



Department of Energy

Bonneville Power Administration
P.O. Box 3621
Portland, Oregon 97208-3621

PUBLIC AFFAIRS

July 6, 2009

In reply refer to: DK-7

Dan Seligman
Attorney at Law (publisher of BPA Watch)
P.O. Box 99249
Seattle, WA 98139

FOIA: #09-040

Dear Mr. Seligman:

This is your final response to your request for information that you made to the Bonneville Power Administration (BPA), under the Freedom of Information Act (FOIA), 5 U.S.C. § 552.

You requested the following:

A copy of all credit card and expense account statements submitted by or incurred by BPA Administrator Steve Wright between January 1, 2008, and March 31, 2009. This includes BPA-issued credit card statements, bills, receipts or other documentation of travel, lodging, meals and entertainment costs incurred by Wright in that period.

Response:

BPA has provided the enclosed responsive documents in their entirety or with portions withheld pursuant to Exemption 6 of the FOIA, 5 U.S.C. 552 (b)(6), respectively. Note: A descriptive list of numbered documents is also enclosed in this response.

The home addresses, credit card numbers, personal travel numbers and social security numbers have been deleted from the documents provided to you and pursuant to Exemption 6. Exemption 6 protects from disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." In applying Exemption 6, the BPA considered (1) whether a significant privacy interest would be invaded; (2) whether release of the information would further the public interest by shedding light on the operations or activities of the Government; and (3) whether in balancing the privacy interest against the public interest, disclosure would constitute a clearly unwarranted invasion of personal privacy.

The information withheld under Exemption 6 is of a highly personal nature and the individuals to whom it pertains have an expectation that it will remain private. The deleted information is not information relative to the operations of the agency or the Federal Government. For these reasons, we concluded that the public interest in disclosure did not outweigh the privacy interests of the individuals to whom it pertains.

If you are dissatisfied with this determination, you may make an appeal within thirty (30) days of receipt of this letter to the Director of Office of Hearings and Appeals, Department of Energy, 1000 Independence Avenue SW, Washington, DC 20585. Both the envelope and the letter must be clearly marked "Freedom of Information Act appeal." There is no charge for your request.

I appreciate the opportunity to assist you with this matter. If you any questions or concerns about this letter, please contact Laura M. Atterbury, FOIA/Privacy Act Specialist, at 503-230-7305.

Sincerely,



Christina J. Brannon
Freedom of Information Act/Privacy Act Officer

Enclosure(s):

1. Responsive documents
2. Descriptions of numbered documents

Document #1 – meeting of the Western Electric Industry Leaders (WEIL) in San Francisco

Document #2:

2/10 – dinner w/PGE/Pacific/NW Natural CEOs
 2/12 – meeting of the Oregon Energy Planning Council at PSU
 2/17 – speech at NW Industrial Energy Summit
 2/18 – speech at ATNI annual meeting in Tulalip
 2/23 – meeting at COE
 2/25 – Columbia River Treaty annual meeting inn Vancouver, BC

Document #3 – Washington, DC – meetings with members of Congress and the Administration

Document #4:

1/8 – lunch meeting w/customers at PDX
 1/9 – Northwest Energy Efficiency Task Force (NEET) CEOs at PDX
 1/28 – internal meeting at Dittmer

Document #5:

12/1-5 – customer meetings around the region for contract signings
 12/10 – River Partners annual meeting at PDX
 12/11 – PPC annual meeting at PDX
 12/12 – Northwest Renewable Project annual meeting

Document #6:

11/6 – lunch meeting w/customers at PDX
 11/7 – signing ceremony w/ShoBans at Ft Hall
 11/13 – employee meetings in Vancouver
 11/19 – internal meeting at Dittmer

Document #7 – speech at Senior Executive Energy Summit in Jackson Hole

Document #8 – Washington, DC – meetings with members of Congress and the Administration

Document #9:

10/3 – NEET CEOs in Vancouver
 10/8 – employee event at Ross
 10/21 – speech at NW Food Processors annual meeting – Skamania Lodge
 10/22 – internal meeting at Dittmer
 10/23 – speech at Energy Summit Northwest at PDX
 10/30 – meet w/Governor Kulongoski at COE

Document #10:

Speech at Oregon PUD Assn annual meeting in The Dalles and WEIL in Salt Lake City

Document #11:

9/2 – Eagle Creek hatchery dedication
 9/3 – Energy Northwest in Richland
 9/9 – speak at Department of Interior SES employees in Vancouver
 9/11 – speech at Electric Market Forecasting conference at Skamania Lodge
 9/24 – internal meeting at Dittmer
 9/25 – speech at NWPPA Power Supply conference
 9/30 – visit to Intalco

Document #12:

8/7 – PPC meeting at PDX
 8/27 – Oregon Governor Energy Summit panel
 8/29 – internal meeting at Dittmer

Document #13 – Washington, DC – meetings with members of Congress and the Administration

Document #14:

7/1 – speech at Western Montana G&T annual meeting in Missoula
 7/10 – PPC meeting at PDX
 7/23 – internal meeting at Dittmer
 7/25 – Grand Coulee Dam 75th anniversary

Document #15:

6/3 – employee meeting at Dittmer
 6/5 – lunch w/customers at PDX
 6/11 – speech at Washington Rural Electric Coops annual meeting in Richland
 6/12 – meet with new apprentices at Ross
 6/18 – NEET CEOs at PDXP
 6/23 – meet w/Grays Harbor PUD in Aberdeen
 6/25 – internal meeting at Dittmer

Document #16 – Washington, DC – meetings with members of Congress and the Administration

Document #17 – WEIL in San Diego

Document #18:

5/1 – lunch w/customers at PDX
 5/2 – MOA signing in The Dalles
 5/9 – speak to University of Oregon students in Eugene
 5/14 – Energy Northwest Board at PDX
 5/15 – BC Hydro in Vancouver, BC
 5/27 – Electric/Northwest Gas Assn CEOs in Vancouver, BC

Document #19:

3/2 – US delegation – Joint Working Group US/China 10-Year Cooperation Plan on Energy & the Environment

3/6 – lunch w/customers at PDX

3/19 – internal meeting at Dittmer

4/3 – lunch w/customers at PDX

4/17 – meet with employees at VanMall

4/23 – internal meeting at Dittmer

4/25 – employee retirement at Dittmer

4/29 – managers meeting at PDX

Document #20 – Washington, DC – House, subcommittee on Water & Power budget hearing

Document #21:

2/1 – Meet w/WECC at Dittmer

2/6 – speech at NRU annual meeting

2/7 – lunch w/customers at PDX

2/21 – internal meeting at Dittmer

2/22 – Nez Perce in Lapwai

Document #22 – Washington, DC – meet with members of Congress and the Administration

Document #23:

1/3 – employee retirement at Dittmer

1/8 – speech at ICUA annual meeting in Boise

1/10 – lunch w/customers at PDX

1/15 – Energy Northwest in Richland

1/16 – employee meeting at Ross

1/18 – WEIL in Seattle

1/23 – internal meeting at Dittmer

1/26 – Vera Claussen funeral service in Ephrata

1/30 – Northwest Energy Efficiency Alliance (NEEA) CEOs in Seattle

Document #24 – Large Public Power Council annual meeting in Palm Springs

Document #1

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
	3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.		5. PAID BY
4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

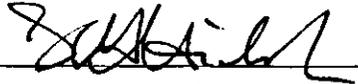
DATE	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)	TANUM: 0PAE03	MILEAGE RATE	AMOUNT CLAIMED			
					MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
03/03	C	San Francisco - 3/3/09						476.75
03/03	C	TAV FEE -C						
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$				TOTALS				
				0 0.00 0.00 0.00				

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

Sign Original Only

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE  DATE 3/7/09

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____

CLAIMANT SIGN HERE  DATE 3/4/09

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) _____ b. DATE RECEIVED _____

c. AMOUNT \$ _____

12. PAYMENT MADE BY CHECK NO. _____

ACCOUNTING CLASSIFICATION

09 BPA - A^00004128^01^LSFD^***** - 483.00 *paid 3/11*

CREDIT CARD
YELLOW CAB COOP
3/3/09 10:04
CAB 0681/4927
TRIP 4998724
CARD VISA 9573
APR 00546B
TOTAL \$45.10

FOR SERVICE CALL
333-3333

CREDIT CARD
YELLOW CAB COOP
3/3/09 14:38
CAB 0604/5372
TRIP 4999418
CARD VISA 9573
APR 03586B
TOTAL \$40.40

FOR SERVICE CALL
333-3333

Standard Parking
PG 56475
OR 97238
Phone: (503) 460-4386 / Fax: (503) 460-4388
Receipt: 5208/03/09/616 03/03/09 17:07
Pay Parking Ticket 24.00
Entered: 03/03/09 05:55
Paid: 03/03/09 17:07
Length of stay: 0 hr 11 min
Audit#: 19 Min
Total Amount 24.00
EXP \$

RECEIPT

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

TRAVEL VOUCHER

Read the Privacy Act Statement and Certification of Accuracy before completing this form.

