POOR QUALITY ORIGINAL
REDACTED VERSION

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

January 4, 2000

MEMORANDUM

SUBJECT: Oil Spill Cost Recovery Documentation
CASTEX INCORPORATED
Federal Project Number (FPN) 086144 (Site Z6-63)

FROM: John Eagles, Chief
Superfund Accounting Section (6MD-RA)

TO: James C. Staves, Chief
Preparedness & Prevention Team (6SF-RP)

Attached is the Cost Documentation and Summary Reports for the subject site (Castex Incorporated) documentation includes two copies of the cost package prepared by my office.

The total recoverable cost reported is $115,280.53 as summarized below:

Region VI Payroll Costs	**$**	**25,831.93**
Region VI Travel Costs	**$**	**7,095.07**
Region VI Contract Costs	**$**	**82,353.53**
TOTAL COSTS	**$**	**115,280.53**

These costs cover expenditures claimed from April 1, 1998 through November 30, 1999. Our prior cost package covers costs from inception to March 31, 1998.

If there are questions concerning this package, please contact me at (214) 665-6535 or Laverne Baker at (214) 665-7462.

Attachment

90088037

INFORMATION COVERED BY CONFIDENTIAL BUSINESS INFORMATION AND THE PRIVACY ACT

The following list identifies those types of personal information that must be redacted before cost documentation may be produced during discovery or at trial. It must be noted that this list is not all-inclusive. Because of the widely varying types of invoices, vouchers, forms and other documents that will be produced, there may be other types of information, not identified here, that are entitled to be withheld from disclosure.

Social Security Numbers

Credit card numbers

Type of credit card (as indicated on either the card imprint, on the preprinted form, or hand written)

Home address

Home telephone number

All non-business calls (place and number called, time, amount, and bill total) on personal telephone bill

Drives license number

Comments on travel voucher such as "Stayed with Relatives"

Annual and sick leave balances

Time card or time sheet comments

Coded information on front of time card

In addition, as noted in the text, all information relating to sites other than the one for which the documentation is to be produced should be redacted. This typically involves only time sheets, time cards and travel vouchers.

I have received the cost documentation for the following site:

CASTEX INCORPORATED FPN #086144 / Site Z6-63
Timeframe: APRIL 01, 1998 THRU NOVEMBER 30, 1999

and will ensure that EPA information covered by Confidential Business Information and the Privacy Act will be redacted before the information is produced for discovery or trial purposes.

Signature and Title

1/7/00
Date

Prepared 01-04-00

CASTEX INCORPORATED

FPN 086144 / SITE Z6-63

EPA PAYROLL, TRAVEL, AND CONTRACT COSTS
Additional Cost
Covers Costs From April, 1998 through November, 1999
START Costs through November 30, 1999

I certify that the amounts and other accounting data contained within this cost documentation package for Region VI, are accurate and adequately documented.

Laverne Baker
Laverne Baker
Financial Specialist

CASTEX INCORPORATED
Additional Costs Since 4-1-98
FPN 086144 / Site # 63

	REIMBURSABLE	NON-REIMBURSED	RECOVERABLE
PAYROLL COSTS	$6,047.30	$19,784.63	$25,831.93
TRAVEL COSTS	$7,095.07	$0.00	$7,095.07
CONTRACT COSTS			
TAT	$0.00	$0.00	$0.00
ERCS	$0.00	$0.00	$0.00
START	$82,353.53	$0.00	$82,353.53
TOTAL COSTS	$95,495.90	$19,784.63	$115,280.53

CASTEX INCORPORATED
Additional Costs Since 4-1-98
FPN 086144 / Site # 63

YEAR	PAYROLL	TRAVEL	CONTRACTS
FY 1995	$0.00	$0.00	$0.00
FY 1996	$0.00	$0.00	$82,535.53
FY 1997	$0.00	$0.00	$0.00
FY 1998	$25,344.14	$7,095.07	$0.00
FY 1999	$457.16	$0.00	$0.00
FY 2000 thru Nov. 99	$30.63	$0.00	$0.00
Recoverable	$25,831.93	$7,095.07	$82,353.53

REIMBURSABLE

YEAR	PAYROLL	TRAVEL	CONTRACTS
FY 1995	$0.00	$0.00	$0.00
FY 1996	$0.00	$0.00	$82,353.53
FY 1997	$0.00	$0.00	$0.00
FY 1998	$5,594.01	$7,095.07	$0.00
FY 1999	$422.66	$0.00	$0.00
FY 2000 thru Nov. 99	$30.63	$0.00	$0.00
Reimbursable	$6,047.30	$7,095.07	$82,353.53

FPN: 086144
Site #63

INCIDENT NAME: CASTEX INCORPORATED

EPA PERSONNEL COSTS (Note)

NAME	PAY PER	FIXED ACCT NO	GRADE	REG HOURS	OT	REIMB COSTS	RECOV COSTS
1 Carolyn Hansen	98-22	98 T 06L FAX 0600BN00	11	2	0	$57.19	$57.19
2 Carolyn Hansen	98-24	98 T 06L FAX 0600BN00	11	4	0	$114.37	$114.37
3 Carolyn Hansen	99-01	99 T 06L 50102D 0600BN00	11	2	0	$57.19	$57.19
4 Carolyn Hansen	99-04	99 T 06L 50102D 0600BN00	11	2	0	$59.04	$59.04
5 Carolyn Hansen	99-11	99 T 06L 50102D 0600BN00	11	2	0	$61.29	$61.29
6 Carolyn Hansen	99-17	99 T 06L 50102D 0600BN00	11	5	0	$153.22	$153.22
7 Carolyn Hansen	99-22	99 T 06L 50103E 0600BN00	11	1	0	$30.64	$30.64
8 Carolyn Hansen	99-23	99 T 06L 50103E 0600BN00	11	1	0	$30.64	$30.64
9 Carolyn Hansen	99-25	99 T 06L 50103E 0600BN00	11	1	0	$30.64	$30.64
10 Carolyn Hansen	2000-01	2000 T 06L 50102D 0600BN00	11	1	0	$30.63	$30.63
11 Nancy L. Jones	98-19	98 T 06L FAX 0600BN00	12	18	0	$430.61	$430.61
12 Kathleen Robinson	99-11	99 H 06L 50203D Z600	12	1	0	$0.00	$34.50
13 Robert Ryan	98-14	98 H 06L G7X Z600	13	24	9	$259.75	$1,189.26
14 Robert Ryan	98-15	98 H 06L G7X Z600	13	80	28	$808.11	$3,906.47
15 Robert Ryan	98-16	98 H 06L G7X Z600	13	72	23	$663.33	$3,452.47
16 Robert Ryan	98-17	98 H 06L G7X Z600	13	80	30	$865.83	$3,964.19
17 Robert Ryan	98-18	98 H 06L G7X Z600	13	56	17	$490.00	$2,672.88
18 Robert Ryan	98-19	98 H 06L G7X Z600	13	80	30	$865.83	$4,054.11
19 Robert Ryan	98-20	98 H 06L G7X Z600	13	72	21	$606.08	$3,475.53
20 Robert Ryan	98-26	98 H 06L G7X Z600	13	40	15	$432.91	$2,027.06

TOTAL EPA PERSONNEL COSTS: $25,831.93

ATTACHMENTS:

✓ Timesheets (Note: Timesheets and payroll reports must be redacted to remove information protected by the Privacy Act, including Social Security Numbers, etc.)

____ Payroll Report

Note: If FAN is a Superfund Account, all time charges are reimbursable. If FAN is a oil account, only overtime charges are reimbursable.

UNITED STATES ENVIRON NTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	22	From: 7/19/1998 To: 08/01/98	( )	8525

Account Name / Account Description	FY	Approp Code	Budget Org/Code	Program Element	Site Project	Sun 7/19 / 7/26	Mon 7/20 / 7/27	Tue 7/21 / 7/28	Wed 7/22 / 7/29	Thu 7/23 / 7/30	Fri 7/24 / 7/31	Sat 7/25 / 8/1	Reg. Hrs	OT Hrs.	Haz. Duty	Night Diff.	Sun/ Hol	C/D
FIXED FAN 1	98	T	06L	FAX	0600BN00		5.00	7.00	9.00	9.00	5.00		68					
REMOVAL SUPPORT/MANAGEMENT							7.00	9.00	8.00	9.00								
11TH STREET DRUM	98	T	06L	FAX	06EFBN00								1					
REMOVAL SUPPORT/MANAGEMENT									1.00									
BROUSSARD CHEMICAL CO.	98	T	06L	FAX	06BTBN00			2.00					2					
REMOVAL SUPPORT/MANAGEMENT																		
NEW ORLEANS AREA PARATHION SITES	98	T	06L0CPV	FAX	06DPBN00		4.00						4					
REMOVAL SUPPORT/MANAGEMENT																		
STEPHENSON-BENNETT MINE	98	T	06L	FAX	06DQBN00						3.00		3					
REMOVAL SUPPORT/MANAGEMENT																		
OIL SPILL RESPONSE	98	HR	06L	P8X	Z663								2					
CASTEX INCORPORATED 086144 REIMBU							2.00											
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:							6.00	2.00	1.00		3.00		12.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work perfomed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Jimtex Carter
Timekeeper's Telephone Number: 2284
Supervisor's Signature: Robert A. Kreyler
Employee's Signature: Carolyn C. Hansen

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

UNITED STATES ENVIRC NTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	24	From: 8/16/1998 To: 08/29/98	( )	8525

Account Name / Account Description	Account Number: FY Approp Code	Budget Org/Code	Program Element	Site Project	Sun 8/16 / 8/23	Mon 8/17 / 8/24	Tue 8/18 / 8/25	Wed 8/19 / 8/26	Thu 8/20 / 8/27	Fri 8/21 / 8/28	Sat 8/22 / 8/29	Reg. Hrs	OT Hrs.	Haz. Duty	Night Diff.	Sun/ Hol	C/D
FIXED FAN 1	98 T	06L	FAX	0600BN00		6.00	7.00	7.00	9.00	2.00		55					
REMOVAL SUPPORT/MANAGEMENT						6.00	5.00	7.00	6.00								
ANTIFREEZE, INC.	98 T	06L	FAX	06BMBN00		1.00						1					
REMOVAL SUPPORT/MANAGEMENT																	
DALLAS PLATING COMPANY	98 T	06L	FAX	06FABN00						2.00		2					
REMOVAL SUPPORT/MANAGEMENT																	
FM 14 DRUM SITE	98 T	06L	FAX	06EHBN00								1					
REMOVAL SUPPORT/MANAGEMENT									1.00								
GUTHRIE OIL	98 T	06L	FAX	06DNBN00						1.00		1					
REMOVAL SUPPORT/MANAGEMENT																	
PENROD DRUMS	98 T	06L	FAX	06FDBN00		1.00						1					
REMOVAL SUPPORT/MANAGEMENT																	
PLANO MERCURY	98 T	06L	FAX	06FNBN00		1.00				1.00		2					
REMOVAL SUPPORT/MANAGEMENT																	
OIL SPILL RESPONSE	98 HR	06L	P8X	Z6AR						2.00		2					
LAKE PALOURDE ABANDONED BARGE 087																	
OIL SPILL RESPONSE	98 HR	06L	P8X	Z6B8								2					
EVERMAN OIL SPILL, TX 088086 - REIMBU									2.00								
OIL SPILL RESPONSE	98 HR	06L	P8X	Z6A4								9					
OVERHOLT TRKG, OK 087149 - REIMBURS						3.00	4.00	2.00									
OIL SPILL RESPONSE	98 HR	06L	P8X	Z663			2.00	2.00				4					
CASTEX INCORPORATED 086144 REIMBU																	
Non-FAN Subtotals from Continuation Sheets																	
Non-FAN Hours:						6.00	6.00	4.00	3.00	6.00		25.00					
Grand Total Hours:						18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work perfomed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Jim Ly Castro
Timekeeper's Telephone Number: 2284
Supervisor's Signature: Robert R Boyle
Employee's Signature: Carolyn C. Hansen

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

amendment

100007

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	1	From: 10/01/1998 To: 10/10/1998	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
										10/1	10/2	10/3						
						10/4	10/5	10/6	10/7	10/8	10/9	10/10						
FIXED ACCOUNT NUMBER 1	1999	T	06L	50102D	0600BN00					7.00	8.00		41.00					
REMOVAL SUPPORT/MANAGEME							9.00	4.00	4.00	9.00								
ARKANSAS MP SITES	1999	T	06L	50102D	06DSRV00					2.00			4.00					
REMOVAL ACTION									2.00									
CLEARWATER FLUIDS RECYCLYI	1999	T	06L	50102D	06ACRV00								1.00					
REMOVAL ACTION								1.00										
FM 14 DRUM SITE	1999	T	06L	50102D	06EHRV00								1.00					
REMOVAL ACTION								1.00										
MID-SOUTH TIRE FIRE	1999	T	06L	50102D	06GHRV00								1.00					
REMOVAL ACTION								1.00										
PENROD DRUMS	1999	T	06L	50102D	06FDRV00								1.00					
REMOVAL ACTION								1.00										
STEPHENSON-BENNETT MINE	1999	T	06L	50102D	06DQRV00								1.00					
REMOVAL ACTION									1.00									
LAKE PALOURDE - 087183 - REIMB	1999	HR	06L0XAR	50203D	Z6AR								1.00					
								1.00										
CASTEX - 086144 - REIMBURSABL	1999	HR	06L0X63	50203D	Z663								2.00					
									2.00									
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:								5.00	5.00	2.00			12.00					
Grand Total Hours:							9.00	9.00	9.00	18.00	8.00		53.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Jim Lee Carter

Timekeeper's Telephone Number: 2284

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature: Robert R Boyle

Employee's Signature: Carolyn C. Hansen

EPA Form Number Pending

UNITED STATES ENVIRON ENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	4	From: 11/08/1998 To: 11/21/1998	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 11/8 / 11/15	Mon 11/9 / 11/16	Tue 11/10 / 11/17	Wed 11/11 / 11/18	Thu 11/12 / 11/19	Fri 11/13 / 11/20	Sat 11/14 / 11/21	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT NUMBER 1 REMOVAL SUPPORT/MANAGEME	1999	T	06L	50102D	0600BN00		9.00 / 9.00	9.00 / 6.00	9.00 / 8.00	9.00 / 9.00	3.00		71.00					
ANTIFREEZE, INC. REMOVAL ACTION	1999	T	06L	50102D	06BMRV00						1.00		1.00					
OVERHOLT TRUCKING - 087149 -	1999	HR	06L0XA4	50203D	Z6A4			3.00	1.00				4.00					
BAYOU SORREL ABAND BARGE -	1999	HR	06L0XA6	50203D	Z6A6						2.00		2.00					
CASTEX - 086144 - REIMBURSABL	1999	HR	06L0X63	50203D	Z663						2.00		2.00					
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:								3.00	1.00		5.00		9.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Jim Gen Cartie

Timekeeper's Telephone Number:

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature: [illegible]

Employee's Signature: Carolyn C. Hansen

EPA Form Number Pending

100009

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	11	From: 02/14/1999 To: 02/27/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 2/14 / 2/21	Mon 2/15 / 2/22	Tue 2/16 / 2/23	Wed 2/17 / 2/24	Thu 2/18 / 2/25	Fri 2/19 / 2/26	Sat 2/20 / 2/27	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT NUMBER 1 REMOVAL SUPPORT/MANAGEME	1999	T	06L	50102D	0600BN00		9.00	4.00	5.00	4.00	6.00		56.00					
							3.00	9.00	9.00	7.00								
DELATTE METALS, INC. REMOVAL ACTION	1999	T	06L	50102D	06DFRV00								2.00					
										2.00								
GUTHRIE OIL REMOVAL ACTION	1999	T	06L	50102D	06DNRV00								1.00					
							1.00											
HUDSON OIL REFINING CO., INC. REMOVAL ACTION	1999	T	06L	50102D	06EERV00			2.00	4.00	5.00	2.00		13.00					
MID-SOUTH TIRE FIRE REMOVAL ACTION	1999	T	06L	50102D	06GHRV00								1.00					
							1.00											
NEW ORLEANS AREA PARATHION REMOVAL ACTION	1999	T	06L	50102D	06DPRV00			1.00					1.00					
OJO CALIENTE DIP VAT REMOVAL ACTION	1999	T	06L	50102D	06CGRV00								1.00					
							1.00											
TEX TIN CORPORATION REMOVAL ACTION	1999	T	06L	50102D	06B3RV00								1.00					
							1.00											
WESTBANK ASBESTOS REMOVAL ACTION	1999	T	06L	50102D	06Y6RV00			1.00					1.00					
CASTEX INC. - 086144 - REIMBUR	1999	HR	06L0X63	50203D	Z663								2.00					
							2.00											
BAYOU SORRELL ABAND BARGE -	1999	HR	06L0XA6	50203D	Z6A6			1.00					1.00					
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:							6.00	5.00	4.00	7.00	2.00		24.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Linbee Carter

Timekeeper's Telephone Number: 2284

Supervisor's Signature: Robert R Boyle

Employee's Signature: Carolyn C. Hansen

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

[redacted]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	17	From: 05/09/1999 To: 05/22/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 5/9 / 5/16	Mon 5/10 / 5/17	Tue 5/11 / 5/18	Wed 5/12 / 5/19	Thu 5/13 / 5/20	Fri 5/14 / 5/21	Sat 5/15 / 5/22	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT NUMBER 1 REMOVAL SUPPORT/MANAGEMEN	1999	T	06L	50102D	0600BN00		9.00	6.00	9.00	9.00	5.00		67.00					
							8.00	7.00	5.00	9.00								
HUDSON OIL REFINING CO., INC. REMOVAL ACTION	1999	T	06L	50102D	06EERV00						1.00		3.00					
							1.00	1.00										
MANY DIVERSIFIED INTERESTS, IN REMOVAL ACTION	1999	T	06L	50102D	06CNRV00			2.00					2.00					
WESTBANK ASBESTOS REMOVAL ACTION	1999	T	06L	50102D	06Y6RV00								1.00					
								1.00										
EVERMAN OIL SPILL, TX- 088086 -	1999	HR	06L0XB8	50203D	Z6B8						2.00		2.00					
CASTEX INC. - 086144 - REIMBURS	1999	HR	06L0X63	50203D	Z663			1.00					5.00					
									4.00									
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:							1.00	5.00	4.00		3.00		13.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Lim Lee Carter

Timekeeper's Telephone Number: 2384

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature: Robert A Brayton

Employee's Signature: Carolyn C. Hansen

EPA Form Number Pending

100011

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	22	From: 07/18/1999 To: 07/31/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 7/18 / 7/25	Mon 7/19 / 7/26	Tue 7/20 / 7/27	Wed 7/21 / 7/28	Thu 7/22 / 7/29	Fri 7/23 / 7/30	Sat 7/24 / 7/31	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT CODE	1999	T	06L	50103E	0600BN00		9.00	9.00	9.00	9.00	8.00		69.00					
REMOVAL SUPPORT/MANAGEME							4.00	6.00	9.00	6.00								
DELATTE METALS	1999	T	06L	50102D	06DFRV00								2.00					
REMOVAL ACTION										2.00								
STATE MARINE OF PORT ARTHU	1999	T	06L	50102D	06BXRV00								1.00					
REMOVAL ACTION							1.00											
SULFUR MOLTEN TANK FIRE	1999	T	06L	50102D	06HHRV00								1.00					
REMOVAL ACTION								1.00										
HUDSON REFINERY - 088081 - RE	1999	HR	06L0XB6	50203D	Z6B6								3.00					
							2.00			1.00								
FEMA-1272-DR-OK-EPA-03-HHW	1999	BR	06L0XDV	50202D									2.00					
							1.00	1.00										
TIGER PASS-ABERCROMBIE WEL	1999	HR	06L0XDB	50203D	Z6DB								1.00					
							1.00											
CASTEX INC. - 086144 - REIMBUF	1999	HR	06L0X63	50203D	Z663								1.00					
								1.00										
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:							5.00	3.00		3.00			11.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under

Timekeeper's Signature: Jennifer Carder

Timekeeper's Telephone Number: 2284

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature: Robert A. Brayfar

Employee's Signature: Carolyn C. Hansen

EPA Form Number Pending

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	23	From: 08/01/1999 To: 08/14/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 8/1 / 8/8	Mon 8/2 / 8/9	Tue 8/3 / 8/10	Wed 8/4 / 8/11	Thu 8/5 / 8/12	Fri 8/6 / 8/13	Sat 8/7 / 8/14	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT CODE REMOVAL SUPPORT/MANAGEME	1999	T	06L	50103E	0600BN00		8.00 / 7.00	6.00 / 9.00	9.00 / 9.00	9.00 / 8.00	4.00		69.00					
HUDSON OIL REFINING CO., INC. REMOVAL ACTION	1999	T	06L	50102D	06EERV00						4.00		4.00					
MANY DIVERSIFIED INTERESTS REMOVAL ACTION	1999	T	06L	50102D	06CNRV00		2.00						2.00					
TALEN'S LANDING BULK REMOVAL ACTION	1999	T	06L	50102D	06DBRV00		1.00						1.00					
ONIEL TANK BATTERY - N99159 -	1999	HR	06L0XDO	50203D	Z6DO					1.00			1.00					
TIGER PASS-ABERCROMBIE WEL	1999	HR	06L0XDB	50203D	Z6DB			2.00					2.00					
CASTEX INC. - 086144 - REIMBUF	1999	HR	06L0X63	50203D	Z663			1.00					1.00					
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:							3.00	3.00		1.00	4.00		11.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under

Timekeeper's Signature: Jimlee Carter — Timekeeper's Telephone Number: 2284

Supervisor's Signature: Robert R Brown — Employee's Signature: Carolyn C. Hansen

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	25	From: 08/29/1999 To: 09/11/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 8/29 / 9/5	Mon 8/30 / 9/6	Tue 8/31 / 9/7	Wed 9/1 / 9/8	Thu 9/2 / 9/9	Fri 9/3 / 9/10	Sat 9/4 / 9/11	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT CODE REMOVAL SUPPORT/MANAGEME	1999	T	06L	50103E	0600BN00		4.00 / 9.00	7.00 / 4.00	6.00 / 5.00	9.00 / 7.00	8.00		59.00					
DALLAS PLATING COMPANY REMOVAL ACTION	1999	T	06L	50102D	06FARV00		1.00						1.00					
DELATTE METALS REMOVAL ACTION	1999	T	06L	50102D	06DFRV00				1.00				1.00					
HASTINGS RADIO CHEMICAL (ON REMOVAL ACTION	1999	T	06L	50102D	0674RV00			1.00					1.00					
LEACHVILLE METAL PLATING REMOVAL ACTION	1999	T	06L	50102D	068FRV00			1.00					1.00					
LIMESTONE LANDFILL FIRE REMOVAL ACTION	1999	T	06L	50102D	06GTRV00			1.00					1.00					
MANY DIVERSIFIED INTERESTS REMOVAL ACTION	1999	T	06L	50102D	06CNRV00			1.00					1.00					
MID-SOUTH TIRE FIRE REMOVAL ACTION	1999	T	06L	50102D	06GHRV00					1.00			1.00					
R & P ELECTROPLATING REMOVAL ACTION	1999	T	06L	50102D	06HBRV00				1.00				1.00					
ROCKWALL MERCURY REMOVAL ACTION	1999	T	06L	50102D	06HNRV00		1.00						1.00					
STATE MARINE OF PORT ARTHU REMOVAL ACTION	1999	T	06L	50102D	06BXRV00				1.00				1.00					
TALEN'S LANDING BULK REMOVAL ACTION	1999	T	06L	50102D	06DBRV00					1.00			1.00					
THE CHEMICAL HOUSE REMOVAL ACTION	1999	T	06L	50102D	06HLRV00			1.00					1.00					
Non-FAN Subtotals from Continuation Sheets							3.00	2.00	4.00				9.00					
Non-FAN Hours:							2.00	5.00	3.00	2.00			12.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		60.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under

Timekeeper's Signature: Jimther Carter
Timekeeper's Telephone Number: 2284
Code 2 = Holiday
Code 4 = Sunday
Supervisor's Signature: Robert R. Boyle
Employee's Signature: Carolyn C. Hansen

EPA Form Number Pending

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	25	From: 08/29/1999 To: 09/11/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 8/29 / 9/5	Mon 8/30 / 9/6	Tue 8/31 / 9/7	Wed 9/1 / 9/8	Thu 9/2 / 9/9	Fri 9/3 / 9/10	Sat 9/4 / 9/11	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
TIGER PASS-ABERCROMBIE WEL	1999	HR	06L0XDB	50203D	Z6DB			2.00	3.00				5.00					
CASTEX INC. - 086144 - REIMBUF	1999	HR	06L0X63	50203D	Z663				1.00				1.00					
ONIEL TANK BATTERY - N99159 -	1999	HR	06L0XDO	50203D	Z6DO		3.00						3.00					
Subtotals (Add to Subtotals from any other continuation sheets and enter sum on Page 1)							3.00	2.00	4.00				9.00					

