachel D. Holmlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 477

47

STATION NO. 68-01-1005
SCHEDULE NO. V0005
DATE 10/20/83

DATE RUN
10/20/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
DAVE BENO C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$168.62	TS34485	
non-responsive	$150.15	TS34592	
RIZALINO CASTANARES C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$75.83	TS34455	
WILLIAM E CLOE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$63.90	TS34637	
WILLIAM E CLOE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$11.30	TS34533	
KENT FULLER C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$47.50	TS34214	
KENT FULLER C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$179.00	TS34264	
KENT FULLER C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$10.30	TS34215	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 477

STATION NO. 68-01-1005
SCHEDULE NO. V0005
DATE 10/20/83

DATE RUN
10/20/83

VENDOR'S NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
ROBERT M HARTIAN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$13.48	TS34563
KRISHNA I KAMATH C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$102.50	TS34366
KRISHNA I KAMATH C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$142.25	TS34460
KRISHNA I KAMATH C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$11.50	TS34527
ARNOLD E LEDER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$52.10	TS34434
BRENT A MARABLE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$80.00	TS34481
ROSS E POWERS C/O WANDA PETISH US EPA ENV SVCS DIV 9311 GROH RD GROSSE ILE MI 48138 1697	$62.50	TS34540
CURTIS ROSS C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$29.00	TS34608

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 477

STATION NO. 68-01-1005
SCHEDULE NO. V0005
DATE 10/20/83

DATE RUN
10/20/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
VACYS J SAULYS C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$23.10	TS34496
THOMAS J THOMAS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$42.10	TS34550
RONALD J VAN MERSBERGEN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$37.50	TS34631
EDWARD WOJCIECHOWSKI C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$7.08	TS34482

SCHEDULE V0005 HAS 20 TOTAL CHECKS FOR $1309.71

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

10-20-83
DATE

Rachel P. Schlueter
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

Certifying Officer
Phone # 886-7508

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 488

11-7-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0012		$1645.00	7	
G0039		$235761.00	5	
I0013		$1880.00	1	
I0014		$28.81	1	TREASURY DEPARTMENT
P0024		$50074.71	3	DIVISION OF DISBURSEMENT
P0025		$102469.35	1	
P0026		$34499.73	3	NOV 08 1983
P0027		$3288.36	3	
T0005 - 994		$3355.00	2	3131
T0006 - 995		$22093.35	1	DENVER, COLORADO

BEG-~~ENDING CHECK~~ NO.
71785 025

27 CHECKS TOTALING $455097.31

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-7-83
DATE

Rachel P Schalmo
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 488

DATE RUN
11 07/83

STATION NO. 68-01-1005
SCHEDULE NO. T0006
DATE 11/07/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID.	LINE
AMERICAN AIRLINES PO BOX 371608 M PITTSBURGH PA 15251	$22095.35	093 0333		

PAID

SCHEDULE T0006 HAS 1 TOTAL CHECKS FOR $22095.35

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-7-83
DATE

Rachel P. Hahnlund
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS	SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM	P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO

SCHED NO T0006

THE UNITED STATES DR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 093-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,998	22,095	35
TTL PAX THIS BILL ~~130~~ 129		
TOTAL CLAIMED ➤	22,095	35

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	22,095	35

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santelli

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,998

PERIOD (From - To): 16 SEPT - 30 SEPT '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0922	5870785900	9200	SCHULZ
	903	26880	KIZLAUSKAS
	908	15800	LEVIN
	912	16400	LEDER
	918	26880	ROCKWELL
	922	15000	BITTER
	923	15000	PANKANIN
	965	36500	ROBERTS
0923	5870786007	26600	BOWDEN
	008	15200	LEININGER
	010	17100	RUTTER
0926	125	17400	HUDDLESTON
	133	15400	ROBERTS
	136	24000	BIKINIS
	137	11400	AKMAN
	138	11400	KEE
	139	11400	FREY
	140	9200	BAUMGARTNE
	141	9200	KAPLAN
	142	16400	ADAMS
	146	11000	BARTELT
	147	11400	SPYROPPULO

REVIEWED BY:

DATE: 30 Sept '83

PAGE TOTAL: 3,687.60

APPROVED BY:

DATE:

GRAND TOTAL:

TRAVEL VOUCHER

1. DEPARTMENT, ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: EPA WASTE MANAGEMENT, R2S Q

2. TYPE OF TRAVEL: ☑ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. V00 15 11/3/83

5. TRAVELER (PAYEE): Bitter Paul R

6. SOCIAL SECURITY NO. non-responsive

7. PERIOD: FROM 10/9/83 TO 10/12/83

non-responsive C 59

8. OFFICIAL STATION NO. EE6-3C7

9. TRAVEL AUTHORIZATION: NO. TS-40153 DATED 10/4/83

10. OFFICIAL STATION: CHICAGO

11. RESIDENCE (Permanent): MADISON WI

12. TRAVEL ADVANCE: a. Amount requested; b. Date received; c. Amount received; d. Balance or amount due Government (Attached ☐ Check ☐ Cash); e. Payee's signature

13. PAYEE

PAID

14. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash refund, show claim on reverse side.)

I hereby assign to the United States any right I may have against any person in connection with the transportation charges described below, purchased under cash-paying travel procedures (FPMR 101-41.203-2).

Agent's Valuation of Ticket (a)	Issuing Carrier (Initials) (b)	Class of Service and Accommodations (c)	Date Issued (d)	Points of Travel: From (e)	Points of Travel: To (f)
5870:981:890	SATO	COACH	10/7/83	CHGO IL (MIDWAY)	MINNEAPOLIS, MN and return
$110					

RECEIVED OCT 19 3 03 PM FINANCIAL MANAGEMENT

RECEIVED OCT 26 1983 FINANCIAL MANAGEMENT

OCT 2 U 1983

15. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER'S SIGNATURE: Paul R Bitter DATE 10/14/83 AMOUNT CLAIMED: 250 92

NOTE: Falsification of an item in an expense account may be punishable by fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, 1001).

16. This voucher is approved. For official travel by privately owned conveyance, it is certified that use of such conveyance was necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680b).)

APPROVING OFFICIAL'S SIGNATURE: Russell E. Diefenbach DATE: 10.17.83

17. FOR FINANCE OFFICE ONLY — COMPUTATION

a. TRAVEL ORDERS, IF ANY (Explain on reverse if amount differs)

b. TOTAL VERIFIED AND CORRECT FOR CHARGE TO APPROPRIATION: $ 250 92

c. LESS OUTSTANDING TRAVEL ADVANCE (Adjustment voucher only): $

d. NET TO TRAVELER: $ 250 92

18. ACCOUNTING CLASSIFICATION

4TGB05FT06 FC1001 40153 NPO 21.11 $179.02 21.14 16.00 21.17 55.90 L Annette 6-6355

18. LAST PRECEDING VOUCHER PAID UNDER THIS TRAVEL AUTHORIZATION: a. VOUCHER NO. b. T/O SYMBOL c. MONTH & YEAR

19. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE: DATE:

5157-116

STANDARD FORM 1012 (REV. 10-79) Prescribed by GSA, FPMR (41 CFR) 101-7.1

EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (j) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(k) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters etc. (other than for meals)

(l) Complete for per diem and actual expense travel.

(i) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet — PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-40153

TRAVELER'S LAST NAME: BITTER

DATE 19 83 (c)	TIME (Hour and A.M./P.M.) (f)	DESCRIPTION (Departure/arrival c.t.v., per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (k)	LODGING (l)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20 g NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/9	5:PM	Dept. Residence POV TO MIDWAY								40	8 00		TOLL 1 20
		MISSED FLT. LIMO TO OHARE 7:30 PM											LIMO 7 00
	7:30	Dept OHARE NW 341											
	8:40 PM	Arrive Minneapolis TAXI TO HOLIDAY INN						41 34	41 34			41 34	TAXI 12 00
10/10		TDY	3	3	15 00	21 00		41 34	62 34			62 34	
10/11		TDY	3	5	15 00	23 00		41 34	64 34			64 34	
10/12		TDY	3	8		11			11 00			11 00	TAXI TO HOME 2 50
10/13	3:30 PM	TAXI TO AIRPORT											TAXI TO AIRPORT 17 00
	4:00	NW 814 TO CHICAGO											
	5:30	ARRIVE MIDWAY PARKING											PARKING 15 00
	6:30 PM	POV TO RESIDENCE ARRIVE RESIDENCE								40	8 00		TOLL 1 20
													10/25 DB
									SUBTOTALS ▷		16 00	179 02	56 90
									TOTALS ▷		16 00	179 02	55 90

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

Enter symbol of each item in (c) and (d) to identify it for the form at the left

TOTAL AMOUNT CLAIMED: 250.92

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 and implemented by the rules and regulations (41 CFR 101-7) Executive Order 11609 of January 22, 1971, Executive Order 11012 of November 22, 1962, and 26 U.S.C. 6011(b) and 6109. The principal purpose of the requested information is to determine payment or reimbursement to individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and account for costs of such reimbursements to the Government. The information will be used by Federal employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when a statute or regulation, rule, or order issued pursuant thereto requires disclosure. Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. Failure to furnish the information will result in delay in payment or reimbursement. Failure to furnish the Social Security Account Number (SSN) will result in delay in payment or reimbursement since claims cannot be properly processed without SSN. Furnishing the SSN is voluntary on your part but it will be used to identify you in connection with carrying out your official duties. The SSN will be used to collect any indebtedness you may owe to the U.S. Government resulting from your participation in this program.

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T

2. DATE 10-4-83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE

Paul Bitter, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION

Waste Management Division, Remedial Response Branch , Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☐ SGTR'S	☐ JTR'S
10-9-83	10-12-83	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

Purpose: To meet with Reilly's representatives for settlement disaussions.

REILLY TAR SUPERFUND PROJECT SPECIFIC

FC1001 T$40153

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COMMON CARRIER INCLUDING CONSIDERATION OF OTHER ALLOWANCES

DELETED

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC* # _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES			13. PURPOSE CODE
	APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE	DOMESTIC L

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TEB05FT06	2111	$225	2131		2143		2154	
			2113		2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	65	2141		2153		1217	
			TOTAL	$540						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R.E. Bartelt

NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

Phone # 886-7508

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 487

11-3-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0011		$4105.00	16	
G0036		$68903.00	1	
G0037		$138984.00	4	
G0038		$909259.00	13	
P0023		$1544.77	2	
V0014		$185.08	2	
V0015		$2984.07	40	
V0016		$3272.09	33	
V0017		$3664.09	38	

BEG-ENDING CHECK NO.
71784041
71784189

149 CHECKS TOTALING $1132901.10

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-3-83
DATE

Rachel O. Stabenow
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1105
SCHEDULE NO. V0015
DATE 11/03/83

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OF PAYMENT ID. LINE
VALDAS V ADAMKUS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$50.00	TS40340
VALDAS V ADAMKUS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$45.00	TS40339
GARY A AMENDOLA C/O CAROL KOPCAK U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$48.55	TS40225
GARY A AMENDOLA C/O CAROL KOPCAK U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$121.32	TS40185
GARY A AMENDOLA C/O CAROL KOPCAK U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$67.75	TS40132
DOROTHY ATTERMEYER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$31.90	TS34512
JONATHAN BARNEY C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$60.83	TS
JONATHAN BARNEY C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$49.25	TS40337

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0015
DATE 11/03/83

DATE FUN 11/03/83 VENDOR NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
DAVE BENO C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$20.25	TS40050
DAVE BENO C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$160.71	TS40151
CARRIE E BERLIN 525 W OAKDALE #204 CHICAGO IL 60657	$83.00	TS40166
WILLIAM BEYER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$34.24	TS40020
[redacted]	$250.92	TS40153
BARRY J BOLPA C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$183.68	TS40110
ELMER BORTZER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$43.25	TS40071
ELMER J BORTZER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$36.35	TS40158

non-responsive

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0015
DATE 11/03/83

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
DONALD J BRUCE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$417.75	TS40243
TODD A CAYER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$115.18	TS40335
RALPH G CHRISTENSEN C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$17.89	TS40018
RALPH CHRISTENSEN C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$16.72	TS40030
JOSEPH CLESCERI C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$22.00	TS40010
non-responsive	$41.66	TS874508
RICHARD COX C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$28.11	TS40070
RICHARD L DALTON C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$45.02	TS40149

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0015
DATE 11/03/83

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
ALLEN A DEBUS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$38.40	TS40139
BARRY DEGRAFF C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$45.68	TS39999
DAVID S DEVAULT C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$39.64	TS40076
DAVID S DEVAULT C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$49.67	TS40075
RUSSELL E DIEFENBACH C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$17.86	TS40015
JONAS A DIKINIS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$25.02	TS40097
JONAS A DIKINIS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$119.64	TS40114
JOHN DOOLEN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$15.06	TS40011

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0015
DATE 11/03/83

DATE RUN
11/03/83

VENDOR'S NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
DOUGLAS A EHORN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$35.71	TS40103
MICHAEL H ELAM C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$120.41	TS40062
WILLIAM D FRANZ C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$29.78	TS40057
JOSEPH J FREDLE C/O CAROL KOPCAK U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$209.95	TS40024
BERTRAM C FREY C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$135.40	TS34316
KENT FULLER C/O JUDY GREENBERG U S EPA GREAT LAKES NATL PRO 536 S CLARK CHICAGO IL 60605	$18.85	TS40025
DEBORAH GARBER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$41.42	TS40073
GARY V GULEZIAN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$50.25	TS40069

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0015
DATE 11/03/83

DATE RUN
11/03/83

VENDOR'S NAME AND ADDRESS | AMOUNT | INVOICE # OR PAYMENT ID. LINE

SCHEDULE V0015 HAS 40 TOTAL CHECKS FOR $2984.07

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-3-83
DATE

Rachel P Hahnlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 481

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
G0072		$580259.00	7	#225
G0073		$10945.00	3	#228
I0025		$955.00	1	#229
I0026		$54.40	1	#230
P0050		$14009.71	11	#231-41
P0051		$176.92	1	
P0052		$88375.34	2	
P0054		$3061.50	1	
T0008-1462		$30025.47	1	
V0035		$1349.52	19	

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
NOV 25 1993
3131
DENVER, COLORADO

71.947.219

71.947.265

BEG-ENDING CHECK NO.

47 CHECKS TOTALING $729211.86

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-23-83
DATE

Richard C. Walk
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 481

STATION NO. 68-01-[illegible]CE
SCHEDULE NO. T0008
DATE 11/23/83

DATE RUN
11/23/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
AMERICAN AIRLINES PO BOX 371608 M PITTSBURGH PA 15251	$30025.47	103 0332

PAID

SCHEDULE T0008 HAS 1 TOTAL CHECKS FOR $30025.47

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-23-83
DATE

Richard C. Walker
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR [illegible] FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
'30 S. Dearborn St
Chicago, Ill 60604

BUR VOU NO

SCHED NO T008

THE UNITED STATES DR TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 103-0332

PAID BY T0008 11/21/83

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,999	30,025	47
TTL PAX THIS BILL 148		
TOTAL CLAIMED ➤	30,025	47

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

PAID

MEMORANDUM

cpa

Rec'd FMB 10/20/83 10:32AM

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	$30,025	4

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santelli

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

Page ___ of ___

3

AGENCY (Name & Address)	GTR NUMBER
EPA	D-7,632,999
	PERIOD (From - To)
	01 Oct - 15 Oct '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1005	5870931790	27000	KEE
	7921	25000	WALDVOGEL
	8002	27000	HIT@HELL
	8222	26700	MILBURN
1006	8666	22800	VENDL
	8701	21400	KUSH
	8733	22800	SPYROPOULO
	8766	14700	BERLIN
	8781	4600	CLARK
	8801	9200	CLARK
	8832	27000	ROTHBLATT
	8877	9200	CLARK
	8881	27000	POLSTON
	8901	11000	BITTER
	8941	27000	CLARK
	8962	23800	CHRISTENSE
	8971	25000	ONEILL
	8981	18100	HELOGINN
	9052	29800	DRATO
	9061	9200	HAUSER
	9081	9200	HAUSER
	9111	27000	TANSEY

REVIEWED BY:		DATE: 15 Oct '83	PAGE TOTAL: 3,424.00
APPROVED BY:		DATE:	GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NSN-1290 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)

BUREAU DIVISION OR OFFICE: USEPA WMD RRS II

2. TYPE OF TRAVEL: ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.: gw

4. SCHEDULE NO.: VM031 11-22/8

a. NAME (Last, first, middle initial): BIHER PAUL R

[redacted] non-responsive

6. PERIOD OF TRAVEL 11-2-11-4

a. FROM: 11/2 b. TO: 11/4

[redacted] non-responsive

d. OFFICE TELEPHONE NO.: 886-3007

7. TRAVEL AUTHORIZATION

a. NUMBER(S): TS40516 b. DATE(S): 10-28-83 11-10-83

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE (City and State): MATTESON IL.

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

c. Amount due Government (Attached: ☐ Check ☐ Cash)

D. Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5870:934 374	$164	SATO	COACH	11-1-83	CHGO, IL	MINN. MN and return

RECEIVED FINANCIAL MANAGEMENT BRANCH NOV 15 2 25 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Biher DATE 10/9/83 AMOUNT CLAIMED ▶ $170 14

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ R E Dufenbach DATE 11.10.83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $ 170 14

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 170 14

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

68-20X8145 4TGB05FT06 21.11 $111.20
FC1002 T$40516 C 21.14 9.22
21.17 11.00

21.15 $35.72 JB 11/10/83 K. Matese 6-6335

1012-114

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-40516

TRAVELER'S LAST NAME BITTER

DATE 1983 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/2	6:30 PM	DEPT Office POV 76 MIDWAY								15	3 07		
	7:25	DEPT MIDWAY ML 79											
	8:45 PM	ARRIVE MINNEAPOLIS TDY; RENTAL CAR						37 10	37 10			37 10	
11/3	8 AM	ATTEND MEETING W/ MPCA; TDY	3 00	6 00	15 00	24 00		37 10	61 10			61 10	
11/4	8:30 AM	Meet W/MPCA + USGS Return Rental Car	3	10 00	—	13 00			13 00			13 00	CAR RENTAL 38 72
	5:45 PM	Dept Minn. ML 78											
	7: PM	ARRIVE CHICAGO PARKING											PARKING 11 00
	7:50 PM	POV TO RESIDENCE ARRIVE RESIDENCE								30	6 15		
									SUBTOTALS ▶		9 22	111 20	49 72
									TOTALS ▶		9 22	111 20	49 72

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

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances.

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

TOTAL AMOUNT 170.14

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T 877717

2. DATE 10-28-83

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

non-responsive

4. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Section II

5. PERIOD OF TRAVEL	
STARTING DATE	ENDING DATE
11-2-83	11-4-83

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

Purpose: To attend negotiation meeting with Reilly Tar Company and MPCA.

On 11/4/83 MPCA and I will complete Record of Decision for drinking water project at St. Louis Park.

FC 1002 TS 40516

ANNUAL LEAVE AUTHORIZED FROM _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [X] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*

c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* ² _____

d. [X] COMMERCIAL CAR RENTAL AICC

e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC*²		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TGB05FT06	2111	$150	2131		2143		2154	
			2113	164	2133		2144		2155	
			2114		2134		2145		2156	
			2115	50	2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$414						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE _____ NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE _____ NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604

VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

Certifying Officer
886-7508

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 490

11-22-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
G0068		$33653.00	1	71,946,809
G0069		$971662.00	5	71,946,810-814
G0070		$119994.00	6	71,946,815-820
G0071		$888385.00	10	71,946,821-830
P0048		$1429.96	(2)	831-832
P0049		$1072.27	5	
V0031		$2437.94	19	
V0032		$1370.05	18	
V0033		$229.11	5	
V0034		$1494.90	19	

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
NOV 25 1983
3131
DENVER, COLORADO

71,946,809
-
71,946,898

BEG-ENDING CHECK NO.

REC'D FINANCIAL MGMT BRANCH
DEC 1 2 15 PM '83

90 CHECKS TOTALING $2021728.23

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-22-83
DATE

Rachel P. Schulund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 480

STATION NO. 68-01-1005
SCHEDULE NO. V0031
DATE 11/22/83

DATE RUN
11/22/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID.	LINE
GARY A AMENDOLA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25039 CENTER RIDGE RD WESTLAKE OH 44145	$63.14	TS40484		
GARY A AMENDOLA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$387.17	TS40300		
PAUL R BITTER 4103 APPLEWOOD LANE MATTESON IL 60443 CHICAGO IL 60604	$195.50	TS40479		
non-responsive	$170.14	TS40516		
RICHARD E BOICE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$121.03	TS40523		
KARL E BREMER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$111.90	TS40443		
DONALD J BRUCE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$212.65	TS40636		
BASIL G CONSTANTELOS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$105.58	TS40285		

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 480

STATION NO. 68-01-1005
SCHEDULE NO. V0031
DATE 11/22/83

DATE RUN
11/22/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
RICHARD L DALTON 7B 208 KINGERY QUARTER HINSDALE IL 60521	$178.30	TS40714
NICHOLAS M DAMATO C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$54.50	TS40554
RUSSELL E DIEFENBACH C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$146.93	TS40574
WAYNE D ELSON C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$19.40	TS40629
WILLIAM D FRANZ C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$25.20	TS40630
STEPHEN K GORANSON C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$82.66	TS40490
STEPHEN K GORANSON C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$190.42	TS40464
JAMES A HANLON C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$99.00	TS40664

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 480

STATION NO. 68-01-1005
SCHEDULE NO. V0031
DATE 11/22/83

DATE RUN
11/22/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
JOSEPH F HARRISON C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$212.92	TS40585
CONSTANCE W HINKLE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$19.55	TS40341
JAMES P HOOPER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$41.95	TS40593

SCHEDULE V0031 HAS 19 TOTAL CHECKS FOR $2437.94

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-22-83
DATE

Rachel P. Holmlund
AUTHORIZED CERTIFYING OFFICER

3

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION 886-7508

12-21-83

STATION NO. 68-01-1005
TAPE NO. 480

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
G0113		$1266425.00	9
G0114		$139910.00	8
G0115		$1640852.00	12
G0116		$1085024.00	10
P0090		$2166.73	1
P0091		$4959.05	17
P0092		$102.00	1
T0012-2346		$38758.80	1

PAID BY

TREASURY DEPARTMENT
REGIONAL DISBURSEMENT

DEC 23 1983

3131
DENVER, COLORADO

22302.261
-
22302.319

BEG-ENDING CHECK NO.

50 CHECKS TOTALING $4176197.53

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

12-21-83
DATE

Rachel A. Holmlund
AUTHORIZED CERTIFYING OFFICER

[illegible] 68-[illegible]-1005
[illegible]EDULE NO. T0012
DATE 12/21/83

[illegible] AND [illegible] [illegible] PAYMENT ID. LINE

[illegible] AIRLINES [illegible] [illegible]
[illegible] 71616 [illegible]
[illegible] SPEECH PA [illegible]

SCHEDULE T0012 HAS 1 TOTAL CHECKS FOR $38758.30

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

12-21-83
DATE

Rachel P. Holmlund
AUTHORIZED CERTIFYING OFFICER

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

12-21-83

Rachel P. Holmlund
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
30 S. Dearborn St.
Chicago, Ill 60604

BUR VOU NO

SCHED NO 12/26/8
T0012

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
113-0332

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID B-

PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,871	38,758 80
TTL PAX THIS BILL 192	

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	38,758. 80

VERIFIED BY (SIGNATURE OR INITIALS) Lorraine S. Santelli

TOTAL CLAIMED ➤ 38,758 80

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF 1171—A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

AGENCY (Name & Address)

EPA

GTR NUMBER

D-7,632,871

PERIOD (From - To)

01 Nov - 15 Nov '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1102	5870934286	24200	LEVIN
	290	34800	TOOLE
	297	34800	DIEFENBACH
	344	11800	MCPHEE
	359	29800	HARRISON
	360	23400	LIN
	370	13000	TAYLOR
	371	13000	WAKAT
	374	13500	BITTER
	376	23000	BORTZER
1103	383	13000	REED
	385	27000	KOERBER
	386	27000	METHOD
	388	29800	BRYSON
	404	9200	GADE
	406	29800	HILTON
	409	25000	EHORN
	410	25000	FENNER
	411	27000	PATRICK
	413	18400	LUNTZ
	414	18400	TAMSEY
	415	18400	HORN

REVIEWED BY: DATE: PAGE TOTAL: 4,503.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS-1293 (4-80)

TRAVEL VOUCHER

1. DEPARTMENT OF ESTABLISHMENT, BUREAU DIVISION OR OFFICE: EPA - WMD RRSB

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.: Ucos 13-14

5. EMPLOYEE: a. NAME (Last, first, middle initial): Bither, Paul E. 000-00-0000 non-responsive

6. PERIOD OF TRAVEL: a. FROM 11/20/83 b. TO 11/22/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 40810 b. DATE(S) 11-14-83

8. a. PERMANENT DUTY STATION: Chicago IL

b. RESIDENCE (City and State): Hattiesburg MS

c. OFFICE TELEPHONE NO.: 886-3007

10. CHECK NO.

9. TRAVEL ADVANCE: a. Outstanding; b. Amount to be applied; c. Amount due Government (Attached [ ] Check [ ] Cash); d. Balance outstanding

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED; b. AMOUNT RECEIVED $; c. PAYEE'S SIGNATURE

11. PAID BY: PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon if cash is paid; show claim on reverse side.)

I hereby assign to the United States any right I may have against an, parties in connection with reimbursement for transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (first) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$140	SATO	COACH		Chgo, IL	Minneapolis, MN and return

5870:936:204

DEC 8 12 34 PM '83 TRAVEL BRANCH

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE: Paul E. Bither DATE 11/30/83 AMOUNT CLAIMED $ 176 95

NOTE: Falsification of an item in this account works a forfeiture of claim (see 18 U.S.C. 287) 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, 1d 1001).

14. This voucher is approved. Long distance telephone calls if any, are authorized as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been delegated in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE: Russell E. Rufenbach DATE 12.6.83

17. FOR FINANCE OFFICE USE ONLY - COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Traveler's initials) $ 178 95

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER $ 178 95

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION: a. VOUCHER NO. b. D.C. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGNATURE: DATE

17. ACCOUNTING CLASSIFICATION

68-20X8145 4TGB05FT06 21.11 $116.20
FC 1003 T84C810 21.14 12.30
21.17 50.45

C

SF-1172

BIA 7530-01-214-2453

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Cols. (d) thru (g) Complete only for actual expense travel

Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes; tips to bellboys, porters, etc. (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-40810

TRAVELER'S LAST NAME: BITTER

DATE 1983 (a)	TIME (Hour and min.) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/10	2:30PM	Dept. Madison POV to Midway								30	6 15		
	3:40PM	Dept Midway ML 3f3											
	1.50PM	Arrive Minneapolis TDY - Rae Contal			8 00	8 10		37 10	45 10			45 10	
11/11	8:AM	Meeting w/ Reilly + Mela TDY	2 50	6 10	15 00	23 60		37 10	60 60			60 60	
11/12	8:30AM	Survey site - Meet w/ USGS	3 00	7 50		10 50			10 50			10 50	
	1:30	Dept. for Minneapolis Airport, Return CAR											CAR RENTAL 18 45
	2:45PM	Dept. Minneapolis ML 588											
	4 PM	Arrive Chicago (Parking)											Parking 12 --
	5:30PM	POV TO RESIDENCE. ARRIVE RESIDENCE								30	6 15		
		SUBTOTALS ▶									12 30	116 20	50 45
		TOTALS ▶									12 30	116 20	50 45

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

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

TOTAL AMOUNT CLAIMED ▶ 178.95

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of this information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T XXXXXXXXX7

2. DATE 11-14-83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S
STARTING DATE	ENDING DATE	☐ SGTR'S ☐ JTR'S
11/20/83	11/22/83	6b. CONSULTANT ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to MINNEAPOLIS, MN and return MNMINNE

Purpose: To inspect the drilling at the Reilly Tar site and meet with the MPCA and Reilly Tar regarding remedial actions proposed for the site.

FC 1003 TS 40810

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*
c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. ☒ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ (Car, Plane, etc.) AT A RATE OF _____ CENTS SUBJECT TO (1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

CANCELLED

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED
	a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____	c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
	e. REGISTRATION FEES	e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TGB05FT06	2111	$150	2131		2143		2154	
			2113	140	2133		2144		2155	
			2114		2134		2145		2156	
			2115	50	2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$390						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R E Bartelt — NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE — NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBON
CHICAGO, IL. 6064
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-166)

~~CONFIRMATION OF FACSIMILE TRANSMISSION~~ 886-7508

12-14-83

STATION NO. 68-01-1005
TAPE NO. 477

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
G0101		$396704.00	7
G0102		$1550057.00	11
G0103		$1327679.00	25
G0104		$559409.00	9
P0072		$12705.81	2
P0073		$3574.24	5
P0074		$32.46	1
V0050		$1928.68	25
V0051		$1346.67	18
V0052		$1602.97	24
V0053		$1411.73	16
V0054		$60.17	3
V0055		$124.00	1
V0056		$1181.11	11

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

DEC 19 1983

3131
~~DENVER, COLORADO~~

22262155

22262312

BEG-ENDING CHECK NO.

158 CHECKS TOTALING $3857817.44
3857817.44

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

12-14-83
DATE

Rachel O. Schulin
AUTHORIZED CERTIFYING OFFICE

[illegible]

[illegible]

[illegible]
[illegible]
CHICAGO IL 60604

TODD A CAYER [illegible]
C/O LEONORA SANTELLI
US EPA FINANCIAL MGMT
230 S DEARBORN
CHICAGO IL 60604

[illegible]
C/O [illegible]
U S EPA GREAT LAKES NATL PRO
[illegible]

[illegible] $48.72 [illegible]
C/O [illegible]
[illegible]
[illegible]

[illegible] [illegible]
C/O LEONORA SANTELLI
US EPA FINANCIAL MGMT
230 S DEARBORN
[illegible]

[illegible]

[illegible]

[illegible]

[illegible] $18.73 [illegible]
C/O LEONORA SANTELLI
US EPA FINANCIAL MGMT
[illegible]
[illegible]

[illegible]
FINANCIAL [illegible]
CHICAGO, IL [illegible]
[illegible] SCHEDULE [illegible]
[illegible] TAPE [illegible] 177

[illegible] 83-01-[illegible]
[illegible] VOID
DATE 12/14/83
[illegible]

[illegible]
[illegible]
CHICAGO [illegible]

[illegible] IN TOTAL [illegible] FOR $[illegible].08

I CERTIFY THAT THE [illegible] HEREIN
[illegible]

12-1-83
DATE

AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION 886-7508

1-10-84

STATION NO. 68-01-1005
TAPE NO. 474

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
G0138		$349098.00	2	
G0139		$209897.00	6	
G0140		$3295.00	1	
G0141		$286246.00	5	
G0142		$1300.00	1	
P0108		$12285.68	8	
P0109		$40.50	1	
P0110		$2595.00	7	JAN 12 1984
P0111		$19182.30	9	
P0112		$811.80	1	3131
T0013		$26111.94	1	DENVER, COLORADO
V0077		$74.95	4	

BEG-ENDING CHECK NO.
72080534 —
72080579

46 CHECKS TOTALING $910939.17

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

1-10-84
DATE

Rachel A. Hulmund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

PAID

STATION NO. 68-01-1005
SCHEDULE NO. T0013
DATE 01/10/84

DATE RUN	VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID.	LINE
01/10/84	AMERICAN AIRLINES PO BOX 371603 M PITTSBURGH, PA. 15251	$26111.94	113-0333		

SCHEDULE T0013 HAS 1 TOTAL CHECKS FOR $26111.94

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

1-10-84
DATE

Rachel O. Hakenlund
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR 101-41) FOR INSTRUCTIONS ON COMPLETING THIS FORM

P.V.OUCHER NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Il 600

PA-

BUR VOU NO

SCHED NO
T0013 1/9/84

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
113-0333

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (Check one)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,872	26,111 94

TTL PAX THIS BILL 129

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	26,111 94

VERIFIED BY (SIGNATURE OR INITIALS) Kay Nicholas

TOTAL CLAIMED ➤	26,111 94	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

AGENCY (Name & Address)

EPA

GTR NUMBER

D-7,632,872

PERIOD (From - To)

16 Nov - 30 Nov '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1117	5870936 1311	29800	WAKAT
	1312	29800	HILTON
	1314	25000	LEDER
	1319	12000	ELAM
	1320	9600	TAYLOR
	1321	9600	WAKAT
	1323	23400	FENNER
	1358	18900	WOJCIECHOW
	1359	20000	ULLRICH
1118	1397	22800	ULLRICH
	1399	11800	SMITH
	2000	12400	HOLOSKA
	2011	11800	DZIKOWSKI
	2022	22000	NEWMAN
	2044	13500	BITTER
	2077	22500	PERRECONE
	2122	12400	WATTERS
	2188	23400	NIEDERGANG
	2222	15000	REICHARD
	2422	12300	DIKS
	2433	12300	JONES
1121	2999	27000	BROWN

REVIEWED BY:

DATE: 30 Nov 83

PAGE TOTAL: 3,007.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1206 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)

BUREAU DIVISION OR OFFICE: USEPA RRS II

STAT SAM 00053

☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

VOUCHER NO.

4. SCHEDULE NO. 10120 FEB 16

a. NAME (Last, first, middle initial): BITHER PAUL R

[redacted] non-responsive

[redacted] non-responsive

d. OFFICE TELEPHONE NO.: 886-3007

7. TRAVEL AUTHORIZATION

a. NUMBER(S)	b. DATE(S)
TS-41680	1-20-84

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE (City and State): MATTESON IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	
b. Amount to be applied	
c. Amount due Government (Attached: ☐ Check ☐ Cash)	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5873:643:451	$110	SATO	COACH	1-23-84	CHGO IL	MINNEAPOLIS, MN and return

PAID

2/2/84

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter DATE 2/2/84 AMOUNT CLAIMED ▶ $211 71 ~~73~~

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Russell E Wiefenbach DATE 2.3.84

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: PJ $ 211 71

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 211 71

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

68-20X 4TGB05FT06 NPO	21.11	$126.20
FC 1005	21.14	15.58
T$ 41680	21.15	47.43
	21.17	22.50

211.71

H. Matey 6-6335

1012-114

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-41680

TRAVELER'S LAST NAME BITTER

DATE 1984 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/25	7:AM	Dept Residence POV TO MIDWAY								38	✓ 7 79		
	8:40AM	Dept MIDWAY NW 2011											
		TDY RENTAL CAR TO MPLS	—	5 00	15 00	20 00		37 10	✓ 57 10			✓ 57 10	
1/26	8: PM	MEETING W/ TDY REILLY	2 00	7 00	15 00	24 00		37 10	✓ 61 10			✓ 61 10	
1/27	9:AM	Meeting w/Reilly	3 00	5 00		8 00		—	8 00			✓ 8 00	ST. PAUL PARKING 4 50 ✓
	12 Noon	Meeting w/USES											
	2 PM	RETURN TO AIRPORT DROP off Rental Car											47 43 ✓ CAR RENTAL
	3:30PM	Dept. AIRPORT NW 5 14											AIRPORT PARKING 18 00 ✓
	4:40PM	ARRIVE MIDWAY POV TO RESIDENCE								38	✓ 7 79		
	5:30 PM	ARRIVE RESIDENCE											
									SUBTOTALS ▶		✓ 15 58	✓ 126 20	69 93 ✓
									TOTALS ▶		15 58	126 20	69 93

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

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

2/6/84

695-71

TOTAL 211.71

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain basis of such reimbursements to the Government. The information will be used by officials and employees who have a need for the information in the

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T- 877859

2. DATE 1-20-84

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Paul Bitter, Environmental Engineer

non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Response Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S
STARTING DATE	ENDING DATE	☐ SGTR'S ☐ JTR'S
1-25-84	1-27-84	6b. CONSULTANT ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNE

Purpose: Negotiations with Reilly Tar Co.

T $41680 FC100S

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS [illegible]

OBLIGATED

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*
c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____
d. ☒ COMMERCIAL CAR RENTAL A-1 Rental
e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC* #		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

PAID

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TBB05FT06	2111	$150	2131		2143		2154	
			2113	110	2133		2144		2155	
			2114		2134		2145		2156	
			2115	50	2135		2147		2157	
			2116		2137		2151		2218	
		50	2117	50	2141		2153		1217	
			TOTAL	$360						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R.E. Bartelt

NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION

886-7513

2-16-84

STATION NO. 68-01-1005
TAPE NO. 481

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0084		$1700.00	6	
B0188		$947115.00	12	
B0190		$2011756.00	17	
P0176		$143.76	1	
P0177		$1380.63	1	
V0120		$587.97	8	
V0121		$77.48	2	

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
FEB 21 1984
3131
DENVER, COLO.

22 471 159
BEG-ENDING CHECK NO. 22 471 205

47 CHECKS TOTALING $2962760.83

I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENTS

2-16-84
DATE

Rachel P. Hubbard
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 481

STATION NO. 68-01-1005
SCHEDULE NO. V0120
DATE 02/16/84

DATE RUN
02/16/84

VENDORS NAME AND ADDRESS | AMOUNT | INVOICE # OR PAYMENT ID. LINE

SCHEDULE V0120 HAS 8 TOTAL CHECKS FOR $587.97

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

2-16-84
DATE

Rachel F. Ehrlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 481

STATION NO. 68-01-1005
DATE RUN 02/16/84 SCHEDULE NO. V012Q
DATE 02/16/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
BARY A WILLIAMS 5W-11 JS EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$43.05	TS41230	
PAUL R BITTER 4103 APPLEWOOD LN MATTESON IL 60443	$211.71	TS41680	
KATHRYN BROWN 5PA-14 JS EPA OFF OF PUB AFFAIRS 230 S DEARBORN CHICAGO IL 60604	$105.31	TS41430	
KRISHNA KAMATH 5WD-11 JS EPA DRINKING/GROUNDWATER BR 230 S DEARBORN ST CHICAGO IL 60604	$51.75	TS41329	
MICHAEL KOERBER 5A-26 JS EPA AIR MGMT DIV 230 S DEARBORN CHICAGO IL 60604	$29.40	TS41742	
BRENT MAKABLE 5AC-26 JS EPA AIR COMP BRANCH 230 S DEARBORN CHICAGO IL 60604	$79.60	TS41747	
ROSS J PILLING 5W-11 JS EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$29.15	TS41451	
PIERRE TALBERT 433 ALDINE #13 CHICAGO IL 60657	$38.00	TS41909	

CHICAGO IL 60604

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
330 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

886-7513

CONFIRMATION OF FACSIMILE TRANSMISSION

2-29-84

STATION NO. 68-01-1005
TAPE NO. 488

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0090		$1975.00	9	
G0205		$48707.00	6	
G0206		$23639.00	7	TREASURY [illegible] IENT
G0207		$92001.00	4	DIVISION OF [illegible] MENT
P0191		$5076.08	3	
P0192		$23.10	1	MAR 2 1984
P0195		$1000.00	1	
T0025	331	$4779.64	12	3117
T0026	332	$39743.57	1	KANSAS CITY, KANSAS
V0141		$22.02	1	

96 210 595

96 210 639

BEG-ENDING CHECK NO.

45 CHECKS TOTALING $216966.41

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

2-29-84
DATE

Rankel P. [illegible]
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 468

STATION NO. 68-01-1005
SCHEDULE NO. T0026
DATE 02/29/84

DATE RUN	ENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	DI PAYMENT ID.	LINE
2/29/84	MERICAN AIRLINES O BOX 371608 M ITTSBURGH PA 15251	$39743.57	014 0333		

SCHEDULE T0026 HAS 1 TOTAL CHECKS FOR $39743.57

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

2-29-84
DATE

Rachel B. Schmidt
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

BUR VOU NO

SCHED NO

T0026 — 3/1/84

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Ill 60604

UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

[redacted]

CARRIERS BILL NUMBER

[redacted]

CARRIERS SCHEDULE NUMBER

A.A.F.S.

SERVICES FURNISHED (CHECK ONE)

☐ FREIGHT ☒ PASSENGER

PAID BY

PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,876	39,743 57

TTL PAX THIS BILL 197

FEB 3 9 26 AM '84

MEMORANDUM

cpa

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ [redacted]

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santelli

TOTAL CLAIMED ➤ [redacted]

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 C

5

BY (Name & Address)

EPA

GTR NUMBER

D-7,632,876

PERIOD (From - To)

16 JAN - 31 JAN '84

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
01	2358736434255	27000	ADAMKUS
	4256	25000	BAUMGARTNE
	4311	23400	PRATT
	4333	25000	DIKS
	4334	23400	COPPOCK
	4335	21400	LEFFIN
	4336	12000	SHARROW
	4338	17900	TALBERT
	4339	12400	BRYSON
	4442	14300	WEIDERGANG
	4443	14300	COOK
	4444	27000	MINER
	4445	12400	MAYKA
	4446	25000	DELL
	4449	12400	MUSGRAVE
	4451	11000	RITTER
	4452	12400	KARL
	4453	12400	BROSSMAN
	4454	12400	BANASZEK
	4623	5100	MADANY
	4648	27000	SALDVOGEL
	4185	27000	BERMAN

REVIEWED BY:

DATE: 31 Jan '84

PAGE TOTAL: 3503.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NSN-1290 (4-8

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)

BUREAU DIVISION OR OFFICE

☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

4. SCHEDULE NO. V0128 2/27/84

TRAVELER

a. NAME (Last, first, middle initial): Bitter Paul R [redacted] non-responsive

[redacted] non-responsive

b. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM 1-30-84
b. TO 2/1/84

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS-41779
b. DATE(S) 1-27-84

e. PRESENT DUTY STATION: Chicago IL 41

f. RESIDENCE (City and State): 7779 Bonn IL

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED
c. PAYEE'S SIGNATURE

11. PAID BY

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5873:643:926	$140	SATO	COACH	1/27	CHGO, IL	MINNE/MN and return

Appr Aid

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 2/7/84 AMOUNT CLAIMED ▶ $178.49

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 2/7/84

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount)
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $ 178.49
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▶ $ 178.49

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

68-20X8145		21.11	$117.06
4TGB05FT66	FC-1003	21.14	7.18
		21.17	54.25

R. Mateu 6-6335

1012-114

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-41779

TRAVELER'S LAST NAME BITTER

DATE 19 84 (b)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/30	4:15PM	DEPT. OFFICE P.OV TO MIDWAY								15	3 08		
	5:37PM	DEPT MIDWAY ML 307											
	7:10	ARRIVE MINNEAPOLIS RENTAL CAR											
		OVERNIGHT HOLIDAY INN						37 10	37 10			37 10	
1/31	8:30AM	TDY Meeting w/Rally Dlr	3 00	6 00	15 00	24 00							
		OVERNIGHT } EXTENDED STATUS } MEETING						47 96	71 96			71 96	
2/1	8:30AM	Meet w/ Dlrs ST. PAUL	3 00	5 00		8 00			8 00			8 00	PARKING 3 25
	1:00PM	Meet w/Rally Dlr											
	4:00PM	Return Rental Car											CAR Rent 36 00
	5:20PM	Dept Minneapolis ML 352 - CHANGED FLIGHT DAY											AIRPORT PARKING 15 00
	8:40PM	ARRIVE CHICAGO P.OV TO RESIDENCE								20	4 10		
	8:15PM	ARRIVE RESIDENCE											
									SUBTOTALS ▶		10 10	117 06	54 25
									TOTALS ▶		7 18	117 06	54 25

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

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

TOTAL AMOUNT 178.49

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required in

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[XX] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. TXXXXXXXXXXXXXXXX 077831

2. DATE 1-27-84

3. NAME AND TITLE
pBitter, Paul, Envioonmental Enginner/On-Scene Coordinator

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
Waste Management Division, Remedial Repsonse Branch, Remedial Response Section II

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
1-30-84	1-31-84

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return. MNMINNESOTA

Justification: Negotiations with Reilly Tar Site.