1. TRAVELER'S NAME (Last, First, Middle Initial)(Must be Legal Name) Wright, Stephen J.		2. EMPLOYEE I.D. NUMBER 0000374	
3. OFFICIAL DUTY STATION (City and State) Portland, Oregon		4. RESIDENCE (City and State) Portland, Oregon	
5. ROUTING / MAIL STOP A-7		6. OFFICE PHONE 230-5102	
7. AREA: <input checked="" type="checkbox"/> CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> LOCAL		8. Purpose: <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/FORMAL MEETING <input type="checkbox"/> INVITATIONAL <input checked="" type="checkbox"/> DAILY WORK	
9. LEAVE TAKEN IN CONJUNCTION WITH TRAVEL: FOR RECONSTRUCTED TRAVEL (SEE PAGE 2 OF VOUCHER) A. TOTAL HOURS OF LEAVE		9A. IS YOUR JOURNEY COMPLETE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

10. COMMENTS

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. OFFICIAL DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. VOLUNTARY PER DIEM SAVED (See BPA F 1510.29e)	F. TOTAL
San Francisco-CA	3/3/09	\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$	\$	<input type="checkbox"/>	\$	\$ 0.00

12. NUMBER OF POV MILES DRIVEN: 29 X 0.550	\$ 15.95
13. DEDUCT FOR GOV USAGE FOR VOLUNTARY RETURN THAT EXCEEDS PER DIEM SAVINGS (See BPA F 1510.29ae)	\$ ()
14. VOLUNTARY RETURN (TRANSPORTATION LESS THAN PER DIEM SAVED) (See BPA F 1510.29e)	\$
15. RECONSTRUCTED COST FROM PAGE 2 OF VOUCHER	\$
16. RENTAL CAR & GAS: \$ 24.00 PARKING: \$ 24.00 LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): \$ 85.50	\$ 109.50
17. ATM TRANSACTION 1.25%: \$ BANK FEE: \$	\$ 0.00
18. BUSINESS CALLS: \$ HI-HONEY CALLS (Cannot exceed \$5 per call or \$15 in 7 day period): \$	\$ 0.00
19. GOVERNMENT AIRFARE: \$ 296.30 AGENT FEE: \$ 55.00	\$ 351.30
20. MISCELLANEOUS (Reg. fees, road maps, lodging tax etc.) DESCRIPTION:	\$
TOTAL REIMBURSABLE COSTS	
	\$ 476.75
21.	\$ ()
22.	APPLY TO TRAVEL ADVANCE
23.	NET REIMBURSEMENT TO TRAVELER
	\$ 476.75

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	GL ACCOUNT EXPENSE = 600415 CAPITAL = 107415 RETIREMENT = 108415	DCE	TOTAL
A	LSFD	00004128	01	C	600415	PDM	\$ 476.75
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 21)							\$ 476.75

25. Document Prepared by (Name) Nicki Stauffer	A. Phone Number 230-5102	B. Routing/Mail Stop A-7
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26. (TRAVELER'S SIGNATURE) I certify the claims on this voucher are true and accurate. I certify that there is a valid Travel Authorization on File. Date
3-4-09

27. (MANAGER'S SIGNATURE) I certify that I have reviewed the originals of all documents supporting this claim and authorize the expense. A. Actual Expense Authorized B. Date
3/7/09

Stauffer, Nicki - A-7

From: Teresa Shindler [teresas.century@sisna.com]
Sent: Tuesday, March 03, 2009 2:26 PM
To: Stauffer, Nicki - A-7
Subject: new ticket and service fee

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN*440065-895B00
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

MAR 03 2009 ITIN DXXMW

03 MAR 09 - TUESDAY
ALASKA 2518 COACH CLASS EQUIP-CR7
LV: SAN FRANCISCO 320P NONSTOP MILES- 550 CONFIRMED
AR: PORTLAND ORE 505P ELAPSED TIME- 1:45
OPERATED BY-HORIZON AIR
FREQ FLYER: AS
AIRLINE LOCATOR: AS -PMGRQW *EX 6*

03 JUN 09 - WEDNESDAY
TOUR
THANKS FOR USING CENTURY TRAVEL-MOLLY

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777
YOUR PERSONAL ID NUMBER IS: APOLLO 10PS/2500

THERE IS A NONREFUNDABLE TRANSACTION FEE OF
27.50 PER TICKET FOR DOMESTIC TRAVEL
CHECKED BAGGAGE POLICIES VARY BY AIRLINE -
FREQUENT FLYER STATUS - BOOKING CLASS
AND BAG SIZE AND WEIGHT
FEES MAY APPLY IF YOU PLAN TO CHECK BAGGAGE
THIS IS AN ELECTRONIC TICKET-BOARDING PASSES ISSUED AT CHECK IN
CHANGES TO ITINERARY MAY RESULT IN ADDITIONAL COST
WWW.VIEWTRIP.COM RECORD LOCATOR: *EX 6*

AIR TRANSPORTATION	73.49	TAX	16.11	TTL	89.60
		NON-REFUNDABLE SERVICE FEE	27.50		
		SUB TOTAL		117.10	
		CREDIT CARD PAYMENT		117.10-	
		AMOUNT DUE		0.00	

Document #2

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.		5. PAID BY
4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

DATE (a)	C O D E (b)	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized) (c) FROM (d) TO (Explain expenditures in specific detail.)	MILEAGE RATE (e)	AMOUNT CLAIMED			
				MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
2009		TANUM: OPAE21	.550				
02/10	C	Parking - Local					10.00
02/10	C	TAV FEE - C					
02/12	C	Parking - Local					4.75
02/17	C	Parking - Local					7.00
02/18	A	Private Auto Mileage	29	15.95			
02/23	A	Private Auto Mileage	22	12.10			
02/23	C	Parking - Local					10.00
02/25	A	Private Auto Mileage	40	22.00			
02/27	A	Private Auto Mileage	40	22.00			
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	0.00		0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ \$ 110.05	TOTALS	131	72.05	0.00	31.75
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8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE  DATE **3/7/09**

9. This claim is certified correct and proper for payment. Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____

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

Sign Original Only

CLAIMANT SIGN HERE  DATE **3/4/09**

11. CASH PAYMENT RECEIPT

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
 09 BPA - A^00004128^01^LSFD^^^^^^ - 110.05

paid 3/11

VALID ONLY IF PROPERLY DISPLAYED
IN CURBSIDE WINDOW THIS SIDE OUT

City of Portland

REMOVE VALUABLES
FROM YOUR VEHICLE

KEEP THIS PORTION

REMOVE VALUABLES
FROM YOUR VEHICLE

12:48 PM 02-12 CRDT 3.75

▲ Expiration Time ▲▲ Valid Date ▲
02-12-09 09:48 PM F190610 02-12 12:48 PM

33471915
RECEIPT - SEE DIRECTIONS
← ON OTHER SIDE

33471915
PROOF OF
PAYMENT

VALID ONLY IF PROPERLY DISPLAYED
IN CURBSIDE WINDOW THIS SIDE OUT

City of Portland

REMOVE VALUABLES
FROM YOUR VEHICLE

KEEP THIS PORTION

REMOVE VALUABLES
FROM YOUR VEHICLE

01:58 PM 02-12 CRDT 1.00

▲ Expiration Time ▲▲ Valid Date ▲
02-12-09 01:10 PM F190610 02-12 01:58 PM

33471924
RECEIPT - SEE DIRECTIONS
← ON OTHER SIDE

33471924
PROOF OF
PAYMENT

Parking

2/17 - Downtown
Industrial Summit speech

2/23 - meet w/ COE

2/10 - Dinner meeting downtown

Document #3

FOIA #09-040

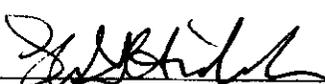
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.		5. PAID BY
4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO.	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER EX 6 503-230-5102	

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	TANUM: 0P8SBG	MILEAGE RATE	AMOUNT CLAIMED			
					MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS
(a)	(b)	(c) FROM	(d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
02/01	C	TAV FEE -C						
02/01	C	2/1-5/2009						2281.84
SUBTOTALS CARRIED FORWARD FROM THE BACK				0	0.00	0.00		0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) **\$ 2288.09** TOTALS 0 0.00 0.00 2281.84

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

APPROVING OFFICIAL SIGN HERE  DATE **2/17/09**

9. This claim is certified correct and proper for payment. *Sign Original Only*

AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____

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

CLAIMANT SIGN HERE  DATE **2/11/09**

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature) _____ b. DATE RECEIVED _____

c. AMOUNT \$ _____

12. PAYMENT MADE BY CHECK NO. _____

ACCOUNTING CLASSIFICATION **09 BPA - A^00004128^01^LSFD^^^^^^ - 2,288.09**

paid 2/17

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

TRAVEL VOUCHER

Read the Privacy Act Statement and Certification of Accuracy before completing this form.