Timekeeper's Initials	Supervisor's Initials	Employee's Initials
JWC	[illegible]	CCH

EPA Form Number Pending

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	1	From: 10/01/1999 To: 10/09/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 10/3	Mon 10/4	Tue 10/5	Wed 10/6	Thu 10/7	Fri 10/8	Sat 10/9	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED ACCOUNT NUMBER 1 REMOVAL SUPPORT/MANAGEME	2000	T	06L	50102D	0600BN00		9.00	4.00	4.00	5.00	6.00		28.00					
FM 14 DRUM SITE REMOVAL ACTION	2000	T	06L	50102D	06EHRV00					1.00			1.00					
GUTHRIE OIL REMOVAL ACTION	2000	T	06L	50102D	06DNRV00					1.00			1.00					
HASTINGS RADIO CHEMICAL (ON REMOVAL ACTION	2000	T	06L	50102D	0674RV00			1.00					1.00					
LEACHVILLE METAL PLATING REMOVAL ACTION	2000	T	06L	50102D	068FRV00			1.00					1.00					
MADISONVILLE TIRE/DRUM FIRE REMOVAL ACTION	2000	T	06L	50102D	06GSRV00			1.00					1.00					
MANY DIVERSIFIED INTERESTS REMOVAL ACTION	2000	T	06L	50102D	06CNRV00				1.00				1.00					
OILTON AUTO PACK REMOVAL ACTION	2000	T	06L	50102D	06HDRV00						1.00		1.00					
OJO CALIENTE DIP VAT REMOVAL ACTION	2000	T	06L	50102D	06CGRV00				1.00				1.00					
R & P ELECTROPLATING REMOVAL ACTION	2000	T	06L	50102D	06HBRV00			1.00					1.00					
RUSTON FOUNDRY REMOVAL ACTION	2000	T	06L	50102D	061FRV00				1.00				1.00					
TALEN'S LANDING BULK REMOVAL ACTION	2000	T	06L	50102D	06DBRV00				1.00				1.00					
TEX TIN CORPORATION REMOVAL ACTION	2000	T	06L	50102D	06B3RV00				1.00				1.00					
Non-FAN Subtotals from Continuation Sheets								1.00		2.00	1.00		4.00					
Non-FAN Hours:								4.00	5.00	2.00	1.00		12.00					
Grand Total Hours:							9.00	9.00	9.00	9.00	8.00		44.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under

Timekeeper's Signature: Jimmie Carter

Timekeeper's Telephone Number: 2270

Supervisor's Signature: [illegible]

Employee's Signature: Carolyn C. Hansen

Code 2 = Holi
Code 4 = Sunday

EPA Form Number Pending

100016

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
HANSEN, CAROLYN C.	[redacted]	1	From: 10/01/1999 To: 10/09/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 10/3	Mon 10/4	Tue 10/5	Wed 10/6	Thu 10/7	Fri 10/1 / 10/8	Sat 10/2 / 10/9	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
THE CHEMICAL HOUSE REMOVAL ACTION	2000	T	06L	50102D	06HLRV00						1.00		1.00					
087186 - BAYOU SORRELL ABAND	2000	HR	06L0XA6	50203D	Z6A6					1.00			1.00					
086144 - CASTEX INC	2000	HR	06L0X63	50203D	Z663					1.00			1.00					
N99071-GIBSON OIL II LA	2000	HR	06L0XD9	50203D	Z6D9			1.00					1.00					
Subtotals (Add to Subtotals from any other continuation sheets and enter sum on Page 1)								1.00		2.00	1.00		4.00					

Timekeeper's Initials TWC | Supervisor's Initials | Employee's Initials CCH

EPA Form Number Pending

[redacted]

TED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

100017

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
JONES, NANCY L.	[redacted]	19	From: 6/7/98 To: 06/20/98	(6SF-R)	8525

Account Name / Account Description	Account Number: FY Approp Code	Budget Org/Code	Program Element	Site Project	Sun 6/7 / 6/14	Mon 6/8 / 6/15	Tue 6/9 / 6/16	Wed 6/10 / 6/17	Thu 6/11 / 6/18	Fri 6/12 / 6/19	Sat 6/13 / 6/20	Summary Columns: Reg. Hrs	OT Hrs.	Haz. Duty	Night Diff.	Sun/Hol	C/D
FIXED FAN 1	98 T	06L	FAX	0600BN00		9.00	9.00	9.00	9.00	8.00		51					
REMOVAL SUPPORT/MANAGEMENT						7.00											
FM 14 DRUM SITE	98 T	06L	FAX	06EHRV00								11					
REMOVAL ACTION						2.00	9.00										
OIL SPILL RESPONSE	98 HR	06L	P8X	Z663								18					
CASTEX INCORPORATED 086144 REIMBU								9.00	9.00								
Non-FAN Subtotals from Continuation Sheets																	
Non-FAN Hours:						2.00	9.00	9.00	9.00			29.00					
Grand Total Hours:						18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under

Timekeeper's Signature: Jim Kuhlatz

Timekeeper's Telephone Number: 2284

Supervisor's Signature: Robert R. Boyle

Employee's Signature: Nancy Jones

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

Corrected #2

100018

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
ROBINSON, KATHLEEN A.	[redacted]	11	From: 02/14/1999 To: 02/27/1999	( )	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Results	Site Project	Sun 2/14 / 2/21	Mon 2/15 / 2/22	Tue 2/16 / 2/23	Wed 2/17 / 2/24	Thu 2/18 / 2/25	Fri 2/19 / 2/26	Sat 2/20 / 2/27	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED FAN 1 OIL SPILL NON-SITE-SPECIFIC	1999	H	06L	50203D	Z600		9.00	8.00	7.00	6.00	8.00		72.00					
							8.50	8.00	8.50	9.00								
HUDSON OIL REFINING CO., INC. REMOVAL ACTION	1999	T	06L	50102D	06EERV00								1.00					
								.50	.50									
SUPERFUND NON-SITE SPECIFIC REMOVAL ACTION	1999	T	06L	50102D	0600RV00			1.00	2.00	3.00			6.00					
CASTEX INC. - 086144 - RECOVE	1999	H	06L0063	50203D	Z663								1.00					
							.50	.50										
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:							.50	2.00	2.50	3.00			8.00					
Grand Total Hours:							18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Linda Carter

Timekeeper's Telephone Number: 2284

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature: Robert R Brazler

Employee's Signature: Kathleen Robinson

EPA Form Number Pending

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100019

PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period No.	Pay Period Dates From	Pay Period Dates To	Designated Agent No.
RYAN, Robert M	[redacted]	98/14	03/29/98	04/11/98	

Budget Yr (Place 4)	Appropriation Code (Place 2)	Budget Org/Code (Place 7)	Program Element (Place 6)	Site/Project (Place 8)	Cost Org/Code (Place 7)	Week	29 S S 05	30 M M 06	31 T T 07	01 W W 08	02 Th Th 09	03 F F 10	04 S S 11	Reg. Hours	Overtime Hours	Standby Duty	Night Differential	Sunday/Holiday Hours	Code
98	H	06L	G7X			1		8	8	8	8	8							
Description: Fixed FAN						2		8	8					56					
98	H	06L	G7X	Z663		1													
Description: Castex Systems Inc (FPN 08-6-144)						2								24					
98	HR	06L	P8X	Z663		1													
Description: Castex Systems Inc (FPN 08-6-144)						2				3	3		3		9				
						1													
Description:						2													
						1													
Description:						2													
						1													
						2													
Non Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals								0	0	8/3	8/3	8	3	24	9				
Grand Total All Paid Hours								16	16	16/3	16/3	16	3	80	9.				

Summary Columns

timekeeper's Telephone Number: 2284

Timekeeper's Signature: Jim Lee Carter

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature: Robert R Boyle

Employee's Signature: Robert M Ryan

*Code
2 = Holiday
4 = Sunday

EPA Form 7500 20 (R 94)

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100020

PAYROLL DISTRIBUTION TIMESHEET

Employee Name: RYAN, Robert M

Social Security Number: [redacted]

Pay Period No.: 98/15

Pay Period Dates: From 04/12/98 To 04/25/98

Designated Agent No.:

Budget FY (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 8)	Site/Project (Max 8)	Cost Org/Code (Max 7)	Week	12 S S 19	13 M M 20	14 T T 21	15 W W 22	16 Th Th 23	17 F F 24	18 S S 25	Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Sunday/Holiday Hours	CD
98	H	06L	G7X			1													
Description: Fixed Acct Number						2													
98	H	06L	G7X	Z663		1		8	8	8	8	8		80					
Description: Castex Systems Inc (FPN 08-6-144)						2		8	8	8	8	8		~~40~~	TAC				
98	HR	06L	P8X	Z663		1		2	2	2	2	2							
Description: Castex Systems Inc (FPN 08-6-144)						2		2	2	2	2	2	8		28				
98	HR	06L	P8X	Z6~~88~~ BP		1							12	RMR					
Description: Shreveport Mystery Spill (FPN 08-8-135)						2	14							~~28~~	26				
						1													
Description:						2													
						1													
						2													
Non Fixed Account Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals							14	16/4	16/4	16/4	16/4	16/4	20	80	54				
Grand Total All Paid Hours							14	16/4	16/4	16/4	16/4	16/4	20	80	54				

Timekeeper's Telephone Number: 3284

Timekeeper's Signature: [signature]

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature: [signature]

Employee's Signature: [signature]

*Code
2 = Holiday
4 = Sunday

EPA Form 2560-20 (8-94)

100021

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	16	From: 04/26/98	To: 05/09/98	

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	SUMMARY COLUMNS Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	Code
98	H	06L	G7X			1													
FIXED FAN 1						2		8.00						8.00					
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2			8.00	8.00	8.00	8.00		72.00					
98	HR	06L	P8X	Z663		1		2.00	2.00	2.00	2.00	2.00							
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2			2.00	2.00	2.00	2.00	5.00		23.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								10.00	20.00	20.00	20.00	20.00	5.00	72.00	23.00				
Grand Total All Paid Hours								18.00	20.00	20.00	20.00	20.00	5.00	80.00	23.00				

Timekeeper's Telephone Number		
12284	I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.	*Code 2=Holiday 4=Sunday
Timekeeper's Signature	Supervisor's Signature	Employee's Signature

EPA Form 2560-28 (8-94)

100022

[redacted]

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	17	From: 05/10/98	To: 05/23/98	SUMMARY COLUMNS

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Uk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	Code
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2		8.00	8.00	8.00	8.00	8.00		80.00					
98	HR	06L	P8X	Z663		1		2.00	2.00	2.00	2.00	2.00	5.00						
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2		2.00	2.00	2.00	2.00	2.00	5.00		30.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								20.00	20.00	20.00	20.00	20.00	10.00	80.00	30.00				
Grand Total All Paid Hours								20.00	20.00	20.00	20.00	20.00	10.00	80.00	30.00				

Timekeeper's Telephone Number: X2284

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code
2=Holiday
4=Sunday

Timekeeper's Signature: Jennifer Carder

Supervisor's Signature: Robert M. Brazil

Employee's Signature: Robert M. Ryan

EPA Form 2560-28 (8-94)

100023

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	18	From: 05/24/98	To: 06/06/98	SUMMARY COLUMNS

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	*Sunday/Holiday Code
98	H	06L	G7X			1													
FIXED FAN 1						2		8.00	8.00	8.00				24.00					
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2					8.00	8.00		56.00				8.00	2
98	HR	06L	P8X	Z663		1		2.00	2.00	2.00	2.00	1.00							
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2					1.00	2.00	5.00		17.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								10.00	10.00	10.00	19.00	19.00	5.00	56.00	17.00			8.00	
Grand Total All Paid Hours								18.00	18.00	18.00	19.00	19.00	5.00	80.00	17.00			8.00	

Timekeeper's Telephone Number: 12254

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code
2=Holiday
4=Sunday

Timekeeper's Signature: Timothy Carter

Supervisor's Signature: [illegible]

Employee's Signature: Robert M. Ryan

EPA Form 2560-28 (8-94)

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100024

PAYROLL DISTRIBUTION TIMESHEET

Employee Name: RYAN, Robert M.

Social Security Number: [redacted]

Pay Period No.: 98/19

Pay Period Dates: From 06/07/98 To 06/20/98

Designated Agent No.:

Budget FY (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 9)	Site/Project (Max 8)	Cost Org/Code (Max 7)	Week	07 S S 14	08 M M 15	09 T T 16	10 W W 17	11 Th Th 18	12 F F 19	13 S S 20	Summary Columns: Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Sunday/Holiday Hours	CS
98	H	06L	G7X			1													
Description: Fixed Account Number (FAN)						2													
98	H	06L	G7X	Z663		1		8	8	8	8	8							
Description: Castex Systems Inc (FPN 08-6-144)						2		8	8	8	8	8		80					
98	HR	06L	P8X	Z663		1		2	2	2	2	2	5						
Description: Castex Systems Inc (FPN 08-6-144)						2		2	2	2	2	2	5		30				
						1													
Description:						2													
						1													
Description:						2													
						1													
						2													
Non Fixed Account Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals								16/4	16/4	16/4	16/4	16/4	/10	80	30				
Grand Total All Paid Hours								16/4	16/4	16/4	16/4	16/4	/10	80	30				

Timekeeper's Telephone Number: 2284

Timekeeper's Signature: Sunlee Carden

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature: Robert M. Boyle

Employee's Signature: Robert M. Ryan
VOR

*Code
2 = Holiday
4 = Sunday

EPA Form 2560/1 (Rev 11-94)

EPA

United States
Environmental Protection Agency
Washington, DC 20460

Page 1 of

PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period No.	Pay Period Dates From	Pay Period Dates To	Designated Agent No.
RYAN, Robert M.	[redacted]	98/20	06/21/98	07/04/98	

Account Number/Description

Budget FY To (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 9)	Site/Project (Max 8)	Cost Org/Code (Max 7)	Week	21 S S 28	22 M M 29	23 T T 30	24 W W 01	25 Th Th 02	26 F F 03	27 S S 04	Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Sunday/Holiday Hours	*Code
98	H	06L	G7X			1													
Description: Fixed Account Number (FAN)						2						8		8					
98	H	06L	G7X	Z663		1		8	8	8	8	8							
Description: Castex Systems, Inc (FPN 08-6-144)						2		8	8	8	8			72					
98	HR	06L	P8X	Z663		1		2	2	2	2	2	5						
Description: Castex Systems, Inc (FPN 08-6-144)						2		2	2	2					21				
						1													
Description:						2													
						1													
Description:						2													
						1													
						2													
Non Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals								16/4	16/4	16/4	16/2	8/2	5	72	21				
Grand Total All Paid Hours								16/4	16/4	16/4	16/2	16/2	5	80	21				

Timekeeper's Telephone Number: 2284

Timekeeper's Signature: Pauline Carter

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature: RPB

Employee's Signature: Robert M. Ryan RPB

*Code
2 = Holiday
4 = Sunday

EPA Form 2550B 20 (R 94)

100026

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
RYAN, ROBERT M.	[redacted]	26	From: 09/13/1998 To: 09/26/1998	(6SF-R)	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Element	Site Project	Sun 9/13 / 9/20	Mon 9/14 / 9/21	Tue 9/15 / 9/22	Wed 9/16 / 9/23	Thu 9/17 / 9/24	Fri 9/18 / 9/25	Sat 9/19 / 9/26	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED FAN OIL SPILL NON-SITE-SPECIFIC - E	1998	H	06L	G7X	Z600						8.00		8.00					
OVERTIME-OIL SPILL RESPONSE	1998	H	06L	~~G7X~~ P8X G7X	Z600							6.00		6.00				
WORLD ENERGY COUNCIL (PRE-REMOVAL SUPPORT/MANAGEME	1998	T	06L	FAX	06GMBN00		8.00	8.00	8.00	8.00			32.00				12.00	4
OVERTIME-WORLD ENERGY COU REMOVAL SUPPORT/MANAGEMEN	1998	T	06L	FAX	06GMBN00	12.00	3.00	2.00	2.00	3.00				22.00				
FEMA BATON ROUGE (FEMA-1246	1998	BR	06L0XCL	6FX														
OVERTIME-DISASTER ASSISTANC	1998	BR	06L0XCL	6FX								6.00		6.00				
CASTEX INCORPORATED 086144	1998	H	06L	G7X	Z663		8.00	8.00	8.00	8.00	8.00		40.00					
OVERTIME-OIL SPILL RESPONSE	1998	H	06L	P8X ~~G7X~~	Z663		2.00	2.00	2.00	2.00	2.00	5.00		15.00				
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:						12.00	21.00	20.00	20.00	21.00	10.00	11.00	72.00					
Grand Total Hours:						12	21.00	20.00	20.00	21.00	18.00	17.00	80.00	49.00			12.00	

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Zemlee Carter

Timekeeper's Telephone Number: 1-2284 2284

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature: Robert R. Brayley

Employee's Signature: Robert R. Brayley

EPA Form Number Pending

100027

REPORT DATE: 12/27/1999

REGIONAL TRAVEL COSTS
CASTEX INCORPORATED, LA SITE ID = 63

FROM 04/01/1998 THROUGH 11/30/1999

Name	Travel Voucher Number	Treasury Schedule	Treasury Schedule Date	Travel Cost
JONES, NANCY L.	T6631419	A98182	07/06/1998	354.85
				354.85
RYAN, ROBERT M.	T6630111	A98140	05/22/1998	1777.16
	T6630672	A98166	06/17/1998	2007.72
	T6631111	A98203	07/24/1998	2407.93
	T6633017	A98343	12/11/1998	547.41
				6740.22
REGIONAL TRAVEL COSTS				$ 7,095.07

100028

SUPERFUND – Site/Specific

OIL SPILL

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: US EPA Region 6

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

3. VOUCHER NO.:

4. SCHEDULE NO.: 88492 D

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): Jones, Nancy L.

b. SOCIAL SECURITY NO.: [redacted]

6. PERIOD OF TRAVEL: a. FROM 6/17/98 b. TO 6/18/98

c. MAILING ADDRESS (Include ZIP Code): [redacted]

d. OFFICE TELEPHONE NO.: 214-665-8041

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 0631419 b. DATE(S) 6/15/98

e. PRESENT DUTY STATION: Dallas, TX

f. RESIDENCE (City and State): Dallas, TX

PAID TREASURY SCHEDULE APR 16 '99 CODED

10. CHECK NO.:

11. PAID BY:

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 connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ROUTING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
Amex	$224.00	AE	Air	6/15/98	DFW	Jennings, LA via Lafayette, LA

SF

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 ▶ Nancy Jones DATE 6/19/98 AMOUNT CLAIMED ▶ $354.85

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; 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 ▶ Robert R. Boyle DATE 6/22/98

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount): $ 0.00

16. 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: $ 354.85

Certifier's Initials: 6/29/98

18. THIS VOUCHER [redacted] PER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ 9800146097 8 DATE 6/29/98

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 354.85

19. ACCOUNTING CLASSIFICATION

Acct: 98 HQ 06LP8X 2663 2121 - $108.00 2127 $11.07 ~~2125 - $0~~

DCN: L5T440 Purpose Code 0 2123 - $224.00 2124 - $11.78

6/29

100029

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. JENN LA: 50/30

(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

TRAVEL AUTHORIZATION NO. T6631419

TRAVELER'S LAST NAME Jones

DATE 19 98 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/17	6:00 AM	Depart for DFW via POV					30 00	48 00	78 00	19	5 89	78 00	
6/17		Personal call											3 57
6/18		TDY Jennings					30 00		30 00			30 00	
6/18		Purchased safety glasses											5 00
6/18	9:45 PM	Arrive home via POV								19	5 89		
6/18		airport toll											1 00
6/17		ATM fee											1 50
6/17		airline ticket											224 00
									SUBTOTALS ▶				
									TOTALS ▶		11 78	108 00	235 07

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 ▶ $ 354.85

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 thru and 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 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 allowances because reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary on 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.

100030

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

0,211,68888,T6631439

467899 8823531 A82

PASSENGER RECEIPT

ISSUED BY: AMERICAN AIRLINES
ISSUING AGENT: SATO I73-ER/SATOT
NAME OF PASSENGER: JONES/NANCY
TOUR CODE: XXXXX
AGENT CODE: A45999866
PLACE OF ISSUE: DALLAS
DATE OF ISSUE: 15JUN98
FARE BASIS/TICKET DESIGNATOR: TOOTJO/AA YCA
FCI: 2
BOOK CARR ID: 0011/
*NOT VALID FOR**
TRANSPORTATION
THIS IS YOUR RECEIPT
ISSUING AGENT ID: 7462*83

FP AX378[illegible]85785851885*8499/ 384729 /FCDFW AA LFT99
.88 AA DFW99.88YCA 198.16 END ZPDFW1LFT1 XFDFW3LFT3

XF 6.88
USD 198.16
US 17.84
XP 2.88
USD 224.88

BOUN. FARE PD.
STOCK CONTROL NO. TK NO. CK
CPN
DOCUMENT NUMBER CK
ALLOW FCI WT UNCKD
33767173226
0 001 1857724031 6

NAME OF PASSENGER: JONES/NANCY
FROM: DFW
DLFT AA5261 Y 17JUNYCA
DFW AA5154 Y 18JUNYCA

NOT VALID FOR TRAVEL
0 001 1857724031 6
AA45999866

AmericanAirlines
BOARDING PASS
NAME OF PASSENGER: JONES/NANCY
FROM: DALLAS FT WORTH
LAFAYETTE LFT L
MILES
AMERICAN AIRLINES
CARRIER FLIGHT CLASS DATE TIME
AA 5261 Y 17JUN750A
DATE 1D
BOARDING TIME 720A
SEAT 5A
SMOKE NO
ADDITIONAL SEAT INFORMATION
FCI CK WT. UNCK WT. SEQ NO. FCI CK WT UNCK WT.
BAGGAGE ID NO.
PREMIUM
OFG /DFW

AmericanAirlines
BOARDING PASS
NAME OF PASSENGER: JONES/NANCY
FROM: LAFAYETTE LFT
MILES
DALLAS FT WORTH
AMERICAN AIRLINES
CARRIER FLIGHT CLASS DATE TIME
AA 5154 Y 18JUN738P
DATE 02
BOARDING TIME 708P
SEAT 5A
SMOKE NO
ADDITIONAL SEAT INFORMATION
FCI CK WT. UNCK WT. SEQ NO. FCI CK WT UNCK WT.
BAGGAGE ID NO.
PREMIUM
OBS /LFT

100031

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

NANCY JONES
1445 ROSS AVE

DALLAS TX 75202

Room	[illegible]
Arrive Date	06/17/95
Dept. Date	06/18/95
Folio #	0
Room Rate	48.00
Account	[illegible]
Mkt/Seg	[illegible]

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

EXPRESS CHECK – OUT

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0617	412	45	XXX	(b) (6)	3.57$	.00$	3.57$
0617	114	0617000	AUD	DISCOUNT ROOM	48.00$	.00$	51.57$
0617	512	0617001	AUD	OCCUPANCY TAX	4.80$ CR	.00$	56.37$
0618	914	0618000	LMM	AMERICAN EXPRES	.00$	-56.37$	.00$
0618	914	0618001	LMM	AMERICAN EXPRES	56.37$	.00$	56.37$
0618	812	0618002	LMM	TAX ADJUSTMENT	.00$	-4.80$	51.57$
0618	914	0618003	LMM	AMERICAN EXPRES	.00$	-51.57$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO. [redacted]	
CARD MEMBER NAME JONES/NL	
ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT	
HOLIDAY INN JENNINGS I-10 & STATE ROAD 26 JENNINGS, LA 70546	Holiday Inn
CARD MEMBER'S SIGNATURE X Nancy Jones	

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
06/18/95	CR- 97659[illegible]
AUTHORIZATION	ID
010836	LMM
57.00$	
.00$	
.00$	
PURCHASES & SERVICES	51.57$
TOTAL AMOUNT	51.57$

100032

[redacted]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
JONES, NANCY L.	[redacted]	19	From: 6/7/98 To: 06/20/98	(6SF-R)	8525