TS 41779 FC 1003

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [XX] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____
X	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
DOMESTIC T

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TGA05FT66	2111	$75	2131		2143		2154	
			2113	$140	2133		2144		2155	
			2114		2134		2145		2156	
			2115	$40	2135		2147		2157	
			2116		2137		2151		2218	
			2117	$50	2141		2153		1217	
			TOTAL	$305						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE
R E Diefenbach for

NAME AND TITLE *(Typed)*
R. E. Bartelt, Chief, Remedial Response Br.

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE *(Typed)*
B. G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

☐ ORIGINAL ☒ AMENDMENT ☐ CANCELLATION

1. NO: T 843169

2. DATE: 2-8-84

3. NAME AND TITLE: Paul Bitter, Environmental Engineer

4. SOCIAL SECURITY NO.: [redacted]

5. OFFICIAL STATION/ORGANIZATION: Waste Management Division, Remedial Response Section II

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
1-30-84	2-1-84

6a. APPLICABLE REG'S: ☐ SGTR'S ☐ JTR'S

6b. CONSULTANT: ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Minneapolis, Minnesota and return MNMINNR

Justification: Negotiations with Reilly Tar Site.

AMEND TO SHOW EXTENDED DATE (Additional Per Diem)

TS-41779 FC-1003

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ _____ ☐ ACTUAL SUBS GSA HRGA $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☐ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
63-20X8145	

13. PURPOSE CODE

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TGB05FT66	2111	$150	2131		2143		2154	
			2113		2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117		2141		2153		1217	
			TOTAL							

14. ORIGIN AND AUTHORIZATION MCU for RCD 2-7-84

a. RECOMMENDING OFFICER'S SIGNATURE: [signature]

NAME AND TITLE *(Typed)*: R.E. Bartelt, Chief, Remedial Response BR.

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: [signature]

NAME AND TITLE *(Typed)*: B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

UNITED STATES GOVERNMENT

2-Way Memo

Subject: Change of Account No on TS 41779

From : ~~[illegible]~~ RCW

to

Joe Zotomayer

Accounting

03 Ø 84 C

INSTRUCTIONS

Use routing symbols whenever possible.

SENDER (*Originator of message*):
Use brief, informal language.
Conserve space.
Forward original and one copy.

RECEIVER (*Replier to message*):
Reply below the message, keep one copy, return one copy.

DATE OF MESSAGE	ROUTING SYMBOL
3/8/84	

SIGNATURE OF ORIGINATOR: [signature]

TITLE OF ORIGINATOR

FOLD FOLD

INITIAL MESSAGE

Per Paul Bitter Trip was for Site #06 Reilly TAR MN Not Site #66.

Deobligation required on:

Appo No.	Acct No.	DCN	Sch No.		OBL under Acct No.
68-20X8145	4TGB05FT66	FC1003	V0128	2111 $117.06	4TGB05FT66
				2114 7.18	
				2117 54.25	

PAID

REPLY MESSAGE

Discussed with Cindy Cantalini and she indicated that since it's 84 business & payment that they do not do anything, but Accounting can go ahead and make changes. RTW

191-2 FC1003 TS41779 4TGB05FT66 2111 117.06 T V0128
2114 7.18
2117 54.25

191-1 4TGB05FT66 2111 117.06
2114 7.18
2117 54.25

To :

DATE OF REPLY	ROUTING SYMBOL

SIGNATURE OF REPLIER

TITLE OF REPLIER

5027-106

2. TO BE RETURNED TO ORIGINATOR (*Receiver*)

OPTIONAL FORM 27 (Rev 7-77)
GSA FPMR (41 CFR) 101-11.6

☆U S GPO 1983—407-543/3729

UNITED STATES GOVERNMENT

2-Way Memo

INSTRUCTIONS

Use routing symbols whenever possible.

SENDER (*Originator of message*):
Use brief, informal language.
Conserve space.
Forward original and one copy.

RECEIVER (*Replier to message*):
Reply below the message, keep one copy, return one copy.

Subject: Change of Account Number on TS 41779

To : Joe Zetomayer, Accounting

DATE OF MESSAGE	ROUTING SYMBOL
5/17/84	

SIGNATURE OF ORIGINATOR: Rick Hackney

TITLE OF ORIGINATOR: Accountant

FOLD — FOLD

MESSAGE

We need to de-obligate the airline ticket on TS 41779 and obligate it under Site 06, not Site 66.

	De-obligate				
Appropriation	Account No	OCN	Sch No	O.C.	Amount
68:20X8145	4TG605FT66	FC1003	~~T0026~~ T0026	2113	$140.00
	Obligate				
〃	4TG605FT06	〃	〃	〃	〃

REPLY

From :

DATE OF REPLY	ROUTING SYMBOL

SIGNATURE OF REPLIER

TITLE OF REPLIER

1. RETAINED BY ADDRESSEE

OPTIONAL FORM 27 (Rev. 7-81)
GSA FPMR (41 CFR) 101-11.6
NSN 7540-00-082-2447

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION 886-7513

2-22-84

STATION NO. 68-01-1005
TAPE NO. 484

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
A0087		$2560.00	9
B0193		$511060.00	5
P0182		$1169.54	1
P0183		$875.51	5
V0128		$1990.03	17
V0129		$2345.76	17
V0130		$2445.75	17
V0131		$1174.64	10

BEGINNING CHECK NO.
43386257
43386337

81 CHECKS TOTALING $523621.23

I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENTS

2-22-84
DATE

Rachel P. Hubbard
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 484

STATION NO. 68-01-1005
SCHEDULE NO. V0128
DATE 02/22/84

DATE RUN
02/22/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
DAVID R BARNA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$31.78	TS41715
FRED R BARTMAN 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$30.92	TS41593
MARIANN BAUMGARTNER 5W-11 US EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$38.78	TS41491
MARIANN BAUMGARTNER 5W-11 US EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$27.50	TS41495
RIZALINO CASTANARES 5A-26 US EPA AIR MGMT DIV 230 S DEARBORN CHICAGO IL 60604	$82.55	TS41277
non-responsive	$89.50	TS41796
non-responsive	$376.26	TS41795
HAK K CHO 5HW-13 US EPA WASTE MGMT BRANCH 230 S DEARBORN ST CHICAGO IL 60604	$101.56	TS41658

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 484

STATION NO. 60-01-1005
SCHEDULE NO. V0128
DATE 02/22/84

DATE RUN 02/22/84 VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
PAUL R BITTER 9103 APPLEWOOD LN MATTESON IL 60443	$178.49 ✓	TS41779
JOSEPH M BOYLE 5HW-13 US EPA WASTE MGMT BRANCH 230 S DEARBORN ST CHICAGO IL 60604	$147.00 ✓	TS41685
KATHRYN BROWN 5PA-14 US EPA OFF OF PUB AFFAIRS 230 S DEARBORN CHICAGO IL 60604	$46.54 ✓	TS41608
BRIAN H BUCKHAM C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$34.50 ✓	TS41852
[redacted] non-responsive	$110.58 ✓	TS41849
GARY A AMENDOLA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$17.25 ✓	TS41714
GARY A AMENDOLA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$163.60 ✓	TS41756
LILLIAN BAGUS 5HW-13 US EPA WASTE MGMT BRANCH 230 S DEARBORN ST CHICAGO IL 60604	$138.50 ✓	TS41666

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 484

STATION NO. 68-01-1005
SCHEDULE NO. V0128
DATE 02/22/84

DATE RUN	VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID.	LINE
02/22/84	HARRY E CLARK 317 VIRGINIA GLENWOOD IL 60425	$374.72	T840747	

SCHEDULE V0128 HAS 17 TOTAL CHECKS FOR $1990.03

I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT

2-22-84
DATE

Rachel O. Hahnlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

886-7513

CONFIRMATION OF FACSIMILE TRANSMISSION

2-29-84

STATION NO. 68-01-1005
TAPE NO. 488

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0090		$1975.00	9	
G0205		$48707.00	6	
G0206		$23639.00	7	TREASURY [illegible] IENT
G0207		$92001.00	4	DIVISION OF [illegible] MENT
P0191		$5076.08	3	
P0192		$23.10	1	MAR 2 1984
P0195		$1000.00	1	
T0025	331	$4779.64	12	3117
T0026	332	$39743.57	1	KANSAS CITY, KANSAS
V0141		$22.02	1	

96 210 595

96 210 639

BEG-ENDING CHECK NO.

45 CHECKS TOTALING $216966.41

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

2-29-84
DATE

Rachel P. Hubbard
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 468

STATION NO. 68-01-1005
SCHEDULE NO. T0026
DATE 02/29/84

ATE RUN 2/29/84 ENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID.	LINE
MERICAN AIRLINES O BOX 371608 M ITTSBURGH PA 15251	$39743.57	014 0333		

SCHEDULE T0026 HAS 1 TOTAL CHECKS FOR $39743.57

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

2-29-84
DATE

Rachel B. Stabenau
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

BUR VOU NO

SCHED NO T0026- 3/1/84

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Ill 60604

UNITED STATES, DR., TO (PAYEE'S NAME AND ADDRESS)

[redacted]

CARRIERS BILL NUMBER [redacted]

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,876	39,743 57
TTL PAX THIS BILL 197	

FEB 3 9 26 AM '84

MEMORANDUM

cpa

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ [redacted]

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santelli

TOTAL CLAIMED ➤ [redacted]

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. (SUPERSEDES SF-1171—A) PRESCRIBED BY GSA, FPMR (41 C

AGENCY (Name & Address)

EPA

UTR NUMBER: D-7,632,876

PERIOD (From - To): 16 JAN - 31 JAN '84

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
01 26	5873643768	44400	METHOD
	785	22400	DZIKOWSKI
	805	27000	DAGGETT
	819	27000	BARNEY
	834	27000	BARNEY
	835	27000	GUTFIN
	857	9600	NIEDERGANG
	858	27000	SCHAFER
	859	27000	REKAR
	860	27000	PATTI
	862	12000	SWANSON
	863	12000	WILMA
	875	11000	STREET
01 27	879	16400	DIKINIS
	880	22500	MUNO
	881	9200	DEVAULT
	885	23400	POLLACK
	886	23400	NORLING
	925	25200	ADAMKUS
	926	14000	BITTER
	952	23400	PRATT
	4001113389	4700	LEWIS

REVIEWED BY:

DATE: 31 Jan 84

PAGE TOTAL: 2736.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SF-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1 DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: WMD RCS II

2. TYPE OF TRAVEL: ☑ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. V0205 - 4112

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): BITTER PAUL R [redacted]

non-responsive

6. PERIOD OF TRAVEL: a. FROM 3/23 b. TO 3/23

c. MAILING ADDRESS (Include ZIP Code): USEPA 5HR-13, 230 S DEARBORN CHICAGO IL 60604

d. OFFICE TELEPHONE NO: 886-3007

7. TRAVEL AUTHORIZATION: a. NUMBER(S) T#42720 b. DATE(S) 3/20/84

e. PRESENT DUTY STATION: CHICAGO IL

f. RESIDENCE (City and State): MATTESON IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

c. Amount due Government (Attached. ☐ Check ☐ Cash)

D Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY: PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
225.00	SATO	COACH		CHICAGO, IL	WASH. D.C + RETURN

5873731599

APR

13 I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. Where applicable, per diem [illegible] is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Paul R Bitter JB DATE 4/9/84 AMOUNT CLAIMED ▶ $ 55 50

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, 1001).

14 This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE. If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Russell E. Rietenbach DATE 4.9.84

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 55 50

Certifier's initials: [illegible]

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ T#42720 DATE ✓

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 55 50

18 ACCOUNTING CLASSIFICATION

68-20X8145 ✓ FC1001 ✓

4TFA05 FA06

21.11 - $ 10.00

21.14 - 20.50

21.13 - $ 25.00

R. Bond 6-6335

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO 7272C

TRAVELER'S LAST NAME BITTER

DATE 19 84 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 20.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/23	5:15AM	DEPT RESIDENCE POV TO OHARE								50	10 25		
	6:45AM	DEPT OHARE UA 800											
	9:20AM	ARRIVE WASHINGTON DC											
		TAXI TO EPA											TAXI 8 00
	10:AM	TDY											
		Meeting W/EPA	—	10 00	—	10 00		—	10			10 00	
	5:45PM	TAXI TO WASH. AIRPORT											TAXI 8 00
	6 50PM	DEPT WASHINGTON NW 397											
	7:30PM	ARRIVE OHARE											PARKING 9 00
	8:30PM	POV TO RESIDENCE ARRIVE RESIDENCE								50	10 25		
									SUBTOTALS ▶		20 50	10 00	25 00
									TOTALS ▶		20 50	10 00	25 00

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

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

TOTAL AMOUNT CLAIMED ▶ $55.50

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U S C Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E.O 11012 of March 27, 1962, E O 9397 of November 22, 1943, and 26 U S.C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 0 - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO: T 880668

2. DATE: 3/20/84

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Paul Bitter, Environmental Engineer

4. non-responsive

5. OFFICIAL STATION/ORGANIZATION: Waste Management Division, Remedial Response Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☐ SGTR'S	☐ JTR'S
3/22/84	3/23/84	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinois to Washington D.C. and return DCWASH

Purpose: To discuss Record of Decision for the Reilly Tar Project

T$ 43720 FC100/

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA HRGA $ _____

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

APPROVED

10. TOY ALLOWANCE AUTHORIZED		11. TRANSPORTATION ALLOWANCES AUTHORIZED	
X	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC* # _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES		13. PURPOSE CODE
APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE	
68-20X8145		DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		4TFA05FH06	2111	$100	2131		2143		2154	
			2113	225	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$375						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R E Bartelt — NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE — NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 482

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
A0127		$1405.00	9
A0130		$2905.00	16
G0282		$155476.00	3
G0283		$1300.00	1
G0284		$222976.00	7
P0270		$2642.28	8
P0272		$4095.71	11
P0273		$85.65	1
P0274		$133.70	1
P0275		$77812.05	5
V0205		$3337.43	20
V0206		$1659.25	21
V0207		$1710.17	17
V0208		$121.20	2
V0209		$402.91	6

PAID BY
TREASURY DEPARTMENT 067-075
DIVISION OF DISBURSEMENT 76-91
92-94
95 APR 18 1984
96-102.
103-110 3117
111 KANSAS CITY, KANSAS

49377067

49377194

BEG-ENDING CHECK NO.

128 CHECKS TOTALING $476062.35

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

4-13-84
DATE

Richard C. Walker
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 482

STATION NO. 68-01-1005
SCHEDULE NO. V0205
DATE 04/13/84

DATE RUN
04/13/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
JAMES H ADAMS 5S-536 US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$19.90	TS42838	
JAMES H ADAMS 5S-536 US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$160.29	TS42431	
[redacted] non-responsive	$703.57	T880145	
	$115.46	TS42863	
DAVID BARNA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$92.40	TS42651	
DAVID R BARNA C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$46.80	TS42605	
MICHAEL BERMAN 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$58.50	TS42731	
PAUL R BITTER 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$55.50	TS42720	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 482

STATION NO. 68-01-1005
SCHEDULE NO. V0205
DATE 04/13/84

DATE RUN
04/13/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
THOMAS W BOOCKMEIER 1111 GUNDERSON OAK PARK IL 60304	$707.98	T841808
KATHRYN BROWN 5PA-14 US EPA OFF OF PUB AFFAIRS 230 S DEARBORN CHICAGO IL 60604	$90.84	TS42388
DONALD J BRUCE 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$36.00	TS42861
BRIAN H BUCKHAM C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$149.37	TS42803
DANIEL M CAPLICE 1509 HULL AV WESTCHESTER IL 60153	$347.29	TS42567
TODD A CAYER 5WF-12 US EPA MUNICIPAL FACIL BR 230 S DEARBORN ST CHICAGO IL 60604	$337.87	TS42886
RICHARD L DALTON 5AC-26 US EPA AIR COMP BRANCH 230 S DEARBORN CHICAGO IL 60604	$60.00	TS42854
non-responsive	$161.89	TS42821

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 482

STATION NO. 68-01-1005
SCHEDULE NO. V0205
DATE 04/13/84

DATE RUN
04/13/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
JONAS A DIKINIS 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$36.22	TS42910
PAUL E DIMOCK 5HW-13 US EPA WASTE MGMT BRANCH 230 S DEARBORN ST CHICAGO IL 60604	$34.60	TS42759
ARUNAS K DRAUGELIS 5H-13 US EPA WASTE MGMT DIV 230 S DEARBORN ST CHICAGO IL 60604	$51.55	TS42525
IRVIN J DZIKOWSKI 5W-11 US EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$71.40	TS42816

SCHEDULE V0205 HAS 20 TOTAL CHECKS FOR $3337.43

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

4-13-84
DATE

Richard C. Walker
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

BUR VOU NO

SCHED NO T0042 - 5/1

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Illinois 60604

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 034-0333

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,880	26,367 00
TTL PAX THIS BILL 138	

PAID

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	26,367 00

VERIFIED BY (SIGNATURE OR INITIALS) Gay Nicholas

TOTAL CLAIMED ➤ 26,367 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

PAID

SCHEDULE TO [illegible] HAS 1 TOTAL CHECKS FOR $24167.00

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

5-2-84
DATE

[illegible]
AUTHORIZED CERTIFYING OFFICER

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,880

PERIOD (From - To): 16 March - 30 March '84

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
03225873731580		27000	REKAR
	588	13200	CARROLLO
	589	9700	BLOCK
	590	14700	KUSH
	593	30000	THAYIL
	594	12000	MEDNICK
	595	11200	WILMA
	597	43300	YEATES
	599	22500	BITTER
	600	21000	SCHULZ
	601	11200	BOOCKMEIER
	602	14000	HALKIAS
	603	15600	PHILLIPS
	604	12400	SABADASZKA
	605	12400	HILTON
	606	12400	RENSTEIN
	613	11800	KELLEY
	614	11200	HALKIAS
	615	21400	CZERNIAK
	616	15000	NEILL
	617	25600	JONES
	618	23400	NEIMAN

REVIEWED BY:

DATE: 30 Mar 84

PAGE TOTAL: 3,244.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA

2. TYPE OF TRAVEL
☑ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 58685

TRAVELER (PAYEE)

5. NAME (Last, first, middle initial): Braun, Jack E.

non-responsive

6. PERIOD OF TRAVEL
a. FROM 7-14-81
b. TO 7-15-81

c. MAILING ADDRESS (Include ZIP Code)
230 South Dearborn
Chicago, Illinois 60605
03108

d. OFFICE TELEPHONE NO. 886-6214

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS12313
b. DATE(S) 7-81

e. PRESENT DUTY STATION: Chicago, Ill

f. RESIDENCE (City and State): Lisle, Ill
01000

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$112.00	AA	Coach	7-13-81	Chicago, Ill	Yuma Ariz. and return

PAID

RECEIVED AUG 5 1981 RESOURCES MANAGEMENT BRANCH

5873 454:216

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Jack E. Braun DATE 8-3-81 AMOUNT CLAIMED ▶ $ 87 72

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Jacqueline Vanderslice DATE 8/13/81

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 87 72
Certifier's initials: DW

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 87 72

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

F 6810200 QSF027 YA5105 0000 TS2313 1A69056 0 2117 $13.20 2111 $61.02

K. Walter 776-7570

1012-115 ☆ GPO 1979 0-281-187 P.O 4213

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 1981 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 22.5 c / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7-14	6:45 am	LV: Residence Via POV	Tolls							25	6 76		60
	7:30	AR: O'Hare											
	7:45	LV: O'Hare Via # 401(N)											
	8:30	AR: Twin Cities, Minnesota		6 50	12 00	18 50		44 40	62 90			61 80	
		TDY											
7-15	9:00	TDY Twin Cities, MN	4 75	5 25	4 40	14 40							
	4:58	LV: Twin Cities Via #778											
	5:30	AR: O'Hare & Parking											12 00
	6:15	AR: Residence Via POV								25	6 76		
		Tolls											60
			Actual @ $61.00 per day										
										SUBTOTALS ▶	13 52	61 00	13 20
										TOTALS ▶			

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ $87.72

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979 O—281-187 4213

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before compleing form)

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

1. NO. ~~T511520~~

2. DATE

3. NAME: Jack E. Braun

non-responsive

5. TITLE: OSC - Physical Scientist

6. ORGANIZATION: USEPA, Region V, Superfund Sites Section

7. OFFICIAL STATION: Chicago, Illinois

8. PERIOD OF TRAVEL
STARTING ABOUT 7-14-81 *(Date)* ENDING ABOUT 7-15-81 *(Date)*

9. ITINERARY, PURPOSE AND OTHER DETAILS *(If foreign travel is involved, see EPA Travel Manual for special instructions)*

Travel to Roseville Minnesota, Minnesota Pollution Control Office,,and return to Chicago.

JUSTIFICATION: To coordinate Superfund activities with the Enforcement action pending at the Reilly-Tar Chemical Site. Other parties MPCA, State attorneys Office, U. S. Department of Justice, EPA Enforcement Division, and Minnesota Health Department. Also, to take site visits for other potential Superfund sites and provide State assistance for prioritizing sites.

QSF027

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____

TS 12313

10. PER DIEM ALLOWANCE $_____ PLUS AVERAGE COST OF LODGING *(Not to exceed maximum set by GSA)*. SPECIFY IF OTHER ALLOWANCE AND LIMITATION IS AUTHORIZED IN LIEU OF PER DIEM.

Actual not to exceed $61 per day

11. MODE OF TRAVEL

a. ☐ COMMON CARRIER
b. ☐ EXTRA FARE
c. ☐ GOVERNMENT-OWNED CONVEYANCE
d. ☒ PRIVATELY-OWNED _____ *(Auto, Airplane, etc.)* AT A RATE OF _____ CENTS SUBJECT TO (1) ☐ FOUND TO BE TO THE ADVANTAGE OF THE GOVERNMENT (2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCE

OBLIGATED

12. TDY ALLOWANCE AUTHORIZED
a. ☒ CAR RENTAL
b. ☐ TAXI
c. ☐ EXCESS BAGGAGE _____ LBS *(Est)*
d ☐ OTHER *(Specify)* _____
e ☐ REGISTRATION FEES

13. CHANGE OF STATION ALLOWANCES AUTHORIZED
a. ☐ SHIPMENT OF HOUSEHOLD GOODS AND PERSONAL AFFECTS
b. ☐ TRANSPORTATION OF IMMEDIATE FAMILY
c. ☐ REAL ESTATE EXPENSES
d. ☐ RESIDENCE HUNTING
e. ☐ TEMPORARY QUARTERS
f. ☐ MISCELLANEOUS EXPENSES

14. COST ESTIMATE AND ACCOUNT CODES

APPRO-PRIATION NUMBER	DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER
6810200			1A6905Q060
TOTAL			

FINANCIAL MGMT OFFICE:

OBJECT CLASS AND AMOUNT

CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
2111	$61				
2114	$50	50			
2113	$112				
TOTAL	$223				

15. APPLICABLE REG'S: SGTR'S ☐ JTR'S ☐

16. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: R E Bartelt

NAME AND TITLE *(Typed)*: R. E. Bartelt, Director, OSF

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations

b. AUTHORIZING OFFICER'S SIGNATURE: [signature]

NAME AND TITLE *(Typed)*: Dave Kee, Director, AMPD

EPA Form 2610-1 (Rev. 8-77) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED

FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PERSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

8/13/81 — DATE

RICHARD C. WALKER — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

AUG 19 1981

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108

GR 1,130.59
AP 231.00
NET 899.59

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A685

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
89959	

PAYEE AND IF NECESSARY ADDRESS LINES 1 3 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
GARY A AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	3275		10001
GARY A AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	13030		100802
JACK E BRAUN 230 S DEARBORN ST	USEPA CHGO IL 60605	8772		10003
BASIL G CONSTANTELOS 230 S DEARBORN ST	USEPA CHGO IL 60605	14050		10004
CONNIE HINKLE 230 S DEARBORN ST	USEPA CHGO IL 60605	1747		10005GR1[illegible]1747 AP10000
PHILIP KAPLAN 230 S DEARBORN ST	USEPA CHGO IL 60605	1235		10006GR6835 AP5600
CHARLES J MILLER 536 [illegible] S CLARK ST	USEPA CHGO IL 60605	6600		10007
BERNARD F ORENSTEIN 230 S DEARBORN ST	USEPA CHGO IL 60605	11545		10008
STEPHEN POLONCSIK 230 S DEARBORN ST	USEPA CHGO IL 60605	11740		10009
non-responsive		9800		100[illegible]10
5 ROBERT D TOLPA 230 S DEARBORN ST	USEPA CHGO IL 60604	1584		10011 GR9084 AP7500
////				

5A685 68011005 08/19/81

D O CHECK NUMBERS — BEG CK NO. — END CK NO.

22,066,305 - 22,066,318

BEGINNING — ENDING

USE FOR SUCCESSIVE RECORDS — NUMBER RANGE

SF 1167a OCR
~ TFPM 2000
July 1973
1167 222

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X					X	ALIGN AREA
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY						
BUREAU OR OFFICE	REGION V						
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604						

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	2	2	68-01-1005	5A685

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
ROBERT D TOLPA 230 S DEARBORN ST	USEPA CHGO IL 60604	1120		10012
KENNETH WESTLAKE 230 S DEARBORN ST	USEPA CHGO IL 60604	5221		10013
EDWIN ZYLSTRA 536 S CLARK ST	USEPA CHGO IL 60605	240		10014
////				

5
4
3
2
1
0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO TRN 3815
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAY-MENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Wilma E Wells

7/23/81 — WILMA E. WELLS

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JUL 27 1981

SYMBOL 2020
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 9,216.50

ALIGN AREA	X				
FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D O USE ONLY
11	1	1	68-01-1005	T5037	

GRAND TOTAL	NO-CHECK TOTAL
921650	

MEMORANDUM

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OR OTHER IDENTIFICATION (LINES 1, 3, 5 AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	921650		1599-1654

T5037 68011005 07/27/81

BEG CK NO. END CK NO.

70,452,597 - 70,452,597

PUBLIC VOUCHER
FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

BUR VOU NO. 1599-1654

SCHED NO T5037

U S Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

PAID

THE UNITED STATES, OR , TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 071-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,385	9,216 50

TOTAL NUMBER OF PSGRS: 56

MEMORANDUM

bjf

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ 5

VERIFIED BY (SIGNATURE OR INITIALS) Rachel P. mkl

TOTAL CLAIMED ➤ 216 0

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR, 41 CFR) 101-41

TICKET REPORT

(Name & Address)

E.P.A.

GTR NUMBER

-7 63

PERIOD (-To)

15 '81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

EWED BY:

DATE: 07 5

PAGE TOTAL: .0

OVED BY:

DATE:

GRAND TOTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

GENERAL SERVICES ADMINISTRATION

R5-1298 (4-80)

GENERAL SERVICES ADMINISTRATION

R5-1298 (4-80)

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USEPA-Region V

2. TYPE OF TRAVEL: ☑ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 51706 9/24/83

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): HANSEL, MICHAEL J

non-responsive

c. MAILING ADDRESS (Include ZIP Code): MPCA 1935 W. County Road B-2 Roseville, MN 55113

00103

d. OFFICE TELEPHONE NO: (612) 296-7758

e. PRESENT DUTY STATION

f. RESIDENCE (City and State)

6. PERIOD OF TRAVEL
a. FROM: 6-23-83
b. TO: 6-24-83

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS-33368
b. DATE(S): 6-16-83

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash): None
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

PAID

11. PAID BY: 011310

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any [illegible] in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▷ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
012: 4466:112:387 S/B 5870:689:837	$154	SATO	COACH	6-21-83	Minneapolis, MN	Chicago, IL and return

FILED AUG 25 4 03 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▷ Michael J Hansel DATE 8/22/83 AMOUNT CLAIMED ▷ $ 85 57

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▷ RE Diefenbach DATE 8.24.83

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION $
a. DIFFERENCES, IF ANY (Explain and show amount)
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $ 85 57
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▷ $ 85 57

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▷ DATE

18. ACCOUNTING CLASSIFICATION
2114 $9.20 2111 $33.37 2117 $23.00
68-20x8145, 3T6B05FT06 TS 33368 FC 1005

1912-116 USN 7540-00-634-4130 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-33368

TRAVELER'S LAST NAME HANSEL

DATE 19 82 (a)	TIME (Hour and a.m./p.m.) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 20¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/23	7pm	Residence to Airport								23	4 60		
6/23	7 55 pm	Mpls to Chicago Nw Flt 478											
6/23	9 00 pm	Taxi to ESA											Taxi 12 00
								40 37				40 37	
6/24	8 am - 4 30 pm	Mtg w ESA	5 -	8 -		13 -			13 -			13	
6/24	4:30	Taxi to O'Hare											Taxi 6 00
6/24	6:53	Arrive Mpls - Parking											Parking 5 00
6/24	7:40	POV to Residence								23	4 60		
									SUBTOTALS ▷		9 20	53 37	23 -
									TOTALS ▷				

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

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

TOTAL AMOUNT CLAIMED ▷ 85.57

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U S C Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 807620

2. DATE 6-16-83

3. NAME AND TITLE

Michael J. Hansel

non-responsive

5. OFFICIAL STATION/ORGANIZATION

Minnesota Pollution Control Agency - Roseville, Minnesota

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
6-23-83	6-24-83

6a. APPLICABLE REG'S [ ] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

OBLIGATED

From Minneapolis, Minnesota to Chicago, Illinois and return

Purpose: To attend EPA Enforcement meeting on Reilly Tar and to finalyze the Record of Decision for implementation of a ground water treatment system

T#33368 FC1005

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 75/day [ ] ACTUAL SUBS GSA/HRGA $ _____

COST LODGING NTE $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK (NE corridor)

c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC# _____

d. [ ] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE

DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		88GB05FT06	2111	$75	2131		2143		2154	
			2113	154	2133		2144		2155	
			2114		2134		2145		2156	
			2115	50	2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	$329						

14. ORIGIN AND AUTHORIZATION REW 6.16.83

a. RECOMMENDING OFFICER'S SIGNATURE

R E Bartelt

NAME AND TITLE (Typed)

R.E. Bartelt, Chief, RRB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE

NAME AND TITLE (Typed)

B.G. Constantelos, Director, WMD

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENT

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY — DO YOU NO TRANSP

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

9/24/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 — SEP 27, 1983
68-C1-1C05 — 51706
BEG CK NO. 96,437,879 — END CK NO. 96,437,893

APPROPRIATION SUMMARY

68X0108 — GROSS 1,551.97 — APPLY 252.00 — NET 1,299.97

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	2	68-01-1005	51706

GRAND TOTAL: 129997 — NO-CHECK TOTAL:

FOR D O. USE ONLY

MEMORANDUM

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
GARY A AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	4525		11300
GARY A AMENDOLA 25089 CENTER RIDGE RD	USEPA WESTLAKE OH 44145	9894		11301
MAX A ANDERSON 536 S CLARK ST	USEPA CHICAGO IL 60605	5319		11302
DAVID B BEASLEY AGRICULTURAL ENGINEERING BLDG	PURDUE UNIVERSITY WEST LAFAYETTE IN 47907	16640		113[illegible]03
SYLVESTER BERNOTAS 536 S CLARK ST	USEPA CHICAGO IL 60605	10632		11304
SYLVESTER BERNOTAS 536 S CLARK ST	USEPA CHICAGO IL 60605	13475		11305
ROBERT M BUCKLEY 9311 GROH RD	[illegible]USEPA GROSSE ILE MI 48138	8365		11306
ROGER E CLAFF 536 S CLARK ST	USEPA CHICAGO IL 60605	11900		11307
non-responsive		15700		11308
DAVID S DEVAULT 536 S CLARK ST	[illegible]USEPA???? CHICAGO IL 60605	4580		11309GR19580 AP150[illegible]
5 4 MICHAEL J HANSEL 3 1935 W COUNTRY RD B-2 2 1 //// 0	MPCA ROSEVILLE MN 55113	8557		11310

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM X

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	51706

PAYEE, AND IF NECESSARY, ADDRESS. INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)		AMOUNT	CHECK	VOUCHER NO.
non-responsive		12197		11311GR19697 AP7500
		3760		11312
		1505		11313
ANTHONY G KIZLAUSKAS 536 S CLARK ST	USEPA CHICAGO IL 60605	2948		113146R5648 AP2700
[redacted]	????			
DAVID S DEVAULT 536 S CLARK ST	USEPA CHICAGO IL 60605	4580		11309GR19580 AP15000
////				

5 4 3 2 1 0

H

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

D O VOU NO TRANSPI 4385

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

PAID BY

8/3/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 AUG 05, 1983
68-01-1005 T5081
BEG CK NO. END CK NO.
41,123,129 41,123,129

APPROPRIATION SUMMARY

68X0108 18,501.0080

ALIGN AREA XX

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5081

GRAND TOTAL	NO-CHECK TOTAL
18501.0180	

FOR D O USE ONLY

MEMORANDUM

PAYEE, AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5 AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608M	1850180		2429-32552

5
4
3

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR 101-41) FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 South Dearborn St.,
Chicago, Illinois 60604

BUR VOU NO 2429-2552

SCHED NO T5081

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 063-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (Check one) ☐ FREIGHT ☒ PASSENGER

PAID PAID

DO ~~NOT BILL~~ GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,992	18,501 80 ✓

TTL PAX THIS BILL 124

MEMORANDUM

cpa

JUL 6 1983

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	$18,501 80
VERIFIED BY (SIGNATURE OR INITIALS)	[signature]
PAID BY CHECK NO. ➤	

TOTAL CLAIMED ➤ 18,501 80

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (RE
(SUPERSEDES SF-1171--A)
PRESCRIBED BY GSA FPMR (4

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,992

PERIOD (From/To): 16 JUN – 30 JUN '63

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0622	5870689790	9200	FULLER
	5870689802	13400	FULLER
	825	120000	STRODKA
	826	13000	KARL
	827	13000	BROSSMAN
	837	16400	ULLICH
	848	11400	FREY
	854	11200	WRICH
	4001068889	15400	HANSEL
0623	5870689860	15000	ACIERTO
	862	12900	NEUDEL
	866	16400	FENNER
	877	15200	LEININGER
	879	11400	GAITSKILL
	881	11200	STRINGHAM
	883	16400	LEVIN
	885	11400	WALKER
	886	30000	DAVIS
	889	9200	FULLER
	892	16400	MUNO
	894	16400	BROWN
	895	16400	HILTON

REVIEWED BY:

DATE: 30 JUN 63

PAGE TOTAL: 2,760.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-60)

TRAVEL VOUCHER MORANDUM (Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA Enforcement Division

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. SA 706

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Leininger, Robert E.

b. SOCIAL SECURITY NO.: non-responsive

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, Chicago, Illinois 60604

0112

d. OFFICE TELEPHONE NO.: 312-353-2094

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State): 1364 Estes, Chicago, Illinois

6. PERIOD OF TRAVEL: a. FROM 7/14/81 b. TO 7/14/81

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS-12312 b. DATE(S) 8/4/81

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	$50.00
b. Amount to be applied	$31.76
c. Amount due Government (Attached: [X] Check [ ] Cash)	~~$18.24~~ 18.24
D. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE: no check attached 8/24/81 [illegible]

11. PAID BY: 010383

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL: FROM (e)	TO (f)
5873:454:149	$112.00	SATO	Coach	7/13/81	Chicago, Illinois	Minneapolis, Minnesota & Return

PAID

RECEIVED RESOURCES MGT. BR. FINANCIAL OPN. SEC. AUG 10 3 41 PM '81

D. Prentiss, 6-6752

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 8-4-81 AMOUNT CLAIMED ▶ $31.76

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes, Chief, Legal Support Section DATE 8-4-81

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 31.76

Certifier's initials: [initials]

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $ 31.76

d. NET TO TRAVELER ▶ $ —0—

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

TS12312

~~1A6905N030~~ 6810200 ~~X101944~~ 2111 - $25.76 2117 - $6.00 31.76

1012-215 1TE205$T06 N10001

STANDARD FORM 1012-A (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

HEDULE F EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares; air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

eininger

DATE 19 81 (a)	TIME *(Hour and am/pm)* (b)	DESCRIPTION *(Departure/arrival city, per diem computation, or other explanations of expense)* (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 22½ ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7/14	6:45A	Lv. residence via POV								15	3 38		
	7:45A	Lv. O'Hare for Minneapolis, Minnesota											
	8:30P	Lv. Minneapolis	4 00	7 00	8 00	19 00			19 00			19 00	
	9:30P	Arrive O'Hare											
	10:00P	Parking Arrive residence via POV								15	3 38	6 00	
									SUBTOTALS ▶				
									TOTALS ▶		6 76	19 00	6 00

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

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

TOTAL AMOUNT CLAIMED ▶ $31.76

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ GPO : 1979 O—281-187 (4224)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[Y] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T-~~51037~~

2. DATE July 7, 1981

3. NAME Robert Leininger

non-responsive

5. TITLE Enforcement Attorney

6. ORGANIZATION Water & Hazardous Materials Enf. Division

7. OFFICIAL STATION Chicago, Illinois

8. PERIOD OF TRAVEL STARTING ABOUT 7/14/81 (Date) ENDING ABOUT 7/14/81 (Date)

9. ITINERARY, PURPOSE AND OTHER DETAILS *(If foreign travel is involved, see EPA Travel Manual for special instructions)*

FROM: Chicago, Illinois CODE N

TO: Minneapolis, Minnesota & Return 2111- $ 50.00

2113- $112.00

PURPOSE: Strategy Meeting for Reilly Tar Case 2117- $ 30.00

192.00

+1A6905N030

*6810200

NO1944 TS12312

TS-

J-

ANNUAL LEAVE AUTHORIZED FROM ____ TO ____ D. Prentiss, 6-6752

10. PER DIEM ALLOWANCE $ ____ PLUS AVERAGE COST OF LODGING *(Not to exceed maximum set by GSA)* OTHER

ALLOWANCE AND LIMITATION IS AUTHORIZED IN LIEU OF PER DIEM:

OBLIGATED

11. MODE OF TRAVEL

a. [X] COMMON CARRIER

b. [ ] EXTRA FARE

c. [ ] GOVERNMENT-OWNED CONVEYANCE

d. [ ] PRIVATELY-OWNED ____ *(Auto, Airplane, etc.)* OR ____ CENTS SUBJECT TO D(1) or D(2)

(1) [ ] FOUND TO BE TO THE ADVANTAGE OF THE GOVERNMENT

(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCE

12. TDY ALLOWANCE AUTHORIZED

a. [ ] CAR RENTAL

b. [X] TAXI

c. [ ] EXCESS BAGGAGE ____ LBS *(Est)*

d. [ ] OTHER *(Specify)*

e. [ ] REGISTRATION FEES

13. CHANGE OF STATION ALLOWANCES AUTHORIZED

a. [ ] SHIPMENT OF HOUSEHOLD GOODS AND PERSONAL AFFECTS

b. [ ] TRANSPORTATION OF IMMEDIATE FAMILY

[ ] REAL ESTATE EXPENSES

d. [ ] RESIDENCE HUNTING

e. [ ] TEMPORARY QUARTERS

f. [ ] MISCELLANEOUS EXPENSES

14. COST ESTIMATE AND ACCOUNT CODES — FINANCIAL MGMT OFFICE:

APPROPRIATION NUMBER	DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
TOTAL				TOTAL					

15. APPLICABLE REG'S: SGTR'S [X] JTR'S [ ]

16. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE ____

NAME AND TITLE *(Typed)* Kenneth Fenner, Chief Water & Haz. Materials Enf. Br.

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Sandra Gardebring

NAME AND TITLE *(Typed)* Sandra S. Gardebring Director, Enforcement Division

EPA Form 2610-1 (Rev. 8-77) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED FISCAL ACCOUNTING

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

8/25/81 RICHARD C. WALKER

68X0108

GR 2,833.37
AP 2,833.37
NET -0-

X X

11 1 3 68-01-1005 5A706

-0-

MAX A ANDERSON	-0-	10366GR9827 AP9827
EDITHA ARDIENTE	-0-	10367GR6575 AP6575
JOEL E BALMAT	-0-	10368GR5587 AP5587
ANN BEHNKE	-0-	10369GR4925 AP4925
STANLEY BOJCZUK	-0-	10370GR14612 AP14612
JAMES J BROSSMAN	-0-	10371GR1965 AP1965
KATHERINE BUTTOLPH	-0-	10372GR320 AP320
RALPH W COONS	-0-	10373GR7322 AP7322
KEVIN E DYER	-0-	10374GR11381 AP11381
RAYMOND G GIESE	-0-	10375GR6700 AP6700
DUANE HEATON	-0-	10376GR11190 AP11190
JACOBS KAYE	-0-	10377GR9575 AP9575

[redacted] X

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

X

11 2 3 68-01-1005 5A706

JUDY KERTCHER		-0-	10379GR6[redacted]200 AP6200
YANG KIM		-0-	10380GR9785 AP9785
GARY KLEEPER		-0-	10381GR6045 A[redacted]6045
BEVERLY KUSH		-0-	10382GR2790 AP2790
ROBERT LEINGER		-0-	10383GR3176 AP3176
JONATHAN MCPHEE		-0-	1038[redacted]4GR4900 AP4900
RICHARD MATUSCHKOVITZ		-0-	10385GR27833 AP27833
MICHAEL MOTT		-0-	10386GR6900 AP6900
STEPHEN OSTRODKA	????	-0-	1038712375
STEPHAN OSTRODKA		-0-	10387GR12375 AP12375
RICHARD PARKIN		-0-	10388GR2945 AP2945
ROSEMARIN CAREY		-0-	10389GR25385 AP25385
ROSEMARIN CAREY		-0-	10390GR9075 AP9075
DAVID SCHULZ		-0-	10391GR7020 AP7020
CHARLIE SMITH		-0-	10392GR7125 AP7125
CHARLIE SMITH		-0-	10393GR5955 AP5955
LAIRD STARRICK		-0-	10394GR7858 AP7858

[redacted] X

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

X

11 3 3 68-01-1005 5A706

INE SUCHMAN	-0-	10395GR5225 AP5225
BRUCE WARNER	-0-	10396GR3225 AP3225
GARY VICTORINE	-0-	10397GR4400 AP4400
MICHAEL WALKER	-0-	10398GR3550 AP3550
OLIVER WARNSLEY	-0-	10399GR10050 AP10050
RICHARD WUNROW	--0-	10400GR9344 AP9344
JUDY KERTCHER	-0-	10378GR12197 AP12197

////

[redacted]

ENVIRONMENTAL PROTECTION A GNCY
REGION V
CHGO, IL 60604

DO YOU NO (THAT)

Y THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAY
) HEREON OR ON SUPPORTING VOUCHERS

Wilma E. Wells

WILMA E. WELLS
AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JUL 27 1981

SYMBOL 2080
CHICAGO, ILL.

X0108 9,216.50

GN AREA X

T SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D O USE ONLY
1	1	8-01-1005	T5037	

GRAND TOTAL 921

NO-CHECK TOTAL

MEMORANDUM

X ALIGN AREA

PAYEE AND IF NECESSARY ADDRESS LINES 1 3 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	921650		1599-1654

T5037 68011005 07/27/81

BEG CK NO. END CK NO.

70,452,597 - 70,452,597

BEGINNING

USE FOR SECOND CHECK NUMBER RANGE, IF APPLICABLE

SEE FPMR (41CFR) 1 1-
FOR INSTRUCTIONS ON
COMPLETING THIS FORM

TABLISHMENT

MITTING OFFICE

Y VESTED NAME (CERTI
PRIATION/S DESIGNATE

NO.

7-1654

7

PPRO ATION SUMM

RVICES
D SUBVOUCHERS

MORANDUM

bjf

DIFFERENCES AMOUNT

MOUNT VERIFIED-CORRECT FOR ➤ 50

VERIFIED BY
(SIGNATURE
OR INITIALS)

PAID BY
CHECK NO. ➤

ASSIFICATION.

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

VOUCHER AND SCHEDULE OF ...

ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU. NO (TRAN 3815
FFICE	REGION V	
OF TRANSMITTING OFFICE	CHGO, IL 60604	

NT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAY FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Wilma E. Wells

7/23/81 — DATE

WILMA E. WELLS — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JUL 27 1981

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 — 9,216.50

IGN AREA | X

X | ALIGN AREA

NT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
	1	1	68-01-1005	T5037

FOR D.O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
921650	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	921650		1599-1654

T5037 68011005 07/27/81

D O CHEC NUMBERS

REG CK NO. — END CK NO.

70,452,597 - 70,457,597

BEGINNING — END NO.

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM.

P. O. VOU. NO.

BUR. VOU. NO. 1599-1654

SCHED. NO. T5037

MENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

vironmental Protection Agency
gion V
30 S. Dearborn
icago, Illinois 60604

PAID

NITED STATES, DR., TO: (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 071-0332

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE): ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
-7,632,385	9216 50

TOTAL NUMBER OF PSGRS: 56

MEMORANDUM

55

bjt

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	9,216 50

VERIFIED BY (SIGNATURE OR INITIALS) Rachel D. Hildebrand

TOTAL CLAIMED ➤ 9,216 50

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION.

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

(Name & Address)

E.P.A.

GTR NUMBER: D-7, 632, 385

PERIOD (From - To): 01 JUL THRU 15 JUL '81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME	
07	1 0 5 8 7 3 4 5 4	0076	111.00	NIEDERGANG
		0078	80.00	HALPERIN
		1111	226.00	MAINS
	4 0 0 0 7 3 0	325	249.00	FARGALE
		327	63.00	EDELSTEIN
		330	117.00	KANNER
		343	137.00	HAYES
07	1 3 5 8 7 3 4 5 4	1133	139.00	CHAIKEN
		1136	90.00	PERRECONE
		1139	90.00	SUMMERHANE
		1148	454.00	HORN
X		1149	112.00	LEININGER
		1158	244.00	SMITH
		2017	244.00	ELAM
		2116	112.00	BRAUN
07	1 4 5 8 7 3 4 5 4	2203	185.00	BOWDEN
		2205	288.00	BOWDEN
		2236	176.00	WILLIAMS
		2243	196.00	BOWDEN
		2246	170.00	SCHULZ
07	1 5 5 8 7 3 4 5 4	2273	112.00	RUTTER
		2275	111.00	MORRIS

REVIEWED BY:

DATE: 07/15/81

PAGE TOTAL: 3,224.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE Water & Haz. Mats. Enf. Br. Enforcement Division	2. TYPE OF TRAVEL [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. 4. SCHEDULE NO. 5A162 12/15/81

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): LEININGER, ROBERT E. 00069 [redacted] non-responsive

c. MAILING ADDRESS (Include ZIP Code): U.S. EPA, 230 S. Dearborn St., Chicago, IL 60604

d. OFFICE TELEPHONE NO.: 353-2094

e. PRESENT DUTY STATION: Chicago, IL

f. RESIDENCE (City and State): 1364 Estes, Chicago, IL 60626

6. PERIOD OF TRAVEL

a. FROM	b. TO
10/26/81	10/27/81

7. TRAVEL AUTHORIZATION

a. NUMBER(S)	b. DATE(S)
TS-20253	10-20-81

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	90	00
b. Amount to be applied	87	08
c. Amount due Government (Attached: [X] Check [ ] Cash)		
D. Balance outstanding	2	92

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE: [signature] 11/15/81

11. PAID BY

001862

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL: FROM	TO (f)
5875:219:720	$112.00	SATO	Y	10-22-81	Chicago, IL	Minneapolis, MN and return
Bernita 3-2094						

PAID

RECEIVED RESOURCE FIRM NOV 4 8

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ X [signature] DATE X 11/2/81 AMOUNT CLAIMED ▶ $87 08

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes — Roger M. Grimes, Chief, Legal Section — DATE 11/2/81

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION	$
a. DIFFERENCES, IF ANY (Explain and show amount)	
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: DJW	$ 87 08
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) CRTA 68X0108	$ 87 08
d. NET TO TRAVELER ▶	$ — 0 —

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

68-20X8145	ND1001	Code A Domestic	2111 - $31.00
2TGB05GT06	TS20253		2117 - 56.08

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-20253

TRAVELER'S LAST NAME LEININGER

DATE 19 81 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/26	10AM	Lv residence via taxi											15 00
		Ar O'Hare Airport											
	11:20A	Lv O'Hare via NW #701											
	12:28P	Ar Minneapolis, MN			15 00	15 00		31 08	46 08			46 08	
10/27	2:20P	Lv Minneapolis, MN via NW #716	4 00	6 00		10 00			10 00			10 00	
	3:25P	Ar Chicago O'Hare											
	4:00P	Ar residence via taxi (receipt attached)											16 00
									SUBTOTALS ▶				
									TOTALS ▶			56 08	31 00

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

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

TOTAL AMOUNT CLAIMED ▶ $87.08

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

20253

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

1. NO T - 880501

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

2. DATE 10-20-81

3. NAME AND TITLE ROBERT E. LEININGER ENFORCEMENT ATTORNEY

4. SOCIAL SECURITY NO. non-responsive

5. OFFICIAL STATION/ORGANIZATION CHICAGO, ILLINOIS

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
October 26, 1981	October 27, 1981	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, IL TO: MN MINNEAPOLI AND RETURN

PURPOSE: Meeting with MPCA and Consultants to Discuss Proposed Remedial Actions for Reilly Tar and Chemical

ND1001 T 990253

BERNITA 6-6738

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ $61.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ (Auto, Plane etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TOY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC#		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 68X20X8145 — SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE A DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		21GB05GT06	2111	61.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	40.00	2141		2153		1217	
			TOTAL	213.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE William A Muno for — NAME AND TITLE (Typed) KENNETH A. FENNER, CHIEF WATER & HAZARDOUS MATERIALS ENF. BRANCH

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Sandra Gardebring — NAME AND TITLE (Typed) SANDRA S. GARDEBRING DIRECTOR ENFORCEMENT DIVISION

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

12/15/81 RICHARD C. WALKER

68X0108 GR 3,411.26
AP 3,411.26
NET -0-

X X

11 1 3 68-01-1005 5A162

-0-

LEON ACIERTO		-0-	1844GR4231 AP4231
LEON ACIERTO		-0-	1845GR3881 AP3881
LILLIAN BAGUS		-0-	1846GR6[illegible]200 AP6[illegible]200
JOEL BALMAT		-0-	1848GR12500 AP12500
JACK BRAUN		-0-	1849GR2366 AP2366
CHARLES BREITENSTEIN		-0-	1850GR30200 AP30200
KENT FI	????		
KENT FULLER		-0-	1851GR8540 AP8540
RICHARD CLARIZIO		-0-	1852GR1826 AP1826
MARGARET CORRIGAN		-0-	1853GR9714 AP9714
KATHLEEN HOMER		-0-	1854GR3365 AP3365
EDWIN HORN		-0-	1855GR575 AP575

////

X X

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

11 2 3 68-01-1005 5A162

SUSANNE KARACKI		-0-	1856GR1690 AP1690
JOHN KELLEY		-0-	1857GR23916 AP23916
ANTHOY	????		
ANTHONY KIZLAUSKAS		-0-	1858GR675 AP675
KARL KLEPITSCH		-0-	1859GR2135 AP2135
PATRICIA KURCZ		-0-	1860GR12408 AP12408
LAWRENCE KYTE		-0-	1861GR6995 AP6995
ROBERT LEININGER		-0-	1862GR8708 AP8708
ROBERT LEININGER		-0-	1863GR7185 AP7185
WILLIAM MACDOWELL		-0-	1864GR5800 AP5800
GEORGE MARSH		-0-	1865GR13762 AP13762
BABETTE NEUBERGER		-0-	1866GR2226 AP2226
JOHN OAKS		-0-	1867GR6352 AP6352
JOSEPH PAISIE		-0-	1868GR1695 AP1695
JOSEPH PAISIE		-0-	1869GR5825 AP5825
ROSS POWERS	????	-0-	18701950
ROSS POWERS		-0-	1870GR1950 AP1950

X X

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

11 3 3 68-01-1005 5A162

ROSS POWERS	-0-	1871GR6569 AP6569
ANTHONY RESTAINO	-0-	1872GR12385 AP12385
STEVEN ROSENTHAL	-0-	1873GR4345 AP4345
ANTHONY RUTTER	-0-	1874GR3730 AP3730
WILLIAM H SANDERS	-0-	1875GR13820 AP13820
GLORIA SMALL	-0-	1876GR4515 AP4515
ROBERT STONE	-0-	1877GR6250 AP6250
JOHN SUMMERHAYS	-0-	1878GR500 AP500
BERNARD TARULIS	~~-0-~~	~~1879GR1250~~ AP1250
BERNARD TARULIS	-0-	1880GR13800 AP13800
PETE TEDESCHI	-0-	1881GR15036 AP15036
PETE TEDESCHI	-0-	1882GR21700 AP21700
LAVARRE UHLKEN	-0-	1883GR12948 AP12948
GREGORY VANDERLAAN	-0-	1884GR4550 AP4550
RICHARD WUNROW	-0-	1885GR14440 AP14440
MITCHELL WRICH	-0-	1886GR20568 AP20568

VOUCHER AND SCHEDULE OF PAYMENTS

685

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

PAID BY

11/24/81
DATE

RICHARD C. WALKER
AUTHORIZED CERTIFYING OFFICER

NOV 30 1981

68X0108 14,553.00

SYMBOL 2080
CHICAGO, ILL.

ALIGN AREA X

FOLIO	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5004

FOR DOC USE ONLY

MEMORANDUM

GROUND TOTAL	NO-CHECK TOTAL
1455300	

PAYEE'S NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE (IF NECESSARY, USE REVERSE FOR ADDITIONAL PAYEES)		AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1455300		194-271

T5004 68011C05 11/30/81

LOC CK NO. END CK NO.

81,344,100 - 81,344,300

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

BUR VOU NO 194-271

SCHED NO T5004

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
) S. Dearborn
.icago, Illinois 60604

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P. O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 101-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,422	14,553 00
TOTAL NUMBER OF PSGRS: 78	

MEMORANDUM

bjf

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	14,553

VERIFIED BY (SIGNATURE OR INITIALS) Lisa D. White

TOTAL CLAIMED ➤ 14,553 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A [illegible] 3 77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
E.P.A.	D-7,632,422
	PERIOD (From - To)
	16OCT - 31OCT '81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1020	5875219629	31800	ZEMSKY
1021	5875219643	12000	ADAMKUS
	644	12000	LEFFIN
	645	9900	MACDOWELL
	650	9000	GARBER
	651	5900	LEWIS
	~~664~~	~~5900~~	~~DZIKOWSKI~~
1022	~~5875219713~~	~~13700~~	~~VARNER~~
	718	16400	BUTTOLPH
	719	11200	PANKANIN
	720	11200	LENINGER
	723	9000	KELLEY
	724	20600	YEATES
	726	66600	ADAMS
	~~729~~	~~11200~~	~~BITTER~~
	732	12000	KYTE
1023	5875219814	16400	REA
	818	18500	GADE
	819	16400	BRYSON
	823	12000	ROTHBLATT
	824	12000	KEE
	825	12000	GULEZIAN

REVIEWED BY:	DATE: 31OCT81	PAGE TOTAL: 3149.00
APPROVED BY:	DATE:	GRAND TOTAL:

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE Enforcement Division Water & Haz Mats Enf. Br.	2. TYPE OF TRAVEL [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. 4. SCHEDULE NO. 5A230 1/20/82

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial) LEININGER, ROBERT E. 00007	b. [redacted] non-responsive	6. PERIOD OF TRAVEL a. FROM 12/18/81 b. TO 12/18/81
c. MAILING ADDRESS (Include ZIP Code) U.S. EPA 230 S. Dearborn St. (5EWHME) Chicago, IL 60604	OFFICE TELEPHONE NO. 353-2094	7. TRAVEL AUTHORIZATION a. NUMBER(S) TS-20690 b. DATE(S) 12/10/81
e. PRESENT DUTY STATION Chicago, IL	f. RESIDENCE (City and State) 1364 Estes Chicago, IL 60626	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	50 00	a. DATE RECEIVED	b. AMOUNT RECEIVED $	002571
b. Amount to be applied	50 00			
c. Amount due Government (Attached: [ ] Check [ ] Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding	-0-			

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL (e) PAID	TO (f)
5875:472:649	$112.00	SATO	Y	12/16/81	Chicago, IL	Minneapolis, MN and return
B.Bowers 3-2094						

RECEIVED

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 1/5/82 AMOUNT CLAIMED ▶ $ 53 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes
Roger M. Grimes, Chief
Legal Section
DATE 1/5/82

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION	$
a. DIFFERENCES, IF ANY (Explain and show amount)	
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: RH	$ 53 —
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): 0 R T A 68X0108	$ 50 —
d. NET TO TRAVELER ▶	$ 3 00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

68-2X8145 QF1004 Code A Domestic 2111 - $11.00
2TGB05GT06 TS-20690 2117 - $42.00

53

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-20690

TRAVELER'S LAST NAME LEININGER

DATE 1981 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/18	6:00A	Lv residence via taxi											12 00
		Ar O'Hare Airport											
	7:10A	Lv O'Hare via NW #61											
	8:28A	Ar Minneapolis, MN	4 00	7 00		11 00			11 00			11 00	
		Taxi to Mpls airport											14 00
	5:50P	Lv Mpls via NW #60											
	7:00P	Ar O'Hare airport											16 00
	7:50	Ar residence via taxi											
		(receipt attached)											
									SUBTOTALS ▶				
									TOTALS ▶			11 00	42 00

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

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

TOTAL AMOUNT CLAIMED ▶ $53.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

TS 20690

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T ~~096163~~
2. DATE 12-10-81

3. NAME AND TITLE
Robert E. Leininger, Attorney

4. SOCIAL SECURITY NO.
non-responsive [redacted]

5. OFFICIAL STATION/ORGANIZATION
U.S. EPA, Region V, Enforcement Division, Water & Haz. Mats. Enf. Br., Legal Section

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
12/18/81	12/18/81

6a. APPLICABLE REG'S
[X] SGTR'S [ ] JTR'S

6b. CONSULTANT
[ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS
FROM: CHICAGO, IL TO: MNMINNEAPOLI AND RETURN

PURPOSE: To Attend a Meeting Regarding the Reilly Tar Case.

QF1004 TS 20690

OBLIGATED

B. Bowers 5-20

ANNUAL LEAVE AUTHORIZED FROM _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT
[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 61.00 [ ] ACTUAL SUBS GSA HRGA $ _____
COST LODGING NTE $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL
a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED
- a. PUBLIC TRANSPORTATION
- X b. TAXI, LIMOUSINE
- c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____
- d. COMMERCIAL RENTAL
- e. REGISTRATION FEES
- f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED
- a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
- b. TRANSPORTATION OF IMMEDIATE FAMILY
- c. REAL ESTATE EXPENSES
- d. RESIDENCE HUNTING
- e. TEMPORARY QUARTERS
- f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES
APPROPRIATION NO. 68-20X8145
SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE
A DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	50.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	30.00	2141		2153		1217	
			TOTAL	192.00						

14. ORIGIN AND AUTHORIZATION
a. RECOMMENDING OFFICER'S SIGNATURE [signature]
NAME AND TITLE *(Typed)* Kenneth A. Fenner, Chief Water & Hazardous Materials Enf. Branch

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Sandra Gardebring
NAME AND TITLE *(Typed)* Sandra S. Gardebring Director, Enforcement Division

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

DO YOU NO TRANSP

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED OR ALLOTMENTS CHARGEABLE

Richard C. Walker

1/20/82 — DATE

RICHARD C. WALKER — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JAN 25 1982

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 GR 672.78 AP 465.00 NET 207.78

DESIGNATED AGENT
RONALD PEARSON

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A230

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
20778	

PAYEE AND IF NECESSARY, ADDRESS (LINES 1, 3, 5 AND 7)	ACCOUNT NUMBER OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
DANIEL BANASZEK		1865		2567
ARLENE KAGANOVE		4200		2568
FRANK EKMAN		1250		2569GR8750 AP7500
RICHARD KARL		1865		2570
ROBERT LEININGER		300		2571GR5300 AP5000
PETER OLSEN		3300		2572GR18300 AP15000
TIMOTHY OMARA		3300		2573GR18300 AP15000
MICHAEL WALKER		4698		2574GR8698 AP4000
////				

5
4
3
2
1
0

5A230 68011CC5 01/25/82

D O CHECK NUMBERS | BEGI | BEG CK NO. | END CK NO. | EGINNING | ENDING

83,003,874 - 83,003,881

USE FOR FIRST CHECK SERIAL NUMBER RANGE

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D.O. NO. (TRANSP)
BUREAU OR OFFICE	REGION V	1188
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION DESIGNATED HEREIN AND THE APPROPRIATE VOUCHERS

1/15/82 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JAN 19 1982

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 — 3,964.15

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5011

GRAND TOTAL	NO-CHECK TOTAL
396415	

FOR D O USE ONLY

MEMORANDUM

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	396415		510-530

T5011 68C11CC5 01/19/82

BEG CK NO. END CK NO.

82,936,588 - 82,936,588

BEGINNING — ENDING

USE FOR SEQUENCE CHECK SERIAL NUMBER RANGE, IF APPLICABLE

PUBLIC VOUCHER
FOR TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

BUR VOU NO 510-530

SCHED. NO. T5011

THE UNITED STATES, DR., TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 121-0333

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT	
D-7,632,426	3,964	15

TOTAL NUMBER OF PSGRS: (21)

MEMORANDUM

bjf

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	3,964	15

VERIFIED BY (SIGNATURE OR INITIALS) Ona J. White

TOTAL CLAIMED ➤	3,964	15

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
EPA Region V 230 S. Dearborn Chicago, Il 60604	D-7,632,426
	PERIOD (From - To) 16Dec - 31Dec '81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
121658754726449		11200	LEINWEBER
	651	11000	ANAMKUS
	655	11000	WALKER
121758754726564		16400	MCDERMOTT
	687	11000	PATTY
	704	11500	ADAMKUS
121858754727177		11200	BRYSON
	718	11200	ROBICHARD
122258754727770		9000	KIZLAUSKAS
122358754728111		21400	SWOFFORD
122858754728666		30200	BOWDEN
	867	15600	SAULYS
	868	24415	SAULYS
	869	16400	MCGRATH
	873	16400	ADAMKUS
	876	30200	SAULYS
123058754729448		24400	VOTTMAN
	949	24400	STONE
	950	24400	KERTCHER
	951	11200	MADANY
	959	24400	SIMMS
123158754729911		24400	YOUNG

REVIEWED BY:	DATE: 31Dec'81	PAGE TOTAL: 3,458.15	
APPROVED BY:	DATE:	GRAND TOTAL:	

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Regional Counsel (Enforcement)

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): LEININGER, ROBERT E.

non-responsive

c. MAILING ADDRESS (Include ZIP Code): U.S. EPA (5EWHME) 00918
230 S. Dearborn St.
Chicago, IL 60604

d. OFFICE TELEPHONE NO.: 353-2094

e. PRESENT DUTY STATION: Chicago, IL

f. RESIDENCE (City and State): 1364 Estes
Chicago, IL 60626

6. PERIOD OF TRAVEL: a. FROM 1-15-82 b. TO 1-16-82

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS20815 b. DATE(S) 1-11-82

10. CHECK NO. 669

8. TRAVEL ADVANCE

a. Outstanding	125 00
b. Amount to be applied	125 00
c. Amount due Government (Attached: [ ] Check [ ] Cash)	
D. Balance outstanding	-0-

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED 5-16-82 b. AMOUNT RECEIVED 2.82
c. PAYEE'S SIGNATURE [signature]

11. PAID BY 004159

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$112.00	SATO	Y	1-12-82	Chicago, IL	Minneapolis, MN and return

5875:473:549

B. Bowers 3-2094

RECEIVED RESOURCES MGT. BR. EPA, REGION V

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 1/25/82 AMOUNT CLAIMED ▶ $ 127 82

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger M. Grimes, Chief Legal Section DATE 1/26/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: DW $ 127 82

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): 21 1768X0108 $ 125 00

d. NET TO TRAVELER ▶ $ 2 82

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE A

18. ACCOUNTING CLASSIFICATION

68-20X8145 ND1004 Code A Domestic 2111 $ 79.04
2TGB05GT06 TS20815 2117 $ 48.78

121.82

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS 20815

TRAVELER'S LAST NAME LEININGER

DATE 1982 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/15	7:45A	Lv residence via taxi											15 00
		Ar O'Hare Airport											
	9:25A	Lv O'Hare via NW 159											
	10:37A	Ar Minneapolis, MN		5 00	20 00	25 00		41 04	66 04			66 04	
		Taxi to meeting											10 00
1/16		Minneapolis, MN.	5 00	8 00		13 00			13 00			13 00	
	3:04P	Lv Mpls via UA 398											
	4:14P	Ar Chicago O'Hare											
	5:30P	Ar residence via taxi											15 00
		LD phone calls on official business											8 78
									SUBTOTALS ▶			79 04	48 78
									TOTALS ▶				

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

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

TOTAL AMOUNT CLAIMED ▶ $127.82

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S C 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

20815

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

1. NO T 890159

2. DATE 1-11-82

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
ROBERT E. LEININGER, ATTORNEY

non-responsive

5. OFFICIAL STATION/ORGANIZATION
U.S. EPA, Regional Counsel-Enforcement

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
1/15/82	1/16/82	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, IL TO: MNMINNEAPOLI AND RETURN

PURPOSE: Hearing on Motion to Dismiss / Reilly Tar case. Strategy planning session on the following day.

OBLIGATED

ND1004 1/13

T123 20815

B. Bowers 3-2094

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 61.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*
c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC #*		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-2X8145	

13. PURPOSE CODE
A DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	90.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	35.00	2141		2153		1217	
			TOTAL	237.00						

14. ORIGINATION AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes — NAME AND TITLE *(Typed)* Roger M. Grimes, Chief, Legal Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Sandra Gardebring — NAME AND TITLE *(Typed)* Sandra S. Gardebring, Acting Enforcement Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D O NO (TR SF 1346

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS, DESIGNATED ... VOUCHER

1/22/82 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JAN 28 1982

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 8,534.00

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5013

GRAND TOTAL	NO-CHECK TOTAL
853400	

FOR D O USE ONLY

MEMORANDUM

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1 3 5, AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	853400		547-601

5
4
3
2

T5C13 68C11C05 01/28/82

D O CHECK NUMBERS

BEG CK NC. ENC CK NC.

83,C64,55C - 83,064,550

BEGINNING

ENDING

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

FOR TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

BUR. VOU. NO. 547-601

SCHED NO T50B

TO UNITED STATES, DR., TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P. O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 012-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,427	8,534 00

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

TOTAL NUMBER OF PSGRS: 55

MEMORANDUM

bjf

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	8,534 00
VERIFIED BY (SIGNATURE OR INITIALS)	Dale J. White

TOTAL CLAIMED ➤ 8,534 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
E.P.A.	D-7,632,427
	PERIOD (From - To) 01 JAN THRU 15 JAN '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0108	5875473351	16400	GROSS
	353	19500	VICTORINE
	354	46400	ZYLSTRA
	355	12800	BANASZEK
	371	16400	BAKK
0111	5875473413	16400	ROTHBLATT
	414	43400	FULLER
	415	13000	GRIMES
	417	16500	ROTHBLATT
	418	16500	GULIZIAN
	420	16400	KEE
	422	11200	BRAUN
	427	11900	BORTZER
	428	18900	BRATKO
	435	8300	PAISIE
	436	8300	PERLMUTTER
	489	15400	HOMER
	4000731006	19500	PICKERING
	012	26300	MOUNT
0112	5875473495	13100	KYTE
	549	11200	LEININGER
0113	5875473563	15800	GAGLER

REVIEWED BY:	DATE: 15 JAN 82	PAGE TOTAL: 3,167.00
APPROVED BY:	DATE:	GRAND TOTAL.

GENERAL SERVICES ADMINISTRATION

H5-1296 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			4. SCHEDULE NO. 5A492 4/21/82

TRAVELER (PAYEE)

5. NAME (Last, first, middle initial): Leininger, Robert E.	b. SOCIAL SECURITY NO. [redacted] non-responsive	6. PERIOD OF TRAVEL: a. FROM 4/1/82 b. TO 4/2/82
c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street 60604 00043	d. OFFICE TELEPHONE NO.: 886-6720	7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS21724 b. DATE(S) 3/31/82
e. PRESENT DUTY STATION: Chicago, IL	f. RESIDENCE (City and State): Chicago, IL	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	24 --	a. DATE RECEIVED	b. AMOUNT RECEIVED $	005310
b. Amount to be applied	24 --			
c. Amount due Government (Attached: [ ] Check [ ] Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding	0			

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5875 578 093	112.00	SATO	COACH	3/31/82	Chicago, IL	MN, MN & Return

RECEIVED FINANCIAL MANAGEMENT BRANCH APR 12 1 41 PM '82

PAID

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 4/8/82 AMOUNT CLAIMED ▶ $ 133 26

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes DATE 4/9/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

	$
a. DIFFERENCES, IF ANY (Explain and show amount)	
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: [initials]	$ 133 26
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CRTA6EX0108	$ 24 00
d. NET TO TRAVELER ▶	$ 109 26

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE [initials]

18. ACCOUNTING CLASSIFICATION

2GTB05GT06 TS21724 DB1001 2111 - 76.26 2117 - 57.00 133.26

1012-115 ☆ GPO: 1979 0-281-187 P.O. 4213 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet — PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS 21724

TRAVELER'S LAST NAME Leininger

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/1/	7:00a	lv. residence via cab	3 00	7 50	15 00	25 50			25 50			25 50	15 00
	8:30am	lv O'hare for MN											
	11:00	arr State office via cab											16 00
	8:00p	cab to dinner											5 00
	10:00p	cab back to motel						34 76	34 76			34 76	5 00
	5:pm	Lv. MN for O'Hare											
	7:45p	arr residence from											
		O'Hare via cab	5 00	8 00	3 00	16 00			16 00			16 00	16 00
									SUBTOTALS ▶			76 26	57 00
									TOTALS ▶			76 26	57 00

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

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

TOTAL AMOUNT CLAIMED ▶ 133.26

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officials and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

★ U.S. GOVERNMENT PRINTING OFFICE : 1979 O—281-187 4213

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ / NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/1	7:00AM	Lv. Residence via cab	3 00	7 50	15 00	25 50							15 00
	8:30AM	Lv. O'Hare for Minnesota											
	11:00AM	Arr. State officer via cab											16 00
	8:00PM	cab to dinner											5 00
	10:00PM	cab back to motel						34 76					5 00
4/2	5:50PM	Lv. Minneapolis for O'Hare											
	7:45AM	Arr Residence from	5 00	8 00	3 00	16 00							
		O'Hare via cab											16 00
									76 26				
									SUBTOTALS ▶			76 26	57 00
									TOTALS ▶			76 26	57 00

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

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

TOTAL AMOUNT CLAIMED ▶ $133.26

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 821329
2. DATE 3/26/82
3. NAME AND TITLE: Leininger Robert E.
4. SOCIAL SECURITY NO.: non0responsive
5. OFFICIAL STATION/ORGANIZATION: Chicago, IL Water & Hazardous Materials Enforcement Branch

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
April 1, 1982	April 2, 1982

6a. APPLICABLE REG'S: [X] SGTR'S [ ] JTR'S
6b. CONSULTANT: [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From: Chicago, IL to Minneapolis, MN & Return

Purpose: Reilly Tar/preparation for deposition of William Finch

2GTB05GT06
68-20 x8145

T 521724

OBLIGATED

1723 OD DB1001

ddw/6-6739

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 75.00 [ ] ACTUAL SUBS GSA-HRGA $ _____
COST LODGING NTE $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. *BOAC* # _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20-X8145	

13. PURPOSE CODE: Code A Domestic

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	75.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	150.00	2141		2153		1217	
			TOTAL	337.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Roger Grimes 3/26
NAME AND TITLE *(Typed)*: Roger Grimes, Chief Water Legal

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Michael G. Smith 3/29 for
NAME AND TITLE *(Typed)*: Sandra S. Gardebring Acting Enforcement Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHICAGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED BELOW OR ON SUBSEQUENT VOUCHERS.

4/21/32 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICE

APPROPRIATION SUMMARY

65X0108

GR 3,295.38
AP 614.00
NET 2,681.38

DESIGNATED AGENT
RONALD PEARMAN

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
APR 23 1982
SYMBOL 2080
CHICAGO, ILL.

ALIGN AREA	X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A492

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
268183	

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 2, 5 AND 7)	INVOICE NUMBER	OTHER IDENTIFICATION (LINES 2, 4, 8 AND 9)	AMOUNT	NO CHECK	VOUCHER NO.
VALDAS ADAMKUS			11120		4992
VALDAS ADAMKUS			8050		4993
BRUCE BAKER			3295		4994
CHARLES BRASHER			1610		4995
IRVIN DZIKOWSKI			9125		4996
JAMES FILIPPINI			10250		4997
THOMAS GLATZEL			6325		4998
LOUISE GROSS			15386		4999
ROBERT HARTIAN			12600		5000GR2260 AP1000
CONNIE HINKLE			2315		5001
JAMES HOOPER			3230		5002
JAMES HOOPER			7690		5003
DAVID KEE			6744		5004
LARRY KERTCHER			3870		5005GR1637 AP1250
STEPHEN KIERAS			3680		5006
KARL KLEPITSCH			8117		5007
KARL KLEPITSCH		5A492 68C11CC5 C4/23/82	8695		5008

D O CHECK NUMBERS	BEGINNING	BEG CK NO.	END CK NO.	ENDING
2	USE FOR FIRST CHECK SE	38,912,884	38,912,921	USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALLOT. SYM.	X		ALLOT. SYM. X
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY		
BUREAU OR OFFICE	REGION V		
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604		

FCNT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	5A492

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO. CHECK	VOUCHER NO.
REMIER	????			
ANTHONY LEFFIN		15213		5009
ROBERT LEINGINGER		10926		5010GR13326 AP2400
MARY ELLEN LYNCH		8448		5011
JAMES MCDERMOTT		1380		5012GR5380 AP4000
GARY MILBURN		7330		5013
WILLIAM MINER		1526		5014GR14026 AP1250
SHIRLEY MITCHELL		6194		5015
FRED NORLING		2500		5016GR12500 AP1000
RICHARD PARKIN		7710		5017
GLENN PRATT		~~7604~~		~~5018~~
DONALD ROBERTS		7395		5019
MARY RYAN		5225		5020
[redacted]	????			
MICHAEL SMITH		4025		5021
DAVID STRINGHAM		3010		5022
CHARLES SUTFIN		6800		5023
DAVID TALIAFERRO		5431		5024GR1543 AP1000
DAVID TALIAFERRO		32299		5025
RONALD VAN MERSBERGEN		1020		5026
GARY WILLIAMS		7680		85027
GENE WOJCIK		1905		5028
GENE WOJCIK		1885		5029

H

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP
BUREAU OF OFFICE	REGION V	23343
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

APR 27 1982

2082

SYMBOL ~~2089~~
CHICAGO, ILL.

DATE	AUTHORIZED CERTIFYING OFFICER
4/23/82	RACHEL P. HOLMLUND

APPROPRIATION SUMMARY

68X0103	19,637.30

ALIGN AREA X | X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5023

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1963730	

PAYEE AND NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1-3 AND 7	LINES 2-4 CAN BE	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1963730		977-1098

5
4
3
2
1

T5023 68011005 04/27/82

BEG CK NO. END CK NO.

00,119,845 - 00,119,845

CHECK NUMBERS	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE	USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

FOR TRANSPORTATION OF PASSENGERS

COMPLETING THIS FORM

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHER

US Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

PAID PAID

BUR VOU NO 1098

SCHEDULE NO 5023

UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 032-0333

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE): ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,592	19,637 30
TOTAL NUMBER OF PSGRS: (122)	

MEMORANDUM

bjf

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	19,637 3
VERIFIED BY (SIGNATURE OR INITIALS)	
TOTAL CLAIMED ➤ 19,637 30	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): E.P.A.

GTR NUMBER: D-7,632,592

PERIOD (From - To): 16 MAR THRU 31 MAR'82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0329	5875477969	111800	MUSTARD
	980	24700	FLAM
	983	16400	MCPHEE
	5875478004	44000	ROSS
0330	5875478017	9900	BRAEM
	018	9000	RISLEY
	019	11200	BRAUN
	045	17800	KOCAL
	046	17800	MORAN
	052	15430	KOCAL
0331	5875478073	111200	BITTER
	074	9000	KERTCHER
	075	16400	CLUESCERI
	077	11200	BELL
	079	9000	ABELLA
	089	11800	CLYNCH
	090	11800	HOOPER
	091	11800	BACKLEY
	093	11200	LEININGER
	101	13800	MCNEEL
	106	21000	REICHARD
	121	25100	GROSS

REVIEWED BY:

DATE: 31 MAR'82

PAGE TOTAL: 3,301.30

APPROVED BY:

DATE:

GRAND TOTAL: 19,637.30

GENERAL SERVICES ADMINISTRATION

NS-1296 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA, Regional Counsel	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			4. SCHEDULE NO. 5A721 7/1/82

TRAVELER (PAYEE)

5. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL a. FROM	b. TO
Leininger, Robert E. 00090	non-responsive [redacted]	6/7/82	6/9/82

c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NO.	7. TRAVEL AUTHORIZATION a. NUMBER(S)	b. DATE(S)
230 South Dearborn Street Chicago, IL 60604	886-6720	TS22565	6/11/82

e. PRESENT DUTY STATION	f. RESIDENCE (City and State)	10. CHECK NO.
Chicago, IL	Chicago, IL	M.M.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	100 00	a. DATE RECEIVED	b. AMOUNT RECEIVED $	PAID 007357
b. Amount to be applied	100 ~~163 00~~			
c. Amount due Government (Attached: [ ] Check [ ] Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding	~~63 00~~			

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
5876537173	$112.00	SATO	COACH	6/11/82	Chicago, IL	St. Paul MN & Return

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 6/14/82 AMOUNT CLAIMED ▶ $ 163 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes DATE 6/16/82

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION	$
a. DIFFERENCES, IF ANY (Explain and show amount)	
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: DJW	$ 163
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CRTA68X0108	$ 100
d. NET TO TRAVELER ▶	$ 63 00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE A

18. ACCOUNTING CLASSIFICATION 27GB05GT06

TS22565 DB1003 2111 $139.80 ~~2113 $112.00~~ $2117 23.20 163.00

1012-115 ☆ GPO: 1979 0-281-187 P.O. 4213 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet — PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS22565

TRAVELER'S LAST NAME LEININGER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/7/82	9:30a	lv office in Chicago		4 50	18 00	22 50		88 80	111 30			111 30	
	11:20a	for O'Hare via POV Lv O'Hare for MN											
	12:40p	arrv. state office via taxi											
6/8/	8:30a	arrv at stateoffice via	4 00	4 00	13 00	21 00			21 00			21 00	6 00
6/9	5:00p	Lv. Minneapolis for Ohare		4 00	3 50	7 50			7 50			7 50	
	6:40p	arrive at O'Hare											
	7:40p	arrive residence via taxi											17 20
									SUBTOTALS ▶			139 80	23 20
									TOTALS ▶			139 80	23 20

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

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

TOTAL AMOUNT CLAIMED ▶ $163.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1978 O—281-187 4213

22565

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T 022476

2. DATE June 3, 1982

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
LEININGER, ROBERT

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
Chicago, Illinois, U.S. ENVIRONMENTAL PROTECTINNAAGENCY

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
June 7, 1982	June 9, 1982

6a. APPLICABLE REG'S ☒ SGTR'S ☐ JTR'S

6b. CONSULTANT ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

TS 22565

ITINERARY: Case strategy meeting and interviewing of ~~XXXXXXXX~~ expert witness candidates

DB1003

PURPOSE: Leave Chicago, Illinois to Minneapolis, MN

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ $75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☒ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* * _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS, SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

☒ a. PUBLIC TRANSPORTATION
☒ b. TAXI, LIMOUSINE
☐ c. GOVMT OR CONTRACT RENTAL. *BOAC* _____
☐ d. COMMERCIAL RENTAL
☐ e. REGISTRATION FEES
☐ f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

☐ a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
☐ b. TRANSPORTATION OF IMMEDIATE FAMILY
☐ c. REAL ESTATE EXPENSES
☐ d. RESIDENCE TRANSACTION
☐ e. TEMPORARY QUARTERS
☐ f. MISCELLANEOUS EXPENSES

CANCELLED

12. COST ESTIMATE AND ACCOUNT CODES

	APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
	68-20X8145	

13. PURPOSE CODE
A

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	$180.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100.00	2141		2153		1217	
			TOTAL	$392.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 6/3/82

NAME AND TITLE *(Typed)* Roger Grimes

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Robert B. Schaefer

NAME AND TITLE *(Typed)* Robert Schaefer, Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H

DEPARTMENT OR ESTABLISHMENT

BUREAU OR OFFICE

LOCATION OF TRANSACTING OFFICE

VOUCHER AND SCHEDULE OF PAYMENTS

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHICAGO, IL 60604

DO VOUCHER TRANSP

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 JUL 02, 1982
68-01-1005 5A721
BEG CK NO. END CK NO.
56,073,785 56,073,822

7/1/82
DATE

RACHEL P. HOLMUND
AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0103

GR 4,831.50
APPLY 2,112.47
NET 2,719.03

DESIGNATED AGENT RONALD PEARMAN

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	24	68-01-1005	5A721

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
271903	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
LAWRENCE L ADAMS-WALDEN	????			
LAURENCE L ADAMS-WALDEN		7805		7340
MICHAEL R BERMAN		1300		7341 GR6300 AP5000
CHARLES BRASHER		550		7342
DONALD J BRUCE		37975		7343
THOMAS W DAGGETT		950		7344 GR3950 AP3000
RICHARD L DALTON		5350		7345
RICHARD L DALTON		18030		7346
DIEFENBACH	????			
RUSSELL E DIEFENBACH		18331		7347
BERTRAM C FREY		2421		7348 GR7726 AP5305
JERROLD H FRUMM		2262		7349 GR17262 AP15000
5				
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D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

(CONTINUATION SHEET) MEMORANDUM

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FORM	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	5A492

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	CHECK	VOUCHER NO.
[illegible]	????			
ANTHONY LEFFIN		15213		5009
ROBERT LEINGER		10926		5010GR1332 AP2400
MARY ELLEN LYNCH		8448		5011
JAMES MCDERMOTT		1380		5012GR5380 AP4000
GARY MILBURN		7830		5013
WILLIAM MINER		1526		5014GR1402 AP125C
SHIRLEY MITCHELL		6194		5015
FRED NORLING		2500		5016GR125C AP1000
RICHARD PARKIN		7710		5017
GLENN PRATT		7634		~~5018~~
DONALD ROBERTS		7395		5019
MARY RYAN		5225		5020
[illegible]	????			
MICHAEL SMITH		4025		5021
DAVID STRINGHAM		3010		5022
CHARLES SUTFIN		6800		5023
DAVID TALIAFERRO		5431		5024GR1543 AP100C
DAVID TALIAFERRO		32299		5025
RONALD VAN MERSBERGEN		1020		5026
GARY WILLIAMS		7680		85027
GENE WOJCIK		1905		5028
GENE WOJCIK		1885		5029

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA | X

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	2	24	68-01-1005	5A721

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
MARY GADE		970		7350 GR18970 AP18000
GARY V GULEZIAN		3680		7351
PETER KELLY		6060		7352
GREGG A KULMA		11390		7353 GR18890 AP7500
GREGG A KULMS	????			
GREGG A KULMA		5430		7354 GR18930 AP13500
BEVERLY J KUSH		11360		7355
LAWRENCE W KYTE		13165		7356
ROBERT E LEININGER	????	163		
ROBERT E LEININGER		6300		7357 GR16300 AP10000
ARNOLD E LEDER		5300		7358 GR15300 AP10000
ALAN LEVIN		3970		7359 GR18970 AP15000
DALE LUECHT		6050		7360
EUGENE F MEYER		5702		7361 GR15702 AP10000
EUGENE F MEYER		5665		7362 GR15665 AP10000
////				

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	3	4	68-01-1005	5A721

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
JON T MCPHEE		5558		7363 GR13500 AP7942
NORMAN R NE	????			
NORMAN R NIEDERGANG		4394		7364 GR9394 AP5000
JAMES F PANKANIN		4465		7365
STEPHEN POLONCSIK		2420		7366
CHARLES J PYCHA		240		7367
DAVID SIMS		779		7368 GR27279 AP26500
JOHN SUMMERHAYS		8870		7369
CHARLES H SUTFIN		12218		7370
PETE TEDESCHI		2075		7371 GR30575 AP28500
DAVID A SCHULZ		1310		7372
DAVID STINGHAM		2870		7373 GR7870 AP5000
MARION M YOUNG	[illegible] ????	693		7374 GR16693 [illegible]
MARION M YOUNG		693		7374 GR16693 AP16000
KAREN A WALDVOGEL		23653		7375
////				

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X							ALIGN AREA
DEPARTMENT OR ESTABLISHMENT				ENVIRONMENTAL PROTECTION AGENCY				
BUREAU OR OFFICE				REGION V				
LOCATION OF TRANSMITTING OFFICE				CHGO, IL 60604				
FONT	SHEET	OF		AGENCY STATION NO.		SCHEDULE NO.		
11	4	4		68-01-1005		5A721		

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5 AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
KAREN A WALDVOGEL		21742		7376
GENE WOJCIK		600		7377
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VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGECNY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D O VOUCHER NO. 2341

PURSUANT TO AUTHORITY VESTED IN ... PAYMENT FROM THE APPROPRIATION ...

PAID BY

6/22/82 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 JUN 23, 1982
68-01-1005 T5028
BEG CK NO. 01,899,675
END CK NO. 01,899,675

APPROPRIATION SUMMARY

63X0108 22,146.65

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5028

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2214665	

PAYEE AND IF NECESSARY, ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2214665		1574-1696

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O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE.	