1. TRAVELER'S NAME (Last, First, Middle Initial)(Must be Legal Name) Wright, Stephen J.		2. EMPLOYEE I.D. NUMBER 0000374	
3. OFFICIAL DUTY STATION (City and State) Portland, Oregon		4. RESIDENCE (City and State) Portland, Oregon	
5. ROUTING / MAIL STOP A-7		6. OFFICE PHONE 230-5102	
7. AREA: <input checked="" type="checkbox"/> CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> LOCAL		8. Purpose: <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/FORMAL MEETING <input type="checkbox"/> INVITATIONAL <input checked="" type="checkbox"/> DAILY WORK	
9. LEAVE TAKEN IN CONJUNCTION WITH TRAVEL: FOR RECONSTRUCTED TRAVEL (SEE PAGE 2 OF VOUCHER) A. TOTAL HOURS OF LEAVE		9A. IS YOUR JOURNEY COMPLETE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10. COMMENTS			

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. OFFICIAL DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. VOLUNTARY PER DIEM SAVED (See BPA F 1510.29e)	F. TOTAL
Washington, DC	2/1-5/09	\$ 288.00 +	\$ 836.00	<input type="checkbox"/>	\$	\$ 1124.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00

12. NUMBER OF POV MILES DRIVEN: X	\$ 0.00
13. DEDUCT FOR GOV USAGE FOR VOLUNTARY RETURN THAT EXCEEDS PER DIEM SAVINGS (See BPA F 1510.29ae)	\$ ()
14. VOLUNTARY RETURN (TRANSPORTATION LESS THAN PER DIEM SAVED) (See BPA F 1510.29e)	\$
15. RECONSTRUCTED COST FROM PAGE 2 OF VOUCHER	\$
16. RENTAL CAR & GAS: \$ PARKING: \$ LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): \$ 166.00	\$ 166.00
17. ATM TRANSACTION 1.25%: \$ BANK FEE: \$	\$ 0.00
18. BUSINESS CALLS: \$ HI-HONEY CALLS (Cannot exceed \$5 per call or \$15 in 7 day period): \$	\$ 0.00
19. GOVERNMENT AIRFARE: \$ 815.60 AGENT FEE: \$ -55.00	\$ 870.60
20. MISCELLANEOUS (Reg. fees, road maps, lodging tax etc.) DESCRIPTION: lodging tax	\$ 121.24
21. TOTAL REIMBURSABLE COSTS	\$ 2281.84
22. APPLY TO TRAVEL ADVANCE	\$ ()
23. NET REIMBURSEMENT TO TRAVELER	\$ 2281.84

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	GL ACCOUNT EXPENSE = 600415 CAPITAL = 107415 RETIREMENT = 108415	DCE	TOTAL
A	LSFD	00004128	01	C	600415	PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 21)							\$ 2281.84

25. Document Prepared by (Name) Nicki Stauffer	A. Phone Number 230-5102	B. Routing/Mail Stop A-7
--	------------------------------------	------------------------------------

26. (TRAVELER'S SIGNATURE) I certify the claims on this voucher are true and accurate. I certify that there is a valid Travel Authorization on File. Date **2/11/09**

27. (MANAGER'S SIGNATURE) certify that I have reviewed the originals of all documents supporting this claim and authorized the expense. A. Actual Expense Authorized B. Date **2/17/09**



EMBASSY SUITES
HOTELS

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

WRIGHT, STEVEN
EX 6
PORTLAND, OR
US

Suite EX 6
Arrival Date 2/1/2009 10:26:00PM
Departure Date 2/5/2009
Adult/Child 1/0
Suite Rate \$209.00

RATE PLAN S-GVT
HH#
AL EX 6
BONUS AL CAR

Confirmation: 85968008
2/5/2009 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/1/2009	4136517	GUEST ROOM	\$209.00
2/1/2009	4136517	SUITE TAX	\$30.31
2/2/2009	4137244	GUEST ROOM	\$209.00
2/2/2009	4137244	SUITE TAX	\$30.31
2/3/2009	4138066	GUEST ROOM	\$209.00
2/3/2009	4138066	SUITE TAX	\$30.31
2/4/2009	4138951	GUEST ROOM	\$209.00
2/4/2009	4138951	SUITE TAX	\$30.31
WILL BE SETTLED TO VS *9573 EFFECTIVE BALANCE OF			\$957.24 \$0.00

Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit HiltonHHonors.com.

Thank you for staying with us. Visit embassysuites.com for more information on hotel packages, subscribe to our E-announcements newsletter, or plan your next stay at close to 200 destinations.

EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your suite and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the suite.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.	
AUTHORIZATION	488982	INITIAL
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT	0.00	

T
H
A
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O
U

EX 6

5074441

QUN.	CLASS	DESCRIPTION	PRICE	AMOUNT
DATE 2-5-09		AUTHORIZATION		SUB TOTAL 49.00
REFERENCE NO.			REG/DEPT.	TAX
FOLIO/CHECK NO.			SERVER	CLERK
			TIPS	MISC. 5.-
SALES SLIP				TOTAL 54.-

TRUNCATING SALES DRAFT PNT. PENDING
CUSTOMER COPY

BROADWAY CAB LLC
431218235602
5366510430

PURCHASER SIGN HERE

X *[Signature]*
Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

BROADWAY
CAB

Portland, OR

(503) 227-1284

1-800-248-TAXI

DATE _____ 20____

RECEIVED FROM _____

TAXICAB FARE \$ 55

DRIVER _____ CAB NO. _____

Stauffer,Nicki - A-7

From: Teresa Shindler [teresas.century@sisna.com]
Sent: Monday, February 02, 2009 11:21 AM
To: Stauffer,Nicki - A-7
Subject: new ticket and service fee

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN*440065-895B00
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

FEB 02 2009 ITIN DXXKS

05 FEB 09 - THURSDAY

ALASKA 3 SPECIAL CL EQUIP-73H
LV: WASH/REAGAN 558P NONSTOP MILES- 2329 CONFIRMED
AR: SEATTLE 855P ELAPSED TIME- 5:57
FOOD TO PURCHASE SEAT-26D
FREQ FLYER: AS *EX 6*
AIRLINE LOCATOR: AS -NNDNAJ

ALASKA 2135 COACH CLASS EQUIP-DH4
LV: SEATTLE 1000P NONSTOP MILES- 129 CONFIRMED
AR: PORTLAND ORE 1045P ELAPSED TIME- :45
OPERATED BY-HORIZON AIR
SEAT- 9D
FREQ FLYER: AS *EX 6*
AIRLINE LOCATOR: AS -NNDNAJ

04 MAY 09 - MONDAY

TOUR
THANK YOU FOR YOUR BUSINESS - KELLY

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777
YOUR PERSONAL ID NUMBER IS: APOLLO 10PS/2500

THERE IS A NONREFUNDABLE TRANSACTION FEE OF
27.50 PER TICKET FOR DOMESTIC TRAVEL
CHECKED BAGGAGE POLICIES VARY BY AIRLINE -
FREQUENT FLYER STATUS - BOOKING CLASS
AND BAG SIZE AND WEIGHT
FEES MAY APPLY IF YOU PLAN TO CHECK BAGGAGE
ANY CHANGES IN THIS ITINERARY MAY RESULT IN A HIGHER FARE
THIS IS AN ELECTRONIC TICKET - YOUR BOARDING PASS WILL
BE ISSUED UPON CHECK-IN
WWW.VIEWTRIP.COM RESERVATION NUMBER *EX 6*