Account Name / Account Description	Account Number: FY Approp Code	Budget Org/Code	Program Element	Site Project	Sun 6/7 / 6/14	Mon 6/8 / 6/15	Tue 6/9 / 6/16	Wed 6/10 / 6/17	Thu 6/11 / 6/18	Fri 6/12 / 6/19	Sat 6/13 / 6/20	Reg. Hrs	OT Hrs.	Haz. Duty	Night Diff.	Sun/ Hol	C/D
FIXED FAN 1	98 T	06L	FAX	0600BN00		9.00	9.00	9.00	9.00	8.00		51					
REMOVAL SUPPORT/MANAGEMENT						7.00											
FM 14 DRUM SITE	98 T	06L	FAX	06EHRV00								11					
REMOVAL ACTION						2.00	9.00										
OIL SPILL RESPONSE	98 HR	06L	P8X	Z663				9.00	9.00			18					
CASTEX INCORPORATED 086144 REIMBU																	
Non-FAN Subtotals from Continuation Sheets																	
Non-FAN Hours:						2.00	9.00	9.00	9.00			29.00					
Grand Total Hours:						18.00	18.00	18.00	18.00	8.00		80.00					

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under

Timekeeper's Signature: [signature] Timekeeper's Telephone Number: 2284

Supervisor's Signature: [signature] Employee's Signature: Nancy Jones

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

100033

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6631419
2. SOCIAL SECURITY NUMBER: [redacted]
3. TRAVEL AUTHORIZATION CODE: N (N = NEW, A = AMEND, C = CANCEL)

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN
5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)
6. APPLICABLE REGULATIONS: [X] SGTRs [ ] JTRs
7A. DATE: 06/15/98
7B. PREPARER / EXT.: L. ROBERTS 665-2275

8A. NAME OF TRAVELER: JONES, NANCY L
8B. TITLE: ENVIR SCIENTIST
8C. PHONE: (214)665-8041
9A. OFFICIAL STATION: DALLAS
9B. ORGANIZATION: SF
MAIL CODE: 6SF-R2

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Attached) STATE	CITY	C. PER DIEM INFORMATION (*Indicates 150% of normal rates) LODGING	M&IE	TOTAL
TRIP 1	06/17/98	06/18/98			50.00	30.00	80.00
TRIP 2							

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

FROM: DALLAS, TX TO JENNINGS, LA VIA LAFAYETTE, LA AND RETURN. PURPOSE: OBSERVE AND ASSIST OSC AT CASTEX.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

	(PER DIEM AND SUBSISTENCE)						ADMIN SUBJECT	TOTAL COST ESTIMATES BY CATEGORY AMOUNT
X	A1. LODGING PLUS M&IE →	80.00	LODGING NOT TO EXCEED	50.00	M&IE	30.00		
	A2. ACTUAL SUBSISTENCE NTE	*****	LODGING NOT TO EXCEED	*****	M&IE	*****	(A) 2111 2121	110.00
	(OTHER ALLOWANCES)							
X	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	224.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE → LBS							
X	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	60.00
X	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)	38	RATE (Cents/mile - Justification Req'd)	0.310			(D) 2114 2124	11.78
	E1. GSA CONTRACT RENTAL - BOAC # →		INTERCITY	TEMPORARY DUTY			(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL		INTERCITY	TEMPORARY DUTY				
	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #		INTERCITY	TEMPORARY DUTY			(G) 2500 2501	0.00
	G1. REGISTRATION FEES							
							TOTAL	405.78

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)*

A. TYPE: [X] ORDINARY [ ] CONTINUING
B. METHOD OF PAYMENT: [ ] CASH [X] ATM [ ] CHECK
C. MAIL CHECK TO: [ ] OFFICE [ ] HOME
ADDRESS
D. AMOUNT 60.00
E. SIGNATURE OF APPLICANT
13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED
SIGNATURE *(And reason for disapproval, if so checked)*
F. CASH RECEIVED BY
G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER	AUTHORIZATION OFFICER	
NAME AND TITLE *(Typed or electronically entered)* J. CHRIS PETERSON TEAM LEADER, 6SF-R2	NAME AND TITLE *(Typed or electronically entered)* ROBERT BROYLES DEPUTY BRANCH CHIEF, 6SF-R2	Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.
SIGNATURE J. Chris Peterson	SIGNATURE Robert L Broyles	

15. Financial and Accounting Data

LINE	DCN (Max 8)	Budget/FYs (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 8)	Object Class (Max 4)
1	LST 4140	98	HR	06L	PBX	2111
2	LST	98	HR	06L	PBX	2113
3	LST	98	HR	06L	PBX	2114
4	LST	98	HR	06L	PBX	2117
5						
6						

SFO: 06 (Max 2)

	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1	110.00	7663		0
2	224.00	7663		0
3	11.78	7663		0
4	60.00	7663		0
5				
6				

D. Denmon 6/15/98

EPA Form 2610-1 (OFF 3.2a) TRAVEL / ACCTING / AUDIT / ADVANCE / TICKETING / DCP

100034

ACTION: R SCREEN: TSCL USERID: HKTV 07/29/98 01:00:42 PM

*** TREASURY SCHEDULE CONTROL LINE INQUIRY TABLE ***

KEY IS FY, SCHEDULE CAT, SCHEDULE TYPE, SCHEDULE NUMBER, PV VENDOR CODE, PV TC, PV NUMBER, PV ADV NUM, PV LN, REC TYP

FY: 1998 SCHEDULE CAT: T SCHEDULE TYPE: M SCHEDULE NUMBER: 000A98182

INDICATORS - TREAS ACT: C POST TREAS ACT: Y POST DETAILS: Y EXP: F BACKOUT: N

VENDOR CODE	PAYMENT VOUCHER TC	NUMBER	ADV NUM	LN	REC TYP	PAYMENT AMOUNT	CHECK NUMBER	POST	CHK
[redacted]	TV	98001460978		001	P	354.85	23369698	Y	
	TV	98001461036		001	P	237.52	23369699	Y	
	TV	98005328151		001	P	118.42	23369700	Y	
	TV	98005396785		001	P	191.69	23369701	Y	
	TV	98005323545		001	P	198.48	23369702	Y	
	TV	98001460992		001	P	553.92	23369703	Y	
	TV	98001461067		001	P	551.72	23369704	Y	
	TV	98006830028		001	P	15.00	23369705	Y	
	TV	98006830035		001	P	386.35	23369706	Y	

ACTION: R SCREEN: CHKH USERID: URVV 03/18/99 03:12:45 PM
100035

*** CHECK HEADER INQUIRY TABLE ***

KEY IS CHECK NUM, D.O.

01-

CHECK NUM: 23369698 D.O.: KC00
FISC YR: 1998 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98182
PAYEE [redacted] CHECK DATE: 07 06 1998 CANCELED IND: N
AMOUNT: 354.85 MANUAL CHECK IND:
PAYEE NAME: JONES, NANCY L.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted]

02-

CHECK NUM: 23369699 D.O.: KC00
FISC YR: 1998 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98182
PAYEE: [redacted] CHECK DATE: 07 06 1998 CANCELED IND: N
AMOUNT: 237.52 MANUAL CHECK IND:
PAYEE NAME: SANCHEZ, CARLOS A.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted] [redacted]

100036

OIL SPILL

FOR USE WITH TRAVEL VOUCHER
MULTIPLE ACCOUNT NUMBER DISTRIBUTION FORM
FOR OFFICIAL GOVERNMENT TRAVEL

Name Robert Ryan SSN [redacted] TA # 6630111

1 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST287	98	HR	06L	P8X	2663

Site Name Carter Systems 086144

Hours per this account # 191

% of total hours 88

Check	Object Class		$$$$$$$$$$
✓	2111	2121	1,591.92
	2113	2123	0
✓	2117	2127	174.33
✓	2114	2124	10.91
	2115	2125	
	Other		

Total this account 1,777.16

2 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST287	98	HR	06L	P8X	26BP

Site Name Shreveport Mystery Spill #88135

Hours per this account # 26

% of total hours 12

Check	Object Class		$$$$$$$$$$
✓	2111	2121	217.08
	2113	2123	0
✓	2117	2127	23.77
✓	2114	2124	1.49
	2115	2125	
	Other		

Total this account 242.34

Total All Accounts 2,019.50

Less Advance 0

Net to Traveler 2,019.50

Signature of Funds Certifying Official

Initials/Date of Data Entry

100037

OIL SPILL

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: EPA /SFD

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

3. VOUCHER NO.

4. SCHEDULE NO. S8155R

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): RYAN, Robert M.
b. SOCIAL SECURITY NO.: [redacted]
c. MAILING ADDRESS (Include ZIP Code): [redacted]
d. OFFICE TELEPHONE NO.: [redacted]
e. PRESENT DUTY STATION: Houston, Tx
f. RESIDENCE (City and State): Houston, Tx

6. PERIOD OF TRAVEL
a. FROM: 04/08/98
b. TO: 05/01/98

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 7663011
b. DATE(S): 03/24/98

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 $ 0
c. PAYEE'S SIGNATURE

10. CHECK NO.

11. PAID TREASURY SCHEDULE A98140 CODED 5-22-98

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 carriers 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)
Travel by G.O.V		Split Accounting			

93 MAY 11 PM 2:33 FINANCIAL MANAGEMENT SECTION

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 M. Ryan — DATE 04 MAY 98 — AMOUNT CLAIMED ▶ $2019.30

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).)*

APPROVING OFFICIAL SIGN HERE ▶ Robert A Boyle — DATE 9/7/98

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

16. THIS VOUCHER IS PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ 9800151466 4 — DATE 5/20

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION
a. DIFFERENCES, IF ANY (Explain and show amount): (1) ADDITION ERROR. $ +.20
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's Initials 5/12/98 — $2019.50
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $
d. NET TO TRAVELER ▶ $2019.50

18. ACCOUNTING CLASSIFICATION
98HR06LP8XZ663
LST287
(1) 2121-1809.00 (2) 2127-~~197.90~~ 198.10 (3) 2124-12.40

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

100038

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. JENNINGS LA 50/30

(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 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 1988 (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 .31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/08	0730	DEPARTED HOR VIA POV TO EPA R6 HOU LAB								20	6 20		
	0800	DEPARTED EPA R6 HOU LAB VIA GOV TO CASTOX											
	1130	ARRIVED CASTEX SYSTEMS INC (FPN 08-6-144)											
	1900	Hotel / Subsistence					22 50	48 00	70 50			70 50	
04/09	0700	TDY - CASTEX SYSTEMS											
	1900	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/10	0730	TDY - Castex Systems											
	1630	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/11	0800	TDY - Castex Systems											
	1100	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/12		Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/13	0700	TDY - Castex Systems											
									SUBTOTALS ▶				
									TOTALS ▶		6 20	382 50	0 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 ▶

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)

100039

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 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/13	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
04/14	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
04/15	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
04/16	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
04/17	0700	TDY-Castex Systems											
	1730	Hotel/Subsistence					30.00	48.00	78.00			78.00	
04/18	0700	DEPARTED CASTEX VIA GOV TO SHREVEPORT/EMERGENCY RESPONSE											
	1100	ARRIVED SHREVEPORT MYSTERY OIL SPILL (FAN 98-8-135)											
04/19	1900	Hotel/Subsistence					30.00	48.00	78.00			78.00	
									SUBTOTALS ▶			382.50	
									TOTALS ▶		6.20	850.50	0.00

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

TOTAL AMOUNT CLAIMED ▶

100040

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

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Complete this information if this is a continuation sheet. PAGE 3 OF 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)
✓ 04/19	0630	TDY- SHREVEPORT MYSTERY OIL SPILL											
	1845	DEPARTED SHREVEPORT VIA GOV TO JENNINGS (CASTEX)											
	2030	ARRIVED JENNINGS (CASTEX) HOTEL/SUBSISTENCE					30 00	48 00	78 00			78 00	
✓ 04/20	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
✓ 04/21	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
✓ 04/22	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
✓ 04/23	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
04/24	0700	TDY- Castex Systems											
									SUBTOTALS ▶			850 50	
									TOTALS ▶		6 20	1240 50	0 00

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

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

TOTAL AMOUNT CLAIMED ▶

100041

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

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(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 4 OF 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/24	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/25	0700	TDY - Castex Systems											
	1600	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/26		Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/27	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/28	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/29	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
04/30	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
									SUBTOTALS ▶			1240 50	
									TOTALS ▶		6 20	1786 50	0 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 ▶

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100042

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 bellhops, 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 5 OF 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 19 98 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/01	0700	TDY- Castex Systems											
	1200	Departed Castex VIA GOV to Houston											
	1700	ARRIVED EPA R6 HOUSTON LAB											
	1800	DEPARTED EPA R6 LAB ~~VIA~~ POV to HOR											
	1830	ARRIVED HOR TDY COMPLETE / SUBSISTENCE					22 50		22 50	20	6 20	22 50	
									SUBTOTALS ▶			1786 50	
									TOTALS ▶		12 40	1809 00	0 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 ▶

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)

100043

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 bellhops, 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 6 OF 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)
Telephone Calls													
04/10		EPA R6 214 665 2273											3 16
04/10		EPA R6 214 665 2275											3 16
04/10		CASTELL + ASSOCIATES 214 352 7446											8 44
04/10		CHILDREN (b) (6) [redacted]											3 95
04/12		EPA R6 START (BATON ROUGE) 504 298 5099											12 49
04/11		CET 281 870 9012											2 67
04/11		EPA R6 START 504 667 2889											2 25
04/12		EPA R6 START 504 667 2889											2 48
04/12		CHILDREN (b) (6) [redacted]											6 58
04/13		USCG NPFC 703-235-4770											7 56
04/13		EPA HQ 703 603 8717											3 72
									SUBTOTALS ▶				
									TOTALS ▶		12 40	1809 00	56 46

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 ▶

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100044

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 7 OF 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

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: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
04/13		EPA R6 214 665 3184											6 45
04/13		EPA R6 214 665 2273											13 03
04/13		~~EPA HQ~~ USDOJ 202 514 1032											8 26
04/13		EPA R6 214 665 2284											7 00
04/13		USCG D8(m) 504 589 6901											2 37
04/13		EPA R6 214 665 3184											7 56
04/14		USCG GST 334 441 6612											4 20
04/14		MOTHER (b) (6) [redacted]											4 81
04/17		EPA R9 415 744 2286											3 76
04/17		CHILDREN (b) (6) [redacted]											7 70
04/19		CHILDREN (b) (6) [redacted]											12 19
04/20		EPA R6 214 665 2273											7 00
									SUBTOTALS ▶				~~56~~ 84.33
									TOTALS ▶		12 40	1405 00	140 79

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TOTAL AMOUNT CLAIMED ▶

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100045

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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(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 8 OF 8 PAGES

TRAVEL AUTHORIZATION NO. T6630111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)
04/21		EPA R6 214 665 8138											18.83
04/22		EPA R6 214 665 8586											2.62
04/22		EPA R6 214 665 6437											3.72
04/22		EPA R6 214 665 2273											4.27
04/22		EPA R6 214 665 2273											3.72
04/22		EPA R6 214 665 2273											4.27
04/22		CASTEX SYSTEMS SITE 318 821 5373											.35
04/26		504 555-1212 Information for OMI											.25
04/27		CHILDREN [redacted]											9.20
04/30													6.45
04/30		Oil Map Inc 318 272 3407											3.63
													57.31
										SUBTOTALS ▶			140.79
										TOTALS ▶	12.40	1809.00	~~197.90~~ 198.10

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 ▶ 2019.30

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STANDARD FORM 1012 BACK (10-77)

100046

P.1

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

R [redacted] DYAN
[redacted]

DALLAS TX 752064329

Room	345-11
Arrive Date	04/09/99
Dept. Date	05/01/99
Folio #	0
Room Rate	48.00
Account	2-CAMEY
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE **EXPRESS CHECK – OUT**

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	412	51	XXX	(b) (6)	17.55$	.00$	17.55$
[illegible]	114	0408000	AUD	DISCOUNT ROOM	48.00$	.00$	65.55$
[illegible]	114	0409000	AUD	DISCOUNT ROOM	48.00$	.00$	113.55$
[illegible]	412	8	XXX	214-665-2273	3.16$	.00$	116.71$
[illegible]	412	9	XXX	214-665-2275	3.16$	.00$	119.87$
[illegible]	412	38	XXX	214-352-7446	8.44$	.00$	128.31$
[illegible]	412	45	XXX	(b) (6)	3.95$	.00$	132.26$
[illegible]	114	0410000	AUD	DISCOUNT ROOM	48.00$	.00$	180.26$
[illegible]	412	17	XXX	504-298-5099	12.49$	.00$	192.75$
[illegible]	412	18	XXX	281-870-9012	2.67$	.00$	195.42$
[illegible]	412	25	XXX	504-667-2899	2.25$	.00$	197.67$
[illegible]	114	0411000	AUD	DISCOUNT ROOM	48.00$	.00$	245.67$
[illegible]	412	6	XXX	504-667-2899	3.48$	.00$	249.15$
[illegible]	412	12	XXX	(b) (6)	4.58$	.00$	254.73$
[illegible]	412	0412000	XXX	[illegible]	2.48$	.00$	257.21$
[illegible]	114	0412001	AUD	DISCOUNT ROOM	48.00$	.00$	305.21$
[illegible]	412	16	XXX	703-235-4770	7.56$	.00$	312.77$
[illegible]	412	0413000	XXX	703-603-8717	3.72$	.00$	316.49$
[illegible]	412	0413001	XXX	214-665-2273	13.03$	.00$	329.52$
[illegible]	412	19	XXX	214-665-3184	6.45$	.00$	335.97$
[illegible]	412	20	XXX	202-514-1032	8.26$	.00$	344.23$
[illegible]	412	21	XXX	214-665-2284	7.00$	.00$	351.23$
[illegible]	412	22	XXX	504-589-6901	2.37$	.00$	353.60$

ACCT. NO.	XXXXXXXXXXXXXXXXXX
CARD MEMBER NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ESTABLISHMENT NO. & LOCATION	HOLIDAY INN JENNINGS P.O. BOX 896 I- 10 & Hwy. 26 JENNINGS, LOUISIANA 70546
CARD MEMBER'S SIGNATURE	X

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

DATE OF CHARGE	XX/XX/XX
FOLIO NO./CHECK NO.	XX-XXXXXX-XX
AUTHORIZATION	XXXXXX
ID	XX
PURCHASES & SERVICES	XXXXXXXX.XX
TOTAL AMOUNT	XXXXXXXX.XX

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100047

P.2

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

RYAN
[redacted]

Room	145-11
Arrive Date	04/08/98
Dept. Date	05/01/98
Folio #	0
Room Rate	48.00
Account	2-CAMEY
Mkt/Seg	4-RNU

Page 2

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE **EXPRESS CHECK – OUT**

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
04/15	412	23	XXX	(b) (6)	3.16$	.00$	356.76$
04/15	412	24	XXX		2.62$	.00$	359.38$
04/15	412	27	XXX	214-665-3184	7.56$	.00$	366.94$
[illegible]	114	0413002	AUD	DISCOUNT ROOM	48.00$	.00$	414.94$
[illegible]	412	2	XXX	334-441-6612	4.20$	.00$	419.14$
[illegible]	412	4	XXX	(b) (6)	4.81$	.00$	423.95$
[illegible]	114	0414000	AUD	DISCOUNT ROOM	48.00$	.00$	471.95$
[illegible]	114	0415000	AUD	DISCOUNT ROOM	48.00$	.00$	519.95$
[illegible]	411	1	XXX	(b) (6)	.35$	.00$	520.30$
[illegible]	114	0416000	AUD	DISCOUNT ROOM	48.00$	.00$	568.30$
[illegible]	412	0417000	XXX	415-744-228[illegible]	3.76$	.00$	572.06$
[illegible]	914	0417001	AJB	AMERICAN EXPRES[illegible]	.00$	-572.06$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
[redacted] 1198	04/17/98	HI- 81293-1

CARD MEMBER NAME: RYAN/RM

AUTHORIZATION: 429925 650.00$ ID: AJB
.00$
.00$

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

HOLIDAY INN JENNINGS
I-10 & STATE ROAD 26
JENNINGS, LA 70546

Holiday Inn

PURCHASES & SERVICES: 572.06$

TOTAL AMOUNT: 572.06$

CARD MEMBER'S SIGNATURE
X Robert M. Ryan

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100048

P.5

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

R RYAN
[redacted]

Room	145-11
Arrive Date	04/17/98
Dept. Date	04/27/98
Folio #	0
Room Rate	48.00
Account	2-COMEY
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK - OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0417	412	3	XXX	(b) (6)	7.70$	.00$	7.70$
0417	114	0417000	AUD	DISCOUNT ROOM	48.00$	.00$	55.70$
0417	812	0417001	AUD	OCCUPANCY TAX	4.80$	.00$	60.50$
0418	412	2	XXX	(b) (6)	5.88$	.00$	66.38$
0418	411	0418000	XXX		.35$	.00$	66.73$
0418	114	0418001	AUD	DISCOUNT ROOM	48.00$	.00$	114.73$
0418	812	0418002	AUD	OCCUPANCY TAX	4.80$	.00$	119.53$
0419	412	19	XXX	(b) (6)	2.48$	.00$	122.01$
0419	412	22	XXX		12.19$	.00$	134.20$
0419	411	24	XXX		.35$	.00$	134.55$
0419	114	0419000	AUD	DISCOUNT ROOM	48.00$	.00$	182.55$
0419	812	0419001	AUD	OCCUPANCY TAX	4.80$	.00$	187.35$
0420	412	6	XXX	214-665-2273	7.00$	.00$	194.35$
0420	114	0420000	AUD	DISCOUNT ROOM	48.00$	.00$	242.35$
0420	812	0420001	AUD	OCCUPANCY TAX	4.80$	.00$	247.15$
0421	412	4	XXX	214-665-8138	18.83$	.00$	265.98$
0421	412	5	XXX	(b) (6)	27.83$	.00$	293.81$
0421	412	48	XXX		14.59$	.00$	308.40$
0421	114	0421000	AUD	DISCOUNT ROOM	48.00$	.00$	356.40$
0421	812	0421001	AUD	OCCUPANCY TAX	4.80$	.00$	361.20$
0421	412	8	XXX	214-665-8586	2.62$	.00$	363.82$
0422	412	9	XXX	214-665-6437	3.72$	.00$	367.54$
0423	412	15	XXX	214-665-2273	4.27$	.00$	371.81$

ACCT. NO.	XXXXXXXXXXXXXXXXXXXXXX
CARD MEMBER NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT
	HOLIDAY INN JENNINGS P.O. BOX 896 I- 10 & Hwy. 26 JENNINGS, LOUISIANA 70546
CARD MEMBER'S SIGNATURE	X

DATE OF CHARGE	XX/XX/XX
FOLIO NO./CHECK NO.	XX-XXXXXX-XX
AUTHORIZATION	XXXXXX
ID	XXX
PURCHASES & SERVICES	XXXXXXX.XX
TOTAL AMOUNT	XXXXXXX.XX

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100049

P.4

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address
RYAN
[redacted]
[redacted]

Room	145-11
Arrive Date	04/17/98
Dept. Date	04/27/98
Folio #	0
Room Rate	48.00
Account	2-CAMEY
Mkt/Seg	4-GOV

Page 2

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0422	412	0422000	XXX	214-665-2273	3.72$	.00$	375.53$
0422	412	28	XXX	214-665-2273	4.27$	.00$	379.80$
0422	411	32	XXX	318-821-5373	.35$	.00$	380.15$
0422	114	0422001	AUD	DISCOUNT ROOM	48.00$	.00$	428.15$
0422	812	0422002	AUD	OCCUPANCY TAX	4.80$	.00$	432.95$
0423	412	10	XXX	(b) (6)	22.34$	.00$	455.29$
0423	412	27	XXX		16.21$	.00$	471.50$
0423	114	0423000	AUD	DISCOUNT ROOM	48.00$	.00$	519.50$
0423	812	0423001	AUD	OCCUPANCY TAX	4.80$	.00$	524.30$
0424	114	0424000	AUD	DISCOUNT ROOM	48.00$	.00$	572.30$
0424	812	0424001	AUD	OCCUPANCY TAX	4.80$	.00$	577.10$
0425	114	0425000	AUD	DISCOUNT ROOM	48.00$	.00$	625.10$
0425	812	0425001	AUD	OCCUPANCY TAX	[illegible]	.00$	629.90$
0426	412	7	XXX	504-555-1212	.25$	.00$	630.15$
0426	411	0426000	XXX	(b) (6)	.35$	.00$	630.50$
0426	114	0426001	AUD	DISCOUNT ROOM	48.00$	.00$	678.50$
0426	812	0426002	AUD	OCCUPANCY TAX	4.80$	.00$	683.30$
0427	819	0427000	SLS	TAX ADJUSTMENT	.00$	-48.00$	635.30$
0427	914	0427001	LMN	AMERICAN EXPRES	.00$	-635.30$	.00$
				TOTAL			.00$