PUBLIC VOUCHER
FOR TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Il 60604

PAID

BUR VOU NO 1574-1696

SCHED NO T5028

THE UNITED STATES, C... (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 062-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,597	22,146	65
TTL PAX THIS BILL 123		
TOTAL CLAIMED ➤	22146	65

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

REC... FINANCIAL MANAGEMENT BRANCH
JUN 17 12 04 PM '82

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	22,146	6

VERIFIED BY (SIGNATURE OR INITIALS) Rachel P. Hilmlund

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101

TICKET REPORT

AGENCY (Name & Address): EFA

GTR NUMBER: D-7,632,597

PERIOD (From - To): JUN 01 - JUN 15 '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0603	5[illegible]7653711 05	21000	ONEILL
	106	17300	KULHA
	107	18700	HENER
	108	37800	FULLER
	109	20600	JONES
	110	11200	ELAM
	118	16400	BARTELT
	134	11200	TALIAFERRO
	139	31800	BENEDICT
	150	21800	KYTE
	152	21800	REKAR
	155	16400	JONES
	156	19100	KUSH
0604	168	22000	KARL
	169	10800	MCGRATH
	173	11200	LEININGER
	175	22100	MINER
	205	11800	DYER
	245	32200	SAULYS
0607	261	24200	LUECK
	262	11000	WATTS
	263	25600	MCGRATH

REVIEWED BY: DATE: 15 JUN 82 PAGE TOTAL: 3,771.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SB-1208 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA, Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. SA863 8/11/82

TRAVELER (PAYEE)

5. NAME *(Last, first, middle initial)*: LEININGER, ROBERT E. 00911

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL: a. FROM 7/14/82 b. TO 7/15/82

c. MAILING ADDRESS *(Include ZIP Code)*: 230 South Dearborn Street, Chicago, IL 60604

d. OFFICE TELEPHONE NO.: 886-6720

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS22991 b. DATE(S) DB1004

e. PRESENT DUTY STATION: Chicago, IL

f. RESIDENCE *(City and State)*: Chicago, IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding: 50 —

b. Amount to be applied: 50

c. Amount due Government *(Attached: [ ] Check [ ] Cash)*: —

d. Balance outstanding: —

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

008651

PAID MM

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$112.00	SATO	COACH	7/13/82	Chicago, IL	MN/STPA & Return

5876:747:688

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 8/4/82 AMOUNT CLAIMED ▶ $ 150 10

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Griner DATE 8-4-82

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $ 150 10

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: CR 1A68X0108 $ 50 00

d. NET TO TRAVELER ▶ $ 100 10

18. ACCOUNTING CLASSIFICATION

TS22991 DB1004 2GTB05GT06 68-20-8145 2111 $71.10 ~~2113 $112.00~~ $2117 $79.00 = 150.10 A

F

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

LEININGER

TRAVELER'S LAST NAME

TS22991

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7/14	3:30p	lv federal building for			11 00	11 00	11 00	44 10	55 10			55 10	
		O'Hare via taxi											20 00
	5:00p	lv O'Hare for MN NW 707											
	7:00p	arr Holiday INN, Roseville											
		MN via taxi											24 00
7/15		lv for MN airport via	5 00	6 00	5 00	16 00	16 00		16 00			16 00	
		taxi											15 00
	8:00p	arriv O'Hare											
	8:45p	arriv residence via taxi											20 00
									SUBTOTALS ▶			71 00	79 00
									TOTALS ▶			71 00	79 00

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

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

TOTAL AMOUNT CLAIMED ▶ 150.10

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officials and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979 O—281-187 4213

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO T 820912

2. DATE 7/9/82

3. NAME AND TITLE: Leininger, Robert E

4. SOCIAL SECURITY NO.: non-responsive

5. OFFICIAL STATION/ORGANIZATION: Chicago, IL U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
7/15/82	7/15/82

6a. APPLICABLE REG'S: [X] SGTR'S [ ] JTR'S

6b. CONSULTANT: [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From: Chicago, IL to Minneapolis, MN & REturn

Purpose: Interview expert witness for Reilly Tar Case (toxicologist) MN

OBLIGATED

2GTB05GT06
68-20-8145

TS22991 DB1004

ddw:6-6850

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [X] ACTUAL SUBS NTE $ 75.00 [ ] ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [ ] AIR IN LIEU OF AMTRAK (NE corridor)

c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____

d. [ ] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2) *(Auto, Plane, etc)*

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

RE10 22950

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20-X8145	

13. PURPOSE CODE: Code A Domestic

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2GTB05GT06	2111	75.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	50.00	2141		2153		1217	
			TOTAL	237.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Roger Grimes 7/9/82

NAME AND TITLE *(Typed)*: Roger M. Grimes, Chief Water Legal

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: David A. Allick for

NAME AND TITLE *(Typed)*: Robert Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S) CREDITED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

8/11/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 — AUG 16, 1982
68-01-1005 — 5A863
BEG CK NO. 07,079,136 — END CK NO. 07,079,143

APPROPRIATION SUMMARY

68X0108 — GR 754.03 — AP 185.00 — NET 569.03

DESIGNATED AGENT
RONALD PEARMAN

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A863

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
56908	

ALIGN AREA X

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 3, 5 AND 7)	INVOICE NUMBER (LINES 2, 4 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
DAVE BENO	????	8930		8644GR8930 AP3500
LEE BRAEM		1335		8645
WILLIAM CLOE		5230		8646
RUSSELL DIEFENBACH		17217		8647
BERTRAM FREY		~~8291~~		~~8648GR8291~~ AP10000
JAMES HOOPER		5685		8649
JAMES HOOPER		3710		8650
ROBERT LEININGER		10010		8651GR15010 AP5000
~~DAVE BENO~~	????			
DAVE BENO		5430		8644GR8930 AP3500
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D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

DEPARTMENT OR ESTABLISHMENT

VOUCHER AND SCHEDULE OF PAYMENTS
ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

3338

PAID BY

7/27/82
DATE

RICHARD C. WALKER
AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 JUL 28, 1982
68-01-1005 T5033
BEG CK NO. END CK NO.
56,538,221 56,538,221

APPROPRIATION SUMMARY

68X0103 22,615.00

ALIGN AREA	X						X	ALIGN AREA
FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D O USE ONLY			
11	1	1	68-01-1005	T5033				

GRAND TOTAL	NO-CHECK TOTAL
2261500	

MEMORANDUM

PAYEE AND IF NECESSARY ADDRESS LINES 1 3 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2261500		1351-1984

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CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE PRIVACY ACT STATEMENT FOR INSTRUCTIONS ON COMPLETING THIS FORM

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Illinois 60604

BUR VOU NO: 1851-14

SCHED NO: T5033

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 072-0332

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE): ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,599	22615 00

TTL PAX THIS BILL 134

MEMORANDUM

cpa

RECEIVED
FINANCIAL MANAGEMENT BRANCH
JUL 19 10 19 AM '82

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	22,615 —

VERIFIED BY (SIGNATURE OR INITIALS) Rachel P. Holmlund

TOTAL CLAIMED ➤ 22615 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,599

PERIOD (From - To): 01 JULY - 15 JULY '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
07 13	5876747684	10200	CLARK
	6866	15000	LUEK
	6877	19500	BACKLEY
	6888	11200	LEININGER
	6899	12400	DIHU
	6911	12600	MORAN
	6955	8700	CARLSON
	6966	23800	BRYSON
	7299	8400	ELAM
	7300	23800	ELAM
	7477	8700	RISLEY
	7488	10600	MARTIN
	7566	12600	KULMA
07 14	7633	15000	MCPHEE
	7644	14800	KULMA
	7655	33800	TEBO
	7710	23800	DZIKOWSKI
	7722	15000	BARNEY
	7788	11100	OTOOLE
	7955	11200	PAYNE
07 13	8455	42300	PIMENTEL
	8466		

REVIEWED BY:

DATE: 15 Jul '82

PAGE TOTAL: 3,294.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS-1296 (4-80)

3-75

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA, Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 9335

4. SCHEDULE NO.: SA962 9/8/82

TRAVELER (PAYEE)

5. NAME (Last, first, middle initial): LEININGER, ROBERT E. (CL3335)

b. SOCIAL SECURITY NO.: non-responsive [redacted]

6. PERIOD OF TRAVEL: a. FROM 7/20/82 b. TO 7/23/82

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, Chicago, IL 60604

d. OFFICE TELEPHONE NO.: 353-2094

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS23054 b. DATE(S) 7/20/82

e. PRESENT DUTY STATION: Chicago, IL

f. RESIDENCE (City and State): Chicago, IL

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	~~50.00~~
b. Amount to be applied	~~257.85~~
c. Amount due Government (Attached: [ ] Check [ ] Cash)	~~207.85~~
d. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE: PAID

11. PAID BY: 00008

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$112.00	SATO	COACH	7/19/82	Chicago, IL	MN, MN & Return

5876.748
163 12

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 8/24/82 AMOUNT CLAIMED ▶ $ 257 85

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Gruner DATE 8-24-82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount): = amt. due Govt. Transfer from Travel Adv. Acct. $ 1 00

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: Certifier's initials: $ 256.85

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 256 85

18. ACCOUNTING CLASSIFICATION 68202007 2TGB05GT06F 63,004A

TS23054 N _ DB1005 2111 ~~$197.85~~ 2113 ~~$112.00~~ 2117 ~~$33.00~~ 256.85f

193.85f

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS23054

TRAVELER'S LAST NAME LEININGER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7/20		lv res. via taxi	3 25	5 00	11 50	19 75			19 75			19 75	15 00
		lv. O'hare for MN											
		taxi from MN airport to to federal bldg.											12 00
		arrive at motel via pov (parking fee)											3 00
7/21			4 50	7 00	12 00	23 50						23 50	
7/22			4 00	6 25	12 00	22 25						22 25	
7/23		arr. at MN airport via	5 10	8 00	5 00	18 10						18 10	18 00
		arr res. via taxi											15 00
		lodging 7/20 - 7/23						110 25				110 25	
												193 85	63 80
									SUBTOTALS ▶			~~197 85~~	~~60 00~~
									TOTALS ▶			~~197 85~~	~~60 00~~

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

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

TOTAL AMOUNT CLAIMED ▶ 256.85 ~~257.85~~

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, [illegible] or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE 1979 O—281-187 4213

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T ~~000007~~

2. DATE 7/19/82

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
LEININGER, ROBERT, E.

non-responsive

8. OFFICIAL STATION/ORGANIZATION
Chicago, IL U.S. EPA Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[X] SGTR'S	[ ] JTR'S
7/20/82	7/23/82	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From: Chicago, IL to MN,MN & Return

TS 23054

Purpose: Finch Disposition and meeting with groundwater expertsGeraghty & Miller

Minneapolis

DB1005

OBLIGATED

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [X] ACTUAL SUBS NTE $ 75.00 [ ] ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK (NE corridor)
c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____ (1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES
d. [ ] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO (1) OR (2)

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC#		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 6820200

SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE
Code A

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB056T06	2111	300.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	40.00	2141		2153		1217	
			TOTAL	452.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 7/19 NAME AND TITLE (Typed) Roger M. Grimes Chief, Legal Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Robert A. Miller for NAME AND TITLE (Typed) Robert Schaefer AUG Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

902-05

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

D.O. VOU. NO. TRANSP.

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE SERVICES HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION CITED ON THE FACE OF THIS VOUCHER.

Rachel P. Holmlund

9/3/82 RACHEL P. HOLMLUND

DATE | AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2C82 SEP 09, 1982
68-01-1CC5 5A962
BEG CK NO. 61,465,317
END CK NO. 61,465,322

APPROPRIATION SUMMARY

68X0108

GR 1,122.08
AP 500.00
NET 622.08

DESIGNATED AGENT
RONALD PEARMAN

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A962

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
62208	

PAYEE AND IF NECESSARY ADDRESS LINES 1, 3, 5 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
LEON ACIERTO		5525		9333GR15525 AP10000
PETER KELLY		12120		9334
ROBERT LEININGER		25685		9335
WILLIAM MESSENGER	????	13032		9336GR25532 AP12500
MICHAEL MOTT		840		9338GR13340 AP12500
KENNETH WESTLAKE		5006		9339GR20006 AP15000
[illegible]	????			
WILLIAM MESSENGER		13032		9337GR25532 AP12500
////				

5
4
3
2
1
0

D.O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PAID VOL. NO. TRANSP.: 3501

PURSUANT TO AUTHORITY VESTED IN THE UNDERSIGNED HEREIN, THE PAYMENT FROM THE APPROPRIATION OR FUND HEREIN SPECIFIED IS PROPER FOR PAYMENT FROM THE APPROPRIATION OR FUND HEREIN SPECIFIED.

PAID BY

8/10/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 AUG 11, 1982
68-01-1005 T5035
BEG CK NO. END CK NO.
07,003,209 07,003,209

APPROPRIATION SUMMARY

68X0103 16,783.00

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5035

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1678800	

PAYEE AND ADDRESS, NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1-2-3-4-5-6		AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1678800		1991-2088

5
4
3
2

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 1991-2088

SCHED NO T5035

THE UNITED STATES OR . TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 072-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,600	16788 00

TTL PAX THIS BILL 98

RECEIVED FINANCIAL MANAGEMENT BRANCH AUG 3 10 50 AM '82

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	16788 00

VERIFIED BY (SIGNATURE OR INITIALS) Joy Nicholas

TOTAL CLAIMED ➤ 16788 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CF

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,600

PERIOD (From - To): 16 JULY - 31 JULY '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
07 19	5876748 103	15000	GIESE
	111	19800	EILIPPINI
	112	19800	SPEIZHAN
	113	33800	LAWRENCE
	114	17600	BARNEY
	115	23800	HINER
	116	11200	VANMERSBER
	163	11200	LEIWINGER
	170	8700	RISLEY
	172	10800	NOVAK
	185	24100	KERTCHER
	189	14400	HANLON
07 20	201	23800	MATEER
	203	10800	NOVAK
	206	20100	CONSTANTEL
	214	23700	LEVIN
	226	30700	HODGE
	228	23000	HINKLE
	234	15800	FRUMM
	254	9900	HINKLE
	255	20100	WALKER
	256	20100	DAGGETT

REVIEWED BY: DATE: 31 JUL '82

APPROVED BY: DATE:

PAGE TOTAL: 3,503.00

GRAND TOTAL:

STAT SAMPLE

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA

2. TYPE OF TRAVEL
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHE[illegible] 9 8 82

5. NAM (Last, first, middle initial): Leininger, Robert E.

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL
a. FROM b. TO

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, 5C-16 Chica o. IL 60604

d. OFFICE TELEPHONE NO.: 09413 886-6720

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS23275 b. DATE(S): 8/18/82

e. PRESENT DUTY STATION: Chica o IL

f. RESIDENCE (City and State): Chica o. IL

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding 100 00
b. Amount to be applied
c. Amount due Government (Attached: [ ] Check
D. Balance outstanding 33 50

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	CARRIER (Initials) (b)	CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
5876 749 788	$112.00	SATO	COACH	8/16/82	Chicago, IL	Minneapolis, MN & Retu

RECEIVED FINANCIAL MANAGEMENT BRANCH AUG 27 12 57 PM

13. I certify that this voucher is true and co[illegible] to the best of my knowledge and belief, and that payment or credit has not been received by me. Whe[illegible] applicable, [illegible]d [illegible]aimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ DATE 8 AMOUNT CLAIMED ▶ $ 133 50

NOTE: Falsification of an item in an [illegible]pense [illegible]t works a forfeiture of claim (28 U.S.C. 2514) [illegible] result in a fine of not more than $10,000 or imprisonment for not [illegible]re than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to [illegible] certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ R A. Ullrich DATE 8/26/82 8-26-8

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION $ — 0
a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VO[illegible]HER F[illegible] UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT F[illegible] CHARGE TO APPROPRIATION 00

[illegible]rtifier's in[illegible] [illegible] TRAV[illegible] ADVAN[illegible] (App[illegible] symbol): 00 00

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE A

NET TO TRAVELER ▶ $ 31 00

18. ACCOUNTING CLASSIFICATION

TS23275 DB1006 Acct# 2GTB05GT06 2111 $80.00 ~~2113 $112.00~~ 2117 ~~$53.50~~ 51.00

12-115 ☆ GPO: 1979 0-281-187 P.O. 4213 STANDARD FORM 1012 (REV. 10-77) [illegible] by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS23275

TRAVELER'S LAST NAME LEININGER

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
8/18	3:45	lv Chicago via bus for		11 00				55 50	66 50			66 50	
		O'Hare											6 00
	5:50pm	lv O'hare for MN											
		arrive at hotel in MN											
		via taxi	5 00									11 00	14 50
8/19	4:30p	lv for airportvia cab	1 50	6 00		13 50		13 50	13 50			13 50	18 00
	5:50p	Lv. MN for O'hare											
	7:00p	arrive at O'Hare											
	7:45p	arrive at res. via cab											15 00
												77 50	
									SUBTOTALS ▶			80 00	53 50
									TOTALS ▶				

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

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

TOTAL AMOUNT CLAIMED ▶ 131.00 $133.50

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1978 O—281-387 (213)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 889951

2. DATE 8/4/82

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
LEININGER, ROBERT E., ASSISTANT REGIONAL COUNSEL

non-responsive

5. OFFICIAL STATION/ORGANIZATION
Chicago, IL , U.S. EPA Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
8/18/82	8/19/82	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From: Chicago, IL to MN, MN & Return MINNE

OBLIGATED

Purpose: Prepare state employees and contractor for deposition, conclude deposition of plant manager, Herbert Finch

T923275 DB1002

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
6820200	

13. PURPOSE CODE
Code A

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGR056T06 IN	2111	380000	2131		2143		2154	
		IIV	2113	12 00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
		IJV	2117	100.00	2141		2153		1217	
			TOTAL	387.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 8-5-82 NAME AND TITLE (Typed) Roger M. Grimes Chief, Legal Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE 8/9/82 NAME AND TITLE (Typed) Robert Schaefer Regional Counsel

EPA Form 2610-T (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 606404

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS ... PAYMENT FROM THE APPROPRIATION ...

Rachel P. Holmlund

9/8/82 — RACHEL P. HOLMLUND

DATE — AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108

GR 163.75
AP 130.00
NET 33.75

DESIGNATED AGENT
RONALD PEARMAN

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2C82 SEP 09, 1982
68-01-1005 5A978
BEG CK NO. 61,441,815
END CK NO. 61,441,816

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A978

GRAND TOTAL	NO-CHECK TOTAL
3375	

FOR D O USE ONLY

MEMORANDUM

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
ROBERT LEININGER		3100		9413GR13100 AP10000
ANNE SWOFFORD		275		9414GR3275 AP3000
////				

5
4
3
2
1
0

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO TRNSP 4188
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHICAGO, IL 60604	

I HEREBY CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

9/17/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 SEP 27, 1982
68-01-1005 T5038
BEG CK NO. END CK NO.
61,788,035 61,788,035

APPROPRIATION SUMMARY

68X0108	28,339.20

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5038

GRAND TOTAL	NO-CHECK TOTAL
2833920	

FOR D O USE ONLY

MEMORANDUM

X ALIGN AREA

PAYEE AND IF NECESSARY ADDRESS LINES 1, 2, 3 AND 7	INVOICE NUMBER OTHER IDENTIFICATION LINES 2 & 3 AND 6	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2833920		2195-2338

5
4
3
2
1
0

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGEN[illegible] OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
30 South Dearborn Street
Chicago, Illinois 60604

BUR VOU NO 2195-2338

SCHED NO 15038

THE UNITED STA[illegible] (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 082-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID mm

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,612	28,339 20

TTL PAX THIS BILL 145

MEMORANDUM

cpa

DIFFERENCES	AMOUNT

AMOUNT VERIFIED CORRECT FOR ➤ 28,339 20

VERIFIED BY (SIGNATURE OR INITIALS) Dora J Tibbs

TOTAL CLAIMED ➤ 28,339 20

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)
EPA
Region V
230 S. Dearborn
Chicago, Il 60604

GTR NUMBER
D- 7,632,612

PERIOD (From - To)
16 AUG - 31 AUG '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
08 16	5876749 756	23000	BOLDT ✓
	757	11000	RUDDER ✓
	759	11100	FULLER
	761	23800	TALIAFERRO ✓
	762	11000	RUDDER ✓
	763	13000	KELLEY ✓
	764	13000	LEE ✓
	766	24400	ADAMKUS ✓
	767	24400	HINKLE ✓
	768	24100	NATHAN ✓
	774	11000	BOWDEN ✓
	788	11300	LEIWINGER ✓
	792	9900	ONEILL ✓
	793	9900	ONEILL ✓
	794	9900	WALKER
	851	15800	SAULY ✓
	853	12000	CAMPBELL ✓
	859	23800	ELAM ✓
08 17	879	24400	GREENING ✓
	881	25200	BARTELT ✓
	882	13000	KUSH ✓
	885	11500	HARTIAN ✓

REVIEWED BY:

DATE: 31 AUG 82

PAGE TOTAL: 3,344.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 10764

4. SCHEDULE NO.: 51076 9/25/82

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Leininger, Robert /E

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL: a. FROM 8/23/82 b. TO 8/24/82

c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street Chicago, Illinois 60604 60025

d. OFFICE TELEPHONE NO.: 6-6720

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS23397 b. DATE(S) 8/23/24/82

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State):

10. CHECK NO.: PAID 01316

8. TRAVEL ADVANCE

a. Outstanding: 100 —

b. Amount to be applied: 100 —

c. Amount due Government (Attached: [ ] Check [ ] Cash):

d. Balance outstanding: -0-

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$112.00	AA	COACH	*8/19/82	CHICAGO O'HARE	TO MINNEAPOLIS-ST. PAU AND RETURN

76-750-002

RECEIVED FINANCIAL MANAGEMENT BRANCH SEP 13 3 42 PM '82

RECEIVED FINANCIAL MANAGEMENT BRANCH SEP 22 8 55 AM '82

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 9-13-82 AMOUNT CLAIMED ▶ $ 142 77

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Jane E. Schuttler DATE 9/20/82

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: LL $ 142 77

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CRTA68X0108 $ 100 00

d. NET TO TRAVELER ▶ $ 42 77

18. ACCOUNTING CLASSIFICATION

F TS23397 - 2TGB05GT06 DB1007 A

21.11 $87.77

21.17 55.00

$142.77

Birdie 6-6664

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
August 23	11:45 a.m.	Lv CHICAGO OFFICE FOR O'HARE VIA BUS											6 00
		LV. O'HARE FOR MINNEAPOLIS VIA AA											
		PURPOSE: NEGOTIATIONS WITH REILY TAR CHEMICAL CO.											
		LV. MPLS. AIRPORT FOR HOTEL VIA TAXI	14			14 00		54 52	68 52			68 52	17 00
8/24	0		6 50	7 00	5 75	19 25			19 25			19 25	
		LV. HOTEL FOR AIRPORT VIA TAXI											17 00
		LV. AIRPORT IN MINNEAPOLIS FOR O'HARE											
		LV. O'HARE FOR RESIDENCE VIA TAXI											15 00
									SUBTOTALS ▶				
									TOTALS ▶			88 77	55 00

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

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

TOTAL AMOUNT CLAIMED ▶ $142.77

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T 889998

2. DATE 8/18/82

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Leininger, Robert E. Assistant Regional Counsel

non-responsive

5. OFFICIAL STATION/ORGANIZATION
Chicago, IL, U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
8/23/82	8/24/82	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS
From: Chicago, IL to Minneapolis, MN & Return

Purpose: Negotiations with Reilly Tar and Chemical Company

OBLIGATED

DB1007

TS 23397

2TGB05GT06

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER b. ☐ AIR IN LIEU OF AMTRAK (NE corridor) c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____ d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO (1) OR (2) (1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC#		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE
Code A Domestic

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TB056T06	2111	75.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100.00	2141		2153		1217	
			TOTAL	287.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 8-19-82 NAME AND TITLE (Typed) Roger M. Grimes, Chief Water Legal Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Robert B. Schaefer 8/23/82 NAME AND TITLE (Typed) Robert B. Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF ESTABLISHMENT OR OFFICE: CHGO, IL 60604
PAID BY

9/25/82 — DATE
RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

APPROPRIATION SYMBOL: 68X0103

GROSS 2,450.82
APPLY 1,148.80
NET 1,302.02

SYMBOL 2082 — SEP 28, 1982
68-01-1005 — 51076
BEG CK NO. 61,810,538 — END CK NO. 61,810,559

DESIGNATED AGENT RONALD PEARMAN

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	51076

GRAND TOTAL	NO-CHECK TOTAL
1302130202	

FOR D O USE ONLY

MEMORANDUM

ALIGN AREA X

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 5 AND 7)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 2, 4, 5 AND 8)	AMOUNT	SYMBOL	VOUCHER NO
JEFFE	????			
JEFFREY BRATKO		1270		10153GR8770 AP7500
JOSEPH CLESCERI		600		10154GR3100 AP2500
RICHARD L DALTON		3550		10155
RICHARD L DALTON		8250		10156GR18250 AP10000
JOHN G DOOLEN		5119		10157
WILLIAM D FRANZ		2040		10158
GARY V GULEZIAN		725		10159
ROBERT HILTON		1900		10160GR11900 AP10000
PETER KELLY		11570		10161
KARL J KLEPITSCH		7595		10162GR22595 AP15000
JACK L KRATZMEYER		14250		10163
ROBERT E LEININGER		4277		10164GR14277 AP10000
////				

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

BUSN AREA x | POLICY AREA

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO., IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	521076

PAYEE, AND IF NECESSARY ADDRESS (LINES 1, 3, 5 AND 7)	VOICE NUMBER, OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
ROV	????			
ROBERT	????			
JAMES N MAYKA		11580		10165
ROBERT B MILLER		2035		10166
DIANN R MURPHY		12000		10167
MICHAEL C OTOOLE		5628		10168
JOSEPH W PAISIE		1300		10169
KENNETH R SKAHN		12404		10170GR27404 AP15000
ANNE SWOFFORD		525		10171GR13025 AP12500
RICHARD T TRAUB		4950		10172GR19950 AP15000
EDWARD A WOJCIECHOWSKI		965		10173GR18345 AP17380
HOWARD ZAR		12669		10174

////

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHICAGO IL 60604

- 4188

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

9/17/82
DATE

RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 SEP 27, 1982
68-01-1005 T5038
BEG CK NO. END CK NO.
61,788,035 61,788,035

APPROPRIATION SUMMARY

68X0108	28,339.20

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5038

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2833920	

PAYEE AND IF NECESSARY ADDRESS LINES 1, 2, 3 AND 4	INVOICE NUMBER OTHER IDENTIFICATION LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2833920		2195-2338

5
4
3
2
1
0

FOR CHECKS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
30 South Dearborn Street
Chicago, Illinois 60604

BUR VOU NO 2195-2338

SCHED NO T5038

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 082-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID mm

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,612	28,339	20
TTL PAX THIS BILL 145		
TOTAL CLAIMED ➤	28,339	20

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED CORRECT FOR ➤	28,339	20

VERIFIED BY (SIGNATURE OR INITIALS) Ora J White

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,612

PERIOD (From - To): 16 AUG - 31 AUG '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0817	5876749886	466.00	ZARV
	956	128.00	FULLERV
0818	972	206.00	CARROLLOV
	978	130.00	BOWDENV
	979	480.00	VENDLV
	980	480.00	HILTON
	983	480.00	MAYKAV
	989	480.00	METHODV
	5876750002	1112.00	LEININGERV
	038	252.00	KLEPITSCHV
0819	045	130.00	LEFAINV
	046	164.00	PATRICKV
	050	201.00	KELLYV
	052	164.00	LEEV
	053	480.00	TROUTV
	058	88.00	ADAMSV
	060	1112.00	BITTERV
	063	1100.00	TOOLE
	113	238.00	CONSTANTELV
	114	238.00	BARTELTV
	119	164.00	WOJCIECHOWV
0820	202	468.00	EHAM

CONTINUATION — SEE PAGE 9

REVIEWED BY:

DATE: 31 AUG '82

PAGE TOTAL: 4,713.00

APPROVED BY:

DATE:

GRAND TOTAL:

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - REGIONAL COUNSEL	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO. 110
			4. SCHEDULE NO. 5A018 10/5/82

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Leininger, Robert 00029	b. SOCIAL SECURITY NO.: non-responsive	6. PERIOD OF TRAVEL: a. FROM 9/15/82 b. TO 9/16/82
c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn STreet, Chicago, Illinois 60604	d. OFFICE TELEPHONE NO.: 6-6720	7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS23682 b. DATE(S) 9/10/82
e. PRESENT DUTY STATION: Chicago, Illinois	f. RESIDENCE (City and State):	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	100	a. DATE RECEIVED	b. AMOUNT RECEIVED $	000110
b. Amount to be applied	100.00			
c. Amount due Government (Attached: [ ] Check [ ] Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding	-0-			

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
5876-751-793	$119.00	AA	Coach	9/13/82	Chicago, ILL.	Minneapolis, MN AND RETURN

PAID

RECEIVED FINANCIAL MANAGEMENT BRANCH SEP 28 10 10 AM '82

RECEIVED FINANCIAL MANAGEMENT BRANCH 9 29 AM '82

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 9/27/82 AMOUNT CLAIMED ▶ $ 132 09

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ [signature] (for RMG) DATE 9/28/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: [initials]	$ 132 09
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CRTA68X0108	$ 100 00
d. NET TO TRAVELER ▶	$ 32 09

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

F TS23682 DB1008 2TGB05GT06 J 21.17 - $51.90

21.17 - 80.19

$132.09

Birdie 6-6664

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
9/15	6:a.m	LV. RESIDENCE VIA TAXI FOR O HARE											15.00
		LV. O'HARE FOR MINNEAPOLIS VIA N.W.											
		PURPOSE: DEPOSITION OF HERBERT FINCE FOR REILLY TAR CASE											
		LV. AIRPORT FOR HOTEL, PARKING FEE											1.90
			3 50	6. 50	16 00			38 69	64 69			64 69	
9/16			5 00	7 00	3 50	15 50		0	15 50			15 50	
		LV. HOTEL VIA TAXI FOR AIRPORT											19. 00
		LV. MINNEAPOLIS AIRPORT FOR O'HARE VIA AMERICAN AIRLINES											
		LV. O'HARE FOR RESIDENCE VIA TAXI											16 00
									SUBTOTALS ▶				
									TOTALS ▶			80 19	51.90

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

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

TOTAL AMOUNT CLAIMED ▶ $132.09 ✓

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 883469

2. DATE: September 10, 1982

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Leininger, Robert E. Attorney

4. SOCIAL SECURITY NO.: non-responsive

5. OFFICIAL STATION/ORGANIZATION: U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
September 15, 1982	September 16, 1982	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TO: MINNEAPOLIS, MINNESOTA

PURPOSE: DEPOSITION OF HERBERT ~~FINBER~~ FINCH FOR REILLY TAR CASE

OBLIGATED

TS23682 DB1008

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA-HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto; Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
X	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
6820X8145	

13. PURPOSE CODE: J

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	$75.00	2131		2143		2154	
			2113	119.00	2133		2144		2155	
		2TGB05GT06	2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100.00	2141		2153		1217	
			TOTAL	[illegible]						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Roger Grimes 9-13-82

NAME AND TITLE *(Typed)*: Roger Grimes, Chief Water Legal Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Robert R Schaefer 9/13/82

NAME AND TITLE *(Typed)*: Robert Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

DO YOU NO TRANSP)

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

Rachel P. Holmlund

10/5/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108

GR 1,050.03
AP 563.80
NET 486.23

DESIGNATED AGENT
RONALD PEARMAN

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082	OCT 06, 1982
68-01-1005	5A018
BEG CK NO.	END CK NO.
12,215,788	12,215,797

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO:	SCHEDULE NUMBER
11	1	1	68-01-1005	5A018

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO CHECK TOTAL
48623	

X ALIGN AREA

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
RICHARD KARL		10564		109
ROBERT LEININGER		3209		110GR13209 AP10000
PAUL MERIAGE		15190		111
DIANE PARKER		728		112GR10728 AP10000
GERALD PHILLIPS		1650		113GR11650 AP10000
GERALD PHILLIPS		1290		114GR8790 AP7500
JANE SCHULTEIS		2995		115GR11875 AP8880
DAVID STRINGHAM		2250		116
GARY WILLIAMS	1111	700		117GR11700 AP10000
RICHARD ZDANOWICZ		9267		118
GARY WILLIAMS		1700		117GR11700 AP10000
////				

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2				

USE FOR FIRST CHECK SERIAL NUMBER RANGE

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO IL 60604

D O V I D NO TRANSPL: 4195

PAID BY

Rachel P. Holmlund

9/25/82 — RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 SEP 29, 1982
68-01-1005 T5042
BEG CK NO. END CK NO.
61,828,462 61,828,462

APPROPRIATION SUMMARY

63X0108 23,431.64

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	63-01-1005	T5042

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2343164	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7 LINES 2 4 6 AND 8		AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2343164		2355-2476

5
4
3
2
1

D CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
30 South Dearborn St
Chicago, Ill 60604

PAID

BUR VOU NO 2355-2476

SCHED NO T-5042

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 092-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,613	23,431 64

TTL PAX THIS BILL 123

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	23,431 64

VERIFIED BY (SIGNATURE OR INITIALS) Gary Mulcahy

TOTAL CLAIMED ➤ 23,431 64

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,613

PERIOD (From - To): 01 Sept - 15 Sept '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
09 13	5876751778	120000	BRYSON
	7787	6300	PALMER
	7792	25800	MATUSCHKOV
	7793	11900	LEININGER
	7798	25100	KELLY
	8011	12000	CTOOLE
	8089	11400	GARRA
	8220	24400	KUSH
	8522	11400	HILTON
	8533	11400	TRAUB
	8599	22700	ELAM
	8600	4500	ELAM
09 14	8722	11000	YEATES
	8744	26000	CLESCERI
	8755	11700	MYERS
	8823	5900	CARLSON
	8844	12000	DAGGERT
	8933	11700	MARSH
	8944	49386	BARNEY
	9119	11000	CANAVAN
09 15	9944	13400	TALBERT
	9455	18500	HARRISON

REVIEWED BY: DATE: 15 Sep '82 PAGE TOTAL: 3,494.86

APPROVED BY: DATE: GRAND TOTAL:

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - REGIONAL COUNSEL

2. TYPE OF TRAVEL: ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 001097

4. SCHEDULE NO.: SA155 11/5/82

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): LEININGER, ROBERT , ATTORNEY

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL: a. FROM 10/11/82 b. TO 10/15/ 82

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street Chicago, Illinois 60604

d. OFFICE TELEPHONE NO.: 6-6720

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 30090 b. DATE(S) 10/05/82..

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State):

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding: 150 —

b. Amount to be applied: 150 — ~~250.00~~

c. Amount due Government (Attached: ☐ Check ☐ Cash):

d. Balance outstanding:

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

PAID

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against a[illegible] in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
876-753-671	$134.00 AA	COACH	10/07/82	CHICAGO O'HARE	INDIANAPOLIS, IN. AND RETURN

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 10-31-82 AMOUNT CLAIMED ▶ ✓ $ 322 10

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Greenes DATE 10-25-82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: $322 10

Certifier's initials: DS

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CR 1A6fX0108 $150 00 ✓

d. NET TO TRAVELER ▶ $172 10

18. ACCOUNTING CLASSIFICATION

F DD1001 TS30090 3TJB05GT06 21.11 270.60

6830X8145 3TJB057BT06 A 21.17 51.50

$322.10

Birdie 6-6664

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 82 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10-11	5:45 a.m.	Lv residence for O'HARE VIA TAXI											15 00
		LV. O'HARE FOR INDIANAPOLIS - PURPOSE: DEPOSITIONS OF LESCHER, JUSTIN FOR REILLY TAR											
		LV. INDIANAPOLIS AIRPORT FOR MEETING VIA TAXI											9 50
10/11			5 00	6 00	15 00	26 00		30 52	56 52			56 52	
10/12			4 00	6 00	17 00	27 00		30 52	57 52			57 52	
10/13			7 00	5 00	10 00	22 00		30 52	52 52			52 52	
10/14			5 00	6 00	13 00	24 00		30 52	54 52			54 52	
10/15			4 00	8 00	7 00	19 00		30 52	49 52			49 52	
	6:45 p.m.	Lv. Indianapolis HOTEL FOR AIRPORT via TAXI											9 00
		LV. O'HARE FOR RESIDENCE VIA TAXI											18 00
									SUBTOTALS ▶				
									TOTALS ▶			270 60	51 50

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

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

TOTAL AMOUNT CLAIMED ▶ $322.10

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S.C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (8643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO: T 883474

2. DATE: 10/05/82

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE: Robert F. Leininger, Attorney

4. SOCIAL SECURITY NO.: non-responsive

5. OFFICIAL STATION/ORGANIZATION: Chicago, Illinois 60604

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[X] SGTR'S	[ ] JTR'S
10/11/82	10/15/82	6b. CONSULTANT: [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

LV: CHICAGO, O'HARE AIRPORT
TO: INDIANAPOLIS, INDIANA

PURPOSE: DEPOSITIONS OF LESCHER, JUSTIN & HENNESSEY, FOR REILLY TAR CASE

DD1001 T-30090

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 75.00 [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK (NE corridor)
c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND (1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES
GSA CONTRACTED. BOAC # _____
d. [X] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO ILOR (2)

OBLIGATE

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
[X]	a. PUBLIC TRANSPORTATION	[ ]	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
[X]	b. TAXI, LIMOUSINE	[ ]	b. TRANSPORTATION OF IMMEDIATE FAMILY
[ ]	c. GOVMT OR CONTRACT RENTAL. BOAC# _____	[ ]	c. TEMPORARY LODGING EXPENSES
[ ]	d. COMMERCIAL RENTAL	[ ]	d. RESIDENCE HUNTING
[ ]	e. REGISTRATION FEES	[ ]	e. TEMPORARY QUARTERS
[ ]	f. EXCESS BAGGAGE _____ LBS	[ ]	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES		13. PURPOSE CODE
APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE	
68X8145		DOMESTIC A

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	375.00	2131		2143		2154	
		3TJB05GT06	2113	134.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100.00	2141		2153		1217	
			TOTAL	609.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Roger Grimes 10-5-82

NAME AND TITLE (Typed): Roger Grimes, Chief Hazardous Waste Team

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Robert B. Schaefer

NAME AND TITLE (Typed): Robert B. Schaefer, Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

D.O. VOU. NO. (TRANSP.)

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

11/5/82 — RACHEL P. HOLMLUND

DATE — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 — NOV 08, 1982
68-01-1005 — 5A155
BEG CK NO. 66,730,939 — END CK NO. 66,730,962

APPROPRIATION SUMMARY

Mrs. Holmlund in meeting Mrs. White per call send checks/B sent to Ronald Pearman Designated Agent. GW. 11/8/82 1:25 PM

68X0108

GR 1,912.11
AP 577.10
NET 1,335.[illegible]01

ALIGN AREA X

X ALIGN AREA

FONT SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11 1	2	68-01-1005	5A155

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
133501	

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
IRVIN DZIKOWSKI		2850		1075
IRVIN DZIKOWSKI		2250		1076
KENNETH FENNER		12547		1077
MARK FILIPPINI		4758		1078GR14758 AP10000
WILLIAM FRANZ		1330		1079[illegible]
JERROLD FRUMM		1175		1080GR6175 AP5000
CATHERINE GARRA		3944		1081GR8944 AP5000
THOMAS GLATZEL		7560		1082
THOMAS GLATZEL		5340		1083GR11390 AP6050
ELAINE GREENING		11720		1084
ELAINE GREENING		6488		1085
LOUISE GROSS		3300		1086
JAMES HOOPER		1150		1087
DAVID KEE		14550		1088
DAVID KEE		5460		1089
PETER KELLY		4865		1090

D.O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICAB	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	SA155

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
PETER KELLY		7900		1091
ARNOLD LEDER		1870		1092GR12080 AP10210
ARNOLD LEDER		4790		1094
ANTHONY LEFFIN		1189		1095GR7189 AP6000
ANTHONY LEFFIN		4410		1096
ROBERT LEININGER		17210		1097GR32210 AP15000
MARY ELLEN LYNCH		1520		1098
JONATHAN MCPHEE		5325		1099GR5775 AP450
////				

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

704

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

Rachel P. Holmlund

11/22/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2C82 NOV 24, 1982
EE-C1-1CC5 T5CC8
BEG CK NO. END CK NO.
67,C47,671 67,C47,671

APPROPRIATION SUMMARY

68X0108 17,330.00

ALIGN AREA X

FRONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5008

FOR D O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1733000	

ALIGN AREA X

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5 AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1733000		185-286

5
4
3
2

NO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER
TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM

...IENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U.S. Environmental Protection Agency
Region V
230 South Dearborn Street,
...icago, Ill 60604

BUR VOU NO 185-286

SCHED NO T5008

UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 102-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
	17,330	00
D-7,632,615		
TTL PAX THIS BILL 102		
TOTAL CLAIMED ➤	17,330	00

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	17,330

VERIFIED BY (SIGNATURE OR INITIALS) [signature]

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

QTR NUMBER: D-7,632,615

PERIOD (From - To): 01 Oct - 15 Oct '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1006	58765360 3	18100	FRUMM
	6058	25800	MCPHEE
	6066	25800	ELAM
	6088	13800	BITTER
	6377	9100	TALIAFERRO
1007	6511	11400	SANDER
	6588	11400	JONES
	6600	21700	LEDER
	6611	25800	MCGRATH
	6622	12000	TOOLE
	6633	11700	BRYSON
	6655	13700	CZERNIAK
	6711	13400	LEININGER
	6744	15400	PARKIN
	6788	12000	BENO
	7000	12400	NEUBERGER
	7233	13900	LEFEIN
	7377	12200	FRUMM
1008	7566	9100	KEE
	7644	25800	MCPHEE
	7688	21700	ELAM
	7755	12700	RUTTER

REVIEWED BY: DATE:

APPROVED BY: DATE:

PAGE TOTAL: 2,748.00

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

U.S. E

(R

☒ ORIGINAL

3. NAME AND TITLE
Robert E. Leininger ,

5. OFFICIAL STATION/ORGANIZATIO
Chicago, IL U.S.EPA R

6. PERIOD (
STARTING DATE
10/29/82

7. ITINERARY, PURPOSE AND OTHEI
From: Chicago IL to Wa
Purpose: Reilly Tar s

ANNUAL LEAVE AUTHORIZED FROM

8. DAILY METHOD OF REIMBURSEME
☐ PER DIEM $ _____ PLUS
COST LODGING NTE $ _____

9. MODE OF INTERCITY TRAVEL
a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE
c. ☐ GOVERNMENT-OWNED CONVEY
GSA CONTRACTED- BOAC #
d. ☐ COMMERCIAL CAR RENTAL

10. TDY ALLOWANI
a. PUBLIC TRANSPORTATION
XX b. TAXI, LIMOUSINE
c. GOVMT OR CONTRACT RENTAI
d. COMMERCIAL RENTAL
e. REGISTRATION FEES
f. EXCESS BAGGAGE _____ LBS

12. COST ESTIMATE AN

APPROPRIATION NO.
6830X8145

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	
		3101

14. ORIGIN AND AUTHORIZATION
a. RECOMMENDING OFFICER'S SIGNA
Roger Gr
Authority is granted to travel and in
applicable regulations.
b. AUTHORIZING OFFICER'S SIGNA

EPA Form 2610-1 (Rev. 7-80) PREVIO

Complete this information if this is a continuation sheet

PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

INSTRUCTIONS TO TRAVELLER (Unless items are self explanatory)

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

Complete only for actual expense travel

Show amount incurred for each meal, including tax and tips, and daily total

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(l) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate

(m) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

(n)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE 19__ (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	AMOUNT CLAIMED: SUBSISTENCE (m)	AMOUNT CLAIMED: OTHER (n)
10/29	5:00 a.m.	LV. RESIDENCE VIA TAXI FOR O'HARE												15 00
		LV. O'HARE FOR WASHINGTON, D.C. PURPOSE: REILLY TAR STRATEGY SESSION							18.00				18 00	
		LV. WASHINGTON NATIONAL AIRPORT VIA TAXI FOR DOJ												8 00
		PERSONAL TRAVEL TO NEW YORK												
10/30		LV. LaGUARDIA AIRPORT FOR DETROIT												
10/31		Lv. Detroit for Chicago												
		Arrived residence via private auto												

STAT-STAMPT

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT / BUREAU DIVISION OR OFFICE
U.S. EPA - REGIONAL

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.
SA221 11/22/82

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial)
LEININGER, ROBERT

b. SOCIAL SECURITY NO.
non-responsive

c. MAILING ADDRESS (Include ZIP Code)
00002
230 S. DEarborn Street
Chicago, Illinois 60604

NO. 6-6720

d. PRESENT DUTY STATION
CHICAGO, ILLINOIS

f. RESIDENCE (City and State)

6. PERIOD OF TRAVEL
a. FROM 10/29/82 b. TO 10/31 /82

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS 30468
b. DATE(S) 10/26/82

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
d. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED
PAID
c. PAYEE'S SIGNATURE

11. PAID BY
01633

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876-976-312					
$246.00	AA	Coach	10/28/82	CHICAGO, ILLINOIS	WASHINGTON, D.C. AND RETURN

RECEIVED
NOV 9 06 AM '82
BRANCH

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 11/15 AMOUNT CLAIMED ▶ $ 41 00

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes DATE 11-15-82

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.C. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE A

17. FOR FINANCE OFFICE USE ONLY COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 41
Certifier's initials: DW
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▶ $ 41

18. ACCOUNTING CLASSIFICATION
TS 30468 DD1002 3TJB05GT06 (45AT06)
21.11 $18.00
21.17 23.00
$41.00

F

Birdie 6-6664

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED HEREON OR ON SUBSEQUENTLY ISSUED VOUCHERS

11/22/82 — DATE

Rachel P. Holmlund

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 NOV 23, 1982
68-01-1005 5A227
BEG CK NO. 67,029,229
END CK NO. 67,029,235

APPROPRIATION SUMMARY

6SX0108 GR 1,041.30 AP 300.00 NET 741.30

DESIGNATED AGENT
RONALD PEARMAN

TRAVEL ADVANCES

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A227

FOR DO USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
74130	

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 5, 6 AND 7)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 2, 4 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
JAMES HANLON		19995		1631
LARRY KERTCHER		9135		1632GR24185 AP15000
ROBERT LEININGER		4100		1633
PETER OLSEN		15250		1634
DAVID SCHULZ		1500		16356R6500 AP5000
DAVID SCHILZ		1250		16366R11250 AP10000
CHARLES SUTFIN		22850		1637

////

5
4
3
2
1
0

DO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

2

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.