AIR TRANSPORTATION 323.72 TAX 45.48 TTL 369.20
NON-REFUNDABLE SERVICE FEE 27.50

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN*440065-895B00
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT

PO BOX 3621
PORTLAND OR 97208-3621

905 NE 11TH
PORTLAND OR 97232

FEB 02 2009 ITIN

DXXKS

SUB TOTAL	396.70
CREDIT CARD PAYMENT	396.70-
AMOUNT DUE	0.00

E Ticket # EX 6

Stauffer, Nicki - A-7

From: Kelly Shelffo [kellys.century@sisna.com]
Sent: Tuesday, January 06, 2009 2:55 PM
To: Stauffer, Nicki - A-7
Subject: 2-1 Wright

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

JAN 06 2009 ITIN DXXKS

01 FEB 09 - SUNDAY

ALASKA 2556 COACH CLASS EQUIP-CR7
LV: PORTLAND ORE 1230P NONSTOP MILES- 129 CONFIRMED
AR: SEATTLE 120P ELAPSED TIME- :50
OPERATED BY-HORIZON AIR
SEAT- 4D
FREQ FLYER: AS
AIRLINE LOCATOR: AS -NNDNAJ EX 6

ALASKA 2 SPECIAL CL EQUIP-73H
LV: SEATTLE 210P NONSTOP MILES- 2329 CONFIRMED
AR: WASH/REAGAN 953P ELAPSED TIME- 4:43
FOOD TO PURCHASE
FREQ FLYER: AS
AIRLINE LOCATOR: AS -NNDNAJ EX 6

Feb 5 - Thursday
~~04 FEB 09 - WEDNESDAY~~

ALASKA 3 SPECIAL CL EQUIP-73H
LV: WASH/REAGAN 558P NONSTOP MILES- 2329 CONFIRMED
AR: SEATTLE 855P ELAPSED TIME- 5:57
FOOD TO PURCHASE
SEAT-22C
FREQ FLYER: AS
AIRLINE LOCATOR: AS -NNDNAJ EX 6

ALASKA 2135 SPECIAL CL EQUIP-DH4
LV: SEATTLE 1000P NONSTOP MILES- 129 CONFIRMED
AR: PORTLAND ORE 1045P ELAPSED TIME- :45
OPERATED BY-HORIZON AIR
SEAT- 7B
FREQ FLYER: AS
AIRLINE LOCATOR: AS -NNDNAJ EX 6

04 MAY 09 - MONDAY

TOUR
THANK YOU FOR YOUR BUSINESS - KELLY

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777
YOUR PERSONAL ID NUMBER IS: APOLLO 10PS/2500

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

JAN 06 2009 ITIN DXXKS

THERE IS A NONREFUNDABLE TRANSACTION FEE OF
27.50 PER TICKET FOR DOMESTIC TRAVEL
CHECKED BAGGAGE POLICIES VARY BY AIRLINE -
FREQUENT FLYER STATUS - BOOKING CLASS
AND BAG SIZE AND WEIGHT
FEES MAY APPLY IF YOU PLAN TO CHECK BAGGAGE
ANY CHANGES IN THIS ITINERARY MAY RESULT IN A HIGHER FARE
THIS IS AN ELECTRONIC TICKET - YOUR BOARDING PASS WILL
BE ISSUED UPON CHECK-IN
WWW.VIEWTRIP.COM RESERVATION NUMBER

EX 6

AIR TRANSPORTATION	511.63	TAX	80.77	TTL	592.40
		NON-REFUNDABLE SERVICE FEE	27.50		
		SUB TOTAL			619.90
		CREDIT CARD PAYMENT			619.90-
		AMOUNT DUE			0.00

Document #4

FOIA #09-040

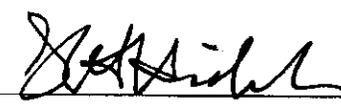
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.		5. PAID BY
4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO.	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED			
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCEL. LANEOUS
(a)	(b)	(c) FROM (d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
2009		TANUM: 0P7ITD	.550				
01/08	A	Private Auto Mileage	18	9.90			
01/08	C	Parking - Local					4.00
01/08	C	TAV FEE - C					
01/09	A	Private Auto Mileage	18	9.90			
01/28	A	Private Auto Mileage	22	12.10			
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	0.00		0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) \$ 42.15	TOTALS	58	31.90	0.00	4.00
--	--------	----	-------	------	------

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

APPROVING OFFICIAL SIGN HERE  DATE 1/30/09

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

CLAIMANT SIGN HERE  DATE 1-30-09

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

AUTHORIZED CERTIFYING OFFICER SIGN HERE  DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION 09 BPA - A^00004128^01^LSFD^^^^^^ - 42.15

ON DASH DISPLAY FACE UP ON DASH
DISPLAY FACE UP ON DASH RECEIPT

U-PARK LOT115

1600 SW 5th & Market
Thank You For Parking
Monthly Parking 221-1666
EXPIRY DATE AND TIME

EXP 12:37pm
JAN 26, 2009

EXP 12:37pm
JAN 26, 2009
CC 4888-9573

TICKET# **00151012** LOT# **00000115**

LOT: 00000115
MACH: 001
TIC: 00151012
C/C \$004.00
JAN26,2009

~~SW \$004.00~~ EX 6 001
FOLLOW INSTR. POSTED

11:37am
Purchase Time

NO IN & OUT PARKING

DISPLAY FACE UP ON DASH RECEIPT
ON DASH DISPLAY FACE UP ON DASH

Document #5

FOIA #09-040

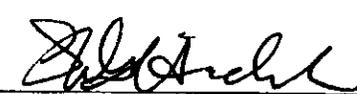
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
	3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.		5. PAID BY
4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

DATE 2008	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)		MILEAGE RATE .585	AMOUNT CLAIMED			
		(Explain expenditures in specific detail.)			MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCEL-LANEOUS
(a)	(b)	(c) FROM	(d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
12/01	A	Private Auto Mileage		29	16.97			
12/01	C	TAV FEE -C						
12/02	A	Private Auto Mileage		8	4.68			
12/03	A	Private Auto Mileage		40	23.40			
12/04	A	Private Auto Mileage		29	16.97			
12/05	A	Private Auto Mileage		40	23.40			
12/10	A	Private Auto Mileage		9	5.27			
12/11	A	Private Auto Mileage		18	10.53			
12/12	C	Parking - Local						3.90
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK	0	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i.) ▶ \$ 111.37	TOTALS	173	101.22	0.00	3.90
--	--------	-----	--------	------	------

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

APPROVING OFFICIAL SIGN HERE  DATE **1/6/09**

9. This claim is certified correct and proper for payment. Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE  DATE

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

Sign Original Only

CLAIMANT SIGN HERE  DATE **1/6/09**

11. CASH PAYMENT RECEIPT

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION **09 BPA - A^00004128^01^LSFD^***** - 111.37**

Hilton Garage
5th and Taylor
Portland OR

Fee Computer Number:
Cashier:
Transaction Number:
Entered:
Exited:
Ticket #2841
Rate:
Total Fee:
Cash:

4
TCM ID #4
79
12/12/08 15:34
12/12/08 17:12
Dispenser #1
Area 1
\$3.90
\$3.90

Thank you for choosing
Star Park
Have a nice day

Document #6

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
	3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.		5. PAID BY
4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EV 6	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

DATE	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS	
(a)	(b)	(c) FROM (d) TO	(e)	(f)	(g)	(h)	(i)	
		TANUM: 0P2BMU	.585					
11/06	C	TAV FEE - C	18	10.53				
11/06	A	Private Auto Mileage	40	23.40				
11/07	A	Private Auto Mileage	38	22.23				
11/13	A	Private Auto Mileage	22	12.87				
11/19	A	Private Auto Mileage						
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	0.00	0.00	0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i.)			\$ 75.28	TOTALS	118	69.03	0.00	0.00

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

APPROVING OFFICIAL SIGN HERE

DATE

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

Sign Original Only

CLAIMANT SIGN HERE *[Signature]* DATE 11-21-08

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

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

11. CASH PAYMENT RECEIPT

a. PAYEE'S (Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION 09 BPA - A^00004128^01^LSFD^^^^^^ - 75.28

paid 11/24

Document #7

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
	3. SCHEDULE NUMBER	
4. a. NAME Wright, Stephen J.		5. PAID BY
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208		
b. SOCIAL SECURITY NO. EX 6		
d. OFFICE PHONE NUMBER 503-230-5102		

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

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

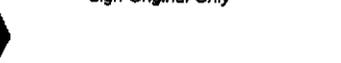
DATE 2008	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)		MILEAGE RATE	AMOUNT CLAIMED			
		(Explain expenditures in specific detail.)			NO OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)
(a)	(b)	(c) FROM	(d) TO					
		TANUM: 0P102S						
11/11	C	November 11-12, 2008						910.58
11/11	C	TAV FEE -C						
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))	TOTALS	0	0.00	0.00	0.00
---	--------	---	------	------	------

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

APPROVING OFFICIAL SIGN HERE  DATE 11/14/08

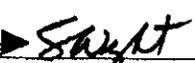
9. This claim is certified correct and proper for payment.