ACCT. NO.	[redacted]
CARD MEMBER NAME	RYAN/RM
ESTABLISHMENT NO. & LOCATION	HOLIDAY INN JENNINGS I-10 & STATE ROAD 26 JENNINGS, LA 70546
CARD MEMBER'S SIGNATURE	X

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
04/27/98	HI- 82788-0/

AUTHORIZATION		ID
446627	650.00$	LMN
	.00$	
	.00$	

PURCHASES & SERVICES	635.30$
TOTAL AMOUNT	635.30$

100050

P.5

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

P RYAN
[redacted]
[redacted] TX [redacted]

Room	145-11
Arrive Date	04/27/98
Dept. Date	05/01/98
Folio #	0
Room Rate	48.00
Account	P-CAMEY
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0427	412	19	XXX	(b) (6)	9.20$	.00$	9.20$
0427	412	32	XXX		12.57$	.00$	21.77$
0427	114	0427000	AUD	DISCOUNT ROOM	48.00$	.00$	69.77$
0428	411	5	XXX	(b) (6)	.35$	.00$	70.12$
0428	412	59	XXX		6.91$	.00$	77.03$
0428	114	0428000	AUD	DISCOUNT ROOM	48.00$	.00$	125.03$
0429	411	1	XXX	(b) (6)	.35$	.00$	125.38$
0429	412	3	XXX		6.45$	.00$	131.83$
0429	412	42	XXX		12.16$	.00$	143.99$
0429	114	0429000	AUD	DISCOUNT ROOM	48.00$	.00$	191.99$
0429	412	7	XXX	318-278-3407	3.63$	.00$	195.62$
0429	412	33	XXX	(b) (6)	11.81$	.00$	207.43$
0430	114	0430000	AUD	DISCOUNT ROOM	48.00$	.00$	255.43$
0501	914	0501000	GSG	AMERICAN EXPRES	.00$	-255.43$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
[redacted]	05/01/98	HI- 93491-0

CARD MEMBER NAME
P M RYAN

ESTABLISHMENT NO. & LOCATION
ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

HOLIDAY INN JENNINGS
I-10 & STATE ROAD 26
JENNINGS, LA 70546

Holiday Inn

AUTHORIZATION		ID
401630	65.00$	GSG
103012	200.00$	
	.00$	

PURCHASES & SERVICES 255.43$

TOTAL AMOUNT 255.43$

CARD MEMBER'S SIGNATURE
X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100051

PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period No.	Pay Period Dates From	Pay Period Dates To	Designated Agent No.
RYAN, Robert M	[redacted]	98/14	03/29/98	04/11/98	*

Account Number/Description: Subject To (Bits 4)	Accomplishment Code (Bits 6)	Budget Org/Code (Bits 7)	Program Element (Bits 9)	Site/Project (Bits 9)	Cost Org/Code (Bits 7)	Week	29 S S OT	30 M M 06	31 T T 07	01 W W 08	02 Th Th OT	03 F F 10	04 S S R	Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Standby/Holiday Hours	25
98	H	06L	G7X			1		8	8	8	8	8							
Description: Fixed FAN						2		8	8					56					
98	H	06L	G7X	Z663		1													
Description: Castex Systems Inc (FPN 08-6-144)						2								24					
98	HR	06L	P8X	Z663		1													
Description: Castex Systems Inc (FPN 08-6-144)						2				3	3		3		9				
						1													
Description:						2													
						1													
Description:						2													
						1													
						2													
Non Fixed Account Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals								0	0	8/3	8/3	8	3	24	9				
Grand Total All Paid Hours								16	16	16/3	16/3	16	3	80	9				

Timekeeper's Telephone Number: 2284

Timekeeper's Signature: Lin Lee Carter

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature: Robert R Boyle

Employee's Signature: Robert M Ryan

*Code
2 = Holiday
4 = Sunday

EPA Form 2560-78 (R 94)

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100051

PAYROLL DISTRIBUTION TIMESHEET

Employee Name: RYAN, Robert M

Social Security Number: [redacted]

Pay Period No.: 98/15

Pay Period Dates: From 04/12/98 To 04/25/98

Designated Agent No.:

Account Number/Description

Budget FY To (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 6)	Site/Project (Max 6)	Cost Org/Code (Max 7)	Week	12 S S 19	13 M M 20	14 T T 21	15 W W 22	16 Th Th 23	17 F F 24	18 S S 25	Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Sunday/Holiday Hours	CB
98	H	06L	G7X			1													
Description: Fixed Acct Number						2													
98	H	06L	G7X	Z663		1		8	8	8	8	8		80					
Description: Castex Systems Inc (FPN 08-6-144)						2		8	8	8	8	8		40	TAC				
98	HR	06L	P8X	Z663		1		2	2	2	2	2							
Description: Castex Systems Inc (FPN 08-6-144)						2		2	2	2	2	2	8		28				
98	HR	06L	P8X	Z6~~68~~ RC RV		1							12	RMR 28					
Description: Shreveport Mystery Spill (FPN 08-8-135)						2	14								26				
						1													
Description:						2													
						1													
						2													
Non Fixed Account Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals							14	16 4	16 4	16 4	16 4	16 4	20	80	54				
Grand Total All Paid Hours							14	16 4	16 4	16 4	16 4	16 4	20	80	54				

Summary Columns

Timekeeper's Telephone Number: 3284

Timekeeper's Signature: [signature]

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature: [signature]

Employee's Signature: [signature]

*Code
2 = Holiday
4 = Sunday

EPA Form 2500-20 (9-94)

100052

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	16	From: 04/26/98	To: 05/09/98	SUMMARY COLUMNS

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	Code
98	H	06L	G7X	Z600		1													
FIXED FAN 1						2		8.00						8.00					
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2			8.00	8.00	8.00	8.00		72.00					
98	HR	06L	PBX	Z663		1		2.00	2.00	2.00	2.00	2.00							
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2			2.00	2.00	2.00	2.00	5.00		23.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								10.00	20.00	20.00	20.00	20.00	5.00	72.00	23.00				
Grand Total All Paid Hours								18.00	20.00	20.00	20.00	20.00	5.00	80.00	23.00				

Timekeeper's Telephone Number: 42284

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code
2=Holi
4=Sunday

Timekeeper's Signature: Lumtier Carter

Supervisor's Signature

Employee's Signature: Robert M. Ryan

EPA Form 2560-28 (8-94)

100054

March 22, 1999

FROM: Theresa Green
Superfund Accounting

TO: Twanna Brown
Superfund Division

SUBJECT: TA #6630111, dated March 24, 1998 - Robert Ryan

The above TA authorized Robert Ryan to travel to Jennings, LA, to conduct OPA-90 removal at Castex System Oil site from 04-08-98 thru 05-01-98. According to his travel voucher along with his T&E sheet, shows that on 04-18 and 04-19-1998, he responded to an emergency oil site (Shreveport Mystery Spill FPN #088135, site # BP) in Shreveport, LA.

Amended TA is needed showing second trip on 04-18 and 04-19, to Shreveport Mystery Spill in Shreveport, LA. Attached is a copy of Robert Ryan travel voucher.

If you have any questions please give me call me at (6573).

Thanks,

100055

PAGE 1 OF 1

MULTIPLE ACCOUNT ALLOCATION FORM FOR OFFICIAL GOVERNMENT TRAVEL

TA NUMBER T6630111-01
NEW
AMENDED ✓

TRAVELER'S NAME: RYAN, Robert M.

SSN: [redacted]

TRAVEL DATE(S): 4/8-18/98 - 4/18-19/98 - 4/20-5/1/99

DESTINATION(S):

ACCOUNTING INFORMATION: 98HR06L P8X Z663	ACCOUNTING INFORMATION: 98HR06L [redacted] BP	ACCOUNTING INFORMATION: 98HR06L P8X Z663	OBJECT CLASS TOTAL:
DCN: LST 287 (4/8-18/98	DCN: LST 287	DCN: LST 287	
SITE NAME: CASTEX Systems	SITE NAME: Shreveport Mystery Spill	SITE NAME: CASTEX Systems	
PURPOSE CODE: 0	PURPOSE CODE: 0	PURPOSE CODE: 0	
OBJECT CLASS:	OBJECT CLASS:	OBJECT CLASS:	
2111/2121 772.50	2111/2121 78.00	2111/2121 958.50	1,809.00
2113/2123	2113/2123	2113/2123	
2114/2124 6.20	2114/2124	2114/2124 6.20	12.40
2115/2125	2115/2125	2115/2125	
2117/2127 121.60	2117/2127 12.19	2117/2127 64.31	198.10
TOTAL 900.30	TOTAL 90.19	TOTAL 1,029.01	2,019.50 GRAND TOTAL

FUNDS CERTIFING OFFICER

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6630111-01

2. SOCIAL SECURITY NUMBER: [redacted]

3. TRAVEL AUTHORIZATION CODE: A (N- , A-AMEND, C-CANCEL)

TRAVEL AUTHORIZATION
(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN

5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)

6. APPLICABLE REGULATIONS: [X] SGTRs [ ] JTRs

7A. DATE: 04/06/99

7B. PREPARER / EXT.: J. MYNETT 665-2773

8A. NAME OF TRAVELER: RYAN, ROBERT M

8B. TITLE: ON-SCENE COORDINATOR

8C. PHONE: (214) 665-2219

9A. OFFICIAL STATION: HOUSTON

9B. ORGANIZATION: 6SF-R1

MAIL CODE: 6SF-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Abbreviated) STATE	CITY	PER DIEM INFORMATION (*Indicates 150% of normal rates) LODGING	MI&IE	TOTAL
TRIP 1	04/08/98	04/18/98			50.00	30.00	80.00
TRIP 2	04/18/98	04/19/98			50.00	30.00	80.00

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

FROM HOUSTON,TX TO JENNINGS,LA TO SHREVEPORT BACK TO JENNINGS,LA AND RETURN.AMENDED TO ADD TWO ADDITIONAL TRIPS AND CORRECT ACCOUNT NUMBERS.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

	(PER DIEM AND SUBSISTENCE)							ADMIN	TOTAL COST BY CATEGORY
X	A1. LODGING PLUS MI&IE →	*****	LODGING NOT TO EXCEED	*****	MI&IE	*****		OBJECT	AMOUNT
	A2. ACTUAL SUBSISTENCE NOT TO	*****	LODGING NOT TO EXCEED	*****	MI&IE	*****		(A) 2111 2121	00
	(OTHER ALLOWANCES)								
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP							(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER								
	B3. EXCESS BAGGAGE →	LBS							
	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS							(C) 2117 2127	0.00
	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)		RATE (Cents/mile - Justification Req'd)	0.310				(D) 2114 2124	0.00
	E1. GSA CONTRACT RENTAL - BOAC # →			INTERCITY	TEMPORARY DUTY			(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL			INTERCITY	TEMPORARY DUTY				
	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #			INTERCITY	TEMPORARY DUTY			(F) 2209 2207	0.00
	G1. REGISTRATION FEES								
								TOTAL	.00

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.*

A. TYPE: [X] ORDINARY [ ] CONTINUING

B. METHOD OF PAYMENT: [ ] CASH [ ] CHECK [ ] ATM

C. MAIL CHECK TO: [ ] OFFICE [ ] HOME

ADDRESS

D. AMOUNT: 0.00

E. SIGNATURE OF APPLICANT

F. CASH RECEIVED BY

G. DATE CASH RECEIVED

13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED

SIGNATURE *(And reason for disapproval, if so checked)*

14. AUTHORIZATION

RECOMMENDING OFFICER	AUTHORIZATION OFFICER	
NAME AND TITLE *(Typed or electronically entered)* JAMES MULLINS LEADER, RENOVATION TEAM 6SF-PM	NAME AND TITLE *(Typed or electronically entered)* ROBERT BROYLES DEPUTY BRANCH CHIEF 6SF-PM	Authority is granted to travel and incur costs expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.
SIGNATURE James R. Mullins	SIGNATURE Robert H. Broyles	

15. Financial and Accounting Data

LINE	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)
1	LST287			SEE	ATTACHED	2111
2						
3						
4						
5						

SFO: 06 (Max 2)

LINE	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1				0
2				
3				
4				
5				

EPA Travel Authorization
(This document covered by the Privacy Act)

1. Number: T6630111-01

2. Social Security Number: [redacted]

CONTINUATION SHEET

10. Trip Information

#	Dates (month/day/year) From	To	Destination (abbreviated) St.	City	Per diem information *indicates 150% of normal rate Lodging	M&IE	Total
3	04/20/98	05/01/98			$ 50.00	$ 30.00	$ 80.00
4					$	$	$
5					$	$	$
6					$	$	$
7					$	$	$
8					$	$	$
9					$	$	$
10					$	$	$
11					$	$	$
12					$	$	$
13					$	$	$
14					$	$	$
15					$	$	$
16					$	$	$
17					$	$	$
18					$	$	$
19					$	$	$
20					$	$	$
21					$	$	$
22					$	$	$
23					$	$	$
24					$	$	$
25					$	$	$
26					$	$	$
27					$	$	$

D. Itinerary, Purpose, Justification(s), Location of Lodging (if different from TDY location), and Other Details

100058

STANDARD VOUCHER

S.V. NO. 9906SF010

Date May 17, 1999 T. Green

REFERENCE	EXPLANATION	DEBIT	CREDIT
Ryan, Robert [redacted]	9806LST287		
	T6630111		
SVEX Decrease	98/HR/06L/P8X/Z663		
	O/C 2111	139.08	
	2117	11.58	
	2114	1.49	
SVEX Increase	98/HR/06L/P8X/26BP		
	O/C 2111		139.08
	2117		11.58
	2114		1.49
	To correct charges - a portion of Travel $ charged to Site 26BP per attached requests.		
	TOTAL,	152.15	152.15

Prepared by Theresa Green (Signature)
Financial Specialist (Title)

Approved by _____ (Signature)
_____ (Title)

100059

STANDARD VOUCHER

COMPLETED CN 4/23/99

S.V. No. 99065F023

Date: April 22, 1999

Reference	Explanation	Debit	Credit
Ryan, R [redacted]	9806LST287 T6630111		
SV EX Decrease	98/HR/06L/P8X/Z663 O/C 2111 2117	78.00 12.19	
SV EX Increase	98/HR/06L/P8X/Z6BP O/C 2111 2117		78.00 12.19
To correct charges – a portion of travel should have been charged to site Z6BP per the attached requests from Superfund Division + Superfund Accounting.			
	TOTAL	90.19	90.19

Prepared by [signature] Signature

Financial Specialist Title

Approved by [signature] Signature

Team Leader – Gen. Acct. Title

100060

RCM-4 RECONCILIATION

RECEIVED
EPA REGION V:
99 APR 22 PM 3:45
FINANCIAL MANAGEMENT SECTION

TO: Carolyn Stauder, Financial Specialist, 6MD-RG

FROM: Twanna Brown (GSP)

DATE: 4/15/99

The following adjustments are required to the Financial Management Systems.

IFMS	ORIGINAL ENTRY (OLD)	CHANGE ENTRY
Date DCN Assigned		
* Document No.		
Document Control No.	LST287	
Account No.	9	98AR06LP8X26BP
Change 1: Object Class		2111
Amount		78.00 parcel
Change 2: Object Class		2117
Amount		12.19 parcel
Change 3: Object Class		
Amount		
Change 4: Object Class		
Amount		
Change 5: Object Class		
Amount		
Change 6: Object Class		
Amount		
Traveler's Name	Ryan R	
Social Security No.	[redacted]	

Please add the new account number with paid amounts in IFMS please show as paid - See Attached

Document rejected and not corrected within the 5 day correction period.

Date _____ Signature _____ Twanna B.

*Travel Authorization No., Purchase Order No., or other Obligation Document No.

100061

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6630111
2. SOCIAL SECURITY NUMBER: [redacted]
3. TRAVEL AUTHORIZATION CODE: N (N = NEW, A = AMEND, C = CANCEL)

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN
5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)
6. APPLICABLE REGULATIONS: [X] SOTRs [ ] JTRs
7A. DATE: 03/24/98
7B. PREPARER / EXT.: J. MYNETT 665-2273

8A. NAME OF TRAVELER: RYAN, ROBERT M
8B. TITLE: ON-SCENE COORDINATOR
8C. PHONE: (214)665-2219
8D. OFFICIAL STATION: HOUSTON
8E. ORGANIZATION: 6SP-R1
MAIL CODE: 6SF-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION STATE	CITY	C. PER DIEM INFORMATION (*indicates 150% of normal rates) LODGING	M&IE	TOTAL
TRIP 1	04/08/98	05/01/98			50.00	30.00	80.00
TRIP 2							

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

FROM HOUSTON, TX TO JENNINGS, LOUISIANA AND RETURN.
PURPOSE: TO CONDUCT OPA-90 REMOVAL AT CASTEX SYSTEMS SITE.
EMPLOYEE WILL BE TRAVELING BY GOVERNMENT OWNED VEHICLE.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

	(PER DIEM AND SUBSISTENCE)						ADMIN OBJECT	TOTAL COST ESTIMATES BY CATEGORY AMOUNT
X	A1. LODGING PLUS M&IE →	80.00	LODGING NOT TO EXCEED	50.00	M&IE	30.00		
	A2. ACTUAL SUBSISTENCE NTE	*****	LODGING NOT TO EXCEED	*****	M&IE	*****	(A) 2111 2121	1870.00
	(OTHER ALLOWANCES)							
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE → LBS							
X	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	720.00
X	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)	40	RATE (Cents/mile - Justification Req'd)	0.310			(D) 2114 2124	12.40
	E1. GSA CONTRACT RENTAL - BOAC # →			INTERCITY	TEMPORARY DUTY		(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL			INTERCITY	TEMPORARY DUTY			
X	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #		X	INTERCITY	TEMPORARY DUTY		(G) 2560 2561	0.00
	G1. REGISTRATION FEES							
							TOTAL	2602.40

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)*

A. TYPE: [X] ORDINARY [ ] CONTINUING
B. METHOD OF PAYMENT: [ ] CASH [X] ATM [ ] CHECK
C. MAIL CHECK TO: [ ] OFFICE [ ] HOME
ADDRESS
D. AMOUNT: 585.00
E. SIGNATURE OF APPLICANT
13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED
SIGNATURE *(And reason for disapproval, if so checked)*
F. CASH RECEIVED BY
G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER
NAME AND TITLE *(Typed or electronically entered)*: JAMES MULLIN, LEADER, REMOVAL TEAM 1, 6SP-R1
SIGNATURE

AUTHORIZATION OFFICER
NAME AND TITLE *(Typed or electronically entered)*: ROBERT BROYLES, DEPUTY BRANCH CHIEF, 6SF-RR
SIGNATURE

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.

15. Financial and Accounting Data

LINE	DCN (Max 8)	Budget/FYs (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)
1	LST 287	98	HR	06L	P8X	2111
2	LST 287	98	HR	06L	P8X	2114
3	LST 287	98	HR	06L	P8X	2117
4						
5						
6						

SFO: 06 (Max 2)

	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1	1870.00	2663		0
2	12.40	2663		0
3	720.00	2663		0
4				
5				
6				

EPA Form 2610-1 (OFF 3.2a) TRAVLR/ACCTING/AUDIT/ADVANCE/TICKETING/DCR

100062

ACTION: R TABLEID: TSCL USERID: HKTV

*** TREASURY SCHEDULE CONTROL LINE INQUIRY TABLE ***

KEY IS FY, SCHEDULE CAT, SCHEDULE TYPE, SCHEDULE NUMBER, PV VENDOR CODE, PV TC, PV NUMBER, PV ADV NUM, PV LN, REC TYP

FY: 98 SCHEDULE CAT: T SCHEDULE TYPE: M SCHEDULE NUMBER: 000A98140

INDICATORS - TREAS ACT: C POST TREAS ACT: Y POST DETAILS: Y EXP: F BACKOUT: N

PAYMENT VOUCHER					REC	PAYMENT	CHECK	POST	CHK
VENDOR CODE	TC	NUMBER	ADV NUM	LN	TYP	AMOUNT	NUMBER		
[redacted]	TV	98001514664		001	P	2,019.50	23225267	Y	
	TV	98001514527		001	P	860.63	23225268	Y	
	TV	98005511652		001	P	383.27	23225269	Y	
	TV	98001514572		001	P	425.75	23225270	Y	
	2 GP	98001922803		001	P	33,114.00	23225372	Y	
	PV	98005516152		001	P	13.00	23225271	Y	
	TV	98001514688		001	P	280.00	23225272	Y	
	TV	98001514558		001	P	636.60	23225273	Y	
	TV	98001514541		001	P	259.15	23225274	Y	

100063

ACTION: R TABLEID: CHKH USERID: HKTV

*** CHECK HEADER INQUIRY TABLE ***

KEY IS CHECK NUM, D.O.

01-

CHECK NUM: 23225267 D.O.: KC00

FISC YR: 98 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98140

PAYEE: [redacted] CHECK DATE: 05 22 98 CANCELED IND: N

AMOUNT: 2,019.50 MANUAL CHECK IND:

PAYEE NAME: RYAN, ROBERT M.

PAYEE ADDRESS LINE 1: [redacted]

PAYEE ADDRESS LINE 2:

PAYEE ADDRESS LINE 3: [redacted] [redacted]

02-

CHECK NUM: 23225268 D.O.: KC00

FISC YR: 98 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98140

PAYEE: [redacted] CHECK DATE: 05 22 98 CANCELED IND: N

AMOUNT: 860.63 MANUAL CHECK IND:

PAYEE NAME: TATOM, RUTH A.

PAYEE ADDRESS LINE 1: [redacted]

PAYEE ADDRESS LINE 2:

PAYEE ADDRESS LINE 3: [redacted]

100064

OIL SPILL

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: EPA / SFD

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

3. VOUCHER NO.

4. SCHEDULE NO. 5848 DD

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): RYAN, Robert M.
b. SOCIAL SECURITY NO. [redacted]
c. MAILING ADDRESS (Include ZIP Code): [redacted]
d. OFFICE TELEPHONE NO. [redacted]
e. PRESENT DUTY STATION [redacted]
f. RESIDENCE (City and State) [redacted]

6. PERIOD OF TRAVEL
a. FROM 05/05/98 b. TO 05/29/98

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 1B630692 b. DATE(S) 04/27/98

PAID TREASURY

10. CHECK NO.

11. PAYMENT SCHEDULE A98166 CODED 6-17-98

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 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)
					JENNINGS LA

Travel by G.O.V.