Rachel P. Holmlund

11/22/82 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 NOV 23, 1982
68-01-1005 5A227
BEG CK NO. END CK NO.
67,029,229 67,029,235

APPROPRIATION SUMMARY

68X0103 GR 1,041.30 DESIGNATED AGENT
AP 300.00 RONALD PEARMAN
~~TRAVEL ADVANCES~~ NET 741.30

ALIGN AREA X — X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A227

FOR DO USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
74130	

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 5 AND 7)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 2, 4 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
JAMES HANLON		19995		1631
LARRY KERTCHER		9185		1632GR24185 AP15000
ROBERT LEININGER		4100		1633
PETER OLSEN		15250		1634
DAVID SCHULZ		1500		1635GR6500 AP5000
DAVID SCHILZ		1250		1636GR11250 AP10000
CHARLES SUTFIN		22850		1637
////				

5
4
3
2
1
0

DO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

2

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: STAT SAMPLE

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 248

4. SCHEDULE NO.: 68037 3/8/83

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Leininger, Robert E.

b. SOCIAL SECURITY NO.: non-responsive [redacted]

c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street 00946 Chicago, Illinois 60604

d. OFFICE TELEPHONE NO.:

e. PRESENT DUTY STATION:

f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 1/10/83 b. TO 1/13/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 3 TS1135 b. DATE(S) 1/06/83

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding 237 =

b. Amount to be applied 221.75 = 237 =

c. Amount due Government (Attached: [X] Check [ ] Cash) = 15.25 Ck #25[illegible] 2/25/83

d. Balance outstanding -0-

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

PAID

11. PAID BY: 00248

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any [illegible] in connection with reimbursable transportation charges described below, purchased under cash [illegible] (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876980289	FIN AMT FED	$157.00 (airline ticket lost)	COACH	CHICAGO, ILLINOIS	INDIANAPOLIS, IN AND RETURN
JANUARY 3rd	TRIP TAKEN, JANUARY 4-11 TRIP CANCELLED				
AMENDED	TO READ 1/10/83	to 1/13/83			

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ R. E. Leininger DATE AMOUNT CLAIMED ▶ $ 221 75

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes DATE 2-2-83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.: b. D.O. SYMBOL: c. MONTH & YEAR:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount): $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials: VJ): $ 221 75

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CRTA 67X0108 $ 221 75

d. NET TO TRAVELER ▶ $ 0 00

18. ACCOUNTING CLASSIFICATION

F DC 1001 3TGB05FT06 TS 31135 A 21.11 $194.75 birdie 6-6806

21.17 27.00 TOTAL $221.75

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/10		PURPOSE: DEPOSITIONS	3 00	3 50	24 25	30 75		38 50	69 25			69 25	
1/11		OF THE WITNESSES IN	4 00	4 50	9 50	18 00		38 50	56 50			56 50	
1/12		THE REILLY TAR CASE	4 00	4 50	14 00	22 50		38 50	61 00			61 00	
1/13			4 00	4 00		8 00			8 00			8 00	
		LV. HOTEL FOR INDIANAPOLIS AIRPORT VIA TAXI											12 00
		LV. INDIANAPOLIS AIRPORT FOR O'HARE VIA AA											
		ARR. O'HARE 6:30 p.m.											
		L.V. O'HARE FOR RESIDENCE VIA TAXI											15 00
										SUBTOTALS ▶			
										TOTALS ▶		194 75	27 00

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

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

TOTAL AMOUNT CLAIMED ▶ $221.75

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E O 11609 of July 22, 1971, E.O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 889941
2. DATE January 6, 1983
3. NAME AND TITLE Robert E. Leininger, Attorney
4. SOCIAL SECURITY NO. non-responsive
5. OFFICIAL STATION/ORGANIZATION U.S. EPA Regional Counsel

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
1/10/83	1/13/83

6a. APPLICABLE REG'S [X] SGTR'S [ ] JTR'S
6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TO: INDIANAPOLIS, INDIANA

PURPOSE: DEPOSITIONS OF THE WITNESSES IN THE REILLY TAR CASE

T 931135 DC100 6

BIRDIE 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 75 per day [ ] ACTUAL SUBS GSA HRGA $ _____
COST LODGING NTE $ _____ AREA

9. MODE OF INTERCITY TRAVEL

OBLIGATED

a. [X] COMMON CARRIER
b. [X] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. [X] COMMERCIAL CAR RENTAL

(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
X	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____
	d. COMMERCIAL RENTAL
X	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE DOMESTIC A

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	300.	2131		2143		2154	
			2113	157.	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	75.	2141		2153		1217	
			TOTAL	532/00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 1-6-83
NAME AND TITLE *(Typed)* Roger Grimes, Chief Hazardous Waste Team

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Robert B. Schaefer 1/6/83
NAME AND TITLE *(Typed)* Robert B. Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

H

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

Rachel P. Holmlund

3/8/83 RACHEL P. HOLMLUND

68X0108

GROSS 928.67
APPLY 928.67
NET 0

X X

11 1 1 68-01-1005 5B037

0

ROBERT M ANDERSEN	-0-		243GR7040 AP7040
WILLIAM BEYER	-0-	D	244GR13120 AP13120
ROBERT W BOWLUS	-0-		245GR14661 AP14661
FRANK EKMAN	-0-		246GR5301 ~~AP5301~~
RONALD G KOLZOW	-0-		247GR16820 AP16820
ROBERT E LEININGER	-0-		248GR22175 AP22175
BARBARA MAGEL	-0-		249GR13750 ADP13750

////

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: [redacted]CHGO, IL 60604
DO VOU NO (PAYSP) 1893
PAID BY

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION STATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

2/17/83
DATE

RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 FEB 18, 1983
68-01-1005 T5034
BEG CK NO. 23,353,058
END CK NO. 23,353,058

APPROPRIATION SUMMARY

68X0108 11,958.45

781

X ALIGN AREA

ALIGN AREA	X				
POINT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.O. USE ONLY
11	1	1	68-01-1005	T5034	MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1195845	

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	P O BOX 371608 M	1195845		872-949

D. O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABL	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT, AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 972-949

SCHED NO T-1034

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 013-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,851	11,958 45
TTL PAX THIS BILL 78	

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	11,958 45
VERIFIED BY (SIGNATURE OR INITIALS)	P Ingalls

TOTAL CLAIMED ➤ 11,958 45

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,851

PERIOD (From - To): 01 JAN - 15 JAN '83

ISSUE DATE	TICKET NUMBER		AMOUNT	PASSENGER NAME
0105	5876980	228 ✓	11400	DUSH
		237 ✓	11400	LOWBEY
		241 ✓	11400	GEWIRTH
X		289 ✓	15700	LEININGER
0106		336 ✓	16400	ELAM
		349 ✓	21400	DIHU
		354 ✓	9100	MCGRATH
		358 ✓	9100	HORNATTIN
		359 ✓	9200	SAULYS
		363 ✓	12000	STOLE
		364 ✓	12000	RARTELT
		366 ✓	18200	BOWDEN
		367 ✓	16400	RARTELT
		371 ✓	9100	ADAMKUS
		390 ✓	16400	MITCHELL
		391 ✓	16400	COX
		405 ✓	21400	BENEDICT
0107		456 ✓	21400	HESSE
0110		554 ✓	16400	BRYSON
		555 ✓	16400	ROTHBLATT
		556 ✓	16400	LUECHT
		562 ✓	16400	WAGNER

REVIEWED BY:

DATE: 15JAN'83

PAGE TOTAL: 3,240.00

APPROVED BY:

DATE.

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS-1206 (4-80)

non-responsive

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ___ OF ___ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/17	6:00	a.m. LV. HOME VIA TAXI FOR O'HARE											15 00
	7:30	a.m. LV. OHARE FOR MINNEAPOLIS XXXX PURPOSE: INTERVIEW DR PFANNKUCH AS POTENTIAL											
		MECHANIC EXPERT FOR REILLY TAR CASE											
			2 50	5 00		7 50			7 50			7 50	
	6:00	p.m. LV. MINNEAPOLIS FOR O'HARE											
		ARRIVE O'HARE											
		LV. O'HARE VIA TAXI FOR RESIDENCE											16 00
									SUBTOTALS ▶				
									TOTALS ▶			7 60	31 00

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

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

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

TOTAL AMOUNT CLAIMED ▶ $38.50

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 889628

2. DATE 2/02/83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Robert E. Leininger, Attorney

non-responsive

5. OFFICIAL STATION/ORGANIZATION
U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
2/17/83	2/17/83

6a. APPLICABLE REG'S ☒ SGTR'S ☐ JTR'S

6b. CONSULTANT ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TO: MINNEAPOLIS, MINNESOTA AND RETURN

OBLIGATED

PURPOSE: INTERVIEW DR. PFANNKUCH AS POTENTIAL FLUID MECHANICS EXPERT FOR REILLY TAR CASE

T-$31535

ANNUAL LEAVE AUTHORIZED FROM ____ TO ____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ ____ PLUS AVERAGE ☐ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ ____

COST LODGING NTE $ ____ AREA ____

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # ____
d. ☒ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED ____ (Auto, Plane, etc) AT A RATE OF ____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES.

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
X	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC#		c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE ____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 68X0X8145

SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		FF06	2111	75.00	2131		2143		2154	
			2113	146.00	2133		2144		2155	
		3TGB05	2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	25.00	2141		2153		1217	
			TOTAL	$246.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 2-2-83

NAME AND TITLE (Typed) Roger Grimes, Chief Hazardous Waste Team

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE [signature] 2/4/83

NAME AND TITLE (Typed) Robert B. Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

Rachel P. Holmlund

4/26/83 RACHEL P. HOLMLUND

68X0108

GR 646.93
AP 646.93
NET -0-

XX XX

11 1 1 68-01-1005 5A895

-0-

KATHRYN BROWN	-0-	5537GR4800 AP4800
MICHAEL ELAM	-0-	5538GR10964 AP10964
ROBERT LEE	-0-	5539GR22774 AP22774
ROBERT LEININGER	-0-	5540GR3850 AP3850
TONE LESSER	-0-	5541GR1900 AP1900
ALAN LEVIN	-0-	5542GR6725 AP6725
CINDY WAKAT	-0-	554313680 13680

////

VOUCHER AND SCHEDULE OF PAYMENTS

TS 31535

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP) 2198
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED THEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

3/11/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108 19,223.48

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 MAR 14, 1983
68-01-1CC5 T5043
BEG CK NO. 78,642,474 END CK NO. 78,642,474

ALIGN AREA X

FCNT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5043

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO CHECK TOTAL
1922348	

X ALIGN AREA

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7 / LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 //// PO BX 371608 M	1922348		1083-1205

5
4
3
2

NO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
30 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 1083-1203

SCHED NO T5043

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 023-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID mlm

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
	19,223 48

D,7,632,853

TTL PAX THIS BILL 123

(3)15

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	19,223
VERIFIED BY (SIGNATURE OR INITIALS)	Ray Nicholas
TOTAL CLAIMED ➤ 19,223 48	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF 1171-A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

TICK . REPORT

Page 1 of

AGENCY (Name & Address)	GTR NUMBER	PERIOD (From - To)
EPA	D-7,632,853	01 FEB - 15 FEB '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
02 15	587712703 14	11400	LEVIN
	315	11400	HINKLE
	316	23000	REGAN
	317	23000	BOWDEN
	318	23000	MADANY
X	319	13800	LEININGER
	320	14000	MILLER
	331	9800	KEE
	379	16400	SCHAEFER
	468	14600	WRICH
	469	13400	ROSEMARIN
	472	14600	WALDVOGEL
	473	16400	ROTHBLATT

REVIEWED BY:	DATE: 15 Feb 83	PAGE TOTAL: 2,048.00
APPROVED BY	DATE:	GRAND TOTAL: 19,223.48

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - Regional Counsel

2 TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5A895 1/26/83

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): LEININGER, ROBERT E.

non-responsivee

c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street, Chicago, Illinois 60604 ~~00942~~

d. OFFICE TELEPHONE NO: 6-6720

e. PRESENT DUTY STATION: CHICAGO, ILLINOIS

f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 2.17.83 b. TO 2.17.83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 31535 b. DATE(S) 2/02/83

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding: 30.00

b. Amount to be applied: ~~38.50~~

c. Amount due Government (Attached. [ ] Check [ ] Cash): 11.50

d. Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $ 11.50

c. PAYEE'S SIGNATURE: Robert E. Leininger 3/30/83 ck # 301

11. PAID BY: 065540

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
		AIRLINE TICKET LOST		CHICAGO, ILLINOIS	MINNEAPOLIS, MN AND RETURN

PAID

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. Where applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 3/2/83 AMOUNT CLAIMED ▶ $ 38 50

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d 1001)

14 This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Gruner DATE 3-3-83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO | b. DO SYMBOL | c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 38 50

Certifier's initials

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE C

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CRTA68X0108 $ 38 50

d. NET TO TRAVELER ▶ $ -0-

18 ACCOUNTING CLASSIFICATION

E TS 31535 DD 1001 21.11 $7.50

3TGB05FT06 21.17 31.00

$38.50

Birdie 6-6806

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

Received from

ULE

ENSES

OUNTS
LAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet. PAGE 1 OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME *(Hour and am/pm)* (b)	DESCRIPTION *(Departure/arrival city, per diem computation, or other explanations of expense)* (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
2/17	6:00	a.m. LV. HOME VIA TAXI FOR O'HARE											15 00
	7:30	a.m. LV. OHARE FOR MINNEAPOLIS XXXX PURPOSE: INTERVIEW DR PFANNKUCH AS POTENTIAL											
		MECHANIC EXPERT FOR REILLY TAR CASE											
			2 50	5 00		7 50			7 50			7 50	
	6:00	p.m. LV. MINNEAPOLIS FOR O'HARE											
		ARRIVE O'HARE											
		LV. O'HARE VIA TAXI FOR RESIDENCE											16 00
									SUBTOTALS ▶				
									TOTALS ▶			7 60	31 00

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

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

TOTAL AMOUNT CLAIMED ▶ $38.50

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943 and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C 6011(b) and 6109) and E O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T 889628

2. DATE 2/02/83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Robert E. Leininger, Attorney

4. non-responsive

5. OFFICIAL STATION/ORGANIZATION
U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
2/17/83	2/17/83	6b. CONSULTANT ☐ INTEPMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TO: MINNEAPOLIS, MINNESOTA AND RETURN

OBLIGATED

PURPOSE: INTERVIEW DR. PFANNKUCH AS POTENTIAL FLUID MECHANICS EXPERT FOR REILLY-TAR CASE

T $315.35 DD 1001

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. ☒ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ (Auto, Plane etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
X	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC #		c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
6820X8145	

13. PURPOSE CODE
DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		FT06	2111	75.00	2131		2143		2154	
			2113	146.00	2133		2144		2155	
		3TCB05	2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	25.00	2141		2153		1217	
			TOTAL	$246.00						

14 ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 2-2-83

NAME AND TITLE (Typed) Roger Grimes, Chief Hazardous Waste Team

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Robert B. Schaefer 2/11/83

NAME AND TITLE (Typed) Robert B. Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

H

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

Rachel P. Holmlund

4/26/83 RACHEL P. HOLMLUND

68X0108

GR 646.93
AP 646.93
NET -0-

XX XX

11 1 1 68-01-1005 5A895

-0-

KATHRYN BROWN	-0-	5537GR4800 AP4800
MICHAEL ELAM	-0-	5538GR10964 AP10964
ROBERT LEE	-0-	5539GR22774 AP22774
ROBERT LEININGER	-0-	~~5540GR3850~~ AP3850
TONE LESSER	-0-	5541GR1900 AP1900
ALAN LEVIN	-0-	5542GR6725 AP6725
CINDY WAKAT	-0-	554313680 13680

////

VOUCHER AND SCHEDULE OF PAYMENTS

ETMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NOT WANT
REAU OR OFFICE	REGION V	2198
OCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL.
SYMBOL 2082 MAR 14, 198
68-01-1005 T5043
BEG CK NO. END CK NO.
78,642,474 78,642,474

...ANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR ...ENT FROM THE APPROPRIATIONS DESIG... EXECUTIVE OFFICER OR OTHER AUTHORIZED OFFICER

Rachel P. Holmlund

3/11/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

...OPRIATION SUMMARY

68X0108 19,223.48

ALIGN AREA X — ALIGN AREA

FONT SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11 1	1	68-01-1005	T5043

FOR D.O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1922348	

PAYEE, AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1,3,5, AND 7 — LINES 2,4,6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 1111 PO BX 371608 M	1922348		1033-1205

5
4
3
2

NO CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

DEPARTMENT, BUREAU OR ESTABLISHMENT AND LOCATION SHOWN ON SUBVOUCHERS

U.S. Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO: 1083-1203

SCHED NO: T5043

THE UNITED STATES OF AMERICA (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 023-0332

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE): ☐ FREIGHT ☒ PASSENGER

PAID BY: PAID mlm

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
	19,223 48

D,7,632,853

TTL PAX THIS BILL 123

(1,5)

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	19,223
VERIFIED BY (SIGNATURE OR INITIALS)	Mary Nicholas
TOTAL CLAIMED ➤ 19,223 48	PAID BY CHECK NO ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF 1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101

TICK . REPORT

Page 1 of

AGENCY (Name & Address)	GTR NUMBER	PERIOD (From - To)
EPA	D-7,632,853	01 FEB - 15 FEB '83

	ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
	02 15	5877127314	11400	LEVIN
		3115	11400	HINKLE
		3116	23000	REGAN
		3117	23000	BOWDEN
		2118	23000	MADANY
X		3119	13800	LEININGER
		3220	14000	MILLER
		3321	9800	KEE
		3379	16400	SCHAEFER
		4688	14600	WRICH
		4689	13400	ROSEMARIN
		4712	14600	WALDVOGEL
		4713	16400	ROTHBLATT

REVIEWED BY.	DATE: 15 Feb 83	PAGE TOTAL: 2,048.00
APPROVED BY:	DATE:	GRAND TOTAL: 19,223.48

GENERAL SERVICES ADMINISTRATION

RS-1206 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.: SA775 3/23/83

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): Leininger, Robert 00065
b. SOCIAL SECURITY: [redacted] non-responsive
c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn STreet, Chicago, Illinois 60604
d. OFFICE TELEPHONE NO.: 6-6720
e. PRESENT DUTY STATION: Chicago, Illinois
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 3/07/83 b. TO 3/11/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 31843 b. DATE(S) 3/01/83

8. TRAVEL ADVANCE
a. Outstanding: 150
b. Amount to be applied: 250.00 150.00
c. Amount due Government (Attached: [ ] Check [ ] Cash):
d. Balance outstanding: 0

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED:
b. AMOUNT RECEIVED: $
c. PAYEE'S SIGNATURE: PAID

10. CHECK NO.:

11. PAID BY: 004813

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$157.00	AA	COACH	3/04/83	Chicago, Illinois	Indianapolis, IN AND RETURN

5877 129 236

RECEIVED FINANCIAL MANAGEMENT BRANCH MAR 17 2 09 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 3/17/83 AMOUNT CLAIMED ▶ $ 371 16

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes DATE 3/17/83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.:
b. D.O. SYMBOL:
c. MONTH & YEAR:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials: DM)	$ 371 16
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) 4112 8X0108	$ 150 00
d. NET TO TRAVELER ▶	$ 221 16

18. ACCOUNTING CLASSIFICATION

F TS 31843 DD1003 3TGB05FT06

21.11	$325.16
21.17	46.00
	$371.16

Birdie 6-6806

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as, laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE. ¢ NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
3/07	6 a.m.	LV. HOME VIA TAXI FOR O'HARE											15 00
		LV. O'HARE FOR INDIANAPOLIS, IN. VIA AMERICAN AIRLINES PURPOSE: DEPOSITION OF HENNESSEY, HORNER REILLY TAR CAS											
		LV. INDIANAPOLIS AIRPORT FOR HOTEL VIA TAXI											8 00
			4 00	7 00	25 00	36 00		49 29	85 29			85 29	
3/08			5 00	8 00	15	28 00		49 29	77 29			77 29	
3/09			5 00	6 00	12 00	23 00		49 29	72 29			72 29	
3/10			5 00	8 00	15 00	28 00		49 29	77 29			77 29	
3/11			5 00	8 00		13 00			13 00			13 00	
	4:30	p.m. LV. HOTEL FOR INDIANAPOLIS AIRPORT VIA TAXI											8 00
		LV. INDIANAPOLIS FOR CHICAGO O'HARE											
		LV. O'HARE AIRPORT FOR RESIDENCE VIA TAXI											15 00
									SUBTOTALS ▶				
									TOTALS ▶			325 16	46 00

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

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

TOTAL AMOUNT CLAIMED ▶ $371.16

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O. 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T - 869453

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

2. DATE: March 1, 1983

3. NAME AND TITLE: LEININGER, ROBERT E, ATTORNEY

4. SOCIAL SECURITY NO.: non-responsive

5. OFFICIAL STATION/ORGANIZATION: CHICAGO, ILLINOIS

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
MARCH 7, 1983	March 11, 1983

6a. APPLICABLE REG'S: ☒ SGTR'S ☐ JTR'S

6b. CONSULTANT: ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

OBLIGATED

FROM: CHICAGO, ILLINOIS

TO: INDIANAPOLIS, INDIANA AND RETURN

PURPOSE: DEPOSITION OF HENNESSEY, HORNER & RADAR/REILLY TAR CASE

T# 31843 DD1003

BIRDIE 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 780.00 ☐ ACTUAL SUBS GSA-HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____

d. ☒ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane, etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED

- ☒ a. PUBLIC TRANSPORTATION
- ☒ b. TAXI, LIMOUSINE
- ☐ c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____
- ☐ d. COMMERCIAL RENTAL
- ☐ e. REGISTRATION FEES
- ☐ f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

- ☐ a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
- ☐ b. TRANSPORTATION OF IMMEDIATE FAMILY
- ☐ c. REAL ESTATE EXPENSES
- ☐ d. RESIDENCE HUNTING
- ☐ e. TEMPORARY QUARTERS
- ☐ f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.: 6820X8145

SERVICING FINANCE OFFICE CODE:

13. PURPOSE CODE: DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		[redacted]	2111	300.	2131		2143		2154	
		3TGBOSFTOL	2113	160	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	75.00	2141		2153		1217	
			TOTAL	$535.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Roger Grimes 3-2-83

NAME AND TITLE *(Typed)*: Roger Grimes, Chief Hazardous Waste Team Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Robert B. Schaefer 3/3/83

NAME AND TITLE *(Typed)*: Robert B. Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO YOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

3/23/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 APR 01, 1983
68-01-1005 5A775
BEG CK NO. 28,982,811
END CK NO. 28,982,815

APPROPRIATION SUMMARY

68X0108

GROSS 870.66
APPLY 250.00
NET 620.8866

DESIGNATED AGENT RONALD PEARMAN

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	1	68-01-1005	5A775

FOR D.O USE ONLY

GRAND TOTAL	NO-CHECK TOTAL
62066	

MEMORANDUM

X ALIGN AREA

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION (LINES 1, 3, 5, AND 7)	(LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
VALDAS ADAMKUS		3700		4810
JONATHAN BARNEY		9750		4811
RICHARD KARL		13465		4812
ROBERT LENINGER	????			
ROBERT LEININGER		22116		4813GR37116 AP15000
ALAN LEVIN		13035		4814GR23035 AP10000
????				

5 4 3 2 1 0

D. O. CHECK NUMBERS:	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D.O. VOU NO (TRANS) 2716
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PRESUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION IS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 APR 15, 1983
68-01-1005 T5050
BEG CK NO. END CK NO.
30,105,586 30,105,586

[redacted] 4/14/83 RACHEL P. HOLMLUND

DATE AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

[redacted]6[redacted]8X0108 22,170.60

ALIGN AREA X

X ALIGN AREA

FONT. SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11 1	1	68-01-1005	T5050

GRAND TOTAL	NO CHECK TOTAL
2217060	

FOR D.O. USE ONLY

MEMORANDUM

PAYEE AND IF NECESSARY, ADDRESS LINES 1, 3, 5, AND 7	INVOICE NUMBER, OTHER IDENTIFICATION LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX [redacted]371608 M	2217060		1309-1452

5
4
3
2
1

CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Illinois 60604

BUR VOU NO 1369-1452

SCHED NO T-5650

THE UNITED STATES OR TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 033-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,855	22,170 60 ✓
TTL PAX THIS BILL 144	

RECEIVED
FINANCIAL MANAGEMENT
BRANCH
MAR 18 12 06 PM '83

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	22,170 60
VERIFIED BY (SIGNATURE OR INITIALS)	Leonard Santelli

TOTAL CLAIMED ➤ 22,170 60 ✓

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA FPMR (41 CFR) 101-41

TICK. REPORT

AGENCY (Name & Address): E.P.A.

GTR NUMBER: D-7,632,855

PERIOD (From - To): 01 MAR - 15 MAR '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0302	5877129 0118	146.00	MERIAGE
	0211	92.00	SCHULZ
	0377	262.00	SCHMIDT
	1169	95.00	OLSEN
	1777	164.00	BRYSON
	1780	138.00	ROBERTS
	1811	138.00	EHORN
	1822	184.00	REGALA
	1877	92.00	FRUMM
0303	2099	199.00	HOTPITI
	2110	144.00	KOLZOW
	2155	103.00	BARTELT
	2166	103.00	KARL
	2177	141.00	PAYNE
	2200	85.00	BAKK
	2244	140.00	WISNIEWSKI
	2255	111.00	GALLAGHER
	2266	164.00	CHRISTENSE
X	2366	157.00	LEININGER
	2377	164.00	ANTENS
	2455	149.00	HOPKINS
	2488	164.00	RESTAINO

REVIEWED BY: DATE: 15 Mar '83 PAGE TOTAL: 2,935.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. SA952 4/25/83

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): Leininger, Robert [non-responsive]
c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street, Chicago, Illinois 60604
d. OFFICE TELEPHONE NO.: 6-6720
e. PRESENT DUTY STATION: Chicago, Illinois
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 3/29/83 b. TO 3/29/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 32208 b. DATE(S) 3/24/83

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding: 0
b. Amount to be applied:
c. Amount due Government (Attached: [ ] Check [ ] Cash):
d. Balance outstanding:

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY 005978

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash refund show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$141.00	AA	Coach	3/25/83	CHICAGO, ILLINOIS	MINNEAPOLIS, MN. AND RETURN

5870 378 399

RECD FINANCIAL MGMT BRANCH APR 5 5 19 PM

PAID

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert C. Leininger DATE 5-31-83 AMOUNT CLAIMED ▶ $74 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Quinet DATE 5-31-83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.C. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE C

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $ 74 00

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 74 00

18. ACCOUNTING CLASSIFICATION

(F) DD1004 TS 32208 3TGB05Ft06 21.11 $9.00 21.17 65.00 $74 00

Birdie 6-680

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 1983 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/29	9:30	a.m. LV. RESIDENCE FOR O'HARE VIA TAXI											15 00
		LV. O'HARE FOR MINNEAPOLIS VIA RC AIRLINES PURPOSE: REILLY TAR PRE-TRIAL CONFERENCE											
		LV. MINNEAPOLIS AIRPORT FOR FEDERAL BUILDING VIA TAXI											17 00
				9 00					9 00			9 00	
		LV. FEDERAL BLDG. FOR AIRPORT VIA TAXI											17 00
	7:30 p	ARRIVE O'HARE											
		LV. O'HARE FOR RESIDENCE VIA TAXI											16 00
									SUBTOTALS ▶				
									TOTALS ▶			9 00	$65 00

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

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

TOTAL AMOUNT CLAIMED ▶ $74.00

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 739033

2. DATE 3/24/83

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE

Robert Leininger, Attorney

non-responsive

5. OFFICIAL STATION/ORGANIZATION

U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
3/29/83	3/29/83

6a. APPLICABLE REG'S [X] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TO: MINNEAPOLIS, MINNESOTA AND RETURN

DD1004

PURPOSE: REILLY TAR PRE-TRIAL CONFERENCE

T$32208

BIRDIE 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE _____ COST LODGING NTE $ _____ [ ] ACTUAL SUBS NTE $ 75.00 [ ] ACTUAL SUBS GSA HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER

b. [X] AIR IN LIEU OF AMTRAK (NE corridor)

c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____

d. [X] COMMERCIAL CAR RENTAL

e. [ ] PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUB

(1) [ ] NOT TO E(1) OR E(2) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

CANCELLED

10. TDY ALLOWANCE AUTHORIZED

X	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____
	d. COMMERCIAL RENTAL
X	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 6820X8145

SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE

DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	50.00	2131		2143		2154	
			2113	141.00	2133		2144		2155	
			2114		2134		2145		2156	
		3TGB05FT06	2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	-25.00	2141		2153		1217	
			TOTAL	$216.00						

14. ORIGINATION AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 3-24-83

NAME AND TITLE (Typed) Roger Grimes, Chief Hazardous Waste Team Section

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Robert Schaefer 3/25/83

NAME AND TITLE (Typed) Robert Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO. IL 60604

DO YOU NO TRANSPI

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Rachel P. Holmlund

4/25/83
DATE

RACHEL P. HOLMLUND
AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 APR 27, 1983
68-01-1005 5A952
BEG CK NO. END CK NO.
31,068,283 31,068,305

APPROPRIATION SUMMARY
68X[illegible]0108

GROSS 2,817.05
APPLY 815.25
NET 2,001.80

DESIGNATED AGENT RONALD PEARMAN

ALIGN AREA X

ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	2	68-01-1005	5A952

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
200180	

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
VALDAS V ADAMKUS		8944		5963
VALDAS V ADAMKUS		15575		5964
VALDAS V ADAMKUS		4150		5965
ROBERT M ANDERSEN		725		5966GR5725 AP5000
WILLIAM BEYER		1200		5967GR13200 [illegible] AP12000
JAMES J BROSSMAN		18026		5968GR23026 AP5000
DALE S BRYSON	""	5675		5969GR5675
DALE S BRYSON		1675		AP4000
TODD A CAYER		10295		5970
J MILTON CLARK		2500		5971GR8025 AP5525
CAROLYN S HESSE		21350		5972
ROBERT J MILTON		14090		5973
RICHARD C KARL	""	1		
5				
4				
3 ""				
2				
1				
0				

D.O. CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
2	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA: XX | ALIGN AREA: X X

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	SA2952

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
RICHARD C KARL		4000		5978GR14000 AP10000
DAVID KEE		9760		5975
MIKE KONYU		23735		[illegible]5976
ANTHONY LEFFIN		5360		5977
ROBERT LEINHINGER	????			
ROBERT LEININGER		7400		5978
WILLIAM D MESSENGER		2873		5979GR20373 AP17500
JOHN S NAGY		9040		5980
NIEDERGANG	????			
NORMAN R NIEDERGANG		4745		5981
BERNARD F ORENSTEIN		17673		5982GR22673 AP5000
TORE L STOLS		3425		5983
LAVARRE D UHLKEN		9196		5984GR19196 AP10000
MARK A VENDL		4440		5985GR11940 AP7500
////				

5 4 3 2 1 0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	DO VOUCHER TRANSFER 2822
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION SO DESIGNATED AS ISSUED ON SUPPORTING VOUCHERS.

Rachel P. Holmlund

4/21/83 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL
SYMBOL 2082 APR 22, 1983
68-01-1005 T5053
BEG CK NO. END CK NO.
30,616,982 30,616,982

APPROPRIATION SUMMARY

68X0108 21,853.73

ALIGN AREA	X				X	ALIGN AREA
FONT SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER	FOR D.C. USE ONLY		
11	1	7	68-01-1005	T5053		

GRAND TOTAL	NO-CHECK TOTAL
2185373	

MEMORANDUM

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO-CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH, PA 15251 ////	PO BX 371608 M	2185373		1459-1604

5
4
3
2

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 South Dearborn St
Chicago, Illinois 60604

BOR VOU NO 1459-1609

SCHED NO T85053

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 033-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
	21,853 73

D-7,632,856

TTL PAX THIS BILL 148

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED CORRECT FOR ➤	21,853 7

VERIFIED BY (SIGNATURE OR INITIALS) [signature]

TOTAL CLAIMED ➤ 21,853 73

PAID BY CHECK NO. ➤

RECEIVED APR 7 4 49 PM '83 FINANCIAL MANAGEMENT BRANCH

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,856

PERIOD (From - To): 16 MAR - 31 MAR '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0324	5870378184	9600	NAGN
0325	302	16400	HANLON
	396	11400	PEARMAN
	399	14100	LEININGER
0328	405	26880	SAULYS
	407	16500	BROSSMAN
	410	7800	DOOLEN
	411	7800	CLESCERI
	412	12600	NIEDERGANG
	413	11400	CARROLLO
	414	11400	REICHARD
	415	11400	ONEILL
	416	11700	STRINGHAM
	420	11700	WRICH
	424	7800	WAKAT
	426	16800	VANDERLAAN
	428	22600	KIZLAUSKAS
	431	13000	CARLSON
	434	24000	PAISLE
	441	16400	ARDIENTE
	5870399502	18400	HILLRICH
	5870379527	16200	PHILLIPS

REVIEWED BY:

DATE: 31 Mar '83

PAGE TOTAL: 2,538.80

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - REGIONAL COUNSEL

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO

4. SCHEDULE NO. 51125 6/3/83

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): LEININGER, ROBERT
b. SOCIAL SECURITY NO.: non-responsive [redacted]
c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street, Chicago, Illinois 60604
d. OFFICE TELEPHONE NO: 6-6720
e. PRESENT DUTY STATION: CHICAGO, ILLINOIS
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL
a. FROM: 4/26/83
b. TO: 4/27/83

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS 32516
b. DATE(S): 4/25/83

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding: 150 —
b. Amount to be applied: 78 ~~150.00~~
c. Amount due Government (Attached: [ ] Check [ ] Cash):
D. Balance outstanding: 72 —

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED:
b. AMOUNT RECEIVED: $
c. PAYEE'S SIGNATURE:

PAID

11. PAID BY: 007188

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5870-382 766	$154.00	AA	Coach	4/25/83	CHICAGO,	ILLINOIS MINNEAPOLIS, and RETURN

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 5/18/83 AMOUNT CLAIMED ▶ $ 78.00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Greenwood DATE 5-18-83

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount): $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: for $ 78.00
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CR TA 1084 0108 $ 78.00
d. NET TO TRAVELER ▶ $ -0-

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
TS 32516, DD 1006 3TGB05FT06

21.11 $10.00
21.17 68.00
$78.00

Birdie 6-6806

F

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/26	6 a.m.	LV. HOME VIA TAXI FOR O'HARE											15 00
		LV. O'HARE FOR MINNEAPOLIS PURPOSE: DEPOSITIONS BY REILLY TAR OF DOPHAM, MCCUMBER RE: HOLD HARMLESS ISSUE											
			3 00	7 00		10 00			10 00			10 00	
		LV. MINNEAPOLIS AIRPORT FOR REILLY TAR ??S OFFICE IA TAXI											18 00
		LV. REILLY TAR OFFICE FOR MINNEAPOLIS AIRPORT											18 00
		LV. AIRPORT FOR O'HARE VIA NW											
	6:10 p	ARRIVED O'HARE											
		LV. O'HARE FOR RESIDENCE VIA TAXI											17 00
									SUBTOTALS ▶				
									TOTALS ▶			10 00	68 00

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

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

TOTAL AMOUNT CLAIMED ▶ $78.00

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O. 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 739042

2. DATE 4/15/83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE
Robert E. Leininger, Attorney

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
U.S. EPA - Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
4/20/83	4/21/83	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS (O'HARE)

TO: MINNEAPOLIS, MINNESOTA AND RETURN

OBLIGATED

PURPOSE: DEPOSITIONS BY REILLY TAR OF DOPHAM, McCUMBER & WARDEN REGARDING "HOLD HARMLESS" ISSUE.

DD1006

T$325.16

Birdie 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☒ AIR IN LIEU OF AMTRAK (NE corridor)

c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED- BOAC # _____

d. ☒ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
x	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
x	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____		c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
6820X8145	

13. PURPOSE CODE
Domestic C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	75.	2131		2143		2154	
			2113	154.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
		[illegible]	2116		2137		2151		2218	
			2117	25.	2141		2153		1217	
			TOTAL	$254.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Roger Grimes 4-18-83

NAME AND TITLE (Typed) Roger Grimes, Chief
Solid Waste & Emergency Resp. Branch

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE [illegible] 4/15/83

NAME AND TITLE (Typed) Robert Schaefer, Chief
Solid Waste & Emergency Resp. Br.
Regional Counsel

EPA Form 2610-1 (Rev. 7-80) - PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

Rachel P. Holmlund

6/3/83 RACHEL P. HOLMLUND

68X0108

GROSS 845.26
APPLY 845.26
NET 0

X X

11 1 1 68-01-1005 5[redacted]1125

0

ZETTA C DAVIS	-0-	7183GR17198 AP17198
PHILIP E GEHRING	-0-	7184GR1038 AP1038
CAROLYN SUE HESSE	-0-	7185GR18790 AP18790
LAWRENCE W KYTE	-0-	~~7186GR2684~~ AP2684
DOUGLAS P LAMB	-0-	7187GR6686 AP6686
ROBERT LEININGER	-0-	7188GR7800 AP7800

[redacted]

RUSSELL J MARTIN	-0-	7189GR7750 AP7750
JANE E SCHULTEIS	-0-	7190GR4200 AP4200
KAREN VASQUEZ	-0-	7191GR18380 [redacted]P183

////

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP) 3415
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

1/33 — DATE

RACHEL P. HOLMLUND — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 JUN 02, 1983
68-01-1005 T5062
BEG CK NO. END CK NO.
35,849,358 35,849,358

APPROPRIATION SUMMARY

68X0108	24,923.00

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5062

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2492300	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371603 M	2492300		1818-1984

5
4
3
2

D O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE	

FOR TRANSPORTATION OF PASSENGERS

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmnetal Protection Agency
Region V
230 South Dearborn St.
Chicago, Ill 60604

BUR VOU NO
1818 - 1984

SCHED NO
T-5062

UNITED STATES DO TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
043-0333

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY
PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,358	24,923 00

TTL PAX THIS BILL 167

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM
30 April 85

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	2492.3

VERIFIED BY (SIGNATURE OR INITIALS) P. Ingalls

TOTAL CLAIMED ➤ 24,923 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 1(

TI[illegible]T REPORT

Page 1 of 1

AGENCY (Name & Address)	GTR NUMBER
EPA Region V 230 S. Dearborn Chicago, Il 60604	D-7,632,858
	PERIOD (From - To) 16 APRIL - 30 APRIL '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0418	5870382745	7800	ZAR
	747	15400	ONEILL
	748	16400	GARRA
	749	11400	VODTMAN
	756	7800	BREMER
	757	14000	STOLTENBER
	758	16400	CONSTANTEL
	761	7800	BRYSON
	763	16400	WALKER
	764	16400	BENEDICT
	765	16400	ANDERSEN
	766	15400	LEININGER
	767	16000	MESSENGER
	768	16000	MOTT
	769	16000	ACIERTO
	772	16400	VARNER
	773	11400	HUDDLESTON
	774	14000	THEISEN
	784	11400	WESTLAKE
	791	10600	ZYLSTRA
	797	25100	KLEPITSCH
	798	7800	BARNEY

REVIEWED BY: DATE: 30 APR '82 PAGE TOTAL: 3,063.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

BS 1796 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA - Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO. 5135 6/1/83

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): LEININGER, ROBERT
b. SOCIAL SECURITY NO.: non-responsive
c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street, Chicago, Illinois 60604
d. OFFICE TELEPHONE NO.: 6-6720
e. PRESENT DUTY STATION: Chicago, Illinois
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 5/04/83 b. TO 5/04/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 32700 b. DATE(S) 5/03/83

10. CHECK NO.:

8. TRAVEL ADVANCE
a. Outstanding: 36 -
b. Amount to be applied: 36 00
c. Amount due Government (Attached: [ ] Check [ ] Cash):
D. Balance outstanding:

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED:
b. AMOUNT RECEIVED: $
c. PAYEE'S SIGNATURE:

11. PAID BY: 107271

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any carrier in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials* PAL

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
$154.	AA	COACH	5/03/83	CHICAGO, ILLINOIS	MINNEAPOLIS, MN AND RETURN

5870-383-907

RECEIVED FINANCIAL MANAGEMENT BRANCH MAY 19 12 58 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Robert E. Leininger DATE 5/18/83 AMOUNT CLAIMED ▶ $ 80 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes DATE 5-18-83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO.:
b. D.O. SYMBOL:
c. MONTH & YEAR:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ (C) DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

	$
a. DIFFERENCES, IF ANY (Explain and show amount)	
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials: DAD)	$ 80 00
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): C.R.T.A. 68X0108	$ 36 00
d. NET TO TRAVELER ▶	$ 44 00

18. ACCOUNTING CLASSIFICATION

DD1007 TS 32700 ~~9TGN05FT06~~ 3TGB05FT06 21.11 $9.00 21.17 71.00 ~~$80.00~~ 80 00 Birdie 6-6806

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 1983 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
5/04	6:A.M.	LV. HOME VIA TAXI FOR O'HARE											15 00
		LV. O'HARE FOR MINNEAPOLIS PURPOSE: DEPOSITIONS OF BOLNDER & RENNER REGARDING DEMOLITION SITE											
		TAXI FROM MINNEAPOLIS AIRPORT TO COURT HOUSE RECEIPT ATTACHED											19 00
			3 00	6 00		9 00			9 00			9 00	
		LV. FEDERAL COURT HOUSE FOR AIRPORT VIA TAXI											19 00
		LV. O'HARE FOR RESIDENCE VIA TAXI											18 00
	7:15 P.M.	Arrive h ome											
									SUBTOTALS ▶				
									TOTALS ▶			9 00	71 00

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

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

TOTAL AMOUNT CLAIMED ▶ $80.00

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

DEPA
U S E
THE U
DEPARTMENT
BUREAU OR O
LOCATION OF
PURSUANT TO A
PAYMENT FROM
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VOUCHER A
DEPARTMENT OR ESTABLISHMENT: ENVIRONMENT
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 6
PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED
PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPP
86/1/83 — DATE
RACHEL P. HOLM — AUTHORIZED CE

APPROPRIATION SUMMARY

68X0108	GR	2,716.79	DESIGI
	AP	1,831.00	RONALI
	NET	885.79	

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	2	68-01-1005	51135

GRAND TOTAL: 88579 — NO-CHECK TOTAL

PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER — LINES 1, 3, 5, AND 7

EDITHA ARDIENTE
DIANE BARTELT
RIZALINO CS ???
RIZALINO CASTANORES
JONAS DIKINIS
JOHN GAITSKILL
DAN HOPKINS
GREGG KILMA
BEVERLY KUSH
ROBERT LEININGER
GEORGE MARSH
NORMAN NIEF ????
NORMAN NIEDERGANG

5 4 3 2 1 0

D. O. CHECK NUMBERS — BEGINNING — ENDING
USE FOR FIRST CHECK SERIAL NUMBER RANGE

D. O CHECK NUMBERS

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

1. NO. T 739227
2. DATE 5/3/83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Robert E. Leininger
4. SOCIAL SECURITY NO.: non-responsive
5. OFFICIAL STATION/ORGANIZATION: U.S. EPA Office of Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
5/4/83	5/4/83	6b. CONSULTANT ☐ INTERMITTENT	☐ EMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, IL TO: MNMINNEAPOLIS AND RETURN

PURPOSE: DEPOSITIONS OF BOLANDER AND RENNER REGARDING DEMOLITION OF SITE AND DEEP WELL HEARING ON PLAINTIFFS MOTIONS TO QUASH DEFENDANTS REQUEST FOR A JURY TRIAL AND FOR JUDGMENT ON DEMENDANT AFFIRMATIVE DEFENSES.