AUTHORIZED CERTIFYING OFFICER SIGN HERE  DATE

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

Sign Original Only

DATE 11/13/08

CLAIMANT SIGN HERE 

11. CASH PAYMENT RECEIPT

a. PAYEE(Signature)

b. DATE RECEIVED

c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION 09 BPA - A^00004128^01^LSPD^***** - 916.83

paid 11/17

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

TRAVEL VOUCHER

Read the Privacy Act Statement and Certification of Accuracy before completing this form.

1. TRAVELER'S NAME (Last, First, Middle Initial)(Must be Legal Name) Wright, Stephen J.			2. EMPLOYEE I.D. NUMBER 0000374		
3. OFFICIAL DUTY STATION (City and State) Portland, Oregon		4. RESIDENCE (City and State) Portland, Oregon		5. ROUTING / MAIL STOP A-7	6. OFFICE PHONE 230-5102
7. AREA: <input checked="" type="checkbox"/> CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> LOCAL			8. Purpose: <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/FORMAL MEETING <input type="checkbox"/> INVITATIONAL <input checked="" type="checkbox"/> DAILY WORK		
9. LEAVE TAKEN IN CONJUNCTION WITH TRAVEL: FOR RECONSTRUCTED TRAVEL (SEE PAGE 2 OF VOUCHER)				9A. IS YOUR JOURNEY COMPLETE?	
A. TOTAL HOURS OF LEAVE		B. TYPE OF LEAVE		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

10. COMMENTS

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. OFFICIAL DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. VOLUNTARY PER DIEM SAVED (See BPA F 1510.29e)	F. TOTAL
Jackson Hole-Teton-WY	11/11-12/08g	\$ 81.00 +	\$ 205.00	<input type="checkbox"/>	\$	\$ 286.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00

12. NUMBER OF POV MILES DRIVEN: 40 x 0.585	\$ 23.40
13. DEDUCT FOR GOV USAGE FOR VOLUNTARY RETURN THAT EXCEEDS PER DIEM SAVINGS (See BPA F 1510.29ae)	\$ ()
14. VOLUNTARY RETURN (TRANSPORTATION LESS THAN PER DIEM SAVED) (See BPA F 1510.29e)	\$
15. RECONSTRUCTED COST FROM PAGE 2 OF VOUCHER	\$
16. RENTAL CAR & GAS: \$ PARKING: \$ LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): \$ 82.00	\$ 82.00
17. ATM TRANSACTION 1.25%: \$ BANK FEE: \$	\$ 0.00
18. BUSINESS CALLS: \$ HI-HONEY CALLS (Cannot exceed \$5 per call or \$15 in 7 day period): \$	\$ 0.00
19. GOVERNMENT AIRFARE: \$ 462.00 AGENT FEE: \$ 27.50	\$ 489.50
20. MISCELLANEOUS (Reg. fees, road maps, lodging tax etc.) DESCRIPTION: lodging tax	\$ 29.68
21. TOTAL REIMBURSABLE COSTS	
\$ 910.58	
22. APPLY TO TRAVEL ADVANCE	
\$ ()	
23. NET REIMBURSEMENT TO TRAVELER	
\$ 910.58	

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	GL ACCOUNT EXPENSE = 600415 CAPITAL = 107415 RETIREMENT = 108415	DCE	TOTAL
A	LSFD	00004128	01	C	600415	PDM	\$ 910.58
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 21)							\$ 910.58

25. Document Prepared by (Name) Nicki Stauffer	A. Phone Number 230-5102	B. Routing/Mail Stop A-7
--	------------------------------------	------------------------------------

26. (TRAVELER'S SIGNATURE) I certify the claims on this voucher are true and accurate. I certify that there is a valid Travel Authorization on File. Date **11-13-08**

27. (MANAGER'S SIGNATURE) I certify that I have reviewed the originals of all documents supporting this claim and authorize the expense. A. Actual Expense Authorized B. Date **11/14/08**



FOUR SEASONS RESORT
Jackson Hole

Stephen Wright
PO Box 3621
Portland OR 97208
US

Arrival 11/11/08
Departure 11/12/08
Room No.
Folio No. *EX 6*
Cashier Martin Schaefer

Printed On 11/12/08
Page No. 1 of 1

INFORMATION INVOICE

Date	Description	Debit	Credit
11/11/08	Room Charge	205.00	
11/11/08	Room Tax	17.38	
11/11/08	Occupancy Fee 6% Rooms	12.30	
11/12/08			234.68
	<i>EX 6</i>		
	Balance		0.00

Guest Signature

Stauffer, Nicki - A-7

From: Kelly Shelfo [kellys.century@sisna.com]
Sent: Tuesday, October 28, 2008 9:42 AM
To: Stauffer, Nicki - A-7
Subject: 11-11 Wright

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

OCT 28 2008 ITIN DXXKS

11 NOV 08 - TUESDAY

DELTA 1188 COACH CLASS EQUIP-M90
LV: PORTLAND ORE 100P NONSTOP MILES- 630 CONFIRMED
AR: SALT LAKE CTY 344P ELAPSED TIME- 1:44
SEAT-21C

FREQ FLYER: DL
AIRLINE LOCATOR: DL -DA1BTN EX 6

DELTA 4504 COACH CLASS EQUIP-CR7
LV: SALT LAKE CTY 445P NONSTOP MILES- 205 CONFIRMED
AR: JACKSON WY 546P ELAPSED TIME- 1:01
OPERATED BY-SKYWEST AIRLINES

SEAT-12B
FREQ FLYER: DL
AIRLINE LOCATOR: DL -DA1BTN EX 6

11 FEB 09 - WEDNESDAY

TOUR
THANK YOU FOR YOUR BUSINESS - KELLY

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777
YOUR PERSONAL ID NUMBER IS: APOLLO 10PS/2500

THERE IS A NONREFUNDABLE TRANSACTION FEE OF
27.50 PER TICKET FOR DOMESTIC TRAVEL
CHECKED BAGGAGE POLICIES VARY BY AIRLINE -
FREQUENT FLYER STATUS - BOOKING CLASS
AND BAG SIZE AND WEIGHT
FEES MAY APPLY IF YOU PLAN TO CHECK BAGGAGE
ANY CHANGES IN THIS ITINERARY MAY RESULT IN A HIGHER FARE
THIS IS AN ELECTRONIC TICKET - YOUR BOARDING PASS WILL
BE ISSUED UPON CHECK-IN
WWW.VIEWTRIP.COM RESERVATION NUMBER EX 6

AIR TRANSPORTATION 410.23 TAX 51.77 TTL 462.00
NON-REFUNDABLE SERVICE FEE 27.50

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT

PO BOX 3621
PORTLAND OR 97208-3621

905 NE 11TH
PORTLAND OR 97232

OCT 28 2008 ITIN

DXXKS

SUB TOTAL	489.50
CREDIT CARD PAYMENT	489.50-
AMOUNT DUE	0.00

Date 11/12/08

Received of _____

OF **THE SUM**
\$ 20 00 ^e

YOUR RECEIPT—PAID

From _____

To _____

Cab No. _____ Driver _____

EX 6

03/09
/ 872

2

DATE	CLERK
AUTHORIZATION	SERVER
REFERENCE NO.	