FINANCIAL MANAGEMENT SECTION 98 JUN -4 PM 1:00

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 M. Ryan DATE 02 JUN 98 AMOUNT CLAIMED ▶ $2007.72

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 ▶ Robert R Boyle DATE 6/2/98

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

16. THIS VOUCHER [redacted] PER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ 9800161368 8 DATE 6/15/98

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	$ 0.00
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: DWS 6/8/98	$ 2007.72
c. APPLIED TO TRAVEL ADVANCE, (Appropriation symbol):	$ 0.00
d. NET TO TRAVELER ▶	$ 2007.72

13. ACCOUNTING CLASSIFICATION
98HR06LP8X2663 ① 2121-1887.00 2124-12.40
LS1354 ② 2127-108.32

6/3

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

100065

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. JENN. LA: 50/30

(h) Show expenses, such as: laundry, cleaning and dressing 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 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: .31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/05	0730	DEPARTED HOR VIA POV TO EPA R6 LAB								20	6.20		
	0900	DEPARTED EPA R6 LAB VIA GOV TO CASTEX											
	1300	TDY - Castex Systems											
	1800	Hotel / Subsistence					22.50	48.00	70.50			70.50	
05/06	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/07	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/08	0700	TDY - Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/09	0700	TDY - Castex Systems											
	1300	Hotel / Subsistence					30.00	48.00	78.00			78.00	
									SUBTOTALS ▶				
									TOTALS ▶		6.20	382.50	0.00

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

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

TOTAL AMOUNT CLAIMED ▶

STANDARD FORM 1012 BACK (10-77)

100066

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. 50/30

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to hellboys, 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 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)
05/10		Hotel/Subsistence					30 00	48 00	78 00			78 00	
05/11	0700	TDY - Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
05/12	0700	TDY - Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
05/13	0700	TDY - Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
05/14	0700	TDY - Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
05/15	0700	TDY - Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
05/16	0700	TDY - Castex Systems											
									SUBTOTALS ▶			882 50	
									TOTALS ▶		6 20	850 50	0 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 ▶

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T00067

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. 50/30

(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 3 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

DATE 1998 (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: 31¢ NO. OF MILES. (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/16	1200	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/17		Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/18	0700	TDY-Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/19	0700	TDY-Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/20	0700	TDY-Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/21	0700	TDY-Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
05/22	0700	TDY-Castex Systems											
	1800	Hotel / Subsistence					30.00	48.00	78.00			78.00	
									SUBTOTALS ▶			850.50	
									TOTALS ▶		6.20	1396.50	0.00

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 ▶

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100068

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. 90/30

(h) Show expenses, such as: laundry, cleaning and dressing 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 4 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

DATE 1998 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/23	0700	TDY-Castex Systems											
	1200	Hotel/Subsistence					30.00	48.00	78.00			78.00	
05/24		Hotel/Subsistence					30.00	48.00	78.00			78.00	
05/25	0700	TDY-Castex Systems											
0	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
05/26	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
05/27	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
05/28	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
05/29	0700	TDY-Castex Systems											
									SUBTOTALS ▶			1396.50	
									TOTALS ▶		6.20	1864.50	0.00

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 ▶

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)

100069

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. 50/50

(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 5 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 31 ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/25	1200	Departed Caster Via GOV to Houston											
05/29	1700	ARRIVED IPA R6 LAB HOUSTON											
	1730	DEPARTED IPA R6 HOUSTON LAB VIA POV TO HQ											
	1800	ARRIVED HQ TDY Complete								20	6 20		
		Subsistence					22 50		22 50			22 50	
										SUBTOTALS ▶	6 20	1864 50	
										TOTALS ▶	12 40	1887 00	0 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 ▶

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100070

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 6 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

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: BREAK FAST (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)
		Telephone Calls											
05/06													
05/06		HALLIBURTON/NUS 513 251 2730											7 15
05/06		EPA R6 214 665 2272											21 80
05/07		USCG D8 504 589 6901											7 18
05/07		CASTEX 318 821 5373											.35
05/08		CODE 3 ENV SVCS 281-470-0444											10 83
05/10		MOTHER (b) (6) [redacted]											6 31
05/10		CHILDREN (b) (6) [redacted]											7 46
05/10		CHILDREN (b) (6) [redacted]											5 07
05/11		CENAC ENV SVCS 504 396 2798											19 22
05/11		(b) (6) [redacted]											
									SUBTOTALS ▶				
									TOTALS ▶		12 40	1887 00	85 37

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 ▶

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STANDARD FORM 1012 BACK (10-77)

100071

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 7 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T6630672

TRAVELER'S LAST NAME RYAN

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: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/13		CASTEX 318-821-5373											35
05/14		MOTHER (b) (6) [redacted]											4 27
05/14		HALLIBURTON/NUS 513 251 2370											3 16
05/15		CASTEX 318 821 5373											35
05/25		CHILDREN (b) (6) [redacted]											14 82
									SUBTOTALS ▶				85 37
									TOTALS ▶		12 40	1887 00	108 32

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 ▶ 2007.72

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100072

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

R RYAN
[redacted]

Room	145-11
Arrive Date	05/05/98
Dept. Date	05/24/98
Folio #	A
Room Rate	48.00
Account	3-CAMET
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0505	412	66	XXX	(b) (6) [redacted]	19.84$	.00$	19.84$
0505	114	0505000	AUD	DISCOUNT ROOM	48.00$	.00$	67.84$
0506	412	1	XXX	513-251-2730	7.15$	.00$	74.99$
0506	412	9	XXX	214-665-2272 EPA	21.80$	.00$	96.79$
0506	412	51	XXX	(b) (6) [redacted]	15.80$	.00$	112.59$
0506	114	0506000	AUD	DISCOUNT ROOM	48.00$	.00$	160.59$
0507	412	17	XXX	504-589-6901	7.18$	.00$	167.77$
0507	411	19	XXX	318-821-5373	.35$	.00$	168.12$
0507	412	0507000	XXX	(b) (6) [redacted]	5.30$	.00$	173.42$
0507	114	0507001	AUD	DISCOUNT ROOM	48.00$	.00$	221.42$
0508	412	10	XXX	281-490-0444	10.83$	.00$	232.25$
0508	412	33	XXX	(b) (6) [redacted]	3.09$	.00$	235.34$
0508	114	0508000	AUD	DISCOUNT ROOM	48.00$	.00$	283.34$
0509	411	24	XXX	(b) (6) [redacted]	.35$	.00$	283.69$
0509	114	0509000	AUD	DISCOUNT ROOM	48.00$	.00$	331.69$
0510	412	13	XXX	(b) (6) [redacted]	6.31$	.00$	338.20$
0510	412	16	XXX		7.46$	.00$	345.66$
0510	412	31	XXX		5.07$	.00$	350.73$
0510	114	0510000	AUD	DISCOUNT ROOM	48.00$	.00$	398.73$
0511	412	45	XXX	504-396-2798	19.22$	.00$	417.95$
0511	412	46	XXX	(b) (6) [redacted]	2.48$	.00$	420.43$
0511	411	52	XXX		.35$	.00$	420.78$
0511	412	57	XXX		5.30$	.00$	426.08$

ACCT. NO. XXXXXXXXXXXXXXXXXXXX	DATE OF CHARGE XX/XX/XX / FOLIO NO./CHECK NO. XX-XXXXXX-XX
CARD MEMBER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	AUTHORIZATION XXXXXX / ID XX
ESTABLISHMENT NO. & LOCATION (ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT) HOLIDAY INN JENNINGS P.O. BOX 896 I- 10 & Hwy. 26 JENNINGS, LOUISIANA 70546	PURCHASES & SERVICES XXXXXXX
CARD MEMBER'S SIGNATURE X	TOTAL AMOUNT XXXXXXX.XX

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100073

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

RYAN
[redacted]

Room	145-11
Arrive Date	05/05/98
Dept. Date	05/26/98
Folio #	0
Room Rate	48.00
Account	2-CAMEY
Mkt/Seg	4-GOV

Page 2

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

EXPRESS CHECK – OUT

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	114	0511000	AUD	DISCOUNT ROOM	48.00$	.00$	474.08$
[illegible]	412	56	XXX	(b) (6)	28.66$	.00$	502.74$
[illegible]	114	0512000	AUD	DISCOUNT ROOM	48.00$	.00$	550.74$
[illegible]	411	15	XXX	318-821-5373	.35$	.00$	551.09$
[illegible]	114	0513000	AUD	DISCOUNT ROOM	48.00$	.00$	599.09$
[illegible]	412	6	XXX	(b) (6)	4.27$	.00$	603.36$
[illegible]	412	7	XXX		13.58$	.00$	616.94$
[illegible]	412	0514000	XXX	513-251-2730	3.16$	.00$	620.10$
[illegible]	411	9	XXX	318-821-5373	.35$	.00$	620.45$
[illegible]	914	0514001	LMN	AMERICAN EXPRES	.00$	-620.45$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO.
[redacted]

CARD MEMBER NAME
RYAN/RM

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

HOLIDAY INN JENNINGS
I-10 & STATE ROAD 26
JENNINGS, LA 70546

Holiday Inn

CARD MEMBER'S SIGNATURE
X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
05/14/98	HI- 83357-1/

AUTHORIZATION		ID
532091	1235.00$	LMN
	.00$	
	.00$	

PURCHASES & SERVICES 620 45

TOTAL AMOUNT 620 45

100074

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

RYAN
[redacted]

Room	[illegible]
Arrive Date	[illegible]
Dept. Date	[illegible]
Folio #	[illegible]
Room Rate	[illegible]
Account	[illegible]
Mkt/Seg	[illegible]

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	412	57	XXX	(b) (6)	13.77$	.00$	13.77$
[illegible]	114	0514000	AUD	DISCOUNT ROOM	48.00$	.00$	61.77$
[illegible]	812	0514001	AUD	OCCUPANCY TAX	4.80$ CR	.00$	66.57$
[illegible]	411	40	XXX	(b) (6)	.35$	.00$	66.94$
[illegible]	114	0515000	AUD	DISCOUNT ROOM	48.00$	.00$	114.94$
[illegible]	812	0515001	AUD	OCCUPANCY TAX	4.80$ CR	.00$	119.74$
[illegible]	411	20	XXX	(b) (6)	.35$	.00$	120.09$
[illegible]	411	24	XXX		.35$	.00$	120.44$
[illegible]	819	0516000	SLG	TAX ADJUSTMENT	.00$	-9.60$	110.84$
[illegible]	114	0516001	AUD	DISCOUNT ROOM	48.00$	.00$	158.84$
[illegible]	411	15	XXX	(b) (6)	.35$	.00$	159.19$
[illegible]	114	0517000	AUD	DISCOUNT ROOM	48.00$	.00$	207.19$
[illegible]	412	47	XXX	(b) (6)	[illegible]	.00$	223.40$
[illegible]	114	0518000	AUD	DISCOUNT ROOM	48.00$	.00$	271.40$
[illegible]	411	3	XXX	(b) (6)	.35$	.00$	271.75$
[illegible]	412	54	XXX		21.05$	.00$	292.80$
[illegible]	114	0519000	AUD	DISCOUNT ROOM	48.00$	.00$	340.80$
[illegible]	412	36	XXX	(b) (6)	2.48$	.00$	343.28$
[illegible]	114	0520000	AUD	DISCOUNT ROOM	48.00$	.00$	391.28$
[illegible]	412	28	XXX	(b) (6)	6.12$	.00$	397.40$
[illegible]	114	0521000	AUD	DISCOUNT ROOM	48.00$	.00$	445.40$
[illegible]	412	50	XXX	(b) (6)	16.21$	.00$	461.61$
[illegible]	114	0522000	AUD	DISCOUNT ROOM	48.00$	.00$	509.61$

ACCT. NO.	XXXXXXXXXXXXXXXXXXXX
CARD MEMBER NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT DAY INN JENNINGS P.O. BOX 896 I- 10 & Hwy. 26 JENNINGS, LOUISIANA 70546
CARD MEMBER'S SIGNATURE	X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	XX/XX/XX
FOLIO NO./CHECK NO.	XX-XXXXXX-X
AUTHORIZATION	XXXXXX
ID	
PURCHASES & SERVICES	XXXXXXXX.XX
TOTAL AMOUNT	XXXXXXXX.XX

100075

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

R RYAN
[redacted]

Room	[illegible]
Arrive Date	[illegible]
Dept. Date	[illegible]
Folio #	[illegible]
Room Rate	[illegible]
Account	[illegible]
Mkt/Seg	[illegible]

Page 2

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE **EXPRESS CHECK – OUT**

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	114	0523000	AUD	DISCOUNT ROOM	48.00$	.00$	557.61$
[illegible]	114	0524000	AUD	DISCOUNT ROOM	48.00$	.00$	605.61$
[illegible]	914	0525000	LMN	AMERICAN EXPRES	.00$	-605.61$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO. [redacted]	DATE OF CHARGE 05/25/99
	FOLIO NO./CHECK NO. [illegible]
CARD MEMBER NAME [illegible]/RM	AUTHORIZATION 015643
	ID LMN
ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT	575.00$
HOLIDAY INN JENNINGS	.00$
I-10 & STATE ROAD 26	.00$
JENNINGS, LA 70546	PURCHASES & SERVICES 605.61$
CARD MEMBER'S SIGNATURE X [signature]	TOTAL AMOUNT 605.61$

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUNDED OR RETURNED FOR A CASH REFUND

100076

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

RYAN
[redacted]

Room	185-11
Arrive Date	05/25/98
Dept. Date	05/29/98
Folio #	0
Room Rate	48.00
Account	2-CAMEY
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
25	412	9	XXX	(b) (6) [redacted]	14.82$	.00$	14.82$
25	412	12	XXX		12.16$	.00$	26.98$
25	412	13	XXX		2.48$	.00$	29.46$
25	114	0525000	AUD	DISCOUNT ROOM	48.00$	.00$	77.46$
26	412	23	XXX	(b) (6) [redacted]	2.88$	.00$	80.34$
26	412	24	XXX		2.48$	.00$	82.82$
26	412	25	XXX		2.48$	.00$	85.30$
26	114	0526000	AUD	DISCOUNT ROOM	48.00$	.00$	133.30$
27	411	1	XXX	(b) (6) [redacted]	.35$	.00$	133.65$
27	411	42	XXX		.35$	.00$	134.00$
27	412	59	XXX		25.55$	.00$	159.55$
27	114	0527000	AUD	DISCOUNT ROOM	48.00$	.00$	207.55$
28	411	0525000	XXX	(b) (6) [redacted]	.35$	.00$	207.90$
28	412	28	XXX		5.71$	.00$	213.61$
28	114	0528001	AUD	DISCOUNT ROOM	48.00$	.00$	261.61$
29	914	0529000	AJB	AMERICAN EXPRES	.00$	-261.61$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO.	[redacted] 8098
CARD MEMBER NAME	RYAN
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT IDAY INN JENNINGS 10 & STATE ROAD 26 NNINGS, LA 70546
CARD MEMBER'S SIGNATURE	X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
05/29/98	HI- 85631-0

AUTHORIZATION		ID
422537	65.00$	ATP
171733	272.00$	
	.00$	

PURCHASES & SERVICES	261.61$
TOTAL AMOUNT	261.61$

100077

[redacted]

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	16	From: 04/26/98	To: 05/09/98	SUMMARY COLUMNS

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	*Sunday/Holiday Code
98	H	06L	G7X			1													
FIXED FAN 1						2		8.00						8.00					
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2			8.00	8.00	8.00	8.00		72.00					
98	HR	06L	PBX	Z663		1		2.00	2.00	2.00	2.00	2.00							
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2			2.00	2.00	2.00	2.00	5.00		23.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								10.00	20.00	20.00	20.00	20.00	5.00	72.00	23.00				
Grand Total All Paid Hours								18.00	20.00	20.00	20.00	20.00	5.00	80.00	23.00				

Timekeeper's Telephone Number: 12284

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code 2=Holiday 4=Sunday

Timekeeper's Signature: Lum Lee Carter

Supervisor's Signature: [illegible]

Employee's Signature: Robert M. Ryan

EPA Form 2560-28 (8-94)

100078

[redacted]

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	17	From: 05/10/98	To: 05/23/98	SUMMARY COLUMNS

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	*Sunday/Holiday Code
98	N	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2		8.00	8.00	8.00	8.00	8.00		80.00					
	NR	06L	P6X	Z663		1		2.00	2.00	2.00	2.00	2.00	5.00						
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2		2.00	2.00	2.00	2.00	2.00	5.00		30.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
FAN Totals								20.00	20.00	20.00	20.00	20.00	10.00	80.00	30.00				
Grand Total All Paid Hours								20.00	20.00	20.00	20.00	20.00	10.00	80.00	30.00				

Timekeeper's Telephone Number: 1284

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code 2=Holiday 4=Sunday

Timekeeper's Signature: Sumter Carter

Supervisor's Signature: Robert M Brayb

Employee's Signature: Robert M Ryan

EPA Form 2560-28 (8-94)

100079

[redacted]

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	18	From: 05/24/98	To: 06/06/98	SUMMARY COLUMNS

Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	*Sunday/Holiday Code
*** Account Number/Description ***																			
98	H	06L	G7X			1													
FIXED FAN 1						2		8.00	8.00	8.00				24.00					
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2					8.00	8.00		56.00				8.00	2
98	HR	06L	P8X	Z663		1		2.00	2.00	2.00	2.00	1.00							
*** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2					1.00	2.00	5.00		17.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								10.00	10.00	10.00	19.00	19.00	5.00	56.00	17.00			8.00	
Grand Total All Paid Hours								18.00	18.00	18.00	19.00	19.00	5.00	80.00	17.00			8.00	

Timekeeper's Telephone Number: 72254

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code
2=Holiday
4=Sunday

Timekeeper's Signature: Linda Crite

Supervisor's Signature: [signature]

Employee's Signature: Robert M. Ryan

EPA Form 2560-28 (8-96)

100080

[redacted]

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6630672

2. SOCIAL SECURITY NUMBER: [redacted]

3. TRAVEL AUTHORIZATION CODE: N (N = NEW, A = AMEND, C = CANCEL)

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN

5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)

6. APPLICABLE REGULATIONS: [X] SGTRs [ ] JTRs

7A. DATE: 04/27/98

7B. PREPARER / EXT.: J. MYNETT 665-2273

8A. NAME OF TRAVELER: RYAN, ROBERT M

8B. TITLE: ON-SCENE COORDINATOR

8C. PHONE: (214)665-2219

8A. OFFICIAL STATION: HOUSTON

8B. ORGANIZATION: 6SP-R1

MAIL CODE: 6SP-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Abbreviated) STATE	CITY	C. PER DIEM INFORMATION (*Indicates 150% of normal rates) LODGING	M&IE	TOTAL
TRIP 1	05/05/98	05/29/98			50.00	30.00	80.00
TRIP 2							

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

FROM HOUSTON, TX TO JENNINGS, LOUISIANA AND RETURN.
PURPOSE: TO CONDUCT OPA 90 REMOVAL ACTION AT CASTEX SYSTEMS, INC.
EMPLOYEE WILL BE DRIVING GOVERNMENT OWNED VEHICLE.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

							ADMIN OBJECT	TOTAL COST ESTIMATES BY CATEGORY AMOUNT
	(PER DIEM AND SUBSISTENCE)							
X	A1. LODGING PLUS M&IE →	80.00	LODGING NOT TO EXCEED	50.00	M&IE	30.00		
	A2. ACTUAL SUBSISTENCE NTE	*****	LODGING NOT TO EXCEED	*****	M&IE	*****	(A) 2111 2121	1950.00
	(OTHER ALLOWANCES)							
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE →	LBS						
X	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	750.00
X	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)	40	RATE (Cents/mile - Justification Req'd)	0.310			(D) 2114 2124	12.40
	E1. GSA CONTRACT RENTAL - BOAC # →			INTERCITY	TEMPORARY DUTY		(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL			INTERCITY	TEMPORARY DUTY			
X	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #		X	INTERCITY	TEMPORARY DUTY		(G) 2560 2561	0.00
	G1. REGISTRATION FEES							
							TOTAL	2712.40

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)*

A. TYPE: [X] ORDINARY [ ] CONTINUING

B. METHOD OF PAYMENT: [ ] CASH [X] ATM [ ] CHECK

C. MAIL CHECK TO: [ ] OFFICE [ ] HOME

ADDRESS

D. AMOUNT 610.00

E. SIGNATURE OF APPLICANT

13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED

SIGNATURE *(And reason for disapproval, if so checked)*

F. CASH RECEIVED BY

G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER	AUTHORIZATION OFFICER
NAME AND TITLE *(Typed or electronically entered)* JAMES BULLOCK LEADER, REMOVAL TEAM 4, 6SP-R1	NAME AND TITLE *(Typed or electronically entered)* ROBERT BROYLES DEPUTY BRANCH CHIEF, 6SP-RR
SIGNATURE	SIGNATURE

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.

15. Financial and Accounting Data

LINE	DCN (Max 6)	Budget/FYe (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 8)	Object Class (Max 4)
1	LST	98	HR	06L	P8X	2111
2	LST	98	HR	06L	P8X	2114
3	LST	98	HR	06L	P8X	2117
4						
5						
6						

SFO: 06 (Max 2)

	Amount	Site/Project (Max 5)	Cost Org/Code (Max 7)	Purpose Code
1	1950.00	2663		0
2	12.40	2663		0
3	750.00	2663		0
4				
5				
6				

EPA Form 2610-1 (OFF 3.2a)

TRAVLR/ACCTING/AUDIT/ADVANCE/TICKETING/DCR

100081

ACTION: R SCREEN: TSCL USERID: HKTV 07/28/98 09:23:27 AM

*** TREASURY SCHEDULE CONTROL LINE INQUIRY TABLE ***

KEY IS FY, SCHEDULE CAT, SCHEDULE TYPE, SCHEDULE NUMBER, PV VENDOR CODE, PV TC, PV NUMBER, PV ADV NUM, PV LN, REC TYP

FY: 1998 SCHEDULE CAT: T SCHEDULE TYPE: M SCHEDULE NUMBER: 000A98166

INDICATORS - TREAS ACT: C POST TREAS ACT: Y POST DETAILS: Y EXP: F BACKOUT: N

VENDOR CODE	PAYMENT VOUCHER TC	NUMBER	ADV NUM	LN	REC TYP	PAYMENT AMOUNT	CHECK NUMBER	POST	CHK
[redacted]	TV	98001613688		001	P	2,007.72	82021086	Y	
	TV	98001613893		001	P	271.00	82021087	Y	
	TV	98001613428		001	P	38.20	82021088	Y	
	PV	98001519478		001	P	53.32	82021089	Y	
	TV	98001613589		001	P	608.96	82021090	Y	
	TV	98001613534		001	P	107.02	82021091	Y	
	TV	98001613572		001	P	307.20	82021092	Y	
	PV	98001519447		001	P	31.00	82021093	Y	
	TV	98001614104		001	P	616.96	82021094	Y	

[redacted]

100082

ACTION: R SCREEN: CHKH USERID: HKTV 07/28/98 09:23:33 AM

*** CHECK HEADER INQUIRY TABLE ***

KEY IS CHECK NUM, D.O.

01-

CHECK NUM: 82021086 D.O.: KC00
FISC YR: 1998 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98166
PAYEE[redacted] CHECK DATE: 06 17 1998 CANCELED IND: N
AMOUNT:[redacted] 2,007.72 MANUAL CHECK IND:
PAYEE NAME: RYAN, ROBERT M.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted]

02-

CHECK NUM: 82021087 D.O.: KC00
FISC YR: 1998 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98166
PAYEE:[redacted] CHECK DATE: 06 17 1998 CANCELED IND: N
AMOUNT:[redacted] 271.00 MANUAL CHECK IND:
PAYEE NAME: ONDARZA, ARNOLD III
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted]

100083

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: EPA/SFD

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

3. VOUCHER NO.

4. SCHEDULE NO. N8188M

TRAVELER (PAYEE)

5. a. NAME (Last, first, middle initial): RYAN, Robert M.

b. SOCIAL SECURITY NO. [redacted]

6. PERIOD OF TRAVEL: a. FROM 06/04/98 b. TO 07/02/98

c. MAILING ADDRESS (Include ZIP Code) [redacted]

d. OFFICE TELEPHONE NO. [redacted]

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TOB 1111 b. DATE(S) 05/26/98

e. PRESENT DUTY STATION: Houston, Tx

f. RESIDENCE (City and State): Houston, Tx

10. CHECK NO. PAID

11. PAID BY TREASURY SCHEDULE A98203

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 2

CODED

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 reimbursement for the transportation charges described below, purchased under cash payment procedures (FPMR 101-7). Traveler's Initials 7-14-98

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)

Travel by G.O.V.

OIL SPILL

RECEIVED 98 JUL 13 AM 7:48 FINANCIAL MANAGEMENT SECTION

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 M. Ryan DATE 07/07/98 AMOUNT CLAIMED ▶ $ 2407 93

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 ▶ Robert R Boyd DATE 7/8/98

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: MJ 7/15/98 $ 2,407 93

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

d. NET TO TRAVELER ▶ $ 2,407 93

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ 9800146533 1 DATE 7/13/98

18. ACCOUNTING CLASSIFICATION

ACCT # 98HR064PBX2663 2111 - 2,109.00 2117 - 196.53 2115 -

DCN # LST 413 2113 - — 2114 - 12.40

9/9

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 7 PAGES

100084

TRAVEL AUTHORIZATION NO. T6631111

TRAVELER'S LAST NAME RYAN

DATE 19 98 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/04	0730	DEPARTED HOR VIA POV TO EPA RL LAB								20	6 20		
	1000	DEPARTED EPA RL LAB VIA GOV TO JENNINGS											
	1400	ARRIVED JENNINGS, TDY-CASTEX											
	1800	Hotel/Subsistence					22 50	48 00	70 50			70 50	
06/05	0700	TDY - CASTEX SYSTEMS											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/06	0700	TDY- Castex Systems											
	1200	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/07		Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/08	0700	TDY-Castex Systems					~~30 00~~	~~48 00~~					
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/09	0700	TDY-Castex Systems											
									SUBTOTALS ▶				
									TOTALS ▶		6 20	382 50	0 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 [illegible] 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 ▶

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Under the following instructions 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 7 PAGES

TRAVEL AUTHORIZATION NO. T6631111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/09	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
06/10	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
06/11	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
06/12	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
06/13	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
06/14		Hotel/Subsistence					30.00	48.00	78.00			78.00	
06/15	0700	TDY-Castex Systems											
	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
									SUBTOTALS ▶			382.50	
									TOTALS ▶		6.20	928.50	0.00

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 ▶

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U.S. Government Printing Office: 1988—201-760/60059

100086

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 3 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T663 1111

TRAVELER'S LAST NAME RYAN

DATE 19 88 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/16	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/17	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/18	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/19	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/20	0700	TDY- Castex Systems											
	1200	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/21		Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/22	0700	TDY- Castex Systems											
									SUBTOTALS ▶			928 50	
									TOTALS ▶		6 20	1396 50	0 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 ▶

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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.