DD1007

T$32700

ANNUAL LEAVE AUTHORIZED FROM ____ TO ____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT
☐ PER DIEM $ ____ PLUS AVERAGE ☒ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ ____
COST LODGING NTE $ ____ AREA

9. MODE OF INTERCITY TRAVEL
a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC# ____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED ____ (Auto, Plane, etc) AT A RATE OF ____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED		CHANGE OF STATION ALLOWANCES AUTHORIZED
	a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. BOAC# ____	c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
	e. REGISTRATION FEES.	e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE ____ LBS	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES			13. PURPOSE CODE
	APPROPRIATION NO. 68-20X8145	SERVICING FINANCE OFFICE CODE	C DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		~~3TGB05FT06~~	2111	75.00	2131		2143		2154	
		3TGB05FT06	2113	150.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117		2141		2153		1217	
			TOTAL	35.00 / 260.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Jane E. Schultets (for RMG) — NAME AND TITLE (Typed): Jane Schultets, AActing Chief, SWER Branch

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Robert M. Andersen for — NAME AND TITLE (Typed): Robert R. Schaefer, Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
EPA	D-7,632,859
	PERIOD (From - To) 01 MAY - 15 MAY '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0502	5870384646	16400	SMALL MORA
0503	5870383861	7800	FILIPPINI
	864	7000	KUSH
	866	16400	FULLER
	867	11200	ROBERTS
	870	16900	RUTTER
	~~880~~	~~30000~~	~~KERTCHER~~
	888	11400	BOWDEN
	907	15400	LEININGER
0504	5870499504	16400	DAGGETT
	505	36600	KERTCHER
	513	14000	KUSH
	514	16400	FENNER
	~~516~~	~~11700~~	~~PAYNE~~
	~~517~~	~~11400~~	~~PATTI~~
	518	11400	FOX
	525	11400	GAITSKILL
	526	16400	SCHAEFER
	531	16400	STRINGHAM
	540	15400	HARRISON
	568	12000	OSTRODKA
	605	17200	GRIMES

REVIEWED BY:	DATE: 15 MAY '83	PAGE TOTAL: 2,861.00
APPROVED BY:	DATE:	GRAND TOTAL:

If there are questions, see Rachel

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA Regional Counsel

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: 122

4. SCHEDULE NO.: 56015 2/24/83

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): Leininger, Robert E.
STAT SAMPLE
b. SOCIAL SECURITY NO.: [redacted]
c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street, Chicago, Illinois 60604
00035
d. OFFICE TELEPHONE NO.: 6-6720
e. PRESENT DUTY STATION: Chicago, Illinois
f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 1/03/83 b. TO 1/03/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) T784799 b. DATE(S) 12/22/82

8. TRAVEL ADVANCE
a. Outstanding * 300 00
b. Amount to be applied (-) 300 00
c. Amount due Government (Attached: [ ] Check [ ] Cash)
d. Balance outstanding 239 —

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

10. CHECK NO.

11. PAID BY Gulf

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against [illegible] in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) — Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876-980-030 $140.00	AA	Coach	12/30/82	CHICAGO, ILLINOIS	INDIANAPOLIS, IN.
					AND RETURN

PLEASE NOTE THE CALCULATIONS ARE DONE ON NEXT SHEET ATTACHED TO THIS

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE — AMOUNT CLAIMED ▶ $ 61 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Greimes DATE 2-2-83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. — b. D.O. SYMBOL — c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ [signature] DATE [illegible]

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 61
Certifier's initials: DAW
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CTA 68X0108 $ 61
d. NET TO TRAVELER ▶ $ 0

18. ACCOUNTING CLASSIFICATION
DDS 506090 T784799 3TJB785T06
21.11 $6.00
21.17 55.00
$61.00 Tot
Birdie 6-6806

1012-116 — NSN 7540-00-634-4180 — STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

DATE 19 83 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE (c)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/03/	6:a.m	lv. residence via TAXI												15 00
		LV. O'HARE FOR INDIANAPOLIS VIA AA											6 00	
		PURPOSE: TO MEET WITH IND. ATTORNEY GENERAL IN COMPANY OF REGIONAL ADM. REGIONAL COUNSEL AND STTE COORDINATOR												
		RE. ENVIRO-CHEM CASE		2 00	4 00	6 00			6 00					
		Lv. Indianapolis for O'HARE VIA TAXI												16 00
		LV. O'HARE FOR RESIDENCE VIA TAXI												

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete this information if this is a continuation sheet. PAGE ___ OF ___ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

Col. (d) thru (g) Complete only for actual expense travel

Show amount incurred for each meal, including tax and tips, and daily total

Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).
Complete for per diem and actual expense travel
Show total subsistence expense incurred for actual expense travel.
Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Col. (l) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

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

Col. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

---

[X] ORIGINAL

3. NAME AND TITLE: Robert E. Lein

5. OFFICIAL STATION/OR: USEPA, [illegible] O

6.

STARTING DAT: January 3, 1982

7. ITINERARY, PURPOSE

FROM: CHICAG

January 3 - T
Administrator

January 4 - J

ANNUAL LEAVE AUTHOR

8. DAILY METHOD OF RE
[ ] PER DIEM $ ___
[ ] COST LODGING NT

9. MODE OF INTERCITY
a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AM
c. [ ] GOVERNMENT-OWN
GSA CONTRACTED
d. [ ] COMMERCIAL CAR

10. TD
a. PUBLIC TRANSPOR
[X] b. TAXI, LIMOUSINE
c. GOVMT OR CONTR
d. COMMERCIAL REN
e. REGISTRATION FE
f. EXCESS BAGGAGE

12. COST E

APPROPRIATION: 68-20X8145

DOCUMENT CONTROL NUMBER	OBLIGAT DOCUME NUMBE
506090	

14. ORIGIN AND AUTHOR
a. RECOMMENDING OFF: Roger

Authority is granted to applicable regulations.

b. AUTHORIZING OFFICI

EPA Form 2610-1 (Rev. 7-

C H

OFFICE
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OF - AC

AND TOTA

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11 2/24/83

SHI

68X0108

CARLT

ROBER X

11 1 2 6

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BARBARA J BA

KENNETH P

RICHARD E BA

MARIANN BAUM

JONAS A KIKI

KEVIN E DYER

MARCELLA T

EDWIN C HORN

PAUL J HORVA

ROBERT E LEI

DORIS J. LON

////

CK BEGI
S

USE

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,620

PERIOD (From - To): 16 Dec - 31 Dec '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
12285876979852	✓	23700	YOUNG
1229	9112	11400	MERHAGE
	9113	11400	HESSE
	9114	✓ 41500	LEDER
	9115	✓ 41500	FENNER
	9117	✓ 9200	ADAMS
	9118	✓ 23200	TALIAFERRO
	9120	✓ 10200	LEFFIN
	9121	✓ 17000	CARROLLO
	9122	17000	RICKEY
	9123	✓ 17000	ONEILL
	9126	✓ 14000	LEFFIN
	9127	✓ 14000	ADAMKUS
	9168	✓ 14000	CONSTANTEL
	9169	✓ 14000	DIKINIS
	9170	✓ 14000	VANDERLAAN
	9173	✓ 16400	MANZARDO
	9174	✓ 16400	FENNER
	9175	✓ 29100	SWANSON
	9179	✓ 18400	VENDL
5876980006		✓ 15400	DENARAY
1230587698800030		✓ 14000	LEIMINGER

REVIEWED BY: DATE: 31 Dec 82 PAGE TOTAL: 3,630.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1 DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA REGIONAL COUNSEL

2. TYPE OF TRAVEL: ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO:

4. SCHEDULE NO.: 11016 11-3

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): LEININGER, ROBERT

b. SOCIAL SECURITY NO.: non-responsive

c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn Street, Chicago, Illinois 60604

d. OFFICE TELEPHONE NO.: 6-6720

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State):

6. PERIOD OF TRAVEL: a. FROM 9/26/83 b. TO 9/27/83

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS 34604 b. DATE(S) 9/23/83

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding: 50 —

b. Amount to be applied: 50 —

c. Amount due Government (Attached. ☐ Check ☐ Cash):

d. Balance outstanding:

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED $:

c. PAYEE'S SIGNATURE:

11. PAID BY: PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5870 786 008 $152.00	AA	Coach	9/23/83	CHICAGO, ILLINOIS	MINNEAPOLIS, MN. AND RETURN

RECEIVED OCT 26 1983 FINANCIAL MANAGEMENT ACCT. DIV. EPA

13 I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 10/25/83 AMOUNT CLAIMED ▶ $ 165 16

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

14 This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Mary A. Gade DATE 10/25/83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO | b. D.O. SYMBOL | c. MONTH & YEAR

16 THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: $ 165 16

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): 2R 77 68 X 0108 $ 50 —

d. NET TO TRAVELER ▶ $ 115 16

18 ACCOUNTING CLASSIFICATION

TS 34604 DD10037 3TJB57BT06 21.11 $88.16
21.17 77.00 TOTAL $165.16

Birdie 6-6806

1012-116 NSN 7540-00-634-4080 $165.16 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization) — *Complete only for actual expense travel*

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO

TRAVELER'S LAST NAME

DATE 1983 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
9/26	7:15 a.m.	Lv. residence via taxi for O'HARE											15 00
		Lv. O'Hare for Minneapolis Purpose: REILLY ITAR NEGOTIATIONS											
		LV. MINNEAPOLIS AIRPORT FOR ATTORNEY GENERAL'S OFFICE VIA TAXI											17 00
			4 00	7 00	15 00	26 00		49 16	75 16			75 16	
		AMENDED FOR 9/27/83 ONE MORE DAY											
9/27			6 00	7 00		13 00			13 00			13 00	
		LV. ATTORNEY GENERAL's OFFICE FOR AIRPORT VIA TAXI											25 00
	3:15 p.m.	Arr. O'HARE											
		LV. O'HARE FOR RESIDENCE VIA TAXI											20 00
	4:15 p.m.	ARR. RESIDENCE											
									SUBTOTALS ▶				
									TOTALS ▶			88 16	77 00

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

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

TOTAL AMOUNT CLAIMED ▶ $165.16

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C, Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO: T 840304

2. DATE: 9/23/83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Leininger, Robert, Attorney

4. SOCIAL SECURITY NO.: non-responsive

5. OFFICIAL STATION/ORGANIZATION: U.S. EPA Regional Counsel

5. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
9/26/83	9/26/83

6a. APPLICABLE REG'S: ☒ SGTR'S ☐ JTR'S

6b. CONSULTANT: ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TO: MINNEAPOLIS, MINN ESOTA AND RETURN

PURPOSE: REILLY TAR NEGOTIATIONS

DD1003

T$ 34604

BIRDIE 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

9. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS[illegible] HRS AREA _____

8. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☒ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* = _____

d. ☒ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, plane, etc.)* AT RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED	11. CHANGE OF STATION ALLOWANCES AUTHORIZED
X a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X b. TAXI, LIMOUSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
X c. GOVMT OR CONTRACT RENTAL. *BOAC* = _____	c. REAL ESTATE EXPENSES
X d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
e. REGISTRATION FEES	e. TEMPORARY QUARTERS
f. EXCESS BAGGAGE _____ LBS	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE: DONESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	75.00	2131		2143		2154	
			2113	152.00	2133		2144		2155	
			2114		2134		2145		2156	
		3TJB57BT06	2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	25.00	2141		2153		1217	
			TOTAL	$252.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Mary GAde

NAME AND TITLE *(Typed)*: Mary GAde, Acting Chief SWERB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Robert A Schaefer

NAME AND TITLE *(Typed)*: Robert Schaefer Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION

Phone # 886-7508

STATION NO. 68-01-1005
TAPE NO. 487

11-3-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0011		$4105.00	16	
G0036		$68903.00	1	
G0037		$138984.00	4	
G0038		$909259.00	13	
P0023		$1544.77	2	
V0014		$185.08	2	
V0015		$2984.07	40	
V0016		$3272.09	33	
V0017		$3664.09	38	

BEG-ENDING CHECK NO.
71784041
71784189

149 CHECKS TOTALING $1132901.10

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-3-83
DATE

Rachel P. Schubert
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0016
DATE 11/03/83.

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OF PAYMENT ID. LINE
LOUIS M HALIAS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$329.83	T879851
ANNETTE N HARRIGAN PO BOX A3256 CHICAGO IL 60690	$66.00	T879490
JOSEPH F HARRISON C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$286.01	TS40235
JOSEPH F HARRISON C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$264.59	TS40058
ROLAND J HARTRANFT C/O WANDA PETISH US EPA ENV SVCS DIV 9311 GROH RD GROSSE ILE MI 48138 1697	$100.40	TS40052
EVA M HOWARD C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$43.20	TS40091
GEORGE HURT C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$122.83	TS40014
VALERIE JONES C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$95.61	TS40217

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0016
DATE 11/03/83

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
RICHARD KARL C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$12.80	TS40141
RICHARD KARL C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$35.03	TS40019
DAVID KEE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$213.35	TS40334
DAVID KEE C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$31.81	TS40126
JOHN R KELLEY C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$23.18	TS40008
LARRY F KERTCHER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$10.50	TS40045
NOEL W KOHL C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$54.00	TS40122
non-responsive	$88.70	TS40108

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0016
DATE 11/03/83

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
[redacted] non-responsive	$287.50	T879350
	$36.38	TS40162
	$111.54	TS40100
ROBERT LEININGER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$67.00	TS34548
ROBERT LEININGER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$52.50	TS34446
ROBERT LEININGER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$115.16	TS34604
[redacted]	$16.40	TS40104
BARBARA MAGEL C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$71.08	TS34494

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0016
DATE 11/03/83

DATE RUN
11/03/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
[redacted] non-responsive	$178.20	TS40060
CLYDE V MARION C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$42.38	TS40180
NEIL J MELDGIN 10409 SHEFFIELD UNIT 3 SO PALOS HILLS IL 60465	$57.36	TS40002
CHARLES J MILLER C/O ARLENE JOHNANSEN US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$125.00	TS40174
ROBERT B MILLER C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$25.70	TS40067
SHIRLEY MITCHELL C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$46.90	TS40068
MARK E MOLONEY C/O CAROL KOPCAK U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$125.00	TS40178
ERIN M MORAN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$101.58	TS40064

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 487

STATION NO. 68-01-1005
SCHEDULE NO. V0016
DATE 11/03/83

DATE RUN
11/03/83

VENDOR'S NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
MICHAEL J MUTNAN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$34.57	TS40142

SCHEDULE V0016 HAS 33 TOTAL CHECKS FOR $3272.09

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-3-83
DATE

Rachel P. Holmlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

Certifying Officer
Phone # 886-7508

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 488

11-7-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
A0012		$1645.00	7
G0039		$235761.00	5
I0013		$1880.00	1
I0014		$28.81	1
P0024		$50074.71	3
P0025		-$102469.35	1
P0026		$34499.73	3
P0027		$3288.36	3
T0005 - 994		$3355.00	2
√T0006 - 995		$22095.35	1

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

NOV 08 1983

3131
DENVER, COLORADO

BEG-ENDING CHECK NO.
71785025

27 CHECKS TOTALING $455097.31

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-7-83
DATE

Rachel P. Schedeen
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 488

DATE RUN
11/07/83

STATION NO. 68-01-1005
SCHEDULE NO. T0006-
DATE 11/07/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID.	LINE
AMERICAN AIRLINES PO BOX 371608 M PITTSBURGH PA 15251	$22095.35	093 0333		

PAID

SCHEDULE T0006 HAS 1 TOTAL CHECKS FOR $22095.35

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-7-83
DATE

Rachel P. Hakeland
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS	SEE FPMR (41CFR) 101 41 FOR INSTRUCTIONS ON COMPLETING THIS FORM	P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO

SCHED NO T0006

THE UNITED STATES DR TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 093-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,998	22,095	35
TTL PAX THIS BILL 130 (129)		

REC... FINANCE... OCT 5 11 32 AM...

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

30Sept83

cpa

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	22,095	35

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santee

TOTAL CLAIMED ➤ 22,095 35

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,998

PERIOD (From - To): 16 SEPT - 30 SEPT '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0922	5870785900	9200	SCHULZ
	903	26880	KIZLAUSKAS
	908	15800	LEVIN
	912	16400	LEDER
	918	26880	ROCKWELL
	922	15000	BITTER
	923	15000	PANKANIN
	965	36500	ROBERTS
0923	5870786007	26600	BOWDEN
	008	15200	LEININGER
	010	17100	RUTTER
0926	125	17400	HUDDLESTON
	133	15400	ROBERTS
	136	24000	RIKINIS
	137	11400	AKHAN
	138	11400	KEE
	139	11400	FREY
	140	9200	BAUMGARTNE
	141	9200	KAPLAN
	142	16400	ADAMS
	146	11000	BARTELT
	147	11400	SPYROPPULO

REVIEWED BY:

DATE: 30 Sept '83

PAGE TOTAL: 3,687.60

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS-1296 (4-80)

1/25/84 [illegible]

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA REGIONAL COUNSEL 2157

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.: [illegible]

TRAVELER (PAYEE)

5. NAME (Last, first, middle initial): LEININGER, ROBERT

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL: a. FROM 12/01/83 b. TO 12/01/83

c. MAILING ADDRESS (Include ZIP Code): 230 S. Dearborn St. Chicago, Illinois 00010

OFFICE TELEPHONE NO.: 6-6720

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS40947 b. DATE(S) 11/28/83

e. PRESENT DUTY STATION: CHICAGO, ILLINOIS

f. RESIDENCE (City and State):

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	50 —
b. Amount to be applied	50 00
c. Amount due Government (Attached: [ ] Check [ ] Cash)	
D Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED: 2-9-84

b. AMOUNT RECEIVED: $ 1.00

c. PAYEE'S SIGNATURE: [signature]

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5871 069 283	$214.00	AA	Coach	11/28/83	CHICAGO, ILL.	INDIANAPOLIS, IN. AND RETURN

RECEIVED 10 3 17 PM '84

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 12/2/83 AMOUNT CLAIMED ▶ $ 51 00

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Roger Grimes (Acting) DATE 12-20-83

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: [initials] $ 51 00

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): C-RTA 68X 0108 $ 50 —

d. NET TO TRAVELER ▶ $ 1 —

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.: b. D.O. SYMBOL: c. MONTH & YEAR:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

TS 40947 DD1001 4TJB05BT06 C

21.11 $9.00
21.17 42.00
$51.00

Birdie 6-6[illegible]

1012-115 ☆ GPO: 1979 0-281-187 P.O. 4213 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19_83_ (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/01	5:45 a.m.	LV. RESIDENCE FOR O'HARE VIA TAXI											15 00
		LV. O'HARE FOR IN DIANAPOLIS, INDIANA PURPOSE: MEETING WITH REILLY TAR											
		LV. INDIANPOLIS AIRPORT FOR IND STATE BOARD OF HEALTH IVA TAXI											12 00
			4 00	5 00		9 00			9 00			9 00	
		LV. ISBH FOR AIRPORT											
		LV. O'HARE FOR RESIDENCE VIA TAXI											15 00

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

SUBTOTALS ▶

TOTALS ▶ 9 00 | 42 00

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

TOTAL AMOUNT CLAIMED ▶ $51.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain cost of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO: T 840325

2. DATE: 11/28/83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: ROBERT E. LEININGER, ATTORNEY

non-responsive

5. OFFICIAL STATION/ORGANIZATION: CHICAGO, ILLINOIS US. EPA REGIONAL COUNSEL

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
12/01/83	12/01/83

6a. APPLICABLE REG'S: ☒ SGTR'S ☐ JTR'S

6b. CONSULTANT: ☐ INTERMITTENT ☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM : CHICAGO, ILLINOIS
TO: INDIANAPOLIS, INDIANA AND RETURN

PURPOSE: MEETING W/REILLY TAR REGARDING INDIANAPOLIS SITE

T$40947 DD1001

Birdie 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS NTE HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☐ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK (NE corridor)
c. ☐ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ AT A RATE OF _____ CENTS SUBJECT TO (1) OR (2) (Auto, Plane etc)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED

X	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOUSINE
X	c. GOVMT OR CONTRACT RENTAL. BOAC # _____
X	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED

a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
b. TRANSPORTATION OF IMMEDIATE FAMILY
c. REAL ESTATE EXPENSES
d. RESIDENCE HUNTING
e. TEMPORARY QUARTERS
f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE: DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		[illegible]	2111	75.00	2131		2143		2154	
			2113	214.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	25.00	2141		2153		1217	
			TOTAL	314.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Mary Gade — NAME AND TITLE (Typed) MARY GADE, CHIEF SWERB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Robert B. Schaefer 11/28/83 — NAME AND TITLE (Typed) ROBERT B. SCHAEFER REGIONAL COUNSEL

11/28/83 mw

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION 886-7508

1-10-84

STATION NO. 68-01-1005
TAPE NO. 474

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
G0138		$349098.00	2	
G0139		$209897.00	6	
G0140		$3295.00	1	
G0141		$286246.00	5	
G0142		$1300.00	1	
P0108		$12285.68	8	
P0109		$40.50	1	
P0110		$2595.00	7	JAN 12 1984
P0111		$19182.30	9	
P0112		$811.80	1	3131
T0013		$26111.94	1	DENVER, COLORADO
V0077		$74.95	4	

BEG-ENDING CHECK NO.
72080534 —
72080579

46 CHECKS TOTALING $910938.17

I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENTS

1-10-84
DATE

Rachel A Hulmund
AUTHORIZED CERTIFYING OFFICE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

PAID

STATION NO. 48-01-1005
SCHEDULE NO. T0013
DATE 01/10/84

DATE RUN
01/10/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
AMERICAN AIRLINES PO BOX 371603 M PITTSBURGH, PA. 15251	$26111.94	113-0333	

SCHEDULE T0013 HAS 1 TOTAL CHECKS FOR $26111.94

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

1-10-84
DATE

Rachel A. Holmlund
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41 CFR 101-41) FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

BUR VOU NO

U S Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Il 600

PA-

SCHED NO
T0013 1/9/84

THE UNITED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
113-0333

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,872	26,111 94
TTL PAX THIS BILL 129	

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	26,111 94

VERIFIED BY (SIGNATURE OR INITIALS) Kay Nicholas

TOTAL CLAIMED ➤	26,111 94	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF 1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,872

PERIOD (From - To): 16 NOV - 30 NOV '83

ISSUE DATE	TICKET NUMBER		AMOUNT	PASSENGER NAME
11 23	5871069090		21400	LEFFIN
	5871069091	V	40400	MUSTARD
	0990	✓	9200	SAULYS
	1260		12400	TALIAFERRO
	1299		32700	RISLEY
	1766	✓	16200	LOWREY
11 25	2000	✓	40400	FENNER
	2080	✓	25000	LEVIN
	2091	✓	25000	HINKLE
	2111		12400	ASSADI
	2122	✓	15000	MELDGIN
	2261	✓	11200	WILLIS
	2366	✓	35000	BARTEL
	2377	✓	35000	RYAN
11 28	2688	✓	11800	PERRECONE
	2699	✓	11800	MORAN
	2700		25600	GRIMES
	2711		25600	GADE
	2722		25600	ELAM
	2733	✓	27000	ROTHBLATT
	2833	✓	21400	LEIBINGER
	2855	✓	17200	KEE

REVIEWED BY: DATE: 30 NOV '83 PAGE TOTAL: 3,416.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SF-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U S EPA

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. V0158 - 3-13-84

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): LEININGER, Robert 00013 [redacted] non-responsive

6. PERIOD OF TRAVEL: a. FROM 1/24/84 b. TO 1/26/84

c. MAILING ADDRESS (Include ZIP Code): 230 S. DEARBURN CHICAGO IL 60604

d. OFFICE TELEPHONE NO.: 6-6720

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS41678 b. DATE(S) 1/20/84

e. PRESENT DUTY STATION: Chicago IL

f. RESIDENCE (City and State): Elmhurst, IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

c. Amount due Government (Attached: [ ] Check [ ] Cash)

D. Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY: PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5873643406	AA	COACH	1/23/84	Chicago, IL	Minneapolis, MN.

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 2/6/84 AMOUNT CLAIMED ▶ $240 —

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 3/7/84

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 240 —

Certifier's initials:

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ —

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

d. NET TO TRAVELER ▶ $ 240 —

18. ACCOUNTING CLASSIFICATION

T$41678 DD1002 4TJBOSTO6d 2111 $155.00 ~~2113 $125.~~ 2117 $85.00

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 1984 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city; per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/24	7:15 AM	Lv. Residence via Taxi for Midway											27 00
		Meals	4 -	8 -	20 -	32 -			32 -			32 00	
	8 40	Lv Midway for Minneapolis											
	10:10	Arr. Minneapolis											
		Arr MPCA via Taxi											20 00
1/25		Lodging						37 10				37 10	
1/25		Lodging						44 -				44 -	
		Meals	6 -	7 -	15 -	28 -			28 -			28 00	
1/26		Meals	6 -	8 -		14 -			14 00			14 00	
	5:20 PM	Lv Minneapolis for Midway											
	6:45	Arr Midway											
	8 05	Arr Residence via Taxi											38 -
									SUBTOTALS ▶				
									TOTALS ▶			155 -	85 -

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

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

TOTAL AMOUNT CLAIMED ▶ $240 -

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E O 9397 of November 22, 1943, and 26 U.S.C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO. T 808442

2. DATE 1/20/84

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE

Robert Leininger, Attorney

non-responsive

5. OFFICIAL STATION/ORGANIZATION

U.S. EPA Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
1/24/84	1/27/84	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS

TOP MINNEAPOLIS, MINNESOTA ANDRETURN

PURPOSE: REILLY TAR NEGOTIATIONS

DD 10.02

T$41678

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

BIRDIE 6-6805

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $: 75.00 ☐ ACTUAL GSA-HRGA $ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☒ AIR IN LIEU OF AMTRAK (NE corridor)

c. ☒ GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____

d. ☒ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ (Auto/Plane) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT

(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED		CHANGE OF STATION ALLOWANCES AUTHORIZED
X	a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
X	c. GOVMT OR CONTRACT RENTAL. BOAC# _____	c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
X	e. REGISTRATION FEES	e. TEMPORARY QUARTERS
X	f. EXCESS BAGGAGE _____ LBS	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE

DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	300.	2131		2143		2154	
			2113	125/00	2133		2144		2155	
			2114		2134		2145		2156	
		4TJB05BT06	2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100.00	2141		2153		1217	
			TOTAL	$525.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE Mary Gade — NAME AND TITLE (Typed) Mary Gade, Chief RWERB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE — NAME AND TITLE (Typed) Robert B. Schaefer, Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION 886-7508

3-13-84

STATION NO. 68-01-1005
TAPE NO. 480

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0098		$1440.00	6	
G0223		$9653.00	2	TREASURY DEPARTMENT
G0224		$968804.00	9	DIVISION OF DISBURSEMENT
P0220		$4096.85	5	
P0221		$40.80	1	MAR 15 1984
P0222		$46.53	1	
V0157		$621.97	9	3117
V0158		$1644.93	13	KANSAS CITY, KANSAS
V0159		$1404.65	13	
V0160		$33.00	1	
V0161		$853.80	12	
V0162		$1899.55	12	

97 410 972

97 411 055

BEG-ENDING CHECK NO.

84 CHECKS TOTALING $990539.08

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

3-13-84
DATE

Rachel P. Holmlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 480

STATION NO. 68-01-1005
SCHEDULE NO. V0158
DATE 03/13/84

DATE RUN
03/13/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
BRENT A MARABLE 5AC-26 US EPA AIR COMP BRANCH 230 S DEARBORN CHICAGO IL 60604	$235.75	TS42200
GEORGE J MARSH 5H-13 US EPA WASTE MGMT DIV 230 S DEARBORN ST CHICAGO IL 60604	$13.52	TS42391
FRED R NORLING 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$41.00	TS42335
JAMES A NOVAK 5WF-12 US EPA MUNICIPAL FACIL BR 230 S DEARBORN ST CHICAGO IL 60604	$120.32	TS42292
VACYS J SAULYS 5GL-536 USEPA GLNPO 536 S CLARK CHICAGO IL 60605	$59.75	TS42254

SCHEDULE V0158 HAS 13 TOTAL CHECKS FOR $1644.93

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

3-13-84
DATE

Rachel P. Hahnlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 480

STATION NO. 68-01-1005
SCHEDULE NO. V0158
DATE 03/13/84

DATE RUN
03/13/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OF PAYMENT ID. LINE
ROBERT W BOWLUS C/O WANDA PETISH US EPA ENV SVCS DIV 9311 GROH RD GROSSE ILE MI 48138 1697	$80.50	TS42081
DONALD J BRUCE 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$49.72	TS42334
DONALD J BRUCE 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$212.25	TS42406
RANDOLPH O CANO 5A-26 US EPA AIR MGMT DIV 230 S DEARBORN CHICAGO IL 60604	$67.50	TS42040
JONAS A DIKINIS 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$229.54	TS42336
VALERIE JONES 5W-11 US EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$140.57	TS42033
ROBERT LEININGER 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$240.00	TS41678
non-responsive	$154.51	TS42058

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
[illegible] DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

886-7513

CONFIRMATION OF FACSIMILE TRANSMISSION

2-29-84

STATION NO. 68-01-1005
TAPE NO. 488

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0090		$1975.00	9	
G0205		$48707.00	6	
G0206		$23639.00	7	TREASURY [illegible] MENT
G0207		$92001.00	4	DIVISION OF [illegible] MENT
P0191		$5076.08	3	
P0192		$23.10	1	MAR 2 1984
P0195		$1000.00	1	
T0025	331	$4779.64	12	3117
T0026	332	$39743.57	1	KANSAS CITY, KANSAS
V0141		$22.02	1	

96 210 595

96 210 639

BEG-ENDING CHECK NO.

45 CHECKS TOTALING $216966.41

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

2-29-84
DATE

Rankel P. [illegible]
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 468

STATION NO. 68-01-1005
SCHEDULE NO. T0026
DATE 02/29/84

DATE RUN	VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	DT PAYMENT ID.	LINE
2/29/84	MERICAN AIRLINES O BOX 371608 M ITTSBURGH PA 15251	$39743.57	014 0333		

SCHEDULE T0026 HAS 1 TOTAL CHECKS FOR $39743.57

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

2-29-84
DATE

Rachel B. Stabenfeldt
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO

BUR VOU NO

SCHED NO T0026- 3/1/84

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Ill 60604

UNITED STATES, OR, TO (PAYEE'S NAME AND ADDRESS)

[redacted]

CARRIERS BILL NUMBER [redacted]

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES, AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,876	39,743 57

TTL PAX THIS BILL 197

FEB 3 9 26 AM '84

MEMORANDUM

cpa

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ [redacted]

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santelli

TOTAL CLAIMED ➤ [redacted]

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CF

4

...f (Name & Address)

EPA

GTR NUMBER

D-7 632 876

PERIOD (From - To)

16 JAN - 31 JAN '84

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1	9		S
	8 3 4	0	
01	8	0	1
	11	1 100	YL
	3	3 0	
	6	00	
			L
	3	0	0 S
		0	
01		0	1 TL
	4	0	QU Y
		1 0	1 1
	0		L L
	9	1	
	1	00	A
		1 0	E
	1	1 00	
	1	0	S D1
	18	1	0 A L
	1	1 0	A
		1 0	A

REVIEWED BY: DATE: 31 18 PAGE TOTAL:

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1790 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: RC

2. TYPE OF TRAVEL: ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.: V0148-316

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: LEININGER Robert E.

b. SOCIAL SECURITY NO.: [redacted] non-responsive

c. MAILING ADDRESS *(Include ZIP Code)*: 230 S. DEARBORN CHICAGO IL 60604

d. OFFICE TELEPHONE NO.: 6-6720

e. PRESENT DUTY STATION:

f. RESIDENCE *(City and State)*:

6. PERIOD OF TRAVEL: a. FROM 1/30/84 b. TO 2/1/84

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS41780 b. DATE(S) 1/30/84

10. CHECK NO.:

8. TRAVEL ADVANCE
- a. Outstanding
- b. Amount to be applied
- c. Amount due Government *(Attached: ☐ Check ☐ Cash)*
- D. Balance outstanding

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED
- b. AMOUNT RECEIVED $
- c. PAYEE'S SIGNATURE

11. PAID BY: PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5873644043		AA	COACH	1/30/84	CHICAGO IL	MINNEAPOLIS, MN. AND RETURN

FEB 22 1 46 PM '84

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 2/15/84 AMOUNT CLAIMED ▶ $239.96

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 2/21/87

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
- a. VOUCHER NO.
- b. D.O. SYMBOL
- c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE C

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* [initials] $239.96

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

d. NET TO TRAVELER ▶ $239.96

18. ACCOUNTING CLASSIFICATION

TS 41780 DD 1003 4TJB05BT06 2111 $153.96 2117 $86.- ~~2113 435~~

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 84 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/30	6:30 AM	LV. RESIDENCE VIA TAXI FOR MIDWAY											29 -
	10:00	LV. MIN. FOR MPCA VIA TAXI											20 -
1/30		LODGING						39 30	39 30			39 30	
1/31		MEALS	5 -	8 -	17 -	30 -			30 -			30 -	
		LODGING						69 66	69 66			69 66	
2/1		MEALS	7	8		15 -			15 -			15 -	
	5:20 PM	LV MIN. FOR MIDWAY AR MIDWAY VIA TAXI TO RESIDENCE											37 -
									SUBTOTALS ▶				
									TOTALS ▶			153 96	86 -

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

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

TOTAL AMOUNT CLAIMED ▶ $ 239.96

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O. 11609 of July 22, 1971, E O. 11012 of March 25, 1962, E O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C. 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T ~~040095~~

2. DATE 1-30-84

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Robeft E. Leininger, Attorney

4. SOCIAL SECURITY NO.: non-responsive

5. OFFICIAL STATION/ORGANIZATION: U.S. EPA Regional Counsel

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
1-30-84	2-1-84	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: Chicagom
TO: Minneapolis,MN and Return
PURPOSE: Reilly TAr Negotiations

OBLIGATED

TS 41780

DD 1003

Virginia 6-6806

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ AREA _____

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☒ AIR IN LIEU OF AMTRAK *(NE corridor)*
c. ☒ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____
d. ☒ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED	11. CHANGE OF STATION ALLOWANCES AUTHORIZED
☒ a. PUBLIC TRANSPORTATION	☐ a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
☒ b. TAXI, LIMOUSINE	☐ b. TRANSPORTATION OF IMMEDIATE FAMILY
☒ c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____	☐ c. REAL ESTATE EXPENSES
☒ d. COMMERCIAL RENTAL	☐ d. RESIDENCE HUNTING
☒ e. REGISTRATION FEES	☐ e. TEMPORARY QUARTERS
☒ f. EXCESS BAGGAGE _____ LBS	☐ f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20x8145	

13. PURPOSE CODE: DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	150	2131		2143		2154	
			2113	135	2133		2144		2155	
			2114		2134		2145		2156	
		$TJB05BT0$	2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100	2141		2153		1217	
			TOTAL	385						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Mary Gade — NAME AND TITLE *(Typed)*: Mary Gade, Chief SWERB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: [signature] 1/30/84 — NAME AND TITLE *(Typed)*: Robert Schaefer, Regional Counsel

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

...TION OF FACSIMILE TRANSMISSION

886-7513

STATION NO. 68-01-1005
TAPE NO. 476

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
A00[illegible]		$955.00	5
G0213		$542354.00	10
[illegible]		$1112770.00	9
P0204		$432.85	1
P0205		$2438.77	8
V0143		$421.09	3
V0146		$2623.50	24
V0147		$1042.07	15
V0148		$1419.02	15
V0149		$954.14	13
V0150		$305.36	6

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

MAR 9 1984

3117
KANSAS CITY, KANSAS

96 697 459

96 697 567

BEG-ENDING CHECK NO.

109 CHECKS TOTALING $1665715.80

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

3-6-84
DATE

Rachel P. Hohlund
AUTHORIZED CERTIFYING OFFICER

bmm

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 476

STATION NO. 68-01-1005-
SCHEDULE NO. V0148
DATE 03/06/84

DATE RUN
03/06/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OF PAYMENT ID. LINE
ANTHONY G KIZLAUSKAS 5GL-536 USEPA GLNPO 536 S CLARK CHICAGO IL 60605	$59.48	TS41553
[redacted] non-responsive	$69.76	TS42098
MARCIA KUEHL 5S-536 US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$190.71	TS41357
ROBERT E LEININGER 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$239.96	TS41780
JON T MCPHEE 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$17.25	TS42183
JON T MCHPHEE 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$24.00	TS42038
[redacted] non-responsive	$68.46	TS41614
	$126.21	TS42057

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 476

DATE RUN
03/06/84

STATION NO. 68-01-1005
SCHEDULE NO. V0148
DATE 03/06/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
RICHARD MEDNICK 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$131.85	TS42045
VANESSA MUSGRAVE 5PA-14 US EPA OFF OF PUB AFFAIRS 230 S DEARBORN CHICAGO IL 60604	$105.50	TS41984
JOHN S NAGY 5W-11 US EPA WAT DIV & WAT QUAL BR 230 S DEARBORN ST CHICAGO IL 60604	$45.69	TS42157
WALTER F NIED 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$206.49	TS42114
FRED R NORLING 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$39.40	TS42151
MARIE A OBRIEN 1420 VALLEYWOOD DR LAPORTE IN 46350	$14.76	TS41627
TIMOTHY B OMARA 5HW-13 US EPA WASTE MGMT BRANCH 230 S DEARBORN ST CHICAGO IL 60604	$79.50	TS42153

SCHEDULE V0148 HAS 15 TOTAL CHECKS FOR $1419.02

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

3-6-84
DATE

Rachel P. Hahnlund
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION -- SRC-753

2-29-84

STATION NO. 68-01-1005
TAPE NO. 488

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0090		$1975.00	9	
G0205		$48707.00	6	
G0206		$23639.00	7	TREASURY [illegible] DIVISION OF [illegible]
G0207		$92001.00	4	
P0191		$5076.08	2	
P0192		$23.10	1	MAR 2 1984
P0195		$1000.00	1	
I0025	331	$4779.64	12	3117
I0026	332	$39743.57	1	KANSAS CITY, KANSAS
V0141		$22.02	1	

96 210 595

96 210 639

BEG-ENDING CHECK NO.

45 CHECKS TOTALING $216966.41

I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENTS

2-29-84
DATE

AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 488

STATION NO. 68-01-1005
SCHEDULE NO. T0026
DATE 02/29/84

ATE RUN 2/29/84 ENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
MERICAN AIRLINES) BOX 371608 M ITTSBURGH PA 15251	$39743.57	014 0333

SCHEDULE T0026 HAS 1 TOTAL CHECKS FOR $39743.57

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

2-29-84
DATE

Rachel B. Goldman
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU. NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn St.
Chicago, Ill 60604

BUR VOU NO

SCHED NO

T0026- 3/1/84

UNITED STATES. DR.. TO (PAYEE'S NAME AND ADDRESS)

[redacted]

CARRIERS BILL NUMBER

[redacted]

CARRIERS SCHEDULE NUMBER

A.A.F.S.

SERVICES FURNISHED (CHECK ONE)

☐ FREIGHT ☒ PASSENGER

PAID BY

PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES. . . AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,876	39,743 57
TTL PAX THIS BILL 197	

FEB 3 9 26 AM

MEMORANDUM

cpa

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ [redacted]

VERIFIED BY (SIGNATURE OR INITIALS) Lorraine L. Santelli

TOTAL CLAIMED ➤ [redacted]

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV.
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 C

10

(Name & Address)	GTR NUMBER
EPA	D-7,632,876
	PERIOD (From - To)
	16 JAN – 31 JAN '84

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
01	3058736444003	22400	CLOE
	004	12400	MAYKA
	005	11800	SMITH
	006	11800	KOSSEK
	007	21400	LEFFIN
	009	24600	WILMA
	011	70000	CASTLE
	016	12400	KATSURA
	018	12400	VOGTMAN
	021	21400	DALTON
	024	22500	KARTCHER
	026	12400	ELAM
	027	12400	MEDNICK
	028	13000	TYSON
	029	22500	BARTELT
	034	9300	TALIAFERRO
	040	9300	SCHULZ
	043	13500	LEININGER
	064		
	061	43200	MUSGRAVE
	086	11800	MUSGRAVE
	087	9600	MUSGRAVE

REVIEWED BY:	DATE: 31 JAN '84	PAGE TOTAL: 3158.00
APPROVED BY:	DATE:	GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SF 1298 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: USS. EPA ORC	2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			4. SCHEDULE NO. 110222 4/25

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Leininger Robert	b. SOCIAL SECURITY NO.: non-responsive	6. PERIOD OF TRAVEL: a. FROM 4/11/84 b. TO 4/13/84
c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Ave. Chicago, Ill. 46404	d. OFFICE TELEPHONE NO.: 886-6720	7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS43037 b. DATE(S) DD1001
e. PRESENT DUTY STATION: Chicago Il.	f. RESIDENCE (City and State):	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	150 —	a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied	150 — ~~100.00~~			
c. Amount due Government (Attached: [ ] Check [ ] Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding				

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon, if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5873841007 6 C	$120.00	AA	Coach	9 April 84	Chicago	Minneapolis MN

PAID

APR 2

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 4/23/84 AMOUNT CLAIMED ▶ $ 270 33

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 4/23/84

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: $ 270 33

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CR PHC8X0108 $ 150 —

d. NET TO TRAVELER ▶ $ 120 33

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

TS43037 DD1001 4TGB05FT06 2111 $179.33 ~~2113 $120.00~~ 2117 $91.00

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 84 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/11	7:am	Lv Resident for Midway via Taxi											30 00
	10:00	Arv Minna											
	11:00	Arr MPCA via Taxi											17 00
		Breacfast	3 00			3 00			3 00			3 00	
		Lunch		6 50		6 50			6 50			6 50	
		Dinner			22 05	22 05			22 05			22 05	
		MN Hilton						49 95	49 95			49 95	
4/12		Breakfast	5 00			5 00			5 00			5 00	
		Lunch		600		6 00			6 00			6 00	
		Dinner			2000	20 00			20 00			20 00	
		Hotel Radison St. Paul						56 83	56 83			56 83	
									SUBTOTALS ▶			169 33	47 00
									TOTALS ▶				

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

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C, Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

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

TOTAL AMOUNT CLAIMED ▶

U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (0643)

STANDARD FORM 1012 BACK (10-77)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate.

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet PAGE 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO. ~~TS43154~~ TA4305

TRAVELER'S LAST NAME: Leininger

DATE 19 84 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
4/13		Breakfast	5 00			5 00			5 00			5 00	
		Lunch		5 00		5 00			5 00			5 00	
	1:45pm	Lv MN for airport via Taxi											10 00
	4:15	Arv Chicago											
	5:30	Arv. Home via Taxi											34 00
									SUBTOTALS ▶			10 00	44 00
									TOTALS ▶			179 33	91 00

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

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

TOTAL AMOUNT CLAIMED ▶ $270.33

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

* U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6643)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO: T 8802921

2. DATE: 9 APRIL 19 84

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE: Robert Leininger

4. SOCIAL SECURITY NO.: -non-responsive-

5. OFFICIAL STATION/ORGANIZATION: U.S EPA ORC

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☒ SGTR'S	☐ JTR'S
4/11/84	4/13/84	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FORM: CHICAGO IL

TO: MINNEAPOLIS MN AND RETURN

PURPOSE: ORAL ARGUMENTS ON REILLY TAR MOTIONS; DISCOVERY CONFERENCE

T$ 43037 DD1001

VIRGINIA 6-6664

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☐ ACTUAL SUBS NTE $. 75.00 ☐ ACTUAL SUBS GSA HRGA $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER

b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*

c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____

d. ☐ COMMERCIAL CAR RENTAL

e. ☐ PRIVATELY-OWNED _____ *(Auto, Plane, etc.)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)

(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT (2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

OBLIGATED

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
X	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
X	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
X	c. GOVMT OR CONTRACT RENTAL. *BOAC* # _____		c. REAL ESTATE EXPENSES
X	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.: 68-20X8145

SERVICING FINANCE OFFICE CODE:

13. PURPOSE CODE: DOMESTIC C

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111	150.00	2131		2143		2154	
		4TGB05FT06	2113	120.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	100.00	2141		2153		1217	
			TOTAL	370.00						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE: Mary Gade

NAME AND TITLE *(Typed)*: MARY GADE CHEIF SWERB

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: [signature] 4/10/84

NAME AND TITLE *(Typed)*: ROBERT SCHAEFER REGIONAL COUNSEL

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

CONFIRMATION OF FACSIMILE TRANSMISSION 886-7508

4-26-84

STATION NO. 68-01-1005
TAPE NO. 474

SCHEDULE NO.	D.A.	AMOUNT	CHECKS
A0140		$305.00	1
G0307		$893023.00	9
G0309		$298633.00	3
G0310		$73638.00	3
G0311		$69935.00	2
G0312		$1086417.00	14
G0313		$44196.00	1
P0295		$7866.03	6
V0221		$1050.51	12
V0222		$1446.38	17
V0223		$1748.87	17
V0224		$50.97	2
V0225		$64.00	1

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

APR 3 0 1984

3117
KANSAS CITY, KANSAS

50017741

—

50017828

BEG-ENDING CHECK NO.