5733453

QTY.	DESCRIPTION	AMOUNT
1	TAX	55.00
SALES SLIP	TAX	1
	TP	71-
	WBC	
	TOTAL	62.1-

RETAIN FOR YOUR RECORDS

CUSTOMER COPY

PURCHASER SIGN HERE

X [Signature]

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Document #8

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO.
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102

6. PAID BY

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCEL. LANEIOUS	
(a)	(b)	(c) FROM	(d) TO	(e) NO OF MILES	(f)	(g)	(h)	(i)
		(Explain expenditures in specific detail.)						
2008		TANUM: 0P0YD3						
11/02	C	TAV FEE - C						
11/02	C	11/2-3/08 Wash DC						876.40
SUBTOTALS CARRIED FORWARD FROM THE BACK				0	0.00	0.00		0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 882.90	TOTALS	0	0.00	0.00	876.40
---	--------	---	------	------	--------

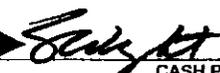
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C.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

APPROVING OFFICIAL SIGN HERE  DATE **11/6/08**

9. This claim is certified correct and proper for payment. Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____

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

CLAIMANT SIGN HERE  DATE **11-4-08**

11. CASH PAYMENT RECEIPT

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
09 BPA - A^00004128^01^LSFD^^^^^^ - 882.90

paid 11/7

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

TRAVEL VOUCHER

Read the Privacy Act Statement and Certification of Accuracy before completing this form.

1. TRAVELER'S NAME (Last, First, Middle Initial)(Must be Legal Name) Wright, Stephen J.		2. EMPLOYEE I.D. NUMBER 0000374	
3. OFFICIAL DUTY STATION (City and State) Portland, Oregon		4. RESIDENCE (City and State) Portland, Oregon	
5. ROUTING / MAIL STOP A-7		6. OFFICE PHONE 503-230-5102	
7. AREA: <input checked="" type="checkbox"/> CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> LOCAL		8. Purpose: <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/FORMAL MEETING <input type="checkbox"/> INVITATIONAL <input checked="" type="checkbox"/> DAILY WORK	
9. LEAVE TAKEN IN CONJUNCTION WITH TRAVEL: FOR RECONSTRUCTED TRAVEL (SEE PAGE 2 OF VOUCHER) A. TOTAL HOURS OF LEAVE		B. TYPE OF LEAVE	
10. COMMENTS		9A. IS YOUR JOURNEY COMPLETE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. OFFICIAL DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. VOLUNTARY PER DIEM SAVED (See BPA F 1510.29e)	F. TOTAL
Washington, DC	11/2-3/2008	\$ 96.00 +	\$ 0.00	<input type="checkbox"/>	\$	\$ 96.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00

12. NUMBER OF POV MILES DRIVEN: 40 x 0.585	\$ 23.40
13. DEDUCT FOR GOV USAGE FOR VOLUNTARY RETURN THAT EXCEEDS PER DIEM SAVINGS (See BPA F 1510.29ae)	\$ ()
14. VOLUNTARY RETURN (TRANSPORTATION LESS THAN PER DIEM SAVED) (See BPA F 1510.29e)	\$
15. RECONSTRUCTED COST FROM PAGE 2 OF VOUCHER	\$
16. RENTAL CAR & GAS: \$ 24.00 PARKING: \$ 24.00 LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): \$ 65.00	\$ 89.00
17. ATM TRANSACTION 1.25%: \$ BANK FEE: \$	\$ 0.00
18. BUSINESS CALLS: \$ HI-HONEY CALLS (Cannot exceed \$5 per call or \$15 in 7 day period): \$	\$ 0.00
19. GOVERNMENT AIRFARE: \$ 640.50 AGENT FEE: \$ 27.50	\$ 668.00
20. MISCELLANEOUS (Reg. fees, road maps, lodging tax etc.) DESCRIPTION:	\$
21. TOTAL REIMBURSABLE COSTS	\$ 876.40
22. APPLY TO TRAVEL ADVANCE	\$ ()
23. NET REIMBURSEMENT TO TRAVELER	\$ 876.40

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	GL ACCOUNT EXPENSE = 600415 CAPITAL = 107415 RETIREMENT = 108415	DCE	TOTAL
A	LSFD	00004128	01	C	600415	PDM	\$ 876.40
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 21)							\$ 876.40

25. Document Prepared by (Name) Nicki Stauffer	A. Phone Number 230-5102	B. Routing/Mail Stop A-7
--	------------------------------------	------------------------------------

26. (TRAVELER'S SIGNATURE) I certify the claims on this voucher are true and accurate. I certify that there is a valid Travel Authorization on File. Date

27. (MANAGER'S SIGNATURE) I certify that I have reviewed the originals of all documents supporting this claim and authorize the expense.	A. Actual Expense Authorized <input type="checkbox"/>	B. Date 11/6/08
--	--	---------------------------

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

OCT 30 2008 ITIN DXXSH

ADDITIONAL COSTS MAY BE INCURRED IF CHANGES ARE MADE TO THIS ITINERARY
WWW.VIEWTRIP.COM RESERVATION NUMBER:

AIR TRANSPORTATION	566.51	TAX	<i>EX 6</i>	73.99	TTL	640.50
					NON-REFUNDABLE SERVICE FEE	27.50
					SUB TOTAL	668.00
					CREDIT CARD PAYMENT	668.00-
					AMOUNT DUE	0.00

Standard Parkings
PO Box 55475
Portland, OR 97238
Phone: (503) 460-4386 / Fax: (503) 460-4388
Receipt: 3337/06 1613 11/03/08 20:02
Pay Parking Ticket: 24.00
Entered: 11/02/08 22:00
Paid: 11/03/08 20:00
Length of : Min
Audit#:
Total Amount: EX 6* 24.00
Edit
xxxx:

RECEIPT

TAXICAB RECEIPT



Time: _____
Date: 11/3

Origin of trip: DOE

Destination: Dulles

Fare: 9 50 Sign: _____

Document #9

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
	3. SCHEDULE NUMBER	
<i>Read the Privacy Act Statement on the back of this form.</i>		
4. a. NAME Wright, Stephen J.		b. SOCIAL SECURITY NO. EX 6
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208		d. OFFICE PHONE NUMBER 503-230-5102
5. PAID BY		

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	TANUM: 0P0P5I	MILEAGE RATE	AMOUNT CLAIMED			
				NO OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCEL. (i)
(a)	(b)	(c) FROM	(d) TO					
09/14	C	baggage charge-9/14-18 DC						15.00
09/14	C	TAV FEE -C						
10/03	A	Private Auto Mileage		32	18.72			
10/08	A	Private Auto Mileage		22	12.87			
10/21	A	Private Auto Mileage		86	50.31			
10/22	A	Private Auto Mileage		22	12.87			
10/23	A	Private Auto Mileage		18	10.53			
10/30	A	Private Auto Mileage		4	2.34			
10/30	C	Parking - Local						9.95
SUBTOTALS CARRIED FORWARD FROM THE BACK				0	0.00	0.00		0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) \$ **139.09** TOTALS 184 107.64 0.00 24.95

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

Sign Original Only

DATE _____

APPROVING OFFICIAL SIGN HERE

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

Sign Original Only

DATE **10-31-08**

CLAIMANT SIGN HERE **SWANT**

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

Sign Original Only

DATE _____

AUTHORIZED CERTIFYING OFFICER SIGN HERE

11. CASH PAYMENT RECEIPT

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

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
08 BPA - A^00004128^01^LSFD^***** - 139.09-
paid 11/3

Brewery Block
Portland OR

Fee Computer Number:	14
Cashier:	Abdi ID #8
Transaction Number:	30
Entered:	10/30/08 09:30
Exited:	10/30/08 13:06
Ticket #28183	Dispenser #11
Rate:	Area 2
Total Fee:	\$9.95
Cash:	\$9.95

Thank you for choosing
Brewery Block
Have a nice day

Document #10

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.		5. PAID BY
a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6	
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

DATE	C O D E	Show appropriate code in col. (b):		MILEAGE RATE	AMOUNT CLAIMED			
		A- Local travel	TANUM: 00ZMSA		MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCEL. LANEOUS
(a)	(b)	(c) FROM (d) TO		(e)	(f)	(g)	(h)	(i)
10/09	C	October 9-10, 2008						758.57
10/09	C	TAV FEE -C						
SUBTOTALS CARRIED FORWARD FROM THE BACK					0	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) **\$** TOTALS **0 0.00 0.00 0.00**

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

APPROVING OFFICIAL SIGN HERE *[Signature]* DATE **10/21/08**

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

CLAIMANT SIGN HERE *[Signature]* DATE **10-21-08**

11. CASH PAYMENT RECEIPT

a. PAYEE(Signature) *[Signature]* b. DATE RECEIVED

c. AMOUNT \$

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

AUTHORIZED CERTIFYING OFFICER SIGN HERE *[Signature]* DATE

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION **09 BPA - A^00004128^01^LSFD^***** - 765.07**

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

TRAVEL VOUCHER

Read the Privacy Act Statement and Certification of Accuracy before completing this form.