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(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 4 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T663 1111

TRAVELER'S LAST NAME RYAN

DATE 19 98 (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)
06/22	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/23	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 80			78 00	
06/24	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/25	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/26	0700	TDY- Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/27	0700	TDY- Castex Systems											
	1200	Hotel/Subsistence					30 00	48 00	78 00			78 00	
06/28		Hotel/Subsistence					30 00	48 00	78 00			78 00	
									SUBTOTALS ▶			1396 50	
									TOTALS ▶		6 20	1942 50	0 00

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TOTAL AMOUNT CLAIMED ▶

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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Complete this information if this is a continuation sheet. PAGE 5 OF 7 PAGES

880008

TRAVEL AUTHORIZATION NO. T6631111

TRAVELER'S LAST NAME RYAN

DATE 19 98 (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: 31¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/29	0700	TDY- Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
06/30	0700	TDY- Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
07/01	0700	TDY- Castex Systems											
	1800	Hotel / Subsistence					30 00	48 00	78 00			78 00	
07/02	0700	TDY- Castex Systems											
	1400	DEPARTED CASTEX Systems via GOV to Houston											
	1700	ARRIVED HOUSTON WAIB, POV TO HOR											
	1730	ARRIVED HOR TDY Complete / Subsistence					22 50		22 50	20	6 20	22 50	
										SUBTOTALS ▶	6 20	1942 50	
										TOTALS ▶	12 40	2199 00	0 00

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

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TOTAL AMOUNT CLAIMED ▶

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Complete this information if this is a continuation sheet. PAGE 6 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T16631111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)
		Telephone Calls											
06/09		501-661-2898 AR Dept of Health											5 91
06/14		(b) (6) [redacted] CHILDREN											7 70
06/15		501 661 2898 AR DEPT of Health											15 78
06/15		MOTHER (b) (6) [redacted]											9 34
06/15		CASTEX SYSTEMS SITE 318 321 5373											35
06/16		EPA START 504 765 0493											4 44
06/16		AR DEPT of HEALTH 501 661 2898											6 83
06/19		MOTHER (b) (6) [redacted]											9 00
06/22		USCG MSO MORGAN CITY 504 380 5331											11 22
06/23		EPA RL SUPERVISOR 972 669 1532											8 65
06/23		MOTHER (b) (6) [redacted]											5 53
									SUBTOTALS ▶				
									TOTALS ▶		12 40	2199 00	84 75

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TOTAL AMOUNT CLAIMED ▶

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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Complete this information if this is a continuation sheet. PAGE 7 OF 7 PAGES

TRAVEL AUTHORIZATION NO. T6631111

TRAVELER'S LAST NAME RYAN

DATE 1998 (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)
06/24		AR DEPT OF HEALTH 501 661 2858											17 41
06/24		EPA R6 214 665 2273											3 16
06/24		CASTEX SYSTEMS SITE 318 821 5373											35
06/24		CHILDREN (b) (6)											7 70
06/25		CASTEX SYSTEMS SITE 318 821 5373											35
06/26		EPA HQ MEDICAL SECTION 301 594 0272											8 86
06/26		AR DEPT OF HEALTH 501 661 2858											7 00
06/27		CASTEX SITE 318 821 5373 (2)											70
06/27		CHILDREN (b) (6)											18 25
07/01		MOTHER (b) (6)											2 42
07/01		BROTHER (b) (6)											3 58
07/02		EPA HQ WASHDC 202 260 1015											42 00
									SUBTOTALS ▶				84 75
									TOTALS ▶		12 40	2199 00	196 53

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 ▶ 2407.93 ✓

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100091

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

[redacted]

Room	147-11
Arrive Date	06/04/98
Dept. Date	06/15/98
Folio #	73215
Room Rate	48.00
Account	2-CORPO
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE **EXPRESS CHECK – OUT**

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0604	412	15	XXX	(b) (6) [redacted]	18.23$	.00$	18.23$
0604	114	0604000	AUD	DISCOUNT ROOM	48.00$	.00$	66.23$
0605	412	32	XXX	(b) (6) [redacted]	17.30$	.00$	83.53$
0605	114	0605000	AUD	DISCOUNT ROOM	48.00$	.00$	131.53$
0606	412	38	XXX	(b) (6) [redacted]	16.03$	.00$	147.56$
0606	114	0606000	AUD	DISCOUNT ROOM	48.00$	.00$	195.56$
0607	412	5	XXX	(b) (6) [redacted]	4.30$	.00$	199.86$
0607	114	0607000	AUD	DISCOUNT ROOM	48.00$	.00$	247.86$
0608	412	50	XXX	(b) (6) [redacted]	7.46$	.00$	255.32$
0608	114	0608000	AUD	DISCOUNT ROOM	48.00$	.00$	303.32$
0609	412	20	XXX	501-661-2800	5.91$	.00$	309.23$
0609	412	0609000	XXX	(b) (6) [redacted]	2.88$	.00$	312.11$
0609	114	0609001	AUD	DISCOUNT ROOM	48.00$	.00$	360.11$
0610	411	53	XXX	(b) (6) [redacted]	.35$	.00$	360.46$
0610	411	55	XXX		.35$	.00$	360.81$
0610	411	57	XXX		.35$	.00$	361.16$
0610	412	58	XXX		7.32$	.00$	368.48$
0610	114	0610000	AUD	DISCOUNT ROOM	48.00$	.00$	416.48$
0611	914	0611000	PAS	AMERICAN EXPRESS	.00$	-416.48$	.00$
0611	914	0611001	PAS	AMERICAN EXPRESS	416.48$	.00$	416.48$
0611	114	0611002	AUD	DISCOUNT ROOM	48.00$	.00$	464.48$
0612	114	0612000	AUD	DISCOUNT ROOM	48.00$	.00$	512.48$
0613	114	0613000	AUD	DISCOUNT ROOM	48.00$	.00$	560.48$

ACCT. NO. XXXXXXXXXXXXXXXXXXXXXX	**DATE OF CHARGE** XX/XX/XX / **FOLIO NO./CHECK NO.** XX-XXXXXX-XX
CARD MEMBER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**AUTHORIZATION** XXXXXX / **ID** XXX
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT HOLIDAY INN JENNINGS P.O. BOX 896 I-10 & HWY. 26 JENNINGS, LOUISIANA 70546	**PURCHASES & SERVICES** XXXXXXXX.XX
CARD MEMBER'S SIGNATURE X	**TOTAL AMOUNT** XXXXXXXX.XX

MERCHANDISE AND OR SERVICES PURCHASED OR THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100092

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

S RYAN
[redacted]

Room	167-11
Arrive Date	06/04/92
Dept. Date	06/15/92
Folio #	73715
Room Rate	48.00
Account	2-CAMEX
Mkt/Seg	4-GOV

Page 2

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
06/14	412	0614000	XXX	(b) (6) [redacted]	7.70$ ✓	.00$	568.18$
06/14	114	0614001	AUD	DISCOUNT ROOM	48.00$	.00$	616.18$
06/15	412	9	XXX	501-661-2899	15.78$ ✓	.00$	631.96$
06/15	412	11	XXX	(b) (6) [redacted]	.35$	.00$	632.31$
06/15	914	0615000	LMN	AMERICAN EXPRESS	.00$	-632.31$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO. [redacted]	
CARD MEMBER NAME: ROBERT K RYAN	
ESTABLISHMENT NO. & LOCATION: HOLIDAY INN JENNINGS; I-10 & STATE ROAD 26; JENNINGS, LA 70546	
CARD MEMBER'S SIGNATURE: X	
DATE OF CHARGE: 06/15/92	FOLIO NO./CHECK NO.: HI- 86364-1
AUTHORIZATION: 239916	ID: AM
	650.00$
	.00$
	.00$
PURCHASES & SERVICES	632.31$
TOTAL AMOUNT	632.31$

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RECEIVED OR RETURNED FOR A CASH REFUND

100093

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

R RYAN
[redacted]

Room	
Arrive Date	
Dept. Date	
Folio #	
Room Rate	
Account	
Mkt/Seg	

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

EXPRESS CHECK – OUT

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0615	412	26	XXX	(b) (6) [redacted]	9.34$ ✓	.00$	9.34$
0615	411	31	XXX	318-821-5373	.35$ ✓	.00$	9.69$
0615	114	0615000	AUD	DISCOUNT ROOM	48.00$	.00$	57.69$
0616	412	5	XXX	504-765-0493	4.44$ ✓	.00$	62.13$
0616	412	6	XXX	501-661-2898	6.83$ ✓	.00$	68.96$
0616	114	0616000	AUD	DISCOUNT ROOM	48.00$	.00$	116.96$
0617	411	4	XXX	(b) (6) [redacted]	.35$	.00$	117.31$
0617	114	0617000	AUD	DISCOUNT ROOM	48.00$	.00$	165.31$
0618	411	1	XXX	(b) (6) [redacted]	.35$	.00$	165.66$
0618	114	0618000	AUD	DISCOUNT ROOM	48.00$	.00$	213.66$
0619	412	34	XXX	(b) (6) [redacted]	9.00$ ✓	.00$	222.66$
0619	114	0619000	AUD	DISCOUNT ROOM	48.00$	.00$	270.66$
0620	114	0620000	AUD	DISCOUNT ROOM	48.00$	.00$	318.66$
0621	114	0621000	AUD	DISCOUNT ROOM	48.00$	.00$	366.66$
0622	411	0622000	XXX	(b) (6) [redacted]	.35$	.00$	367.01$
0622	412	14	XXX	972-669-1532	15.78$	.00$	382.79$
0622	412	15	XXX	504-380-5331	11.22$ ✓	.00$	394.01$
0622	114	0622001	AUD	DISCOUNT ROOM	48.00$	.00$	442.01$
0623	412	8	XXX	972-669-1532	8.65$ ✓	.00$	450.66$
0623	411	29	XXX	(b) (6) [redacted]	.35$	.00$	451.01$
0623	412	30	XXX	[redacted]	5.53$ ✓	.00$	456.54$
0623	412	37	XXX	[redacted]	10.64$	.00$	467.18$
0623	114	0623000	AUD	DISCOUNT ROOM	48.00$	.00$	515.18$

ACCT. NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT
HOLIDAY INN JENNINGS P.O. BOX 896 I-10 & Hwy. 26 JENNINGS, LOUISIANA 70546	
CARD MEMBER'S SIGNATURE	
X	

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	ID
PURCHASES & SERVICES	
TOTAL AMOUNT	

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100094

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

RYAN
[redacted]

Room	
Arrive Date	
Dept. Date	
Folio #	
Room Rate	
Account	
Mkt/Seg	

Independently owned & operated by Murphco of Florida, Inc.

Page 2

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0624	411	2	XXX	(b) (6)	.35$	.00$	515.53$
0624	412	0624000	XXX	501-461-2895	17.41✓	.00$	532.94$
0624	412	10	XXX	214-665-2273	3.16✓	.00$	536.10$
0624	411	0624001	XXX	318-821-5373	.35$✓	.00$	536.45$
0624	412	25	XXX	(b) (6)	7.70✓	.00$	544.15$
0624	412	0624002	XXX		2.88$	.00$	547.03$
0624	114	0624003	AUD	DISCOUNT ROOM	48.00$	.00$	595.03$
0625	411	0625000	XXX	318-821-5373	.35$✓	.00$	595.38$
0625	114	0625001	AUD	DISCOUNT ROOM	48.00$	.00$	643.38$
0626	412	3	XXX	301-594-0272	8.86✓	.00$	652.24$
0626	914	0626000	HHW	AMERICAN EXPRES	.00$	-652.24$	.00$
				TOTAL			.00$

Holiday Inn

ACCT. NO.
[redacted]

CARD MEMBER NAME
ROBERT M RYAN

ESTABLISHMENT NO. & LOCATION
ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

HOLIDAY INN JENNINGS
I-10 & STATE ROAD 26
JENNINGS, LA 70546

Holiday Inn

CARD MEMBER'S SIGNATURE
X

DATE OF CHARGE	FOLIO NO./CHECK NO.
06/26/98	HI- 37066-01

AUTHORIZATION		ID
127964	910.00$	
	.00$	
	.00$	

PURCHASES & SERVICES
SERVICE ONLY

TOTAL AMOUNT
652.36$

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

OBTAIN A AUTHORIZING CALL FROM ISSUER IF CHARGE EXCEEDS FLOOR LIMIT ABOVE ZERO

100095

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

Name & Address

R RYAN
[redacted]

Room	[illegible]
Arrive Date	[illegible]
Dept. Date	[illegible]
Folio #	[illegible]
Room Rate	[illegible]
Account	[illegible]
Mkt/Seg	[illegible]

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0626	412	34	XXX	501-661-2698	7.00$	.00$	7.00$
0625	411	40	XXX	(b) (6)	.35$	.00$	7.35$
0626	114	0626000	AUD	DISCOUNT ROOM	48.00$	.00$	55.35$
0627	411	5	XXX	318-821-5373	.35$	.00$	55.70$
0627	411	6	XXX	318-821-5373	.35$	.00$	56.05$
0627	411	9	XXX	(b) (6)	.35$	.00$	56.40$
0627	412	48	XXX	(b) (6)	18.25$	.00$	74.65$
0627	114	0627000	AUD	DISCOUNT ROOM	48.00$	.00$	122.65$
0628	412	27	XXX	(b) (6)	12.98$	.00$	135.63$
0628	114	0628000	AUD	DISCOUNT ROOM	48.00$	.00$	183.63$
0629	114	0629000	AUD	DISCOUNT ROOM	48.00$	.00$	231.63$
0630	412	47	XXX	(b) (6)	[illegible]	.00$	234.05$
0630	114	0630000	AUD	DISCOUNT ROOM	[illegible]	.00$	282.05$
0701	412	4	XXX	(b) (6)	3.58$	.00$	285.63$
0701	411	16	XXX	[illegible]	.35$	.00$	285.98$
0701	114	0701000	AUD	DISCOUNT ROOM	48.00$	.00$	333.98$
0702	412	7	XXX	202-260-1015	42.00$	.00$	375.98$
0702	914	0702000	HNW	AMERICAN EXPRES	.00$	-375.98$	.00$
				TOTAL			.00$

ACCT. NO. [redacted]	DATE OF CHARGE 07/02/98 / FOLIO NO./CHECK NO. HI- 85412-04
CARD MEMBER NAME ROBERT N RYAN	AUTHORIZATION 965405 / ID [illegible]
ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT	370.00$ / .00$ / .00$
HOLIDAY INN JENNINGS I-10 & STATE ROAD 26 JENNINGS, LA 70546	PURCHASES & SERVICES 375
CARD MEMBER'S SIGNATURE X Robert N. Ryan	TOTAL AMOUNT 375

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

100096

[redacted]

United States Environmental Protection Agency
Washington, DC 20460

Payroll Distribution Timesheet

Employee Name	Social Security Number	Pay Period Number	Pay Period Dates		Designated Agent Number: 8525
RYAN, ROBERT M.	[redacted]	18	From: 05/24/98	To: 06/06/98	SUMMARY COLUMNS

*** Account Number/Description *** Budget FY	Fund Field	Org Field	Program Field	Site Project	Cost Org/Field	Wk 1 2	Sun Sun	Mon Mon	Tue Tue	Wed Wed	Thu Thu	Fri Fri	Sat Sat	Regular Hours	Overtime Hours	Haz Duty	Night Diff	*Sunday/Holiday Hours	Code
98	H	06L	G7X			1													
FIXED FAN 1						2		8.00	8.00	8.00				24.00					
98	H	06L	G7X	Z663		1		8.00	8.00	8.00	8.00	8.00							
CASTEX INCORPORATED 086144 RECOVERABLE						2					8.00	8.00		56.00				8.00	2
98	HR	06L	P8X	Z663		1		2.00	2.00	2.00	2.00	1.00							
** OVERTIME - CASTEX INCORPORATED 086144 REIMBURSABLE						2					1.00	2.00	5.00		17.00				
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
						1													
						2													
Non-Fixed-Account-Number (FAN) Subtotals from Continuation Sheets																			
NON-FAN Totals								10.00	10.00	10.00	19.00	19.00	5.00	56.00	17.00			8.00	
Grand Total All Paid Hours								18.00	18.00	18.00	19.00	19.00	5.00	80.00	17.00			8.00	

Timekeeper's Telephone Number: 72254

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

*Code 2=Holiday 4=Sunday

Timekeeper's Signature: Timothy Crite

Supervisor's Signature: [signature]

Employee's Signature: Robert M. Ryan

EPA Form 2560-28 (8-94)

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100097

PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period No.	Pay Period Dates From	Pay Period Dates To	Designated Agent No.
RYAN, Robert M.	[redacted]	98/19	06/07/98	06/20/98	

Budget FY To (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 8)	Site/Project (Max 8)	Cost Org/Code (Max 7)	Week 1 2	07 S S 14	08 M M 15	09 T T 16	10 W W 17	11 Th Th 18	12 F F 19	13 S S 20	Summary Columns: Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Sunday/Holiday Hours	CS
98	H	06L	G7X			1													
Description: Fixed Account Number (FAN)						2													
98	H	06L	G7X	Z663		1		8	8	8	8	8		80					
Description: Castex Systems Inc (FPN 08-6-144)						2		8	8	8	8	8							
98	HR	06L	P8X	Z663		1		2	2	2	2	2	5						
Description: Castex Systems Inc (FPN 08-6-144)						2		2	2	2	2	2	5		30				
						1													
Description:						2													
						1													
Description:						2													
						1													
						2													
Non Fixed Account Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals								16/4	16/4	16/4	16/4	16/4	/10	80	30				
Grand Total All Paid Hours								16/4	16/4	16/4	16/4	16/4	/10	80	30				

Timekeeper's Telephone Number:

Timekeeper's Signature:

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature:

Employee's Signature: Robert M. Ryan

*Code
2 = Holiday
4 = Sunday

EPA Form 2500-20 (8-94)

EPA

United States
Environmental Protection Agency
Washington, DC 20460

100008

PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period No.	Pay Period Dates From	Pay Period Dates To	Designated Agent No.
RYAN, Robert M.	[redacted]	98/20	06/21/98	07/04/98	

Budget FY To (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 9)	Site/Project (Max 9)	Cost Org/Code (Max 7)	Week	21 S 28	22 M 29	23 T 30	24 W 01	25 Th 02	26 F 03	27 S 04	Reg. Hours	Overtime Hours	Hazardous Duty	Night Differential	*Sunday/Holiday Hours	Code
98	H	06L	G7X			1													
Description: Fixed Account Number (FAN)						2						8		8					
98	H	06L	G7X	Z663		1		8	8	8	8	8							
Description: Castex Systems, Inc (FPN 08-6-144)						2		8	8	8	8			72					
98	HR	06L	P8X	Z663		1		2	2	2	2	2	5						
Description: Castex Systems, Inc (FPN 08-6-144)						2		2	2	2					21				
						1													
Description:						2													
						1													
Description:						2													
						1													
						2													
Non Fixed Account Number (FAN) Subtotals from Continuation Sheets																			
Non-FAN Totals								16/4	16/4	16/4	16/2	8/2	/5	72	21				
Grand Total All Paid Hours								16/4	16/4	16/4	16/2	16/2	/5	80	21				

Summary Columns

Timekeeper's Telephone Number:

Timekeeper's Signature:

Certification

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the law.

Supervisor's Signature:

Employee's Signature: Robert M. Ryan

*Code
2 = Holiday
4 = Sunday

EPA Form 2560-28 (8-94)

100099

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6631111
2. SOCIAL SECURITY NUMBER: [redacted]
3. TRAVEL AUTHORIZATION CODE: N (N = NEW, A = AMEND, C = CANCEL)

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN
5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)
6. APPLICABLE REGULATIONS: [X] SGTRs [ ] JTRs
7A. DATE: 05/26/98
7B. PREPARER / EXT.: J. MYNETT 665-2273

8A. NAME OF TRAVELER: RYAN, ROBERT M
8B. TITLE: ON-SCENE COORDINATOR
8C. PHONE: (214)665-2219
9A. OFFICIAL STATION: HOUSTON
9B. ORGANIZATION: 6SF-R1
MAIL CODE: 6SF-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Abbreviated) STATE	CITY	C. PER DIEM INFORMATION (*Indicates 150% of normal rates) LODGING	M&IE	TOTAL
TRIP 1	06/04/98	07/03/98			50.00	30.00	80.00
TRIP 2							

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

FROM HOUSTON, TX TO JENNINGS, LA AND RETURN.
PURPOSE: CONDUCT OPA-90 REMOVAL ACTION AT CASTEX SYSTEMS, INC.
EMPLOYEE WILL BE TRAVELING BY GOV.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

	(PER DIEM AND SUBSISTENCE)						ADMIN OBJECT	TOTAL COST ESTIMATES BY CATEGORY AMOUNT
X	A1. LODGING PLUS M&IE →	80.00	LODGING NOT TO EXCEED	50.00	M&IE	30.00		
	A2. ACTUAL SUBSISTENCE NTE	*****	LODGING NOT TO EXCEED	*****	M&IE	*****	(A) 2111 2121	2350.00
	(OTHER ALLOWANCES)							
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE → LBS							
X	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	500.00
	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)		RATE (Cents/mile - Justification Req'd)	0.310			(D) 2114 2124	0.00
	E1. GSA CONTRACT RENTAL - BOAC # →		[ ] INTERCITY		[ ] TEMPORARY DUTY		(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL		[ ] INTERCITY		[ ] TEMPORARY DUTY			
X	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #		[X] INTERCITY		[ ] TEMPORARY DUTY		(G) 2580 2581	0.00
	G1. REGISTRATION FEES							
							TOTAL	2850.00

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)*

A. TYPE: [X] ORDINARY [ ] CONTINUING
B. METHOD OF PAYMENT: [ ] CASH [X] ATM [ ] CHECK
C. MAIL CHECK TO: [ ] OFFICE [ ] HOME
ADDRESS

D. AMOUNT 450.00
E. SIGNATURE OF APPLICANT
13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED
SIGNATURE *(And reason for disapproval, if so checked)*
F. CASH RECEIVED BY
G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER	AUTHORIZATION OFFICER	
NAME AND TITLE *(Typed or electronically entered)* JAMES NULLINS LEADER, REMOVAL TEAM 1, 6SF-R1	NAME AND TITLE *(Typed or electronically entered)* ROBERT BROYLES DEPUTY BRANCH CHIEF, 6SF-RR	Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.
SIGNATURE Robert N Broyles	SIGNATURE Robert N Broyles	

15. Financial and Accounting Data

LINE	DCN (Max 6)	Budget/FYs (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)
1	LST	98	HR	06L	P8X	2111
2	LST	98	HR	06L	P8X	2117
3						
4						
5						
6						

SFO: 06 (Max 2)

	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1	2350.00	Z663		0
2	500.00	Z663		0
3				
4				
5				
6				

EPA Form 2610-1 (OFF 3.23)

TRAVLR/ACCTING/AUDIT/ADVANCE/TICKETING/DCR

100100

ACTION: R SCREEN: TSCL USERID: URVV 03/19/99 08:41:40 AM

*** TREASURY SCHEDULE CONTROL LINE INQUIRY TABLE ***

KEY IS FY, SCHEDULE CAT, SCHEDULE TYPE, SCHEDULE NUMBER, PV VENDOR CODE, PV TC, PV NUMBER, PV ADV NUM, PV LN, REC TYP

FY: 1998 SCHEDULE CAT: T SCHEDULE TYPE: M SCHEDULE NUMBER: 000A98203

INDICATORS - TREAS ACT: C POST TREAS ACT: Y POST DETAILS: Y EXP: F BACKOUT: N

VENDOR CODE	PAYMENT VOUCHER TC	NUMBER	ADV NUM	LN	REC TYP	PAYMENT AMOUNT	CHECK NUMBER	POST	CHK
[redacted]	TV	98001465331		001	P	2,407.93	23612848	Y	
[redacted]	TV	98001026341		001	P	410.93	23612849	Y	
[redacted]	TV	98001465768		001	P	279.00	23612850	Y	
[redacted]	TV	98001464976		001	P	240.16	23612851	Y	
[redacted]	TV	98001465737		001	P	807.20	23612852	Y	
[redacted]	TV	98001465782		001	P	762.28	23612853	Y	
[redacted]	TV	98001465850		001	P	298.64	23612854	Y	
[redacted]	TV	98001465560		001	P	88.36	23612855	Y	
[redacted]1	GP	98001928980		001	P	22,790.00	23613015	Y	

ACTION: R SCREEN: CHKH USERID: URVV 03/19/99 08:42:03 AM
100101

*** CHECK HEADER INQUIRY TABLE ***

KEY IS CHECK NUM, D.O.