88 CHECKS TOTALING $2478373.76

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

4-26-84
DATE

Rachel P. Hohnbaum
AUTHORIZED CERTIFYING OFFICER

KP

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0222
DATE 04/26/84

DATE RUN
04/26/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
ROLAND J HARTRANFT C/O WANDA PETISH US EPA ENV SVCS DIV 9311 GROH RD GROSSE ILE MI 48138 1697	$126.17	TS42609	
LARRY F KERTCHER 5AC-26 US EPA AIR COMP BRANCH 230 S DEARBORN CHICAGO IL 60604	$13.75	TS43169	
ALFRED E KRAUSE 5WF-12 US EPA MUNICIPAL FACIL BR 230 S DEARBORN ST CHICAGO IL 60604	$75.77	TS43171	
GREGG A KULMA 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$12.58	TS43046	
[redacted] non-responsive	$240.38	TS42938	
ROBERT LEININGER 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$120.33	TS43037	
ROBERT LEININGER 5C-16 US EPA OFF OF REG COUNSEL 230 S DEARBORN CHIICAGO IL 60604	$24.70	TS43154	
CHARLES J MILLER 5S-536 US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$56.25	TS43088	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0222
DATE 04/26/84

DATE RUN
04/26/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
CHARLES J MILLER 5S-536 US EPA ENV SVCS DIV 536 S CLARK CHICAGO IL 60605	$120.00	TS42897
PHILLIP R MINEART C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$175.27	TS42991
MARK E MOLONEY C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$125.00	TS42994
WILLIAM E MUNO 5HW-13 US EPA WASTE MGMT BRANCH 230 S DEARBORN ST CHICAGO IL 60604	$36.86	TS43179
STUART NEIMAN 5WD-12 US EPA DRINKING/GROUNDWATER BR 230 S DEARBORN ST CHICAGO IL 60604	$7.41	TS42507
NORMAN R NIEDERGANG 5HR-13 US EPA REMED RESPONSE BR 230 S DEARBORN ST CHICAGO IL 60604	$87.86	TS42915
non-responsive	$34.80	T842749
DANIEL A PAPCKE C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$95.61	TS42753

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0222
DATE 04/26/84

DATE RUN
04/26/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
DANIEL A PAPCKE C/O JUDY CLUTTER EASTERN DISTRICT OFFICE 25089 CENTER RIDGE RD WESTLAKE OH 44145	$93.64	TS42809

SCHEDULE V0222 HAS 17 TOTAL CHECKS FOR $1446.38

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

4-26-84
DATE

Rachel B. Holmlund
AUTHORIZED CERTIFYING OFFICER

5

[illegible] -01-1965
336

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PA [illegible]
A[illegible]		$2000.[illegible]	1	
[illegible]		$[illegible]28.00	1	
N[illegible]		$[illegible]53.0[illegible]	1	
[illegible]		$[illegible]9.00	1	
[illegible]		$3[illegible]3.00	2	
[illegible]		$3[illegible]	3	
[illegible]		$[illegible]5.9[illegible]	1	
[illegible]		$1[illegible]4.15	[illegible]	
[illegible]		[illegible]	[illegible]	
TOTAL		$[illegible]	1	
[illegible]		$[illegible]	7	

Star Copy
w/ check no 5
take 7-10 day
to come back from
Denver

[illegible] OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 486

STATION NO. 68-01-1005
SCHEDULE NO. T0043
DATE 05/17/84

DATE RUN
05/17/84

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
AMERICAN AIRLINES PO BOX 371608 M PITTSBURGH PA 15251	$32056.00	044 0332	

SCHEDULE T0043 HAS 1 TOTAL CHECKS FOR $32056.00

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

5-17-84
DATE

Robert P. Holmlund
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmetal Protection Agency
Region V
230 S. Dearborn St., Room
Chicago, Illinois 60604

BUR VOU NO

SCHED NO

T0043 5 16/84

TED STATES OR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER

044-0332

CARRIERS SCAC NUMBER

A.A.F.S.

SERVICES FURNISHED (CHECK ONE)

☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,648,381	32,056 00
TTL PAX THIS BILL 168	

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM
13April84

cpa

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	$32056 00

VERIFIED BY (SIGNATURE OR INITIALS) Leonora L Lantelli

TOTAL CLAIMED ➤ 32,056 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

AGENCY (Name & Address)

EPA

GTR NUMBER

D-7,648,381

PERIOD (From - To)

01 APR - 15 APR '84

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
04095873840995		44400	MCCOY
	9996	12000	BROSSMAN
	9998	12400	AHALLIAS
	5873841002	17200	KONYU
	0003	9200	TALIAFERRO
	0005	33000	SANDERS
	0006	44400	RICHARDSON
	0007	12000	LEININGER
	0009	10000	BITTER
	0010	11000	GARBER
	0012	19200	LIVELY DEI
	0013	27000	DRZEHOSKIE
	0017	9200	TANAKA
	0019	25000	BRAUN
	0440	27400	WALDVOGEL
	0444	23400	HIRT
	0446	22500	BERMAN
	0071	25000	SWANSON
	0072	25000	WILMA
	0996	11800	BEAUPRE
	0999	27000	REKAR
04100	1111	27000	ELAM

REVIEWED BY:

DATE: 15APR'84

PAGE TOTAL: 4,751.00

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

NS 1298 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. SA 657

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: PANKANIN, JAMES F.

[redacted] non-responsive

6. PERIOD OF TRAVEL
- a. FROM: July 14,
- b. TO: July 14, '81

c. MAILING ADDRESS *(Include ZIP Code)*: 230 South Dearborn Street, Chicago, Illinois 60604

0119

d. OFFICE TELEPHONE NO.: 353-2110

7. TRAVEL AUTHORIZATION
- a. NUMBER(S): TS 12302
- b. DATE(S): 7-7-81

e. PRESENT DUTY STATION: CHGO, IL

f. RESIDENCE *(City and State)*: 853 West Cornelia, Chicago, ILLINOIS

10. CHECK NO.

8. TRAVEL ADVANCE
- a. Outstanding: 00 00
- b. Amount to be applied: 00 00
- c. Amount due Government *(Attached: [ ] Check [ ] Cash)*
- D. Balance outstanding: 00 00

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED
- b. AMOUNT RECEIVED $
- c. PAYEE'S SIGNATURE

11. PAID BY 009621

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL: FROM (e)	TO (f)
5873-454-050	$112.00	SATO	COACH	7-13-81	CHICAGO, IL	MINNEAPOLIS, MN and Return

PAID

RECEIVED
OFFICE OF GEN. NOT BR.
JUL 14 PM '81
4 14 PM '81

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ James F. Pankanin DATE 7/16/81 AMOUNT CLAIMED ▶ $ 25.70

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Wm. E. Mrens DATE 7/16/81

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)* $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* DJW $ 25 70

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $

d. NET TO TRAVELER ▶ $ 25 70

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
- a. VOUCHER NO.
- b. D.O. SYMBOL
- c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE (M)

18. ACCOUNTING CLASSIFICATION

F N01940 1A6905N030 TS 12302

21.11 - 12.50
21.17 - 13.20

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: PANKANIN

DATE 19 81 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7-14	6:45A	Lv Residence via POW								16	3 60		
		11238											
	7:20	Ar. O'Hare 11254											
	7:45	Lv. O'Hare via NW #401											
	8:56	Ar. MN Airport											
	9:30	Site tour via MPCA car											
	12:30	Lunch		6 50								6.50	
	1:30	Meeting at MPCA office											
	6:20	Lv MPCA via MPCA car											
	7:00	Ar. MN Airport											
	7:15	Dinner			6 00							6.00	
	7:50	Lv. MN via NW #478											
	9:20	Ar. O'Hare											
	9:35	Lv. O'Hare via POV											
		11254											
		Parking											6.00
	10:20	Ar. Residence 11270								16	3 66		
									SUBTOTALS ▶		7.20	12.50	6.00
									TOTALS ▶		7.20	12.50	6.00

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

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

TOTAL AMOUNT CLAIMED ▶ $25.70

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E.O 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

15-18302

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 688134
2. DATE July 7, 1981

3. NAME AND TITLE
James F. Pankanin

non-responsive [redacted]

5. OFFICIAL STATION/ORGANIZATION
230 South Dearborn Street, Chicago, IL 60604 - U.S. EPA, Region V, Enforcement Division

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S
STARTING DATE	ENDING DATE	[X] SGTR'S [ ] JTR'S
July 14, 1981	July 14, 1981	6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, IL TO: MINNEAPOLIS, MN and Return CODE M

Informational meeting on the Reilly Tar case with USGS, MPCA & Minnesota Dept of Health.

6810200
1A6905N030

NO 1940

21.11 61.00
21.13 112.00
21.17 40.00
$213.00

Lucille
3-2110

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

7. DAILY METHOD OF REIMBURSEMENT
[ ] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 61.00 [ ] ACTUAL SUBS GSA HRGA $ _____
COST LODGING NTE $ _____ AREA

8. MODE OF INTERCITY TRAVEL

OBLIGATED

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corr...)* ... ATA RATE OF _____ CENTS SUB- *(Auto, Plane, etc)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC #* _____ [ ] FOUND TO BE THE ADVANTAGE OF THE GOVERNMENT [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES
d. [ ] COMMERCIAL CAR RENTAL

9. TDY ALLOWANCE AUTHORIZED		10. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
	b. TAXI, LIMOSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC #* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

	APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE	PURPOSE CODE
0501			

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111		2141		2154		2134	
			2113		2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117		2151		2131		1217	
			TOTAL							

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE: [signature]
NAME AND TITLE *(Typed)*: Kenneth A. Fenner, Chief
Water & Hazardous Materials Enforcement BR

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE: Sandra Gardebring
NAME AND TITLE *(Typed)*: Sandra S. Gardebring, Director
Enforcement Division

EPA Form 2610-1 (Rev. 7-79) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

PERSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION S DESIGNATED HEREIN OR ON SUPPORTING VOUCHERS

8/3/81 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

AUG 12 1981

SYMBOL 3071
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108

GR 1,962.30
AP 328.20
NET 1,634.10

ALIGN AREA	X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A657

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
163410	

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 3, 5, AND 7)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	SCHEDULE NO
LILLIAN BAGUS 230 S DEARBORN ST	USEPA CHGO IL 60604	3090		9616GR12090 AP9000
GEORGE HAMPER 230 S DEARBORN ST	USEPA CHGO IL 60604	6491		9617
non-responsive		5973		9618
		15315		9619
JAMES F PANKANIN 230 S DEARBORN ST	USEPA CHGO IL 60604	4825		9620
JAMES F PANKANIN 230 S DEARBORN ST	USEPA CHGO IL 60604	2570		9621
DENNIS A TROUT 230 S DEARBORN ST	USEPA CHGO IL 60604	33373		9622GR50510 AP17137
non-responsive		47171		9623
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	7475		9624
PAMELA REKAR 230 S DEARBORN ST	USEPA CHGO IL 60604	2652		9625GR9335 AP6683
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	17825		9626
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	6300		9627

USE FOR FIRST CHECK NUMBER RANGE

USE FOR SECOND CHECK NUMBER RANGE IF APPLICABLE

SF 1167 a UCR
4 TFRM 2000
JULY 1973
1167 222

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA X | X ALIGN AREA

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO
11	2	2	68-01-1005	5A657

PAYEE, AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1,3,5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	7475		9628
HOWARD ZAR 230 S DEARBORN ST	USEPA CHGO IL 60604	2875		9629
////				

10330190

6
4
3
2
1
0

H

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANS) 3815
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PERSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Wilma E. Wells

7/23/81 — WILMA E. WELLS

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JUL 27 1981

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 9,216.50

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5037

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
921650	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3, 5, AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	921650		1599-1654

T5037 68011005 07/27/81

REG CK NO. END CK NO.

70,452,597 - 70,452,597

BEGINNING — ENDING

USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE

PUBLIC VOUCHER
FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41
FOR INSTRUCTIONS ON
COMPLETING THIS FORM

DEPARTMENT OR AGENCY, BUR AU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

BUR. VOU. NO.
59 -

U.S Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

PAID

SCHED. NO
T5037

THE UNITED STATES, R. ND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
071-0332

CARRIERS SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

DO N BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,385	9,216 50

FOR PAYMENT OF SERVICES
AS EVIDENCED BY ATTACHED SUBVOUCHERS

TOTAL NUMBER OF PSGRS: 56

MEMORANDUM

bjf

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ 50

VERIFIED BY
(SIGNATURE
OR INITIALS

TOTAL CLAIMED ➤ 216

PAID BY
CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

...KET REPORT

E. P. A. PERIOD (2 ... 5)

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME

REVIEWED BY: _____ DATE: AGE TOTAL: 319.50

APPROVED BY: ATE: RAND TOTAL:

TRAVEL VOUCHER
(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
[X] TEMPORARY DUTY
[ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5A657

5. TRAVELER (PAYEE)
a. NAME *(Last, first, middle initial)*: PANKANIN, JAMES F.
b. SOCIAL SECURITY NO.: non-responsve
c. MAILING ADDRESS *(Include ZIP Code)*: 230 South Dearborn Street, Chicago, Illinois 60604
0119
d. OFFICE TELEPHONE NO.: 353-2110
e. PRESENT DUTY STATION: CHGO, IL
f. RESIDENCE *(City and State)*: 853 West Cornelia, Chicago, ILLINOIS

6. PERIOD OF TRAVEL
a. FROM: July 14.
b. TO: July 14, '81

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS 12302
b. DATE(S): 7-7-81

8. TRAVEL ADVANCE
a. Outstanding 00 00
b. Amount to be applied 00 00
c. Amount due Government *(Attached: [ ] Check [ ] Cash)*
D. Balance outstanding 00 00

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

10. CHECK NO.

11. PAID BY 009631

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	TO (f)
5873-454-050	$112.00	SATO	COACH	7-13-81	CHICAGO, IL	MINNEAPOLIS, MN and Return

PAID

RECEIVED
SERVICES MGT. BR.
FINANCIAL OPN. SEC.
JUL 4 14 PM '81

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ James F. Pankanin DATE 7/16/81 AMOUNT CLAIMED ▶ $ 25.70

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Wm. E. Munn DATE 7/16/81

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO
b. D.O. SYMBOL
c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE (M)

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY *(Explain and show amount)* $
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* SJW $ 25 70
c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol):* $
d. NET TO TRAVELER ▶ $ 25 70

18. ACCOUNTING CLASSIFICATION
F N01940 1A6905N030 TS 12302
21.11 - 12.50
21.17 - 13.20
25.70

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: PANKANIN

DATE 19 81 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7-14	6:45A	Lv Residence via POW								16	3 60		
		11238											
	7:20	Ar. O'Hare 11254											
	7:45	Lv. O'Hare via NW #401											
	8:56	Ar. MN Airport											
	9:30	Site tour via MPCA car											
	12:30	Lunch		6 50								6.50	
	1:30	Meeting at MPCA office											
	6:20	Lv MPCA via MPCA car											
	7:00	Ar. MN Airport											
	7:15	Dinner			6 00							6.00	
	7:50	Lv. MN via NW #478											
	9:20	Ar. O'Hare											
	9:35	Lv. O'Hare via POV											
		11254											
		Parking											6.00
	10:20	Ar. Residence 11270								16	3 66		
		SUBTOTALS ▶									7.20	12.50	6.00
		TOTALS ▶									7.20	12.50	6.00

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

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

TOTAL AMOUNT CLAIMED ▶ $25.70

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

15-18304

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO. T 688134

2. DATE July 7, 1981

3. NAME AND TITLE James F. Pankanin

4. SOCIAL SECURITY NO. non-responsive

5. OFFICIAL STATION/ORGANIZATION 230 South Dearborn Street, Chicago, IL 60604 - U.S. EPA, Region V, Enforcement Division

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
July 14, 1981	July 14, 1981

6a. APPLICABLE REG'S [X] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, IL TO: MINNEAPOLIS, MN and Return CODE M

Informational meeting on the Reilly Tar case with USGS, MPCA & Minnesota Dept of Health.

6810200
1A6905N030

NO 1940

21.11 61.00
21.13 112.00
21.17 40.00
$213.00

Lucille
3-2110

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

7. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [ ] ACTUAL SUBS NTE $ 61.00 [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ AREA

8. MODE OF INTERCITY TRAVEL

OBLIGATED

a. [X] COMMON CARRIER [ ] PRIVATELY OWNED _____ AT A RATE OF _____ CENTS SUB-
b. [ ] AIR IN LIEU OF AMTRAK (NE corridor) [ ] TO DIV. OR [ ] *(Auto, Plane, etc)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC# _____ [ ] FOUND TO BE THE ADVANTAGE OF THE GOVERNMENT [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES
d. [ ] COMMERCIAL CAR RENTAL

9. TDY ALLOWANCE AUTHORIZED

	a. PUBLIC TRANSPORTATION
X	b. TAXI, LIMOSINE
	c. GOVMT OR CONTRACT RENTAL. BOAC# _____
	d. COMMERCIAL RENTAL
	e. REGISTRATION FEES
	f. EXCESS BAGGAGE _____ LBS

10. CHANGE OF STATION ALLOWANCES AUTHORIZED

	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
	b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. REAL ESTATE EXPENSES
	d. RESIDENCE HUNTING
	e. TEMPORARY QUARTERS
	f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

	APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
0501		

PURPOSE CODE

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
			2111		2141		2154		2134	
			2113		2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2218	
			2117		2151		2131		1217	
			TOTAL							

12. ORIGIN AND AUTHORIZATION

a. RECOMMENDED OFFICER'S SIGNATURE [signature]

NAME AND TITLE *(Typed)* Kenneth A. Fenner, Chief Water & Hazardous Materials Enforcement BR

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Sandra Gardebring

NAME AND TITLE *(Typed)* Sandra S. Gardebring, Director Enforcement Division

EPA Form 2610-1 (Rev. 7-79) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

FORM 2000 1973 5 225

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PERSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREIN AND ON SUPPORTING VOUCHERS

8/3/81 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

AUG 12 1981

SYMBOL ~~2080~~ 3071
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108

GR 1,962.30
AP 328.20
NET 1,634.10

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	2	68-01-1005	5A657

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
163410	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
LILLIAN BAGUS 230 S DEARBORN ST	USEPA CHGO IL 60604	3090		96[illegible]6GR12090 AP9000
GEORGE HAMPER 230 S DEARBORN ST	USEPA CHGO IL 60604	6491		9617
[redacted] non-responsive		5973		9618
		15315		9619
JAMES F PANKANIN 230 S DEARBORN ST	USEPA CHGO IL 60604	4825		9620
JAMES F PANKANIN 230 S DEARBORN ST	USEPA CHGO IL 60604	2570		9621
DENNIS A TROUT 230 S DEARBORN ST	USEPA CHGO IL 60604	33373		9622GR50510 AP17137
[redacted] non-responsive		47171		9623
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	7475		9624
PAMELA REKAR 230 S DEARBORN ST	USEPA CHGO IL 60604	2652		9625GR9335 AP6683
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	17825		9626
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	6300		9627

USE FOR FIRST CHECK SERIAL NUMBER RANGE

BEGINNING — ENDING

USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE

SF 1167 a JLR
a TFRM 2000
JULY 1978
1167 222

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X					X	ALIGN AREA
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY						
BUREAU OR OFFICE	REGION V						
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604						

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	2	2	63-01-1005	5A657

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1,3,5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
HORST WITSCHONKE 230 S DEARBORN ST	USEPA CHGO IL 60604	7475		9628
HOWARD ZAR 230 S DEARBORN ST	USEPA CHGO IL 60604	2875		9629
////				

10233190

5
4
3
2
1
0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRAN) 3815
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PERSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Wilma E. Wells

7/23/81 — WILMA E. WELLS

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JUL 27 1981

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 9,216.50

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5037

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
921650	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	921650		1599-1654

5
4
3
1
0

T5037 68011005 07/27/81

D O CHECK NUMBERS

REG CK NO. END CK NO.

70,452,597 - 70,452,597

BEGINNING — ENDING

USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE

PUBLIC VOUCHER
FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P.O. VOU.

DEPARTMENT OR AGENCY, BUR EAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

BUR. VOU NO.

599-

SCHED. NO.

T5037

U S Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

PAID

THE UNITED STATES, ITS ADDRESS

CARRIERS BILL NUMBER

071-0332

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS SCAC NUMBER

A.A.F.S.

SERVICES FURNISHED (CHECK ONE)

☐ FREIGHT ☒ PASSENGER

DO N BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,385	9216 50

TOTAL NUMBER OF PSGRS: 56

MEMORANDUM

bjf

DIFFERENCES	AMOUNT

AMOUNT VERIFIED-CORRECT FOR ➤ 50

VERIFIED BY (SIGNATURE OR INITIALS

TOTAL CLAIMED ➤ 216 0

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR 41 CFR 101-41

...KET REPORT

E. P.A. PERIOD( )

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1 2 3 4 5 6 7 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22	23 24 25 26 27 28 29 30 31 32	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79

REVIEWED BY: DATE: PAGE TOTAL: 319.50

APPROVED BY: DATE: GRAND TOTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. EPA, Region V, Enforcement Division

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.: SA 767

TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Pankanin, James F.

b. SOCIAL SECURITY NO.: non-responsive

6. PERIOD OF TRAVEL: a. FROM 7-23-81 b. TO 7-23-81

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, Chicago, Illinois 60604 00044

d. OFFICE TELEPHONE NO.: 353-2110

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TS-12448; b. DATE(S) 7-21-81

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State): 855 West Cornelia Apt. 2N, Chicago, Illinois

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	000 00
b. Amount to be applied	000 00
c. Amount due Government (Attached: [ ] Check [ ] Cash)	
d. Balance outstanding	000 00

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY: 011136

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5873454850	$112.00	Sato	COACH	7-22-81	CHICAGO, ILLINOIS	MINNEAPOLIS, MINN. AND RETURN

PAID

RECEIVED RESOURCES MGT. DIV. FINANCIAL CTR. SEP 17 1 52 PM

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ James F. Pankanin DATE 8/10/81 AMOUNT CLAIMED ▶ $ 43 | 43

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

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Wm E. Munn DATE 8/10/81

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. | b. D.O. SYMBOL | c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ ITEZOS STOL DATE 8/10/81

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: DW $ 43 | 43

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 43 | 43

18. ACCOUNTING CLASSIFICATION

~~1A6905N030~~ 6810200	TS-12448 ~~DGN-01955~~	21.11 21.15	6.00 22.73	21.17.	14.70	43

1012-114 N10002

STANDARD FORM 1012 (Rev. 10-27) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO. TS-12448

TRAVELER'S LAST NAME Pankanin

DATE 19 81 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 22.5 ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
7/23	6:15 A	Lv Residence via POV											
		to O'Hare mileage 11819											
		Ar O'Hare 11835								16	3 60		
	7:00 A	Lv O'Hare via NW#405											
	8:20 A	Ar Minneapolis, Minn.											
		Pick up Rental Car											
		from American International											
		TDY: To attend the											
		St. Louis Park Working											
		Committee Meeting on											
		Reilly Tar											
		Lunch		6 00								6 00	
		Parking while attending											
		the Meeting											1 50
		Return Rental Car											22 73
	4:50 P	Lv Minneapolis via NW#382											
	6:05 P	Ar O'Hare											
	6:20 P	Lv O'Hare via POV - 11835											
		Parking at O'Hare											6 00
	7:00 P	Ar Residence - 11851								16	3 60		
									SUBTOTALS ▶				
									TOTALS ▶		7 20	6 00	30 23

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶ 43 43

STANDARD FORM 1012 BACK (10-77)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO.

[XX] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION July 21, 1981

2. NAME AND TITLE
James F. Pankanin, Environmental Engineer

SOCIAL SECURITY NO. non-responsive

3. OFFICIAL STATION ORGANIZATION
230 South Dearborn Street Chicago, Illinois 60604

4. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
July 23, 1981	July 23, 1981

4a. APPLICABLE REG'S
[X] FTR'S [ ] JTR'S

4b. CONSULTANT
[ ] INTERMITTENT [ ] TEMPORARY

5. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS TO: MINNEAPOLIS, MINNESOTA AND RETURN CODE

PURPOSE: TO ATTEND THE ST. LOUIS PARK WORKING COMMITTEE MEETING ON REILLY TAR.

IA6905N030	21.11	61.00
6801200	21.13	112.00
	21.17	25.00
		198.00
	21.15	25.00
		223.00

JUSTIFICATION FOR RENTAL CAR -- TRAVELLER IS SAVING MORE MONEY RENTING A CAR THAN IF HE TRAVELLED BY TAXI TO HIS DESTINATIONS.

NO1955 TS 12448

Denise 3-2110

ANNUAL LEAVE AUTHORIZED FROM TO (Explanation required for leave)

7. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ACTUAL SUBSISTENCE NTE $ _____ [ ] ACTUAL SUBSISTENCE GSA HRGA $ _____

8. MODE OF INTERCITY TRAVEL

a. COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____
d. [X] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED SUBJECT TO DIFI OR DIZ
[ ] FOUND TO BE THE ADVANTAGE OF THE GOVERNMENT
[ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

9. TDY ALLOWANCE AUTHORIZED

a. PUBLIC TRANSPORTATION
b. TAXI, LIMOSINE
c. GOVMT OR CONTRACT RENTAL. *BOAC*
d. COMMERCIAL RENTAL
e. REGISTRATION FEES
f. EXCESS BAGGAGE LBS

10. CHANGE OF STATION ALLOWANCES AUTHORIZED

a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL AFFECTS
b. TRANSPORTATION OF IMMEDIATE FAMILY
c. REAL ESTATE EXPENSES
d. RESIDENCE HUNTING
e. TEMPORARY QUARTERS
f. MISCELLANEOUS EXPENSES

11. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 0501 SERVICING FINANCE OFFICE CODE

PURPOSE CODE CODE M

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	COD	AMOUNT	CODE	AMOUNT
			2111		2141		2154		2134	
			2113		2143		2153		2133	
			2114		2144		2155		2135	
			2115		2145		2156		2137	
			2116		2147		2157		2138	
			2117		2151		2131		1217	
			TOTAL							

12. ORIG[illegible]D AUTHORIZATION

a. R[illegible]D OFFICER'S SIGNATUR[illegible] NAME AND TITLE *(Typed)* [illegible]

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE NAME AND TITLE (Typed) Sandra S. Gardebring, Director, Enforcement Division

EPA Form 2610-1 (Rev. 7-79) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

SF 1166 [illegible]
4 TERM [illegible]
JUN 1973
[illegible] 225

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP)
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PERSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

9/21/81 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

SEP 23 1981

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108

GR 3,666.05
AP 1,354.61
NET 2,311.44

DESIGNATED AGENT
RONALD PEARMAN

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	3	68-01-1005	5A767

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
231144	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
DAVID BENO		7608		11111GR17608 AP10000
[redacted]				
JAMES K BLAND		14095		11112GR29095 AP15000
LEE BRAEM		2944		11113[redacted]
KATHRYN BROWN		4498		11114
TODD A CAYER		6781		11115
JOSEPH CLESCERI		5903		11116GR9403 AP3500
BASIL CONSTANTELOS		6750		11117[redacted]
RICHARD COX		276		11118GR6526 AP6250
IRVIN DZIKOWSKI		12596		11119
SANDRA ETO		470		111[redacted]20
THOMAS GRIFFIN		1765		11121
HARLAN HIRT		16400		11122
DAVID KEE	????	[redacted]		11123GR5896 AP[redacted]5000
DAVID KEE		896		11123GR5896 AP5000
[redacted]////				

5A767 68011005 09/23/81

NUMBERS

BEG CK NO. END CK NO.

75,871,113 - 75,871,152

USE FOR FIRST CHECK SERIAL NUMBER RANGE

FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE

SF 1167 & OCR
4 TERM 2000
JULY 1973
1167 222

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA X | X ALIGN AREA

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO. IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO
11	2	32	68-01-1005	5A767

PAYEE, AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1,3,5, AND 7 LINES 2,4,6 AND 8		AMOUNT	NO CHECK	VOUCHER NO.
JOHN KELLEY		4710		11124
TONY LEFFIN		1212		11125GR815[illegible]2 AP6940
MICHAEL W MACMULLEN		7540		11126
JAMES MCDERMOTT		11300		11127
HARRY B MARONEY		17491		11128
WILI	????			
WILLIAM D MESSENGER		11272		11129
WILLIAM D MESSENGER		15899		1130GR30899 AP15000
GARY MILBURN		3242		11131
WILLIAM MUNO		2205		11132
TIMOTHY OMARA		4470		11133
MICHAEL OTOOLE		1350		11134
STEPHEN OSTRODKA		150		1135GR7775 AP7625
JAMES PANKANIN		4343		11136
ROBERT PEARSON		1785		11137
DAVID A SCHULZ		4928		11138GR9556 AP4628
BARBARA SIDLER		1962		11139GR17480 AP15518
SHELDON SIMON		12370		11140
SHELDON SMITH		9150		11141
PETER SMITH		5950		11142
5 4 3 2 1 0 TORE STOLE		307		111543GR15307 AP 15000
GAIL SUCHMAN		2431		11144GR10931 AP8500

SF 1167 a OLH
S TFRM 2080
JULY 1973
1167 222

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X		X ALIGN AREA
DEPARTMENT OR ESTABLISHMENT	~~ENVIRONMENTAL PROTECTION AGENCY~~ REGION V		
BUREAU OR OFFICE			
LOCATION OF TRANSMITTING OFFICE	~~CHGO, IL 60604~~		

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	3	35	68-01-1005	5A767

PAYEE, AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1,3,5, AND 7 / LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
CHARLES SUTFIN	2200		11145
CHARLES SUTFIN	8000		11146
SALLY SWANSON	11247		11147
ROBERT TOLPA	360		11148GR7860 AP7500
PETER TONG	2738		11149GR7738 AP5000
HORST WITSCHONKE	1550		11150GR11550 AP10000
////			

5
4
3
2
1
0

SF 1166 ADOP
4 TERM 2000
JUN 1973
1166 225

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY	D O VOU NO (TRANSP) 4143
BUREAU OR OFFICE	REGION V	
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604	

PERSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION(S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS

Wilma E. Wells

8/18/81 WILMA E. WELLS

DATE AUTHORIZED CERTIFYING OFFICER

APPROPRIATION SUMMARY

68X0108 14,934.00

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

AUG 20 1981

SYMBOL 2080
CHICAGO, ILL.

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5039

FOR D.O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1493400	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIR LINES PITTSBURG PA 15251 //■//	PO BX 371608 M	1493400		1669-1751

T5039 68011005 08/20/81

BEG CK NO. END CK NO.

22,087,080 - 22,087,080

CHECK NUMBERS BEGIN

USE FOR FIRST CHECK SERIAL NUMBER RANGE

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM.

P.O. VOU. NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

PAID

SUB. VOU. NO. 1669 - 1751

SCHED NO T5039

THE UNITED STATES, OR, TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 071-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,386	14,934 00

1527

TOTAL NUMBER OF PSGRS: 83

MEMORANDUM

bjg

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	14,934 00
VERIFIED BY (SIGNATURE OR INITIALS)	
TOTAL CLAIMED ➤ 14,934 00	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101

TICKET REPORT

AGENCY (Name & Address)

E.P.A.

GTR NUMBER: D-7,632,886

PERIOD (From - To): 16JUL THRU 31JUL'81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0721	5873454784 ✓	24400	HALPERIN
0722	5873454792 ✓	24400	FLEMMER
	800 ✓	22800	MESSENGER
	808 ✓	16400	KERTCHER
	827 ✓	24400	SMITH
	847 ✓	11000	CZIKOWSKI
X	850 ✓	11200	PANKANIN
0723	5873454857 ✓	24600	PLISEY
	874 ✓	10800	KELLY
	875 ✓	13400	HINKLE
	928 ✓	11000	NEUBERGER
0724	5873454953 ✓	20600	HORVATIN
	954 ✓	9900	MATYSCHOK
	965 ✓	9000	FRUMM
	978 ✓	20600	SIDLER
	980 ✓	15000	MEYER
0727	5873455042 ✓	31400	RZEMOSKIE
	043 ✓	16400	KIM
	044 ✓	9000	HAMPER
	046 ✓	16400	CONSTANTEU
	047 ✓	16400	VANDERLAAN
	049 ✓	30200	CHRISTENSE

REVIEWED BY: DATE: 31JUL81 PAGE TOTAL: 3,440.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1298 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
- [X] TEMPORARY DUTY
- [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5A105 11/9/81

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): PANKANIN, JAMES F. 00137

b. SOCIAL SECURITY NO.: non-responsive [redacted]

c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street, Chicago, Illinois 60604

d. OFFICE TELEPHONE NO: 353-2110

e. PRESENT DUTY STATION: Chicago, Illinois

f. RESIDENCE (City and State): 853 West Cornelia, Chicago, Illinois

6. PERIOD OF TRAVEL
- a. FROM: 10-26-81
- b. TO: 10-27-81

7. TRAVEL AUTHORIZATION
- a. NUMBER(S): TS-20249
- b. DATE(S): 10-21-81

10. CHECK NO.

8. TRAVEL ADVANCE
- a. Outstanding: 00.00
- b. Amount to be applied: 00.00
- c. Amount due Government (Attached: [ ] Check [ ] Cash)
- D. Balance outstanding: 00.00

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED
- b. AMOUNT RECEIVED $
- c. PAYEE'S SIGNATURE

11. PAID BY: 001190

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL (e)	POINTS OF TRAVEL (f)
5875:219:719	$112.00	SATO	COACH	10-21-81	10-26-81	10-27-81

PAID

RECEIVED 2 NOV 81 BR. SEC. 1 48 PM '81

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ James F. Pankanin DATE 10/29/81 AMOUNT CLAIMED ▶ $92.14

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Wm. E. Muro DATE 10/29/81

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
- a. VOUCHER NO.
- b. D.O. SYMBOL
- c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 92.14

Certifier's initials: AJW

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 92.14

18. ACCOUNTING CLASSIFICATION

68-20X8145	TS-20249	21.11	48.08	~~21.13~~	~~112~~
2TGB05GT06	ND-1002	21.15	23.06	21.17	21.00

F

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

PANKANIN

DATE 19____ (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/26	10:00A	Lv. Residence via POV								16	3.60		
	11:20	Ar. O'Hare Airport Lv. O'Hare via NW #701											
	12:28	Ar. Minneapolis Airport											
		TDY: Meeting w/MPCA - Reilly Tar & Chemical											
		LODGING: Imperial 400 Motel - 2500 University Ave., S.E., MINNEAPOLIS, MN											
		MEALS AND LODGING	4.50	1.50	11.00			31.08				48.08	
		Parking GSA Contracted Car - American International Rent-A-Car											13.80
		CAR RENTAL											23.06
10/27		TDY: SAME AS ABOVE											
	1:00P	Lv. Meeting - Return Car											
	2:20	Lv. MN Airport via NW #716											
	3:30	Ar. Chgo O'Hare											
	4:30	Ar. Residence via POV								16	3.60		
									SUBTOTALS ▶				
									TOTALS ▶		7.20	48.08	36.86

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

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

TOTAL AMOUNT CLAIMED ▶ $92.14

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6250)

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO T ~~886589~~

2. DATE 10-21-81

3. NAME AND TITLE
JAMES F. PANKANIN - ENVIRONMENTAL ENGINEER

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
230 South Dearborn Street, Chicago, IL 60604

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	[X] SGTR'S	[ ] JTR'S
10-26-81	10-27-81	6b. CONSULTANT [ ] INTERMITTENT	[ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: IL, CHICAGO TO: ~~MINNESOTA~~ Minneapolis ~~XXXXXXX~~ AND RETURN

PURPOSE: Meeting with MPCA and Consultants to discuss proposed remedial actions for Reilly Tar and Chemical

JUSTIFICATION FOR RENTAL CAR: Traveller saving money renting a car rather than travelling by taxi to destinations.

ND1002 TS-20249

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ (Explanation required for leave)

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 61.00 [ ] ACTUAL SUBS GSA HRGA $ _____

COST LODGING NTE $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL

a. [X] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK (NE corridor)
c. [ ] GOVERNMENT-OWNED CONVEYANCE (GSA) AND GSA CONTRACTED. BOAC # _____
d. [X] COMMERCIAL CAR RENTAL
e. [ ] PRIVATELY-OWNED _____ (Auto, Plane, etc) AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED	11. CHANGE OF STATION ALLOWANCES AUTHORIZED
a. PUBLIC TRANSPORTATION	a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
b. TAXI, LIMOUSINE	b. TRANSPORTATION OF IMMEDIATE FAMILY
c. GOVMT OR CONTRACT RENTAL. BOAC #	c. REAL ESTATE EXPENSES
d. COMMERCIAL RENTAL	d. RESIDENCE HUNTING
e. REGISTRATION FEES	e. TEMPORARY QUARTERS
f. EXCESS BAGGAGE _____ LBS	f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145 ~~68-01200~~	

13. PURPOSE CODE
MODE M DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	122	2131		2143		2154	
			2113	112	2133		2144		2155	
			2114		2134		2145		2156	
			2115	75	2135		2147		2157	
			2116		2137		2151		2218	
			2117	50	2141		2153		1217	
			TOTAL	359						

14. ORIGINATION AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE William H. Wenner

NAME AND TITLE (Typed) Kenneth A. Fenner, Chief Water & Hazardous Materials Enforcement Br.

WEM

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE Sandra Gardebring

NAME AND TITLE (Typed) Sandra S. Gardebring Director, Enforcement Division

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL AUDIT

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSACTING OFFICE: CHGO, IL 60604

PAID BY

11/9/81 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

TREASURY DISBURSEMENT
DIVISION OF DISBURSEMENT
NOV 18 1981
SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

63X0108 8
DESIGNATED AGENT
RONALD PEARMAN

GR 1,951.54
AP 51.43
NET 1,900.11

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	5A105

GRAND TOTAL	NO-CHECK TOTAL
190011	

FOR D O USE ONLY

MEMORANDUM

PAYEE'S NAME (Last, First, Middle Initial) (Use only if necessary to identify payee)	ADDRESS, INVOICE NUMBER OR OTHER IDENTIFICATION (Use only if necessary to identify payee)	AMOUNT	NO CHECK	VOUCHER NO.
CATHY GARRA		10807		1192GR13250 AP2443
LIBBY HALPERIN		5175		1193
JOSEPH HARRISON		3285		1194
DONALD KOLLODGE		45068		11895
DONALD KOLLODGE		~~66937~~		~~1196~~
STEPHEN OSTRODKA		11175		1197
JAMES PANKANIN		9214		1198
CHARLES QUINLAN		7500		1199
MICHAEL STRIMBU	????	7100		1200
RICHARD TRAUB		8750		1201
HARRY VON HUBEN		8750		1202
CINDY WAKAT		6250		1203
MICHAEL STRIMBU		7100		1200GR9800 AP2700
////				

5A105 68011005 11/13/81

BEG CK NO. END CK NO.

81,132,596 - 81,132,607

VOUCHER AND SCHEDULE OF PAYMENTS

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

685

PAID BY

TREASURY DIVISION OF DISBURSEMENT
NOV 30 1981
SYMBOL 2000
CHICAGO, ILL.

11/24/81

RICHARD C. WALKER

68X0108 14,553.00

X | X ALIGN AREA

FONT	CHEE		AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5004

C... TOTAL	NO-CHECK TOTAL
1455300	

MEMORANDUM

			VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371603 M	1455300	194-271

T5004 68011005 11/30/81
LEG CK NO. END CK NO.
81,344,300 - 81,344,300

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU. NO

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U.S Environmental Protection Agency
Region V
) S. Dearborn
.icago, Illinois 60604

BUR VOU NO 194-271

SCHED. NO T5004

THE UNITED STATES DR TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P. O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 101-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
D-7,632,422	14,553	00
TOTAL NUMBER OF PSGRS: 78		
TOTAL CLAIMED ➤	14,553	00

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

bjf

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	14,553	—

VERIFIED BY (SIGNATURE OR INITIALS) Ora J White

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171-A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): E.P.A.

GTR NUMBER: D-7,632,422

PERIOD (From - To): 16OCT - 31OCT'81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
10 20	5875219629	31800	CZEMSKY
10 21	5875219643	12000	ADAMKUS
	644	12000	LEFFIN
	645	9900	MACDOWELL
	650	9000	GARBER
	651	5900	LEWIS
	664	5900	DZIKOWSKI
10 22	5875219713	13700	VANNER
	718	11400	BUTTONAH
	719	11200	PANKANIN
	720	11200	LENINGER
	723	9000	KELLEY
	724	20600	YEATES
	726	66600	ADAMS
	729	11200	BITTER
	732	12900	KYTE
10 23	5875219814	16400	REA
	818	18500	GANE
	819	16400	BRYSON
	823	12000	ROTHBLATT
	824	12000	KEE
	825	12000	GULLEKIAN

REVIEWED BY:

DATE: 31OCT81

PAGE TOTAL: 3149.00

APPROVED BY:

DATE:

GRAND TOTAL:

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO

4. SCHEDULE NO. 5A161 12/9/81

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial) 03058
PANKANIN, JAMES F.

b. SOCIAL SECURITY NO. non-resoinsive

6. PERIOD OF TRAVEL
a. FROM 11-12-81
b. TO 11-13-81

c. MAILING ADDRESS (Include ZIP Code)
230 South Dearborn Street
Chicago, Illinois 60604

d. OFFICE TELEPHONE NO
353-2110

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TS 20428
b. DATE(S) 11-4 -81

e. PRESENT DUTY STATION
Chicago, Illinois

f. RESIDENCE (City and State)
853 West Cornelia
Chicago, Illinois

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	0 00
b Amount to be applied	0 00
c Amount due Government (Attached: ☐ Check ☐ Cash)	0 00
D Balance outstanding	

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY
06183 PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5875:220:839	$112.00	SATO	COACH	11-10-81	CHICAGO, IL 11-12-81	MINNEAPOLIS, MN 11-13-81 AND RETURN

13 I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 1/18/81 AMOUNT CLAIMED ▶ $119 41

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14 This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 1/18/81

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 119 41
Certifier's initials: DW

c APPLIED TO TRAVEL ADVANCE (Appropriation symbol) $

d. NET TO TRAVELER ▶ $ 119 41

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a VOUCHER NO	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶

DATE 1/19/81

18 ACCOUNTING CLASSIFICATION

68-20X8145 TS-20428 21.11 60.72 21.17 19.20
2TGBo5GT06 ND-1003 21.15 39.49

119.41

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE ___ OF ___ PAGES

TRAVEL AUTHORIZATION NO TS-20423

TRAVELER'S LAST NAME PANKANIN

DATE 19____ (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 22.5¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11-12	6:30a	Lv. Residence via POV Ar. O'Hare Airport								16	3 60		3 60
	7:20 9:00	Lv. O'Hare via NW #401 Ar. Minneapolis Airport											
		TDY: Meeting w/MPCA - Reilly Tar & Chemdial LODGING: Super 8 Motel						28 22	28 22			28 22	JP
		2401 Prior Ave. North, Minneapolis, Minnesota MEALS		5 00	15 00	20 00			20 00			20 00	
11-13		CAR RENTAL GSA Contracted TDY: SAME AS ABOVE					JP						39 49
		MEALS RETURN RENTAL CAR	4 50	8 00		12 50			12 50			12 50	
	4:50p 6:00	Lv. MN Airport NW #382 Ar. O'Hare Airport Parking					JP						12 00
	7:00	Ar. Residence via POV								16	3 60		3 60
											JP		
									SUBTOTALS ▶		7 20	JP	
									TOTALS ▶		7 20	50 72	53 39

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

In compliance with the Privacy Act of 1974, the following information is provided Solicitation of the information on this form is authorized by 5 U S C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C. 6011(b) and 6109) and E O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED ▶

20428

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRAVEL AUTHORIZATION
(Read reverse before completing form)

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

1. NO XXXXXXXXXXXXXXXXXXXX
2. DATE November 4, 1981

3. NAME AND TITLE
JAMES F. PANKAHIN - ENVIRONMENTAL ENGINEER

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
230 S. DEARBORN STREET, CHICAGO, ILLINOIS 60604

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
November 12, 1981	November 13, 1981

6a. APPLICABLE REG'S
[X] SGTR'S [ ] JTR'S

6b. CONSULTANT
[ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: IL, CHICAGO TO: MNMINNEAPOLI AND RETURN

OBLIGATED

PURPOSE: Meeting with MPCA, MDH and USGS staff to organize Reilly Tar case files for computer retrieval system.