1. TRAVELER'S NAME (Last, First, Middle Initial)(Must be Legal Name) Wright, Stephen J.		2. EMPLOYEE I.D. NUMBER 0000374	
3. OFFICIAL DUTY STATION (City and State) Portland, Oregon		4. RESIDENCE (City and State) Portland, Oregon	
5. ROUTING / MAIL STOP A-7		6. OFFICE PHONE 230-5102	
7. AREA: <input checked="" type="checkbox"/> CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> LOCAL		8. Purpose: <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/FORMAL MEETING <input type="checkbox"/> INVITATIONAL <input checked="" type="checkbox"/> DAILY WORK	
9. LEAVE TAKEN IN CONJUNCTION WITH TRAVEL: FOR RECONSTRUCTED TRAVEL (SEE PAGE 2 OF VOUCHER) A. TOTAL HOURS OF LEAVE		B. TYPE OF LEAVE	
10. COMMENTS		9A. IS YOUR JOURNEY COMPLETE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. OFFICIAL DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. VOLUNTARY PER DIEM SAVED (See BPA F 1510.29e)	F. TOTAL
The Dalles, Oregon	10/9/08	\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
Salt Lake City-Salt Lake-UT	10/9-10/08	\$ 81.00 + \$	102.00	<input type="checkbox"/>	\$	\$ 183.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00
		\$ + \$		<input type="checkbox"/>	\$	\$ 0.00

12. NUMBER OF POV MILES DRIVEN: 190 x 0.585	\$ 111.15
13. DEDUCT FOR GOV USAGE FOR VOLUNTARY RETURN THAT EXCEEDS PER DIEM SAVINGS (See BPA F 1510.29ae)	\$ ()
14. VOLUNTARY RETURN (TRANSPORTATION LESS THAN PER DIEM SAVED) (See BPA F 1510.29e)	\$
15. RECONSTRUCTED COST FROM PAGE 2 OF VOUCHER	\$
16. RENTAL CAR & GAS: \$ 45.00 LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): \$ 20.00	\$ 65.00
17. ATM TRANSACTION 1.25%: \$ BANK FEE: \$	\$ 0.00
18. BUSINESS CALLS: \$ HI-HONEY CALLS (Cannot exceed \$5 per call or \$15 in 7 day period): \$	\$ 0.00
19. GOVERNMENT AIRFARE: \$ 359.00 AGENT FEE: \$ 27.50	\$ 386.50
20. MISCELLANEOUS (Reg. fees, road maps, lodging tax etc.) DESCRIPTION: lodging tax	\$ 12.92
21. TOTAL REIMBURSABLE COSTS	\$ 758.57
22. APPLY TO TRAVEL ADVANCE	\$ ()
23. NET REIMBURSEMENT TO TRAVELER	\$ 758.57

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	GL ACCOUNT EXPENSE = 600415 CAPITAL = 107415 RETIREMENT = 108415	DCE	TOTAL
A	LSFD	00004128	01	C	600415	PDM	\$ 758.57
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 21)							\$ 758.57

25. Document Prepared by (Name) Nicki Stauffer	A. Phone Number 230-5102	B. Routing/Mail Stop A-7
--	------------------------------------	------------------------------------

26. (TRAVELER'S SIGNATURE) I certify the claims on this voucher are true and accurate. I certify that there is a valid Travel Authorization on File. Date
10-21-08

27. (MANAGER'S SIGNATURE) I certify that I have reviewed the originals of all documents supporting this claim and authorize the expense. A. Actual Expense Authorized B. Date



LITTLE
AMERICA
HOTEL

10-10-08

Stephen Wright
PO Box 3621
Portland, OR 97208

Room No. : *EX 6*
Arrival : 10-09-08
Departure : 10-10-08
Page No. : 1 of 1
Folio No. : 788951
Conf. No. : 2579371
Cashier No. : 199
User ID : BWURTSBAUGH
Invoice No. :

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

Date	Description	Additional Information	Charges	Credits
10-09-08	Room Charge		102.00	
10-09-08	Taxes City Lic Fee		1.02	
10-09-08	Taxes Room Tax		4.89	
10-09-08	Taxes State Sales Tax		7.01	
10-10-08	\			135.28
	<i>EX 6</i>			
10-10-08	\			-20.36
Total			114.92	114.92
Balance				0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.

Guest Signature: _____

UTE CAB
738 SOUTH 400 WEST
SALT LAKE CITY, UTAH 84101

TRIP STARTED	
TRIP FINISHED	
REC. FROM	
AMOUNT REC. \$ 20.00	DATE
CAB NO.	DRIVER

Standard Parking
PO Box 56475
Portland, OR 97238
Phone: (503) 460-4386 / Fax: (503) 460-7008
Receipt: 9887615/615 10/10/08 20:28
Pay Parking Ticket 45.00
Entered: 10/09/08 12:27
Paid: 10/10/08 20:28
Length of stay: 1 D 6 H 10 Min
Audit#: 739301102828351000
Total Amount \$ 45.00
Credit
Card Number: **EX 6**
Authorization Code

RECEIPT

Document #11

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4.	a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6
	c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	TANUM: 00XPWT	MILEAGE RATE .585	AMOUNT CLAIMED				
					(f) MILEAGE	(g) FARE OR TOLL	(h) ADD. PER. SONS	(i) TIPS AND MISCEL. LANEOUS	(j) NO OF MILES (e)
	(b)	(c) FROM	(d) TO						
09/02	C	TAV FEE -C							
09/02	A	Private Auto Mileage		29	16.97				
09/03	A	Private Auto Mileage		40	23.40				
09/09	A	Private Auto Mileage		18	10.53				
09/11	A	Private Auto Mileage		86	50.31				
09/24	A	Private Auto Mileage		22	12.87				
09/25	C	Parking - Local							9.50
09/25	A	Private Auto Mileage		4	2.34				
09/30	A	Taxi - Local				20.00			
09/30	A	Private Auto Mileage		29	16.97				
if additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ **169.39** TOTALS 228 133.39 20.00 9.50

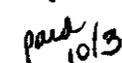
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: if long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C.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

APPROVING OFFICIAL SIGN HERE  DATE **10/6/08**

9. This claim is certified correct and proper for payment. *Sign Original Only*
AUTHORIZED CERTIFYING OFFICER SIGN HERE DATE

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

CLAIMANT SIGN HERE  DATE **10-2-08**

11. CASH PAYMENT RECEIPT
a. PAYEE(S) SIGNATURE  b. DATE RECEIVED
c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
08 BPA - A^00004128^01^LSFD^^^^^^ - 169.39

YELLOW CAB
INC.

Customer
Receipt

Bellingham, Washington

360-733-TAXI

(8294)

Date: 9-30-81 Time: 1501 Amount: 20⁰⁰

From: DC Bellingham To: Airport

Driver: COYOTE Cab #: 87

Document #12

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4.	a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EV 6	5. PAID BY
	c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102	

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

DATE	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED			
				MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LANEOUS
(a)	(b)	(c) FROM (d) TO	(e)	(f)	(g)	(h)	(i)
2008		TANUM: 00VDY4	.585				
		(Explain expenditures in specific detail.)					
08/07	A	Private Auto Mileage	18	10.53			
08/07	C	TAV FEE -C					
08/27	A	Private Auto Mileage	22	12.87			
08/29	A	Private Auto Mileage	22	12.87			
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))	\$ 42.77	TOTALS	62	36.27	0.00	0.00
---	----------	--------	----	-------	------	------

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

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

APPROVING OFFICIAL SIGN HERE

CLAIMANT SIGN HERE *[Signature]* DATE 9/4/08

9. This claim is certified correct and proper for payment. Sign Original Only

11. CASH PAYMENT RECEIPT	b. DATE RECEIVED
a. PAYEE (Signature)	c. AMOUNT
	\$

AUTHORIZED CERTIFYING OFFICER SIGN HERE

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION
08 BPA - A^00004128^01^LSFD^***** -

42.77 paid 9/4

Document #13

FOIA #09-040

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION**

TRAVEL VOUCHER

Read the Privacy Act Statement and Certification of Accuracy before completing this form.