01-

CHECK NUM: 23612848 D.O.: KC00
FISC YR: 1998 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98203
PAYEE: [redacted] CHECK DATE: 07 24 1998 CANCELED IND: N
AMOUNT: 2,407.93 MANUAL CHECK IND:
PAYEE NAME: RYAN, ROBERT M.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted] [redacted]

02-

CHECK NUM: 23612849 D.O.: KC00
FISC YR: 1998 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98203
PAYEE: [redacted] CHECK DATE: 07 24 1998 CANCELED IND: N
AMOUNT: 410.93 MANUAL CHECK IND:
PAYEE NAME: FITE, MARK J.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted] [redacted]

100102

OIL SPILL

V99065F041
5-26-99
page 1 of 2

FOR USE WITH TRAVEL VOUCHER
MULTIPLE ACCOUNT NUMBER DISTRIBUTION FORM
FOR OFFICIAL GOVERNMENT TRAVEL

Name Ryan, Robert SSN [redacted] TA # 6633017

1 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST645	98	HR	06L	F8X	Z663

Site Name CASTEX Systems

Hours per this account # 55

% of total hours 51 50.93

Check	Object Class	$$$$$$$$$$
X	2111 2121	506.24
	2113 2123	
X	2117 2127	34.55
X	2114 2124	6.62
	2115 2125	
	Other	

Total this account 547.41

2 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST645	98	H	06L	G7X	Z600

Site Name KCS Train Derailment

Hours per this account # 6

% of total hours 6% 5.56

Check	Object Class	$$$$$$$$$$
X	2111 2121	55.27
	2113 2123	
X	2117 2127	3.77
X	2114 2124	0.72
	2115 2125	
	Other	

Total this account 59.76

Total All Accounts _____

Less Advance See Page 2

Signature of Funds Certifying Official

Net to Traveler _____

Initials/Date of Data Entry _____

100103

OIL SPILL

SUPERFUND - Site/Specific

S9341D

FOR USE WITH TRAVEL VOUCHER
MULTIPLE ACCOUNT NUMBER DISTRIBUTION FORM
FOR OFFICIAL GOVERNMENT TRAVEL

Name RYAN, ROBERT M. SSN [redacted] TA # 6638017

1

1 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST645	98	HR	06L	P8X	Z663

Site Name CASTEX SYSTEMS

OF

Hours per this account # 40

% of total hours 43

3

Check	Object Class	$$$$$$$$$$
X	2111 2121	1. 427.42 ✓
	2113 2123	
X	2117 2127	2. 29.17 ✓
X	2114 2124	3. 5.59 ✓
	2115 2125	
	Other	

Total this account $462.18

2

2 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST645	98	H	06L	G7X	Z600

Site Name KCS TRAIN DERAILMENT

OF

Hours per this account # 6

% of total hours 6

Check	Object Class	$$$$$$$$$$
X	2111 2121	4. 59.64 ✓
	2113 2123	
X	2117 2127	5. ~~5.6~~ 4.07 ✓ - not oblig.
X	2114 2124	6. 0.78 ✓
	2115 2125	
	Other	

Total this account $64.49

3

Total All Accounts $1074.83

Less Advance 0.00

Net to Traveler $1074.83

Signature of Funds Certifying Official

pmc 11/24/98 Initials/Date of Data Entry

100104

Page 2 of 2

SV9906SFC41

OIL SPILL

FOR USE WITH TRAVEL VOUCHER
MULTIPLE ACCOUNT NUMBER DISTRIBUTION FORM
FOR OFFICIAL GOVERNMENT TRAVEL

Name Ripan, Robert SSN [redacted] TA # 6633017

1 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project
LST645	98	BR.	06L0XCL	6FX	

Site Name Fema-124 Disaster Assist

Hours per this account # 47

% of total hours 44 43.51

Check Object Class $$$$$$$$$$

X 2111	2121	432.49
2113	2123	
+ 2117	2127	29.51
+ 2114	2124	5.66
2115	2125	
Other		

Total this account 467.66

2 DCN	Budget FY	Approp Code	Budget Org/Code	Program Element	Site/ Project

Site Name

Hours per this account #

% of total hours

Check Object Class $$$$$$$$$$

2111	2121	
2113	2123	
2117	2127	
2114	2124	
2115	2125	
Other		

Total this account

Total All Accounts 1,074.83

Less Advance 0

Net to Traveler 1,074.83

Signature of Funds Certifying Official

Initials/Date of Data Entry

100105 (8

SUPERFUND – Site/Specific

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: EPA/SFD

EPA REGION VI

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

3. VOUCHER NO.

4. SCHEDULE NO. S93 A

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial): RYAN, Robert M

b. SOCIAL SECURITY NO.: [redacted]

c. MAILING ADDRESS (Include Zip Code): [redacted]

d. OFFICE TELEPHONE NO.: 281 983-2241

e. PRESENT DUTY STATION: Houston, Tx

f. RESIDENCE (City and State): Houston, Tx

6. PERIOD OF TRAVEL: a. FROM 09/21/98 b. TO 09/30/98

7. TRAVEL AUTHORIZATION: a. NUMBER(S) T66330 b. DATE(S) 09/17/98

PAID TREASURY SCHEDULE A98343 CODED 12/9/98

10. CHECK

11. PAID

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

MANDATORY

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)
				SF	

Travel by G.O.V.
OUT: 11/5
BACK: 11/24

RECEIVED EPA REGION VI 98 NOV -2 AM 7:55 FINANCIAL MANAGEMENT SECTION

JENN LA
BTR LA

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 M. Ryan DATE 02 OCT 98 AMOUNT CLAIMED ▶ 1090.11 ~~$1092.36~~

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 ▶ Robert M Boyle DATE 10/16/98

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORREC[redacted]

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶

9900130424 8

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount): LODGING TOTAL 9/26--29/98 CLAIM: $417.28 (4X $104.32). ALLOW: $402.00 (4 X $100.50) — $ -15.28

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION — Certifier's initials: Dur 11/24/98 — $ 1074.83

c. APPLIED TO TRAVEL ADVANCE (Appropriation Symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 1074.83

17. ACCOUNTING CLASSIFICATION

LST645

SEE ATTACHED

100106

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)* JENN LA: 50/30

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. BTR LA: 67/34 + TA on's 150% x

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). $67 = $100.50 MAX

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

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

(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 4 PAGES

TRAVEL AUTHORIZATION NO. T6633017

TRAVELER'S LAST NAME RYAN

DATE 1998 (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: 32.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/21	0630	DEPARTED HOR VIA POV TO EPA RL HOUSTON LAB								20	6 50		
	0700	ARRIVED HOUSTON LAB LOADED VEHICLE											
	1000	DEPARTED HOUSTON LAB VIA GOV TO CASTEX SYSTEMS											
	1500	ARRIVED CASTEX SYSTEMS SITE, TDY											
	1800	Hotel/Subsistence					22 50	48 00	70 50			70 50	
09/22	0700	TDY/Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
09/23	0700	TDY/Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
09/24	0700	TDY/Castex Systems											
	1800	Hotel/Subsistence					30 00	48 00	78 00			78 00	
09/25	0700	TDY/Castex Systems											
									SUBTOTALS ▶				
									TOTALS ▶		6 50	304 50	0 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 ▶

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.

100107

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 bellhops, 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 4 PAGES

TRAVEL AUTHORIZATION NO. T6633017

TRAVELER'S LAST NAME RYAN

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: 32.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/25	1800	Hotel/Subsistence					30.00	48.00	78.00			78.00	
09/26	0700	TDY/Castex Systems											
	1200	DEPARTED CASTEX SITE TO KCS DERAILMENT, DEQUINCY, LA											
	1800	DEPARTED KCS DERAILMENT TO Baton Rouge, FEMA/ESF-10											
	2400	Hotel/Subsistence					34.00	100.50 ~~104.32~~	134.50 ~~138.32~~			134.50 ~~138.32~~	
		Hotel (Jennings)		(See attached Memo)				48.00	48.00			48.00	
09/27	0700	TDY FEMA/ESF-10/EOC											
	1900	Hotel/Subsistence					34.00	100.50 ~~104.32~~	134.50 ~~138.32~~			134.50 ~~138.32~~	
09/28	0700	TDY FEMA/ESF-10/EOC											
	1900	Hotel/Subsistence					34.00	100.50 ~~104.32~~	134.50 ~~138.32~~			134.50 ~~138.32~~	
09/29	0700	TDY FEMA/ESF-10/EOC											
	1900	Hotel/Subsistence					34.00	100.50 ~~104.32~~	134.50 ~~138.32~~			134.50 ~~138.32~~	664.00
									SUBTOTALS ▶			304.50	
									TOTALS ▶		6.50	~~983.70~~ 968.50	0.00

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 ▶

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STANDARD FORM 1012 BACK (10-77)

100108

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 3 OF 4 PAGES

TRAVEL AUTHORIZATION NO. T6633017

TRAVELER'S LAST NAME RYAN

DATE 19 98 (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: 32.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/30	0700	TDY FEMA/ESF-10/EOC											
	1200	DEPARTED BATON ROUGE VIA GOV TO HOUSTON											
	1800	ARRIVED EPA RG LAB											
	1830	DEPARTED EPA RG LAB VIA POV TO HOR											
	1900	ARRIVED HOR TDY COMPLETE/SUBSISTENCE				✓	25 50 ~~27 75~~	d.o.	✓ 25 50 ~~27 75~~	20	6 50	25 50 ~~27 75~~	
Telephone Calls													
09/21		ON-SITE TECHNOLOGIES 713-641-3838											3 72
09/23		EPA RG DALLAS 214 665 2273											8 10
		EPA RG DALLAS 214 665 3128											19 61
09/24		EPA RG DALLAS 214 665 2273											3 02
		CHILDREN (b) (6) [redacted]											12 49
		ARK DEPT OF HEALTH 501 835 6115											5 82
									SUBTOTALS ▶		6 50	~~983 78~~	
									TOTALS ▶		13 00	~~1044 53~~ 1004.28	52 76

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. $994.00

TOTAL AMOUNT CLAIMED ▶

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STANDARD FORM 1012 BACK (10-77)

100109

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 4 OF 4 PAGES

TRAVEL AUTHORIZATION NO. T6633017

TRAVELER'S LAST NAME RYAN

DATE 19 98 (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: 32.5¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/25		ON SITE TECHNOLOGIES 713-641-3838											5 36
09/26		EPA R6 DALLAS (Supervisor) 972 596 7425											7 46
		EPA R6 START 504 335 8205											2 25
									SUBTOTALS ▶				52 76
									TOTALS ▶		13 00	~~104 53~~ 104.28	167 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 ▶ 1090.11 ~~1092.36~~

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.

100110

Holiday Inn®

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

ALMA

JEFF. DAVIS PARISH

50/30
9/21 -- 25

Name & Address

[redacted]

Room	[illegible]
Arrive Date	[illegible]
Dept. Date	[illegible]
Folio #	[illegible]
Room Rate	48.00
Account	[illegible]
Mkt/Seg	[illegible]

Page 1

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

EXPRESS CHECK – OUT

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
[illegible]	[illegible]	[illegible]	[illegible]	713-541-3833	3.75$	.00$	3.75$
[illegible]	412	43	[illegible]	(b) (6) [redacted]	9.90$ NC	.00$	12.65$
[illegible]	114	0921000	AUD	DISCOUNT ROOM 9/21	48.00$ ①	.00$	60.65$
[illegible]	114	0922000	AUD	DISCOUNT ROOM 9/22	48.00$ ②	.00$	108.65$
[illegible]	412	6	[illegible]	214-665-2272	9.10$	.00$	117.75$
[illegible]	412	5	[illegible]	214-665-2129	19.61$	.00$	136.36$
[illegible]	412	23	[illegible]	(b) (6) [redacted]	3.88$ NC	.00$	139.24$
[illegible]	114	0923000	AUD	DISCOUNT ROOM 9/23	48.00$ ③	.00$	187.24$
[illegible]	412	6	[illegible]	214-665-2272	3.02$	.00$	190.26$
[illegible]	412	19	[illegible]	(b) (6) [redacted]	12.49$	.00$	202.75$
[illegible]	412	25	[illegible]	501-935-4117	5.82$	.00$	208.57$
[illegible]	114	0924000	AUD	DISCOUNT ROOM 9/24	48.00$ ④	.00$	256.57$
[illegible]	412	9	[illegible]	713-[illegible]	5.36$	.00$	261.93$
[illegible]	412	8	[illegible]	(b) (6) [redacted]	9.20$ NC	.00$	271.13$
[illegible]	411	19	[illegible]	[illegible]	.35$ NC	.00$	271.48$
925	114	0925000	AUD	DISCOUNT ROOM 9/25	48.00$ ⑤	.00$	319.48$
926	412	40	[illegible]	972-596-7423	[illegible]	.00$	326.94$
926	411	42	[illegible]	(b) (6) [redacted]	.35$ NC	.00$	327.29$
926	411	44	[illegible]		.35$ NC	.00$	327.64$
926	412	46	[illegible]	504-335-[illegible]	2.55$	.00$	329.89$
926	411	47	[illegible]	(b) (6) [redacted]	.35$ NC	.00$	330.24$
926	914	0926000	AMU	AMERICAN EXPRESS	.00$	-330.24$	.00$
				TOTAL			.00$

PHO TOTAL LODG

PHO Calls: $90.24 - 330.24 = $240 ÷ 48 = 5

ACCT. NO. [redacted] 1195	PHO NOT CLAIMED (NC)
CARD MEMBER NAME	JENNINGS 9/27 LODG RCT ATTACHED
ESTABLISHMENT NO. & LOCATION	DOUBLE LODGING - BTR & JENNINGS
HOLIDAY INN JENNINGS	
I-10 & STATE ROAD 26 JENNINGS, LA 70546	PW 11/24/98
CARD MEMBER'S SIGNATURE X	

DATE OF CHARGE 9/26/98	FOLIO NO./CHECK NO. HI- 95224-	
AUTHORIZATION 048727	585.00$	ID
	.00$	
	.00$	
PURCHASES & SERVICES	330.24$	
TOTAL AMOUNT	330.24$	

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

OBLIGATION OF ESTABLISHMENT WHO MAKES FROM TO DAMAGES FOR THE DISHONOR MATCHED BY ARTICLE

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

[redacted]

[redacted]

Room	141-11
Arrive Date	9/21/98
Dept. Date	9/27/98
Folio #	81459
Room Rate	.00
Account	2-CANEI
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration

SIGNATURE

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X
SIGNATURE

DATE		REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
921	412	18	XXX	713-641-3838	3.72$	.00$	3.72$
921	412	43	XXX	(b) (6)	8.93$	.00$	12.65$
921	114	0921000	AUD	DISCOUNT ROOM	48.00$	.00$	60.65$
922	114	0922000	AUD	DISCOUNT ROOM	48.00$	.00$	108.65$
923	412	4	XXX	214-665-2273	8.10$	.00$	116.75$
923	412	5	XXX	214-665-3128	19.61$	.00$	136.36$
923	412	27	XXX	(b) (6)	2.88$	.00$	139.24$
923	114	0923000	AUD	DISCOUNT ROOM	48.00$	.00$	187.24$
924	412	6	XXX	214-665-2273	3.02$	.00$	190.26$
924	412	15	XXX	(b) (6)	12.49$	.00$	202.75$
924	412	26	XXX		5.82$	.00$	208.57$
924	114	0924000	AUD	DISCOUNT ROOM	48.00$	.00$	256.57$
925	412	8	XXX	713-641-3838	5.36$	.00$	261.93$
925	412	9	XXX	(b) (6)	9.20$	.00$	271.13$
925	411	19	XXX		.35$	.00$	271.48$
925	114	0925000	AUD	DISCOUNT ROOM	48.00$	.00$	319.48$
926	412	40	XXX	972-596-7425	7.46$	.00$	326.94$
926	411	42	XXX	(b) (6)	.35$	.00$	327.29$
926	411	44	XXX		.35$	.00$	327.64$
926	412	46	XXX	504-835-8205	2.25$	.00$	329.89$
926	411	47	XXX	(b) (6)	.35$	.00$	330.24$
926	914	0926000	MAN	AMERICAN EXPRES	.00$	-330.24$	.00$
				TOTAL			.00$

ACCT. NO. XXXXXXXXXXXXXXXXXXXX	DATE OF CHARGE XX/XX/XX / FOLIO NO./CHECK NO. XX-XXXXXX-XX
CARD MEMBER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	AUTHORIZATION XXXXXX / ID XXX
ESTABLISHMENT NO. & LOCATION HOLIDAY INN JENNINGS I-10 & STATE ROAD 26 P.O. BOX 896 JENNINGS,LA 70546	PURCHASES & SERVICES XXXXXXXX.XX
CARD MEMBER'S SIGNATURE X	TOTAL AMOUNT XXXXXXXX.XX

Holiday Inn

I-10 & State Road 26
P.O. Box 896
Jennings, LA 70546
318-824-5280 Fax 318-824-7941

[redacted]

[redacted]

Room	141-21
Arrive Date	9/27/98
Dept. Date	9/27/98
Folio #	81442
Room Rate	48.00
Account	2-CANEX
Mkt/Seg	4-GOV

Page 1

Independently owned & operated by Murphco of Florida, Inc

I authorize you to bill the full balance of my account to my credit card which was presented upon registration

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of each charges.

X
SIGNATURE

DATE	CODE	REFERENCE		DESCRIPTION	CHARGE	PAYMENT	BALANCE
927	114	92698	SOL	DISCOUNT ROOM	48.00$	.00$	48.00$
927	812	0927000	SOL	OCCUPANCY TAX	4.80$	.00$	52.80$
927	914	0927001	PBI	AMERICAN EXPRES	.00$	-52.80$	.00$
				TOTAL			.00$

ACCT. NO. XXXXXXXXXXXXXXXXXXXX	
CARD MEMBER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
ESTABLISHMENT NO. & LOCATION HOLIDAY INN JENNINGS I-10 & STATE ROAD 26 P.O. BOX 896 JENNINGS,LA 70546	
CARD MEMBER'S SIGNATURE X	

DATE OF CHARGE XX/XX/XX	FOLIO NO./CHECK NO. XX-XXXXXX-XX
AUTHORIZATION XXXXXX	ID XXX
PURCHASES & SERVICES	XXXXXXXX.XX
TOTAL AMOUNT	XXXXXXXX.XX

100113

Holiday Inn

Holiday Inn South
9940 Airline Highway
Baton Rouge, LA 70816
(504) 924-7021

100.50/34
9/26--9/29

Name & Address	
R RYAN	
[redacted]	
HOUSTON [redacted]	

Room	413-1
Arrival Date	9/26/98
Dept. Date	09/29/98
Adult/Child	1
Room Rate	94.00

2-AMEX
0-POL

INDEPENDENTLY OWNED AND OPERATED BY MM LOUISIANA, INC.

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. The guest understands and agrees to be personally liable for all charges incurred at the hotel
SIGNATURE

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.
SIGNATURE EXPRESS CHECK - OUT

DOUBLE LODGING
BTR & JENNINGS
9/27/98

SEE JENNINGS
FAXD RECEIPT DW 11/24/98

DATE		REFERENCE		DESCRIPTION			AMOUNT
926	111	0926000	RAA	GUEST ROOM	94.00$	.00$	94.00$
926	811	0926001	RAA	SALES TAX	7.52$	.00$	101.52$
926	812	0926002	RAA	OCCUPANCY TAX	2.82$	.00$	104.34$
927	111	0927000	RAA	GUEST ROOM	94.00$	.00$	198.34$
927	811	0927001	RAA	SALES TAX	7.52$	.00$	205.86$
927	812	0927002	RAA	OCCUPANCY TAX	2.82$	.00$	208.68$
928	111	0928000	RAA	GUEST ROOM	94.00$	.00$	302.68$
928	811	0928001	RAA	SALES TAX	7.52$	.00$	310.20$
928	812	0928002	RAA	OCCUPANCY TAX	2.82$	.00$	313.02$
929	111	0929000	RAA	GUEST ROOM	94.00$	.00$	407.02$
929	811	0929001	RAA	SALES TAX	7.52$	.00$	414.54$
929	812	0929002	RAA	OCCUPANCY TAX	2.82$	.00$	417.36$
930	914	0930000	JMB	AMER EXPRESS	.00$	-417.36$	.00$
				TOTAL			.00$

104.34

Holiday Inn

1-800-HOLIDAY
MAY WE MAKE YOUR NEXT RESERVATION?

ACCT. NO.	
CARD MEMBER NAME	[redacted]
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT
HOLIDAY INN SOUTH	
9940 AIRLINE HIGHWAY	
CARD MEMBERS SIGNATURE X	

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.	
AUTHORIZATION 9/30/98	CR-250675-1	INITIAL
PURCHASES & SERVICES 625569	978.00$	
TAXES	.00$ .00$	
TIPS & MISC.		
TOTAL AMOUNT	417.36$	

417.36$

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
RYAN, ROBERT M.	[redacted]	26	From: 09/13/1998 To: 09/26/1998	(6SF-R)	8525

Account Name / Account Description	FY	Approp Code	Budget Org/Code	Program Element	Site Project	Sun 9/13 / 9/20	Mon 9/14 / 9/21	Tue 9/15 / 9/22	Wed 9/16 / 9/23	Thu 9/17 / 9/24	Fri 9/18 / 9/25	Sat 9/19 / 9/26	Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FIXED FAN OIL SPILL NON-SITE-SPECIFIC - E	1998	H	06L	G7X	Z600						8.00		8.00					
OVERTIME-OIL SPILL RESPONSE	1998	H	06L	~~G7X~~ PBX i7X	Z600							6.00		6.00				
WORLD ENERGY COUNCIL (PRE-REMOVAL SUPPORT/MANAGEME	1998	T	06L	FAX	06GMBN00		8.00	8.00	8.00	8.00			32.00				12.00	4
OVERTIME-WORLD ENERGY COU REMOVAL SUPPORT/MANAGEMEN	1998	T	06L	FAX	06GMBN00	12.00	3.00	2.00	2.00	3.00				22.00				
FEMA BATON ROUGE (FEMA-1246	1998	BR	06L0XCL	6FX														
OVERTIME-DISASTER ASSISTANC	1998	BR	06L0XCL	6FX								6.00		6.00				
CASTEX INCORPORATED 086144	1998	H	06L	G7X	Z663		8.00	8.00	8.00	8.00	8.00		40.00					
OVERTIME-OIL SPILL RESPONSE	1998	H	06L	PBX ~~G7X~~	Z663		2.00	2.00	2.00	2.00	2.00	5.00		15.00				
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:						12.00	21.00	20.00	20.00	21.00	10.00	11.00	72.00					
Grand Total Hours:						12	21.00	20.00	20.00	21.00	18.00	17.00	80.00	49.00			12.00	

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature: Timber Carter

Timekeeper's Telephone Number: 972 284 2084

Supervisor's Signature: Robert R Brayley

Employee's Signature: Robert R Brayley

Code 2 = Holiday
Code 4 = Sunday

EPA Form Number Pending

[redacted]

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
PAYROLL DISTRIBUTION TIMESHEET

Employee Name	Social Security Number	Pay Period	Pay Period Dates	Mail Code	Designated Agent Number
RYAN, ROBERT M.	[redacted]	27	From: 09/27/1998 To: 09/30/1998	(6SF-R)	8525

Account Name / Account Description	Account Number: FY	Approp Code	Budget Org/Code	Program Element	Site Project	Sun 9/27 / 10/4	Mon 9/28 / 10/5	Tue 9/29 / 10/6	Wed 9/30 / 10/7	Thu 10/1 / 10/8	Fri 10/2 / 10/9	Sat 10/3 / 10/10	Summary Columns: Reg Hrs	OT Hrs	Haz Duty	Night Diff	Sun/Hol	C/D
FEMA BATON ROUGE (FEMA-1246	1998	BR	06L0XCL	6FX			8.00	8.00	8.00				24.00				11.00	4
OVERTIME-DISASTER ASSISTANC	1998	BR	06L0XCL	6FX		11.00	3.00	3.00						17.00				
	FEMA		47															
Non-FAN Subtotals from Continuation Sheets																		
Non-FAN Hours:						11.00	11.00	11.00	8.00				24					
Grand Total Hours:						11	11.00	11.00	8.00				24.00	17.00			11.00	

I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Timekeeper's Signature

Timekeeper's Telephone Number

Code 2 = Holiday
Code 4 = Sunday

Supervisor's Signature

Employee's Signature Robert M Ryan

EPA I Number Pending

100116

PAGE 1 OF 1

MULTIPLE ACCOUNT ALLOCATION FORM FOR OFFICIAL GOVERNMENT TRAVEL

TA NUMBER T663301
NEW
AMENDED ✓

TRAVELER'S NAME: RYAN, ROBERT M.