JUSTIFICATION FOR RENTAL CAR: Traveller saving money renting a car rather than travelling by taxi to destinations.

ND1003 TS20428

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)* Sharon 3-2110

8. DAILY METHOD OF REIMBURSEMENT
[ ] PER DIEM $ _____ PLUS AVERAGE [X] ACTUAL SUBS NTE $ 61.00 [ ] ACTUAL SUBS GSA HRGA $ _____
COST LODGING NTE $ _____ _____ AREA

9. MODE OF INTERCITY TRAVEL
a. [XX] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [X] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* = GS-075-04874
d. [ ] COMMERCIAL CAR RENTAL American Int'l Rent a Car
e. [ ] PRIVATELY-OWNED _____ *(Auto, Plane etc)* AT A RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED
- a. PUBLIC TRANSPORTATION
- b. TAXI, LIMOUSINE
- X c. GOVMT OR CONTRACT RENTAL. *BOAC* = GS-075-04874
- d. COMMERCIAL RENTAL
- e. REGISTRATION FEES
- f. EXCESS BAGGAGE _____ LBS

11. CHANGE OF STATION ALLOWANCES AUTHORIZED
- a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
- b. TRANSPORTATION OF IMMEDIATE FAMILY
- c. REAL ESTATE EXPENSES
- d. RESIDENCE HUNTING
- e. TEMPORARY QUARTERS
- f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE
CODE M DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	122.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115	75.00	2135		2147		2157	
			2116		2137		2151		2218	
			2117	50.00	2141		2153		1217	
			TOTAL	359.00						

14. ORIGIN AND AUTHORIZATION
a. RECOMMENDING OFFICER'S SIGNATURE [signature]
NAME AND TITLE *(Typed)* KENNETH A. FENNER, CHIEF WATER & HAZARDOUS MATERIALS ENFORCEMENT BR.

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE [signature] for
NAME AND TITLE *(Typed)* SANDRA S. GARDEBRING DIRECTOR, ENFORCEMENT DIVISION

WEM 80

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CBHGO, IL 60604

PAID BY

12/9/81 RICHARD C. WALKER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

DEC 15 1981

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0103

GR 6,446.40
AP 1,944.95
NET 4,501.45

Per Ora White 12/15/81 - Mail Checks to D.A. Ronald Pearman, 230 S. Dearborn, Chicago, IL 60604 fw

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	3	68-01-1005	5A161

FOR D.O. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
450145	

PAYEE AND IF NECESSARY ADDRESS LINES 1-2-3 AND 7	NO. OF NUMBER OTHER IDENTIFICATION LINES 2-4 AND 5	AMOUNT	NO. CHECK	VOUCHER NO.
DOMINGO ABELLA	????	5000		1790GR6550 AP5000
JONATHAN BARNEY		10280		1791
DIANE BARTELT		1240		1792
RICHARD BARTELT		6395		1793
MICHAEL BERMAN		6300		1794
MICHAEL BERMAN		5400		1795
PAUL BITTER		11469		1796
JACK BRAUN		16147		1797GR47346 AP31199
DONALD J BRUCE		13605		1798GR28605 AP15000
TODD CAYER		24668		1799
MARGARET CORRIGAN		16041		1800GR26830 AP10789
KENNETH W BURCH		9803		1801
JEFFREY GAGLER		9265		1802
DEBORAH GARBER		32150		1803
GEORGE HAMPER		7385		1804
GEORGE HAMPER		5850		1805

//// 5A161 68011005 12/15/81

BEG CK NO. END CK NO.

2

32,793,521 - 32,793,574

VOUCHER

MEMORANDUM

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	3	68-01-1005	SA151

PAYEE AND IF NECESSARY ADDRESS (LINES 1, 3, 5, AND 7)	INVOICE NUMBER OTHER IDENTIFICATION (LINES 2, 4, 6 AND 8)	AMOUNT	NO CHECK	VOUCHER NO.
HARLAN HIRT		11457		1806
HARLAN HIRT		9243		1807
HARLAN HIRT		17475		1808
HARLAN HIRT		11566		1809GR26566 AP15000
HARLAN HIRT		1310		1810
ANTHOY	????			
ANTHONY HOLOSKA		5062		1811
JAMES HOOPER		3784		1812
KATHLEEN HOMER		24317		1813GR39317 AP15000
DAVID KEE		6369		1814
DAVID KEE		19417		1815
DAVID KEE		4922		1816
DAVID KEE		2916		1817GR32916 AP30000
DAVID KEE		1842		1818GR31842 AP30000
DAVID KEE		9944		1819
PETER KELLY		10439		1820
MICHAEL KOERBER		2500		1821GR7500 AP5000
GREGG KULMA		4423		1822GR4660 AP237
ROBERT LEININGER		900		1823GR5900 AP5000
JONATHAN MCPHEE		9420		1824GR16920 AP7500
JONATHAN MCPHEE		9350		81825

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X
DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	3	3	68-019-1005	5A161

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
WILLIAM MUNO		4100		1826
WILLIAM MUNO		3005		1827
MICHAEL MUTNAN		2441		1828
NORMAN NIEDERGANG		3061		1829
STEVE OSTRODKA		6185		1830
MICHAEL C OTOOLE		14716		1831GR29716 AP15000
JAMES PANKANIN		11941		1832
CHARLES PYCHA		7350		1833
STEVE ROTHBLATT		3300		1834GR4400 AP1100
DAVID SCHULZ		5120		1835GR12620 AP7500
JANE SCHULTEIS		3000		1836
SIMON SHELDON		6550		1837
CHARLES SUTFIN		8400		1838
GREGORY VANDERLAAN		3430		1839GR4600 AP1170
MARK VENDL		3695		1840
HOWARD ZAR		6712		1841
HOWARD ZAR		10510		1842
HOWARD ZAR		2425		1843
DOMINGO ABELLA		1550		1790GR6550 AP5000
////				

VOUCHER AND SCHEDULE OF PAYMENTS

ENVIRONMENTAL PROTECTION AGENCY
REGION V
CHGO, IL 60604

686

PAID BY

1/24/81 RICHARD C. WALKER

DATE

APPROPRIATION

68X0108 11,531.00

NOV 30 1981

SYMBOL 2080
CHICAGO, ILL.

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NUMBER
11	1	1	68-01-1005	T5005

FOR D.C. USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
1153100	

PAYEE AND ADDRESS	PRESS INVOICE NUMBER	AMOUNT	NO CHECK	VOUCHER NO.
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	1153100		272-349

T5005 68011005 11/30/81

BEG CK NO. END CK NO.

81,344,301 - 81,344,301

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

SEE FPMR (41CFR) 101-41 FOR INSTRUCTIONS ON COMPLETING THIS FORM

P O VOU NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

BUR VOU NO 272-349

SCHED NO T5005

THE UNITED STATES, DR, TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P. O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 111-0332

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,423	11,531 00
TOTAL NUMBER OF PSGRS: (79)	

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

bjf

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	11,531 —

VERIFIED BY (SIGNATURE OR INITIALS) Rachel P. Holmlund

TOTAL CLAIMED ➤ 11,531 00

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR)

TICKET REPORT

Page ___ of ___

AGENCY (Name & Address)	GTR NUMBER
E.P.A.	D-7,632,423
	PERIOD (From - To)
	01 NOV THRU 15 NOV '81

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
1109	5875220795	16800	HOLOSKA
	797	7800	FILIPPINI
	818	10600	CANAVAN
	821	11200	BITTER
	824	9000	ADAMS
	832	11100	KNLMA
			TAYLOR
	4000730673	49300	ORLEMANN
1110	5875220839	11200	PANKANIN
	844	12000	ADAMKUS
	845	12000	LEFFIN
	846	10800	BOWDEN
	866	14600	KYTE
1112	5875220971	24400	OSTRODKA
	972	11200	HIRT
	973	25400	MADDOX
	976	11200	HIRT
	978	16400	SANDERS
	979	15800	BRAUN
	980	15800	BRUCE
	981	15800	WALDVOGEL
	982	15800	OTOOLE

X

REVIEWED BY:	DATE: 11/15/81	PAGE TOTAL: 3162.00
APPROVED BY:	DATE:	GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

RS-1296 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO. 5A-283 2/3/82

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): PANKANIN, JAMES F.
b. SOCIAL SECURITY NO. non-responsive [redacted]
c. MAILING ADDRESS (Include ZIP Code): 230 South Dearborn Street Chicago, IL 60604 0949
d. OFFICE TELEPHONE NO.: 353-2110
e. PRESENT DUTY STATION: CHICAGO, IL
f. RESIDENCE (City and State): 853 West Cornelia Chicago, IL

6. PERIOD OF TRAVEL
a. FROM: 1/15/82
b. TO: 1/16/82

7. TRAVEL AUTHORIZATION
a. NUMBER(S): TS20837
b. DATE(S): 11/14/82

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding: 00
b. Amount to be applied: 00
c. Amount due Government (Attached: ☐ Check ☐ Cash): 00
d. Balance outstanding: 00

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY 003053

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)*

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
112.00	SATO	COACH	11/14/82	CHICAGO, IL	MINNEAPOLIS, MN

5875:473:644

PAID

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ James F. Pankanin DATE 1/19/82 AMOUNT CLAIMED ▶ $ 83.74

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)*

APPROVING OFFICIAL SIGN HERE ▶ Wm. E. Munn DATE 1/19/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO	b. D.O. SYMBOL	c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 83 74
Certifier's initials: DAN

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 83 74

18. ACCOUNTING CLASSIFICATION

68-20X8145	TS-20837	21.11	69.04
2TGB05GT06	QF1005	21.17	14.70

F

83 74

1012-116

NSN 7530-00-634-4180

STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME: PANKANIN

DATE 1982 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAK FAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/15	8:00A	Lv. Residence to O'Hare via CTA & Airport Bus											6.35
	9:10	Ar. O'Hare Airport											
	9:25	Lv. via NW #159 to MN											
	10:37	Ar. MN											
	11:00	Ar. St. Paul via Taxi											2.00
		Attend Hearing											
		Ar. Raddisson St. Paul Hotel		4.50	15.00			41.04	60.54			60.54	
		Meals:											
1/16	9:30	Meeting on Reilly Tar											
		Meals:	3.50	5.00					8.60			8.50	
	3:04P	Lv. MN via UA #398 to CHGO											
	4:10P	AR. CHGO O'HARE Lv. O'Hare via Airport Bus,											6.35
		and CTS to Residence											
	6:20	Ar. Residence											
									SUBTOTALS ▶				
									TOTALS ▶			69.04	14.70

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

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

TOTAL AMOUNT CLAIMED ▶ $83.74

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 O - 341-526 (6250)

20837

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T [redacted]

2. DATE JANUARY 12, 1982

[X] ORIGINAL [ ] AMENDMENT [ ] CANCELLATION

3. NAME AND TITLE
JAMES F. PANKANIN — ENVIRONMENTAL ENGINEER

4. SOCIAL SECURITY NO.
non-responsive

5. OFFICIAL STATION/ORGANIZATION
230 SOUTH DEARBORN STREET CHICAGO, ILLINOIS 60604

6. PERIOD OF TRAVEL

STARTING DATE	ENDING DATE
JANUARY 15, 1982	JANUARY 16, 1982

6a. APPLICABLE REG'S [X] SGTR'S [ ] JTR'S

6b. CONSULTANT [ ] INTERMITTENT [ ] TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

FROM: CHICAGO, ILLINOIS TO: MNMINNEAPOLIS AND RETURN

PURPOSE: TO ATTEND HEARING AND MEETING REGARDONG REILLY-TAR CASE WITH REPRESENTATIVES OF THE DEPARTMENT OF JUSTICE AND MINNESOTA POLLUTION CONTROL AGENCY.

9F1005 T920837

DENISE, 3-2110

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

[ ] PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ [ ] ACTUAL SUBS NTE $ _____ [ ] ACTUAL SUBS GSA HRGA $

OBLIGATED

9. MODE OF INTERCITY TRAVEL

a. [XX] COMMON CARRIER
b. [ ] AIR IN LIEU OF AMTRAK *(NE corridor)*
c. [ ] GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____
d. [ ] COMMERCIAL CAR RENTAL

e. [XX] PRIVATELY-OWNED $61.00 *(Auto, Plane, etc)* SUBJECT TO E(1) OR E(2)
(1) [ ] FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) [ ] NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
XX	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC*# _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO. 68-20X8 145 — SERVICING FINANCE OFFICE CODE

13. PURPOSE CODE
CODE K DOMESTIC

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		2TGB05GT06	2111	122.00	2131		2143		2154	
			2113	112.00	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	30.00	2141		2153		1217	
			TOTAL	264.00						

14. ORIGINATING AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE _____ NAME AND TITLE (Typed) DALE S. BRYSON, CHIEF WATER QUALITY BRANCH

WEM

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations.

b. AUTHORIZING OFFICER'S SIGNATURE _____ NAME AND TITLE (Typed) BASIL G. CONSTANTELOS, ACTING DIRECTOR WASTE MANAGEMENT DIVISION

EPA Form 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED. FISCAL ACCOUNTING

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY — D.O. WOU NO. TRANSP

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION CITED OR OTHER FOR ON SUPPORTING VOUCHERS.

2/3/82 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY
TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
FEB - 9 1982
SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 — GR 4,027.71 / AP 896.37 / NET 3,131.34

DESIGNATED AGENT
RONALD PEARMAN

ALIGN AREA X — X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER	FOR D O USE ONLY
11	1	2	68-01-1005	5A283	MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
313134	

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
VALDAS V ADAMKUS		39500		3031
DANIEL BANASZEK		8109		3032
PAUL BITTER		23128		3033GR38128 AP15000
THOMAS BRAMSCHER		20035		3034
JEFF BRATKO		3900		3035GR9900 AP6000
JACK E BRAUN		2595		3036
CHARLES CASTLE		16915		3037GR31915 AP15000
RICHARD DALTON		12045		3038
NICHOLAS DAMATO		20005		3039
FRANK EKMAN		2165		3040
WILLIAM FRANZ		1191		3041GR11191 AP10000
SANDRA GARDEBRING		20420		3042
SANDRA GARDEBRING		4173		3043GR5160 AP987
SANDRA GARDEBRING		12350		3044
////				

5A283 68011C05 02/09/82

D O CHECK NUMBERS — BEGINNING — BEG CK NO. END CK NO. — ENDING

34,610,892 - 34,610,917

USE FOR FIRST CHECK — CHECK SERIAL NUMBER RANGE IF APPLICABLE

(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X		X	ALIGN AREA

DEPARTMENT OR ESTABLISHMENT	ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE	REGION V
LOCATION OF TRANSMITTING OFFICE	CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NO.
11	2	2	68-01-1005	5A283

PAYEE, AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5 AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
ROGER GRIMES	????	1348		[illegible]
ROGER GRIMES		1348		3045GR8848 AP7500
DONALD JOSIF		1016		3046
LAWRENCE KYTE		3760		3047GR3910 AP150
MICHAEL MACMULLEN		9100		3048
BARBARA MAGEL		2877		3049GR7877 AP5000
MICHAEL MUTNAN		18326		3050
MICHAEL MIKULKA		18410		3051
NORMAN NIEDERGANE		20441		3052GR35441 AP15000
JAMES PANKANIN		8374		3053
GARY VICTORINE		6114		3054GR21114 AP15000
HORST WITSCHONKE		22237		3055
HOWARD ZAR		14600		3056
////				

5
4
3
2
1
0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D O NO (TRANSF): 1346

PURSUANT TO AUTHORITY VESTED IN ME I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATIONS DESIGNATED HEREIN OR OTHER SUPPORTING VOUCHER

1/22/82 — RICHARD C. WALKER

DATE — AUTHORIZED CERTIFYING OFFICER

PAID BY

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT

JAN 28 1982

SYMBOL 2080
CHICAGO, ILL.

APPROPRIATION SUMMARY

68X0108 — 8,534.00

ALIGN AREA X

X ALIGN AREA

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5013

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
853400	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1, 3, 5, AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	853400		547-601

5
4
3
2

T5C13 68011C05 01/28/82

D O CHECK NUMBERS

BEG CK NC. END CK NC.

83,C64,55C - 83,C64,550

BEGINNING | ENDING

USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE

FOR TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U.S Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Illinois 60604

BUR. VOU. NO. 547-601

SCHED NO. T50B

TED STATES, DR., TO (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P. O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER: 012-0332

CARRIERS SCAC NUMBER: A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY: PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT
D-7,632,427	8,534 00

TOTAL NUMBER OF PSGRS: 55

MEMORANDUM

bjf

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	8,534 00
VERIFIED BY (SIGNATURE OR INITIALS)	Dan J. White
TOTAL CLAIMED ➤ 8,534 00	PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113A (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address)	GTR NUMBER
E.P.A.	D-7,632,427
	PERIOD (From - To)
	01 JAN THRU 15 JAN '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0113	5875473564	10800	FRANZ
0114	5875473636	9000	ROGERS
	637	16400	ADAMKUS
	642	24000	VENDL
	644	11200	PANKANIN
0115	5875473701	11200	SAULYS
	708	19300	KERTCHER
	711	16400	KYTE

REVIEWED BY:	DATE: 15JAN82	PAGE TOTAL: 1,183.00
APPROVED BY:	DATE:	GRAND TOTAL: 8,534.00

GENERAL SERVICES ADMINISTRATION

RS 1296 (4-80)

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	3. VOUCHER NO.
			4. SCHEDULE NO. V0002 10/13/83

5. TRAVEL (YEE)

a. NAME (Last, first, middle initial): [illegible] JAMES F. [redacted] non-responsive

[redacted] non-responsive

d. OFFICE TELEPHONE NO.: (312) 886 [illegible]

e. PRESENT DUTY STATION: REGION V

f. RESIDENCE (City and State): CHICAGO IL

6. PERIOD OF TRAVEL

a. FROM	b. TO
9/25	9/26

7. TRAVEL AUTHORIZATION

a. NUMBER(S)	b. DATE(S)
TS-34593	9-22-83

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding	0
b. Amount to be applied	0
c. Amount due Government (Attached ☐ Check ☐ Cash)	0
D. Balance outstanding	0

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

PAID

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon, if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with [illegible] transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5870:785:923	$150	SATO	COACH	9/23	Chgo, IL	Minneapolis, MN

BRANCH SEP 30 2 07 PM '83

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher

TRAVELER SIGN HERE ▶ [signature] DATE [illegible] AMOUNT CLAIMED ▶ $ 122.84

NOTE Falsification of an item in an expense account works a forfeiture of claim (28 U S C 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001)

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government *(NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a))*

APPROVING OFFICIAL SIGN HERE ▶ X R E Bartlett DATE 9/28/83

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES IF ANY (Explain and show amount)	$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:	$ 122.84
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	$
d. NET TO TRAVELER ▶	$ 122.84

18. ACCOUNTING CLASSIFICATION

68-20X8145 3TGB05FT06 FC 1008

TS34593 L

21.11	$63.35
21.14	5.74
21.17	53.75

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

Col (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to em ployee and marital status of children (unless information is shown on the travel authorization) *Complete only for actual expense travel*

Col (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost

(h) Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc (other than for meals)

(i) Complete for per diem and actual expense travel

(j) Show total subsistence expense incurred for actual expense travel

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col (j) or maximum rate

(n) Show expenses, such as taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc

Complete this information if this is a continuation sheet PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO TS-34593

TRAVELER'S LAST NAME PANKANIN

DATE 19 87 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE 21.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
9/25	6:45pm	Dp. Res via POV								14	3 01		
	7:25	Ar O'Hare											
	7:55	Dp O'Hare via NW 720											
	1:00	Ar. Minn airport											
	10:00	Ar. Hilton Inn via taxi			10 00			37 10				47 10	Taxi 25 00
9/26	8:30am	Ar MACA	4 00	6 25								10 25	
	6:30pm	Dp MACA via taxi											taxi 11 00
	7:40	Dp. Minn via NW 748			6 00							6 00	
	9:00	Ar O'Hare											Parking 7 75
	10:15	Ar. Res. via POV								14	3 01		
									SUBTOTALS ▶		5 84	63 35	43 75
									TOTALS ▶				0

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

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

TOTAL AMOUNT CLAIMED ▶ $122.84

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U S C Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E O 9397 of November 22, 1943, and 26 U S C 6011(b) and 6109 The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government The information will be used by officers and employees who have a need for the information in the performance of their official duties The information may be disclosed to appropriate Federal, State, local or foreign agencies when relevant to civil criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U S C 6011(b) and 6109) and E O 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement

U.S. ENVIRONMENTAL PROTECTION AGENCY

TRAVEL AUTHORIZATION

(Read reverse before completing form)

1. NO T XXXXXXXXXXXXXXXX

2. DATE 9-22-83

☒ ORIGINAL ☐ AMENDMENT ☐ CANCELLATION

3. NAME AND TITLE James Pankanin, Enviornmental Engineer/On-Scene Coordinatlr

4. SOCIAL SECURITY NO. non-responsive

5. OFFICIAL STATION/ORGANIZATION Waste Management Division, Remedial Response Branch, Remedial Response Section II

6. PERIOD OF TRAVEL		6a. APPLICABLE REG'S	
STARTING DATE	ENDING DATE	☐ SGTR S	☐ JTR'S
9-25-83	9-26-83	6b. CONSULTANT ☐ INTERMITTENT	☐ TEMPORARY

7. ITINERARY, PURPOSE AND OTHER DETAILS

From Chicago, Illinoss to Minneapolis, Minnesota and return. MNMINNEAPOLIS

Justification: To attend settlement meeting with Reilly Tar and Chemical Company, MPCA and DOJ..

T$34593 FC1008

ANNUAL LEAVE AUTHORIZED FROM _____ TO _____ *(Explanation required for leave)*

8. DAILY METHOD OF REIMBURSEMENT

☐ PER DIEM $ _____ PLUS AVERAGE COST LODGING NTE $ _____ ☒ ACTUAL SUBS NTE $ 75/day ☐ ACTUAL SUBS GSA RGMS _____ AREA

9. MODE OF INTERCITY TRAVEL

a. ☒ COMMON CARRIER
b. ☐ AIR IN LIEU OF AMTRAK *(NE corridor)*
c. ☐ GOVERNMENT-OWNED CONVEYANCE *(GSA)* AND GSA CONTRACTED. *BOAC* # _____
d. ☐ COMMERCIAL CAR RENTAL
e. ☐ PRIVATELY-OWNED _____ *(AUTO, ACFT)* AT RATE OF _____ CENTS SUBJECT TO E(1) OR E(2)
(1) ☐ FOUND TO BE ADVANTAGEOUS TO THE GOVERNMENT
(2) ☐ NOT TO EXCEED COST BY COMMON CARRIER INCLUDING CONSIDERATION OF PER DIEM ALLOWANCES

10. TDY ALLOWANCE AUTHORIZED		11. CHANGE OF STATION ALLOWANCES AUTHORIZED	
	a. PUBLIC TRANSPORTATION		a. SHIPMENT OF HOUSEHOLD GOODS & PERSONAL EFFECTS
☒	b. TAXI, LIMOUSINE		b. TRANSPORTATION OF IMMEDIATE FAMILY
	c. GOVMT OR CONTRACT RENTAL. *BOAC#* _____		c. REAL ESTATE EXPENSES
	d. COMMERCIAL RENTAL		d. RESIDENCE HUNTING
	e. REGISTRATION FEES		e. TEMPORARY QUARTERS
	f. EXCESS BAGGAGE _____ LBS		f. MISCELLANEOUS EXPENSES

12. COST ESTIMATE AND ACCOUNT CODES

APPROPRIATION NO.	SERVICING FINANCE OFFICE CODE
68-20X8145	

13. PURPOSE CODE DOMESTIC L

DOCUMENT CONTROL NUMBER	OBLIGATION DOCUMENT NUMBER	ACCOUNT NUMBER	OBJECT CLASS AND AMOUNT							
			CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
		3TGB05FT06	2111	$75	2131		2143		2154	
			2113	$150	2133		2144		2155	
			2114		2134		2145		2156	
			2115		2135		2147		2157	
			2116		2137		2151		2218	
			2117	$50	2141		2153		1217	
			TOTAL	$275						

14. ORIGIN AND AUTHORIZATION

a. RECOMMENDING OFFICER'S SIGNATURE R E Bartelt — NAME AND TITLE *(Typed)* R.E. Bartelt, Chief, RRB

"Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations."

E. AUTHORIZING OFFICER'S SIGNATURE — NAME AND TITLE *(Typed)* B.G. Constantelos, Director, WMD

EPA 2610-1 (Rev. 7-80) PREVIOUS EDITION MAY BE USED UNTIL SUPPLY IS EXHAUSTED.

FISCAL ACCOUNTING

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
WILLIAM MACDOWELL U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$47.00	TS34562	
WILLIAM MACDOWELL U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$73.00	TS34454	
CLYDE V MARION U S EPA ENV SVCS DIVISION 536 S CLARK CHICAGO IL 60605	$155.44	TS34537	
JAMES N MAYKA U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$52.83	TS34361	
JAMES N MAYKA U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$326.56	TS33962	
MADONNA F MCGRATH U S EPA GREAT LAKES 536 S CLARK CHICAGO IL 60605	$295.00	TS34370	
MADONNA F MCGRATH U S EPA GREAT LAKES 536 S CLARK CHICAGO IL 60605	$541.80	TS 34052	
MADONNA F MCGRATH U S EPA GREAT LAKES 536 S CLARK CHICAGO IL 60605	$185.30	TS34274	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
MADONNA F MCGRATH U S EPA GREAT LAKES 536 S CLARK CHICAGO IL 60605	$207.64	TS34053
MARK E MOLONEY U S EPA U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$162.50	TS34501
DIANN R MURPHY U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$27.25	TS34489
NORMAN R NIEDERGANG U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$102.13	TS34591
TIMOTHY B O'MARA U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$65.23	TS34559
non-responsive	$36.25	T879348
JOSEPH W PAISIE U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$14.00	TS34573
non-responsive	$122.84	TS34593

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
DANIEL A PAPCKE U S EPA U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$42.64	TS34392
DAVID A PAYNE U S EPA ENV SVCS DIVISION 536 S CLARK CHICAGO IL 60605	$74.20	TS34404
JOHN PERRECONE U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$90.90	TS34632
JOHN PERRECONE U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$45.90	TS34633
[redacted] non-responsive	$143.25	T808083
	$52.40	TS34599
ROSS E POWERS USEPA 9311 GROH ROAD GROSSE ILE MI 48138-1697	$74.74	TS 34119
ANTHONY L RESTAINO C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$33.41	TS34335

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
JUDY A ROBERTS U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$239.87	TS34522
non-responsive	$115.58	TS 34543
WILLIAM H SANDERS U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$136.62	TS34531
JANE E SCHULTEIS U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$44.50	TS34355
JANE E SCHULTEIS C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$43.86	TS34544
DAVID A SCHULZ U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$119.20	TS34453
DAVID A SCHULZ C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$49.44	TS34595
KENNETH R SKAHN C/O LEONORA SANTELLI US EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$16.98	TS34530

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
[redacted] non-responsive	$87.50	TS 34601
	$10.00	TS 34630
MARTIN G TREMBLY U S EPA U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$120.78	TS34387
LAVARRE D UHLKEN U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$88.82	TS 34542
DAVID A ULLRICH U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$34.00	TS 34441
DAVID A ULLRICH U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$74.00	TS34545
GREGORY A VANDERLAAN 607 PROSPECT ELMHURST IL 60126	$3.00	TS 34600
MARK A VENDL U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$58.37	TS34461

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
MARK VENDL U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$112.96	TS34549
MARK A VENDL U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$29.95	TS34528
CINDY WAKAT U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$23.72	TS34525
DANIEL C WATSON U S EPA U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$93.40	TS34581
DANIEL C WATSON U S EPA U S EPA ENV SVCS DIV 25089 CENTER RIDGE RD WESTLAKE OH 44145	$79.90	TS34580
ED WATTERS U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$76.66	TS34523
GARY A WILLIAMS U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$98.09	TS34314
GARY A WILLIAMS U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$107.69	TS34484

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 474

STATION NO. 68-01-1005
SCHEDULE NO. V0002
DATE 10/13/83

DATE RUN
10/13/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE # OR PAYMENT ID. LINE
KENNETH A WESTLAKE U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$9.35	TS34339
DAVID W WILMA U S EPA FINANCIAL MGMT 230 S DEARBORN CHICAGO IL 60604	$74.76	TS34605
R EDWIN ZYLSTRA U S EPA ENV SVCS DIVISION 536 S CLARK CHICAGO IL 60605	$65.18	TS34428

SCHEDULE V0002 HAS 51 TOTAL CHECKS FOR $4986.39

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

10-13-83
DATE

Rachel B. Hahnel
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
230 SOUTH DEARBORN
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
(IN LIEU OF SF-1166)

Certifying Officer
Phone # 886-7508

CONFIRMATION OF FACSIMILE TRANSMISSION

STATION NO. 68-01-1005
TAPE NO. 488

11-7-83

SCHEDULE NO.	D.A.	AMOUNT	CHECKS	PAID BY
A0012		$1645.00	7	
G0039		$235761.00	5	
I0013		$1880.00	1	
I0014		$28.81	1	TREASURY DEPARTMENT DIVISION OF DISBURSEMENT
P0024		$50074.71	3	
P0025		$102469.35	1	
P0026		$34499.73	3	NOV 08 1983
P0027		$3288.36	3	
T0005 - 994		$3355.00	2	3131
T0006 - 995		$22095.35	1	DENVER, COLORADO

BEG-ENDING CHECK NO.
71784 999
71785 025

27 CHECKS TOTALING $455097.31

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENTS

11-7-83
DATE

Rachel P. [illegible]
AUTHORIZED CERTIFYING OFFICER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
FINANCIAL OPERATIONS SEC.
CHICAGO, IL. 60604
VOUCHER AND SCHEDULE OF PAYMENT
MAGNETIC TAPE NO. 488

STATION NO. 68-01-1005
SCHEDULE NO. T0006
DATE 11/07/83

DATE RUN
11/07/83

VENDORS NAME AND ADDRESS	AMOUNT	INVOICE #	OF PAYMENT ID. LINE
AMERICAN AIRLINES PO BOX 371608 M PITTSBURGH PA 15251	$22095.35	093 0333	

PAID

SCHEDULE T0006 HAS 1 TOTAL CHECKS FOR $22095.35

I CERTIFY THAT THE ITEMS LISTED HEREIN
ARE CORRECT AND PROPER FOR PAYMENT

11-7-83
DATE

Rachel P. Haberland
AUTHORIZED CERTIFYING OFFICER

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS	SEE FPMR (41 CFR) 101 41 FOR INSTRUCTIONS ON COMPLETING THIS FORM	P O VOU NO

DEPARTMENT OR AGENCY BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

US Environmental Protection Agency
Region V
230 South Dearborn St.
Chicago, Illinois 60604

BUR VOU NO

SCHED NO T0006

THE UNITED STATES DR TO (PAYEE S NAME AND ADDRESS)

AMERICAN AIRLINES
P.O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER 093-0333

CARRIERS SCAC NUMBER A.A.F.S.

SERVICES FURNISHED (CHECK ONE) ☐ FREIGHT ☒ PASSENGER

PAID BY PAID

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT	
	22,095	35
D-7,632,998		
TTL PAX THIS BILL ~~130~~ 129		

RECEIVED FINANCIAL DIVISION OCT 5 11 32 AM '83

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM
30sept83

cpa

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED-CORRECT FOR ➤	22,095	35

VERIFIED BY (SIGNATURE OR INITIALS) Leonora S. Santee

TOTAL CLAIMED ➤ 22,095 35

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-41

TICKET REPORT

AGENCY (Name & Address): EPA

GTR NUMBER: D-7,632,998

PERIOD (From - To): 16 SEPT - 30 SEPT '83

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0922	5870785900	9200	SCHULZ
	9003	26880	KIZLAUSKAS
	9008	15800	LEVIN
	9012	16400	LEDER
	9018	26880	ROCKWELL
	9022	15000	BITTER
	9023	15000	PANKANIN
	9065	36500	ROBERTS
0923	5870786007	26600	BOWDEN
	0008	15200	LEININGER
	0010	17100	RUTTER
0926	125	17400	HUDDLESTON
	133	15400	ROBERTS
	136	24000	BIKINIS
	137	11400	AKMAN
	138	11400	KEE
	139	11400	FREY
	140	9200	BAUMGARTNE
	141	9200	KAPLAN
	142	16400	ADAMS
	146	11000	BARTELT
	147	11400	SAYROPPULO

REVIEWED BY:

DATE: 30 Sept '83

PAGE TOTAL: 3,687.60

APPROVED BY:

DATE:

GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION

SS-1200 (4-80)

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: U.S. ENV. PROT. AGENCY / REGION V

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO. 7612

4. SCHEDULE NO. SA 146 7/2/82

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): TALIAFERRO, DAVID 9046

c. MAILING ADDRESS (Include ZIP Code): 230 S. DEARBORN ST. CHICAGO, IL 60604

d. OFFICE TELEPHONE NO. 886-6826

7. TRAVEL AUTHORIZATION

a. NUMBER(S): TS 32563 DB 1002

b. DATE(S): 6/7-6/9

e. PRESENT DUTY STATION: CHGO, IL

f. RESIDENCE (City and State): CHICAGO, IL

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding: 150 —

b. Amount to be applied: (150) —

c. Amount due Government (Attached: [ ] Check [ ] Cash): —

d. Balance outstanding: 0

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
5876-537-134	112.00	NW	Y	6/7/82	CHICAGO, IL	MINNEAPOLIS, MN
					& RETURN	

PAID

RECEIVED 30 12 46 FIN '82 DIGITAL MANAGEMENT BRANCH

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ David M. Taliaferro DATE 6/10/82 AMOUNT CLAIMED ▶ $ 171 45

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE ▶ Michael D. Smith DATE 6-29-82

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE 12/15/82

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $ 171 45

Certifier's initials: AU

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): CR TA-8X0108 $ 150 00

d. NET TO TRAVELER ▶ $ 21 45

18. ACCOUNTING CLASSIFICATION

6830200 2TG80SGT06 2111 ~~$150.00~~ 2113 ~~112.00~~ 2117 ~~75.00~~ TOTAL ~~$337.00~~

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

EPA Form 2610-1 (Rev. 7-80)

[X] ORIGINAL

3. NAME AND TITLE: TALIAFERRO, I

5. OFFICIAL STATION/ORGAN: Chicago, Ill

6. STARTING DATE

7. ITINERARY, PURPOSE ANI: June 7, 1982

ITINERARY: Le

PURPOSE: Meet

8. DAILY METHOD OF REIMB

ANNUAL LEAVE AUTHORIZE

9. MODE OF INTERCITY TRA

a. [XXX] COMMON CARRIER

b. [XX] AIR IN LIEU OF AMTR

c. [XXX] GOVERNMENT-OWNED

d. [ ] COMMERCIAL CAR REN

GSA CONTRACTED. BC

[ ] PER DIEM $ ____

COST LODGING NTE $

10. TDY AI

a. [X] PUBLIC TRANSPORTA

b. [X] TAXI, LIMOUSINE

c. GOVMT OR CONTRACT

d. COMMERCIAL RENTAL

e. REGISTRATION FEES

f. EXCESS BAGGAGE

12. COST ESTI

APPROPRIATION NO. 6820000

OBLIGATION DOCUMENT NUMBER

DOCUMENT CONTROL NUMBER

14. ORIGIN AND AUTHORIZA

a. RECOMMENDING OFFICER: Roger

b. AUTHORIZING OFFICER: Roger

Authority is granted to trav applicable regulations.

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet. PAGE 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO

TRAVELER'S LAST NAME: TALIAFERRO

DATE 1982 (a)	TIME (Hour and ℓ am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE ¢ / NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/7/82	11:20am	LV: CHICAGO											
	12:50pm	TAXI TO MPCA					15 45					15 45	
	1:30pm	LUNCH		6 20									6 20
	6:30pm	DINNER			15 00								15 00
6/8/82	9:00am	BREARFAST	4 25										4 25
	12:30pm	LUNCH		4 75									4 75
	7:00pm	DINNER			15 00								15 00
6/9/82	12:30pm	LUNCH		4 75									4 75
	5:00pm	ARR: CHGO, IL											
	6:30pm	PARKING					17 25					17 25	
		HOTEL (2 NIGHTS)						88 80				88 80	
									SUBTOTALS ▶			121 50	49 95
									TOTALS ▶			121 50	49 95

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

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

TOTAL AMOUNT CLAIMED ▶ 171 45

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E O 11609 of July 22, 1971, E O 11012 of March 27, 1962, E.O 9397 of November 22, 1943, and 26 U.S C 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1981 0 - 341-526 (6643)

STANDARD FORM 1012 BACK (10-77)

VOUCHER AND SCHEDULE OF PAYMENTS
(CONTINUATION SHEET)

MEMORANDUM

ALIGN AREA	X				X	ALIGN AREA

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGENCY
BUREAU OR OFFICE: REGION V
LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

FONT	SHEET	OF	AGENCY STATION NO.	SCHEDULE NO.
11	2	2	68-01-1005	5A746

PAYEE AND IF NECESSARY ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5 AND 7	LINES 2, 4, 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO.
JOHN NAGY		1310		7606
FRED MORLING		8985		7607
TIMOTHY OMARA		5103		7608GR25103 AP20000
GERALD PHILLIPS		5725		7609
JOHN SUMMERHAYS		1245		7610
DAVID TALIAFERRO		15022		7611GR17522 AP2500
DAVID TALIAFERRO		2145		7612GR17145 AP15000
EDWARD WOJCIECHOWSKI		12564		7613GR25365 AP12801
WAYNE BENNETT		1342		7[illegible]591GR6342 AP5000
////				

5
4
3
2
1
0

VOUCHER AND SCHEDULE OF PAYMENTS

DEPARTMENT OR ESTABLISHMENT: ENVIRONMENTAL PROTECTION AGECNY

BUREAU OR OFFICE: REGION V

LOCATION OF TRANSMITTING OFFICE: CHGO, IL 60604

D O VOU NO TRANSP 2941

PAID BY

6/22/82 — DATE

RICHARD C. WALKER — AUTHORIZED CERTIFYING OFFICER

TREASURY DEPARTMENT
DIVISION OF DISBURSEMENT
CHICAGO, ILL

SYMBOL 2082 JUN 23, 1982
68-01-1005 T5028
BEG CK NO. 01,899,675
END CK NO. 01,899,675

PROPRIATION SUMMARY

68X0108 22,146.65

ALIGN AREA X

FONT	SHEET	OF	AGENCY STATION NO	SCHEDULE NUMBER
11	1	1	68-01-1005	T5028

FOR D O USE ONLY

MEMORANDUM

GRAND TOTAL	NO-CHECK TOTAL
2214665	

PAYEE AND IF NECESSARY ADDRESS INVOICE NUMBER OTHER IDENTIFICATION LINES 1 3 5 AND 7	LINES 2 4 6 AND 8	AMOUNT	NO CHECK	VOUCHER NO
AMERICAN AIRLINES PITTSBURGH PA 15251 ////	PO BX 371608 M	2214665		1574-1696

5
4
3
2
1

O CHECK NUMBERS	BEGINNING	ENDING	BEGINNING	ENDING
	USE FOR FIRST CHECK SERIAL NUMBER RANGE		USE FOR SECOND CHECK SERIAL NUMBER RANGE, IF APPLICABLE.	

PUBLIC VOUCHER FOR TRANSPORTATION OF PASSENGERS

FOR INSTRUCTIONS ON COMPLETING THIS FORM

DEPARTMENT OR AGENCY, BUREAU OR SERVICE AND LOCATION SHOWN ON SUBVOUCHERS

U S Environmental Protection Agency
Region V
230 S. Dearborn
Chicago, Il 60604

PAID

BUR VOU NO
1574—1696

SCHED NO
T5028

THE UNITED STATES OF (PAYEE'S NAME AND ADDRESS)

AMERICAN AIRLINES
P O. BOX 371608 M
PITTSBURGH, PA. 15251

CARRIERS BILL NUMBER
C62-0332

CARRIER'S SCAC NUMBER
A.A.F.S.

SERVICES FURNISHED (CHECK ONE)
☐ FREIGHT ☒ PASSENGER

PAID BY

DO NOT BILL GBL AND GTR CHARGES ON THE SAME FORM

ALPHA PREFIX AND SERIAL NO OF SUBVOUCHER	AMOUNT
D-7,632,597	22,146 65
TTL PAX THIS BILL 123	

FOR PAYMENT OF SERVICES AS EVIDENCED BY ATTACHED SUBVOUCHERS

MEMORANDUM

cpa

RECEIVED
FINANCIAL MANAGEMENT BRANCH
JUN 17 12 04 PM '82

DIFFERENCES	AMOUNT
AMOUNT VERIFIED-CORRECT FOR ➤	22,146 6

VERIFIED BY (SIGNATURE OR INITIALS) Rachel P. Goldstein

TOTAL CLAIMED ➤ 22146 65

PAID BY CHECK NO. ➤

ACCOUNTING CLASSIFICATION

STANDARD FORM 1113 (REV. 3-77)
(SUPERSEDES SF-1171—A)
PRESCRIBED BY GSA, FPMR (41 CFR) 101-

TICKET REPORT

AGENCY (Name & Address): EfA

GTR NUMBER: D-7,632,597

PERIOD (From - To): JUN 01 - JUN 15 '82

ISSUE DATE	TICKET NUMBER	AMOUNT	PASSENGER NAME
0603	7653711 05	21000	NEILL
	106	17300	KULHA
	107	18700	HENER
	108	37800	FULLER
	109	20600	JONES
	110	11200	ELAH
	118	16400	BARTELT
	134	11200	TALIAFERRO
	139	31800	BENEDICT
	150	21800	KYTE
	152	21800	REKAR
	155	16400	JONES
	156	19100	KUSH
0604	168	22000	KARL
	169	10800	MCGRATH
	173	11200	LEININGER
	175	22100	MINER
	205	11800	DYER
	245	32200	SAULYS
0607	261	24200	LUECK
	262	11000	WATTS
	263	25600	MCGRATH

REVIEWED BY: DATE: 15 JUN 82 PAGE TOTAL: 3,771.00

APPROVED BY: DATE: GRAND TOTAL:

GENERAL SERVICES ADMINISTRATION