SSN: [redacted]

TRAVEL DATE(S): 9/21-30/98

DESTINATION(S):

(93)

ACCOUNTING INFORMATION: (40) 43%	ACCOUNTING INFORMATION: (6) 6%	ACCOUNTING INFORMATION: (47) 51%	OBJECT CLASS TOTAL:
98 HR 06L P8X Z663	98 H 06L G7X Z600	98 BR 06L0XCL 6FX	
DCN: LST645	DCN: LST645	DCN: LST645	
SITE NAME: CASTEX SYSTEMS	SITE NAME: KCS TRAIN DERAILMENT	SITE NAME:	
PURPOSE CODE: 0	PURPOSE CODE: 0	PURPOSE CODE: 0	
OBJECT CLASS:	OBJECT CLASS:	OBJECT CLASS:	
2111/2121 406.50	2111/2121 24.00	2111/2121 578.78	1009.2
2113/2123	2113/2123	2113/2123	
2114/2124 6.50	2114/2124	2114/2124 6.50	13.00
2115/2125	2115/2125	2115/2125	
2117/2127 67.83	2117/2127	2117/2127	67.83
TOTAL 480.83	TOTAL 24.00	TOTAL 585.28	1090.1 GRAND TOTAL

56

FUNDS CERTIFING OFFICER

100117

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6633017-02

2. SOCIAL SECURITY NUMBER: [redacted]

3. TRAVEL AUTHORIZATION CODE: A (N = NEW, A = AMEND, C = CANCEL)

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN

5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)

6. APPLICABLE REGULATIONS: [X] SGTRs [ ] JTRs

7A. DATE: 11/18/98

7B. PREPARER/EXT.: D. ORTIZ/665-2273

8A. NAME OF TRAVELER: RYAN, ROBERT M

8B. TITLE: ON-SCENE COORDINATOR

8C. PHONE: (214)665-2219

8A. OFFICIAL STATION: HOUSTON

8B. ORGANIZATION: 6SF-R1

MAIL CODE: 6SF-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Attended) STATE	CITY	C. PER DIEM INFORMATION (*Indicates 150% of normal rates) LODGING	M&IE	TOTAL
TRIP 1							
TRIP 2							

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

Amended to add 2 account #'s: 98 H 06L G7X Z600 & 98 BR 06L0XCL 6FX (see attached Multiple Account form.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

							ADMIN OBJECT	TOTAL COST ESTIMATES BY CATEGORY AMOUNT
	(PER DIEM AND SUBSISTENCE)							
	A1. LODGING PLUS M&IE →	*****	LODGING NOT TO EXCEED	*****	M&IE	*****	(A) 2111 2121	0.00
	A2. ACTUAL SUBSISTENCE NTE	*****	LODGING NOT TO EXCEED	*****	M&IE	*****		
	(OTHER ALLOWANCES)							
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE → LBS							
	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	0.00
	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)		RATE (Cents/mile - Justification Req'd)	0.325			(D) 2114 2124	0.00
	E1. GSA CONTRACT RENTAL - SOAC # →		INTERCITY	TEMPORARY DUTY			(E) 2118 2128	0.00
	E2. COMMERCIAL CAR RENTAL		INTERCITY	TEMPORARY DUTY				
	F1. GOVERNMENT-OWNED (GSA) RENTAL - SOAC #		INTERCITY	TEMPORARY DUTY			(G) 2560 2561	0.00
	G1. REGISTRATION FEES							
							TOTAL	0.00

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)*

A. TYPE: [ ] ORDINARY [ ] CONTINUING

B. METHOD OF PAYMENT: [ ] CASH [ ] ATM [ ] CHECK

C. MAIL CHECK TO: [ ] OFFICE [ ] HOME

ADDRESS

D. AMOUNT 0.00

E. SIGNATURE OF APPLICANT

13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED

SIGNATURE *(And reason for disapproval, if so checked)*

F. CASH RECEIVED BY

G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER	AUTHORIZATION OFFICER
NAME AND TITLE *(Typed or electronically entered)* JAMES MULLINS, LEADER, REMOVAL TEAM 2, 6SF-R1	NAME AND TITLE *(Typed or electronically entered)* ROBERT BROYLES, DEPUTY BRANCH CHIEF, 6SF-RR
SIGNATURE	SIGNATURE

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.

15. Financial and Accounting Data

LINE	DCN (Max 6)	Budget/FYs (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)
1	256645					
2						
3						
4						
5						
6						

SFO: 06 (Max 2)

LINE	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1	11/23/98			
2				
3				
4				
5				
6				

EPA Form 2610-1 (OFF 3.2a)

TRAVLR/ACCTING/AUDIT/ADVANCE/TICKETING/DCR

00118 ▸ United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6633017-01

2. SOCIAL SECURITY NUMBER: [redacted]

3. TRAVEL AUTHORIZATION CODE: A — N = NEW, A = AMEND, C = CANCEL

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: [X] DOMESTIC [ ] FOREIGN

5. TYPE OF TRAVEL BY NON-EPA TRAVELER: [ ] INVITATIONAL [ ] INTERGOVERNMENTAL PERSONNEL ACT (IPA)

6. APPLICABLE REGULATIONS: [X] SGTRs [ ] JTRs

7A. DATE: 10/15/98

7B. PREPARER / EXT.: D. ORTIZ/665-2273

8A. NAME OF TRAVELER: RYAN, ROBERT M

8B. TITLE: ON-SCENE COORDINATOR

8C. PHONE: (214)665-2219

9A. OFFICIAL STATION: HOUSTON

9B. ORGANIZATION: 6SF-R1

MAIL CODE: 6SF-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Abbreviated) STATE	CITY	C. PER DIEM INFORMATION (*indicates 150% of normal rates) LODGING	M&IE	TOTAL
TRIP 1	09/21/98	09/26/98			50.00	30.00	80.00
TRIP 2	09/26/98	09/30/98	LA	Baton Rouge	100.50*	34.00	134.50

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

Amended to add second trip, and to show increase in object class 2111.

Justification for Actual Lodging: Due to hurricane and evacuation of residences, hotel prices were increased.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

	(PER DIEM AND SUBSISTENCE)						ADMIN OBJECT	TOTAL COST ESTIMATES BY CATEGORY AMOUNT
X	A1. LODGING PLUS M&IE →	80.00	LODGING NOT TO EXCEED	50.00	M&IE	30.00		
X	A2. ACTUAL SUBSISTENCE NTE	134.50	LODGING NOT TO EXCEED	100.50	M&IE	34.00	(A) 2111 2121	$259.28
	(OTHER ALLOWANCES)							
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE →	LBS						
	C1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	0.00
	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)		RATE (Cents/mile - Justification Req'd)	0.325			(D) 2114 2124	0.00
	E1. GSA CONTRACT RENTAL - BOAC # →		INTERCITY		TEMPORARY DUTY		(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL		INTERCITY		TEMPORARY DUTY			
	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #		INTERCITY		TEMPORARY DUTY		(G) 2560 2561	0.00
	G1. REGISTRATION FEES							

12. ADVANCE OF FUNDS APPLICATION *(Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)*

TOTAL $ 77.11

A. TYPE: [ ] ORDINARY [ ] CONTINUING

B. METHOD OF PAYMENT: [ ] CASH [ ] ATM [ ] CHECK

C. MAIL CHECK TO: [ ] OFFICE [ ] HOME

ADDRESS

D. AMOUNT 0.00

E. SIGNATURE OF APPLICANT

13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: [ ] APPROVED [ ] DISAPPROVED

SIGNATURE *(And reason for disapproval, if so checked)*

F. CASH RECEIVED BY

G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER	AUTHORIZATION OFFICER	
NAME AND TITLE *(Typed or electronically entered)* ROBERT BROYLES DEPUTY BRANCH CHIEF, 6SF-R	NAME AND TITLE *(Typed or electronically entered)* MYRON O. KNUDSON DIVISION DIRECTOR, 6SF	Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.
SIGNATURE	SIGNATURE	

15. Financial and Accounting Data

LINE	DCN (Max 6)	Budget/FYs (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 3)	Object Class (Max 4)
1	LST645			SEE	ATTACHED	2111
2						
3						
4						
5						
6						

SFO: 06 (Max 2)

	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1	972.00			0
2				
3				
4				
5				
6				

EPA Form 2610-1 (OFF 3.2a) TRAVLR/ACCTING/AUDIT/ADVANCE/TICKETING/DCR

100119

Page 1 of 2

OIL SPILL

STANDARD VOUCHER

COMPLETED CS 5/28/99

S.V. NO. 99065F041

Date May 26, 1999

REFERENCE	EXPLANATION		DEBIT	CREDIT
Green	LST645			
[redacted]	98H06LG7XZ600	2111	4.37	
	T6633017	2117	0.30	
12-11-98	Decrease	2114	0.06	
SVEX	DR.101-2			
	CR.601-1			
Robert Ryan				
[redacted]				
9001304248	LST645			
SVEX	98BR06L0XCL6FX			
Justification:	T6633017	2111	74.45	
Percentage		2117	5.08	
for multiple site	Decrease	2114	0.97	
split incorrectly.				
	DR.101-2			
	CR601-1			
		TOTAL,	Cont'd on next page	

Prepared by Sherrer Green (Signature)
Financial Specialist (Title)

Approved by Carolyn Stander (Signature)
Finance Mgmt. Specialist (Title)

U.S. GOVERNMENT PRINTING OFFICE : 1988 O—368-899 (49-4)

100120

Page 2

OIL SPILL

STANDARD VOUCHER

S.V. NO. 99065F041

Date May 26, 1999

REFERENCE	EXPLANATION	DEBIT	CREDIT
T Green	LST645		
498343	98 HR 06L 88X Z663		
12-11-98	T6633017 :2111		78.82
SVEX	2117		5.38
	INCREASE 2114		1.03
Robert Ryan	DR. 601-1		
	CR 101-2		
[redacted]			
9001304248			
Justification:			
Percentage			
For multiple			
site split			
incorrectly.			
	TOTAL,	85.23	85.23

Prepared by Theresa Green (Signature)
Financial Specialist (Title)

Approved by _____ (Signature)
_____ (Title)

U.S. GOVERNMENT PRINTING OFFICE : 1981 O—343-899 (40-4)

100121

United States
Environmental Protection Agency
(This document covered by the Privacy Act)

1. TA No.: T6633017
2. SOCIAL SECURITY NUMBER: [redacted]
3. TRAVEL AUTHORIZATION CODE: N (N= NEW, A=AMEND, C=CANCEL)

TRAVEL AUTHORIZATION

(Note: If this is Permanent Change of Station travel, EPA Form 2610-1A must be attached)

4. TRAVEL AUTHORIZATION TYPE: X DOMESTIC; FOREIGN
5. TYPE OF TRAVEL BY NON-EPA TRAVELER: INVITATIONAL; INTERGOVERNMENTAL PERSONNEL ACT (IPA)
6. APPLICABLE REGULATIONS: X SGTRs; JTRs
7A. DATE: 09/17/98
7B. PREPARER / EXT.: J. MYNETT 665-2273

8A. NAME OF TRAVELER: RYAN, ROBERT M
8B. TITLE: ON-SCENE COORDINATOR
8C. PHONE: (214)665-2219
8D. OFFICIAL STATION: HOUSTON
8E. ORGANIZATION: 6SF-R1
MAIL CODE: 6SF-R1

10. TRIP INFORMATION

	A. DATE FROM: MO DA YR	DATE TO: MO DA YR	B. DESTINATION (Attached) STATE	CITY	C. PER DIEM INFORMATION (*Indicate 150% of normal rates) LODGING	MIE	TOTAL
TRIP 1	09/21/98	09/30/98			50.00	30.00	80.00
TRIP 2							

D. PURPOSE OF TRIP, ITINERARY AND OTHER DETAILS

FROM HOUSTON, TX TO JENNINGS, LA AND RETURN.
PURPOSE: CONDUCT OPA-90 REMOVAL ACTION AT CASTEX SYSTEMS, INC.
EMPLOYEE WILL BE TRAVELING BY GOV.

11. COST ESTIMATES FOR AUTHORIZED ALLOWANCES

							ACCT.	TOTAL COST ESTIMATES BY CATEGORY
	(PER DIEM AND SUBSISTENCE)							
X	A1. LODGING PLUS MAIE →	80.00	LODGING NOT TO EXCEED	50.00	MAIE	30.00	DIRECT	AMOUNT
	A2. ACTUAL SUBSISTENCE NTE	*****	LODGING NOT TO EXCEED	*****	MAIE	*****	(A) 2111 2121	750.00
	(OTHER ALLOWANCES)							
	B1. COMMON CARRIER - AIR, TRAIN, BUS, SHIP						(B) 2113 2123	0.00
	B2. FIRST CLASS COMMON CARRIER							
	B3. EXCESS BAGGAGE → LBS							
X	D1. INTRACITY TRANSPORTATION (Taxi, limousine, bus, POV) AND OTHER INCIDENTAL COSTS						(C) 2117 2127	250.00
X	D1. PRIVATELY OWNED VEHICLE (POV) (Auto, plane, etc.)	40	RATE (Cents/mile - Justification Req'd)			0.325	(D) 2114 2124	13.00
	E1. GSA CONTRACT RENTAL - BOAC # →		INTERCITY	TEMPORARY DUTY			(E) 2115 2125	0.00
	E2. COMMERCIAL CAR RENTAL		INTERCITY	TEMPORARY DUTY				
	F1. GOVERNMENT-OWNED (GSA) RENTAL - BOAC #		INTERCITY	TEMPORARY DUTY			(G) 2000 2001	0.00
	G1. REGISTRATION FEES							
							TOTAL	1013.00

12. ADVANCE OF FUNDS APPLICATION (Note: Outstanding advances must be liquidated within 10 days of completion of trip. When travel is cancelled or indefinitely postponed, the amount of any outstanding advances must be repaid immediately. Unliquidated advances are subject to automatic payroll deductions.)

A. TYPE: X ORDINARY; CONTINUING
B. METHOD OF PAYMENT: CASH; X ATM; CHECK
C. MAIL CHECK TO: OFFICE; HOME
ADDRESS

D. AMOUNT: 200.00
E. SIGNATURE OF APPLICANT
13. TO BE COMPLETED BY SERVICING FINANCE OFFICE: APPROVED; DISAPPROVED
SIGNATURE (And reason for disapproval, if so checked)
F. CASH RECEIVED BY
G. DATE CASH RECEIVED

14. AUTHORIZATION

RECOMMENDING OFFICER
NAME AND TITLE (Typed or electronically entered): JAMES BULLING, LEADER, REMOVAL TEAM 1, 6SF-RP
TITLE: Robert M Broyle

AUTHORIZATION OFFICER
NAME AND TITLE (Typed or electronically entered): ROBERT BROYLES, DEPUTY BRANCH CHIEF, 6SF-RM
SIGNATURE: Robert M Broyle

Authority is granted to travel and incur such expenses as may be necessary for this authorization in accordance with EPA policy and applicable regulations. I certify that this trip is essential to the Agency's mission.

15. Financial and Accounting Data

LINE	DCN (Max 8)	Budget/FYs (Max 4)	Appropriation Code (Max 8)	Budget Org/Code (Max 7)	Program Element (Max 8)	Object Class (Max 4)
1	LST	98	HR	06L	P8X	2111
2	LST	98	HR	06L	P8X	2114
3	LST	98	HR	06L	P8X	2117
4						
5						
6						

SFO: 06 (Max 2)

LINE	Amount	Site/Project (Max 8)	Cost Org/Code (Max 7)	Purpose Code
1	750.00	2663		0
2	13.00	2663		0
3	250.00	2663		0
4				
5				
6				

9/17/98

EPA Form 2610-1 (OFF 3.2a) TRAVLR/ACCTING/AUDIT/ADVANCE/TICKETING/DCR

.100122

S 9330 D

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADMINISTRATIVE EXCEPTION

ORDER NO.	INVOICE NO.
6633017	

PERIOD COVERED FROM: 09/21/98 TO: 09/30/98

AMOUNT CLAIMED	AMOUNT ALLOWED	ADVANCE APPLIED	NET TREASURY CHECK	ADVANCE OUTSTANDING
$ 1090.11	$ 1074.83	$ 0.00	$ 1074.83	$ 0.00

NAME AND ADDRESS OF APPLICANT

RYAN, ROBERT 6SF-R1

Return the original of this form with the enclosed voucher or your reclaim whichever is applicable.

Your request for payment has been audited for compliance with federal regulations. Amounts itemized in column (1) have been temporarily suspended and require further explanation, authorization, and/or receipts to support payment. These items may be reclaimed in a supplimental voucher, or on your next voucher by furnishing the indicated documentation. Amounts itemized in column (2) have been disapproved as not allowable under the federal law, regulation, or Comptroller General Decision cited under "Explanation". If you do not concur with the reason for disapproved items, submit your explanation in writing, together with a reclaim voucher, to your servicing Federal Management Officer who will research your claim and further advise you regarding payment or appeal.

ITEM	EXPLANATION	(1) SUSPENDED	(2) DISAPPROVED
1	LODGING TOTAL FOR 9/26/98--9/29/98 CLAIM: $417.28 (4 NIGHTS @ $104.32/NIGHT AS RECEIPTED). ALLOW: $402.00 (4 NIGHTS @ $100.50/NIGHT--150% X $67.00/NIGHT STANDARD LODGING. MAXIMUM ACTUAL LODGING ALLOWABLE PER EPA TRAVEL MANUAL 2550B CHAPTER 4 PARA. 3.		-15.28
	TOTAL DEDUCTED FROM VOUCHER	$ -0.00	$ -15.28

VOUCHER EXAMINER (Signature)	LOCATION OF FINANCE OFFICE	DATE
		11/24/98

EPA Form 2500-1 (Rev. 4-77) PREVIOUS EDITION IS OBSOLETE

100123

ACTION: R SCREEN: TSCL USERID: HKTV 01/08/99 10:42:17 AM

*** TREASURY SCHEDULE CONTROL LINE INQUIRY TABLE ***

KEY IS FY, SCHEDULE CAT, SCHEDULE TYPE, SCHEDULE NUMBER, PV VENDOR CODE, PV TC, PV NUMBER, PV ADV NUM, PV LN, REC TYP

FY: 1999 SCHEDULE CAT: T SCHEDULE TYPE: M SCHEDULE NUMBER: 000A98343

INDICATORS - TREAS ACT: C POST TREAS ACT: Y POST DETAILS: Y EXP: F BACKOUT: N

VENDOR CODE	PAYMENT VOUCHER TC	NUMBER	ADV NUM	LN	REC TYP	PAYMENT AMOUNT	CHECK NUMBER	POST	CHK
[redacted]	TV	99001304248		001	P	1,074.83	83060884	Y	
[redacted]	TV	99002059567		001	P	253.60	83060885	Y	
[redacted]	TV	99001469749		001	P	395.58	83060886	Y	
[redacted]	TV	99001469831		001	P	633.26	83060887	Y	
[redacted]9	GP	99002667588		001	P	2,204.00	83060888	Y	
[redacted]9	GP	99002667441		001	P	5,132.00	83060971	Y	
[redacted]	TV	99001304132		001	P	676.15	83060889	Y	
[redacted]	TV	99001304149		001	P	274.15	83060890	Y	
[redacted]9	GP	99002667618		001	P	1,462.00	83060891	Y	

100124

ACTION: R SCREEN: CHKH USERID: HKTV 01/08/99 10:42:23 AM

*** CHECK HEADER INQUIRY TABLE ***

KEY IS CHECK NUM, D.O.

01-

CHECK NUM: 83060884 D.O.: KC00
FISC YR: 1999 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98343
PAYEE: [redacted] CHECK DATE: 12 11 1998 CANCELED IND: N
AMOUNT: 1,074.83 MANUAL CHECK IND:
PAYEE NAME: RYAN, ROBERT M.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted]

02-

CHECK NUM: 83060885 D.O.: KC00
FISC YR: 1999 SCHD CAT: T SCHD TYPE: M AGENCY SCHEDULE NO: 000A98343
PAYEE: [redacted] CHECK DATE: 12 11 1998 CANCELED IND: N
AMOUNT: 253.60 MANUAL CHECK IND:
PAYEE NAME: JONES, CURRY D.
PAYEE ADDRESS LINE 1: [redacted]
PAYEE ADDRESS LINE 2:
PAYEE ADDRESS LINE 3: [redacted]

100125

REPORT DATE: 01/04/2000

CASTEX INCORPORATED, LA SITE ID = 63

SUPERFUND TECH ASSIST AND RESPONSE TEAM (START)

CONTRACTOR : ECOLOGY AND ENVIRONMENT, INC.

CONTRACT NUMBER : 68-W6-0013

PROJECT OFFICER : HENRY E. THOMPSON

DATES OF SERVICE : FROM : / / TO : / /

SUMMARY OF SERVICE : TECHNICAL ASSISTANCE

TOTAL COSTS : $ 82,353.53

DOCUMENTATION : Copies of Applicable Paid Vouchers and Treasury Schedules

VOUCHER NUMBER	VOUCHER DATE	VOUCHER AMOUNT	TREASURY SCHEDULE NUMBER AND DATE	SITE AMOUNT
E&E COST REPORT	/ /	0.00	11/30/1999	82,353.53
				82,353.53

CASTEX OIL SPILL SITE
Costs thru March 31, 1998
FPN 086144 / Site 63
Interim Cost Package

	REIMBURSABLE	RECOVERABLE
PAYROLL COSTS	$850.27	$10,454.76
TRAVEL COSTS	$2,587.90	$2,587.90
CONTRACT COSTS		
ERCS Contract	$0.00	$0.00
TAT Contracts	$0.00	$0.00
START Contract	$23,417.68	$23,417.68
TOTAL COSTS	$26,855.85	$36,460.34

START TOTAL	$105,771.21
PACKAGE CLAIMED 5-20-98	$23,417.68
DIFFERENCE TO BE CLAIMED 12-99	$82,353.53

START - REGION VI
EPA CONTRACT NO. 68-W6-0013
OIL SPILL LIABILITY TRUST FUND CASES

FPN	Site Name	TDD #	Status		Est. Dollars	Actual Dollars	Percent Complete
086138	Riverbend Facility One	S06-96-06-0025	E	C	32,144.00	30,336.88	94.38%
086140	Citgo Vidor Pipeline Spill	S06-96-06-0027		C	10,000.00	6,891.19	68.91%
086144	Castex Oil	S06-96-07-0011	J	D	123,937.00	105,771.21	85.34%
086147	Koch Gathering System	S06-96-07-0003	A	C	20,000.00	5,966.28	29.83%
086152	Equinox Ast Failure	S06-96-07-0008	A	C	4,000.00	2,741.62	68.54%
086160	Fishing Vessel Carlos M	S06-96-07-0015	A	C	3,750.00	1,786.83	47.65%
086163	Koch Crude Oil Spill	S06-96-08-0001		C	4,000.00	3,292.76	82.32%
086164	Texaco Seminole Oil Spill	S06-96-08-0002		C	3,250.00	1,738.43	53.49%
086185	Koch Hominy Creek Spill	S06-96-08-0018		C	5,000.00	4,771.65	95.43%
086193	Vealmoor Pipeline	S06-96-08-0020	A	C	4,000.00	3,033.29	75.83%
086194	Brushy Creek Pipeline	S06-96-08-0021	A	C	5,000.00	4,300.14	86.00%
086196	Koch Grayson Pipeline Spill	S06-96-09-0009		C	5,000.00	1,837.54	36.75%
086207	Valero Hydrocarbon Lp	S06-96-09-0017	B	C	10,000.00	2,474.14	24.74%
086208	Baldridge Oil Well	S06-96-09-0016	A	C	4,000.00	2,430.71	60.77%
086211	Crown Petroleum	S06-96-10-0001	A	C	12,500.00	8,419.84	67.36%
087 084	Evers Spill	S06-97-02-0013	A	C	7,000.00	4,700.86	67.16%
087-018	Mobil Salt Creek Blow Out	S06-96-11-0001		C	5,000.00	3,334.87	66.69%
087-023	Texaco Exploration & Prod. Spill	S06-96-11-0003	A	C	5,000.00	3,790.95	75.82%
087-035	Slick Midcontinent Oil Spill	S06-96-11-0012		C	2,750.00	2,443.17	88.84%
087-045	Koch Vici Spill	S06-96-12-0002	A	C	2,750.00	2,642.90	96.11%
087-059	Padre Refining Oil Spill	S06-97-01-0006	C	C	19,000.00	15,752.80	82.91%
087-070	Sun Pipeline Hawkins Creek	S06-97-01-0019		C	10,000.00	3,733.07	37.33%
087-082	Rougeot Osage Spill	S06-97-04-0015		C	3,000.00	2,652.17	88.41%