1. TRAVELER'S NAME (Last, First, Middle Initial)(Must be Legal Name) Wright, Stephen J.			2. EMPLOYEE I.D. NUMBER 0000374		
3. OFFICIAL DUTY STATION (City and State) Portland, Oregon		4. RESIDENCE (City and State) Portland, Oregon		5. ROUTING / MAIL STOP A-7	6. OFFICE PHONE 503-230-5102
7. AREA: <input checked="" type="checkbox"/> CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> LOCAL			8. Purpose: <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/FORMAL MEETING <input type="checkbox"/> INVITATIONAL <input checked="" type="checkbox"/> DAILY WORK		
9. LEAVE TAKEN IN CONJUNCTION WITH TRAVEL: FOR RECONSTRUCTED TRAVEL (SEE PAGE 2 OF VOUCHER) A. TOTAL HOURS OF LEAVE				9A. IS YOUR JOURNEY COMPLETE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10. COMMENTS					

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. OFFICIAL DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. VOLUNTARY PER DIEM SAVED (See BPA F 1510.29e)	F. TOTAL
Washington, DC	9/14-19/08	\$ 288.00 +	\$ 675.00	<input type="checkbox"/>	\$	\$ 963.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
		\$ +	\$	<input type="checkbox"/>	\$	\$ 0.00
12. NUMBER OF POV MILES DRIVEN: x						\$ 0.00
13. DEDUCT FOR GOV USAGE FOR VOLUNTARY RETURN THAT EXCEEDS PER DIEM SAVINGS (See BPA F 1510.29ae)						\$ ()
14. VOLUNTARY RETURN (TRANSPORTATION LESS THAN PER DIEM SAVED) (See BPA F 1510.29e)						\$
15. RECONSTRUCTED COST FROM PAGE 2 OF VOUCHER						\$
16. RENTAL CAR & GAS: \$		PARKING: \$		LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): \$		\$ 299.00
17. ATM TRANSACTION 1.25%: \$						BANK FEE: \$
18. BUSINESS CALLS: \$						HI-HONEY CALLS (Cannot exceed \$5 per call or \$15 in 7 day period): \$
19. GOVERNMENT AIRFARE: \$ 562.01		AGENT FEE: \$ 27.50				\$ 589.51
20. MISCELLANEOUS (Reg. fees, road maps, lodging tax etc.) DESCRIPTION: lodging tax						\$ 97.89
21. TOTAL REIMBURSABLE COSTS						\$ 1949.40
22. APPLY TO TRAVEL ADVANCE						\$ ()
23. NET REIMBURSEMENT TO TRAVELER						\$ 1949.40

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	GL ACCOUNT EXPENSE = 600415 CAPITAL = 107415 RETIREMENT = 108415	DCE	TOTAL
A	LSFD	00004128	01	C	600415	PDM	\$ 1949.40
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
						PDM	\$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 21)							\$ 1949.40

25. Document Prepared by (Name) Nicki Stauffer		A. Phone Number 230-5102	B. Routing/Mail Stop A-7
--	--	------------------------------------	------------------------------------

26. (TRAVELER'S SIGNATURE) I certify the claims on this voucher are true and accurate. I certify that there is a valid Travel Authorization on File. _____ Date _____

27. (MANAGER'S SIGNATURE) I certify that I have reviewed the originals of all documents supporting this claim and authorize the expense. _____ A. Actual Expense Authorized _____ B. Date _____



EMBASSY SUITES
HOTELS

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

WRIGHT, STEVEN

EX 6

Suite
Arrival Date 9/15/2008 9:59:00A
Departure Date 9/18/2008

Adult/Child 1/0
Suite Rate \$225.00

RATE PLAN L-GV5
EX 6
BONUS AL CAR

Confirmation: 83787150

9/18/2008 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
9/15/2008	4017676	GUEST ROOM	\$225.00
9/15/2008	4017676	SUITE TAX	\$32.63
9/16/2008	4018712	GUEST ROOM	\$225.00
9/16/2008	4018712	SUITE TAX	\$32.63
9/17/2008	4019878	GUEST ROOM	\$225.00
9/17/2008	4019878	SUITE TAX	\$32.63
WILL BE SETTLED TO VS *9573 EFFECTIVE BALANCE OF			\$772.89 \$0.00
<p><i>Hilton HHonors(R) stays post to your account within 72 hours of check-out. To check your earnings for this stay or any other stay at any of more than 3,000 Hilton Family Hotels worldwide visit HiltonHHonors.com</i></p> <p><i>Thank you for staying with us. Be sure to visit embassysuites.com for information on your next business or leisure stay, reservations or subscribe to E-announcements e-newsletter with news and offers.</i></p>			

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K
Y
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EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your suite and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the suite.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.	
AUTHORIZATION	471379	INITIAL
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT	0.00	

DC Cab Fares

Sept 15

To hotel From airport \$ 18

To DOE From hotel \$ 10

R/T DOE/DOJ \$ 16

To hotel From DOE 10

Sept 16

To Capitol Hill \$ 12

Return Hotel \$ 12

Sept 17

To Capitol Hill \$ 12

Trips between various Congressional offices \$ 30 (\$10 x 3)

To hotel \$ 12

Sept 18

To Capitol Hill \$ 12

Trips between Congressional offices \$ 20 (10 x 2)

To DOE \$ 9

To airport \$ 16

Stauffer, Nicki - A-7

From: Nicole Eaton [nicolee.century@sisna.com]
Sent: Wednesday, August 06, 2008 1:57 PM
To: Stauffer, Nicki - A-7
Subject: Stephen Wright

Nicki, I tried to put him on the waitlist for the discounted government rate but the waitlist is closed.
If you find you want to book a different time with a lower fare, just let me know.

Nicole

GOVERNMENT OFFICE
300 NORTH ARGONNE RD STE 101 SPOKANE VALLEY WA 99212
PHONE: (509) 327-8749 (877) 372-4640 WRIGHT/STEPHEN
FAX: (509) 232-1424

BONNEVILLE POWER ADMIN
ATT: CHARLOTTE SCOTT
PO BOX 3621
PORTLAND OR 97208-3621

BONNEVILLE POWER ADMINISTRATION
ATT: STEPHEN WRIGHT
905 NE 11TH
PORTLAND OR 97232

AUG 06 2008 ITIN DXXNE

14 SEP 08 - SUNDAY

UNITED 1118 COACH CLASS EQUIP-320
LV: PORTLAND ORE 1120P NONSTOP MILES- 1739 CONFIRMED
AR: CHICAGO/OHARE 503A ELAPSED TIME- 3:43 ARVL DATE-15 SEP
MOVIE SEAT-18C
FREQ FLYER: UA EX 6
AIRLINE LOCATOR: UA -M11W16

15 SEP 08 - MONDAY

UNITED 600 COACH CLASS EQUIP-320
LV: CHICAGO/OHARE 600A NONSTOP MILES- 612 CONFIRMED
AR: WASH/REAGAN 844A ELAPSED TIME- 1:44
SEAT-12D
FREQ FLYER: UA EX 6
AIRLINE LOCATOR: UA -M11W16

18 SEP 08 - THURSDAY

UNITED 627 COACH CLASS EQUIP-320
LV: WASH/REAGAN 554P NONSTOP MILES- 612 CONFIRMED
AR: CHICAGO/OHARE 705P ELAPSED TIME- 2:11
SEAT-17C
FREQ FLYER: UA EX 6
AIRLINE LOCATOR: UA -M11W16

UNITED 321 COACH CLASS EQUIP-752
LV: CHICAGO/OHARE 824P NONSTOP MILES- 1739 CONFIRMED
AR: PORTLAND ORE 1046P ELAPSED TIME- 4:22
MOVIE SEAT-26D
FREQ FLYER: UA EX 6
AIRLINE LOCATOR: UA -M11W16

14 DEC 08 - SUNDAY

TOUR
THANK YOU FOR YOUR BUSINESS - NICOLE

FOR AFTER HOURS EMERGENCY SERVICE PLEASE CALL 800 827-7777
YOUR PERSONAL ID NUMBER IS: EX 6

THERE IS A NONREFUNDABLE TRANSACTION FEE OF
27.50 PER TICKET FOR DOMESTIC TRAVEL
CHECKED BAGGAGE POLICIES VARY BY AIRLINE -

FREQUENT FLYER STATUS - BOOKING CLASS
AND BAG SIZE AND WEIGHT
FEES MAY APPLY IF YOU PLAN TO CHECK BAGGAGE
WWW.VIEWTRIP.COM RESERVATION NUMBER:

THIS IS AN ELECTRONIC TICKET - NO TICKETS REQUIRED *
ADDITIONAL COSTS MAY BE INCURRED IF CHANGES ARE MADE TO THIS ITINERARY

AIR TRANSPORTATION	483.73	TAX	78.28	TTL	562.01
		NON-REFUNDABLE SERVICE FEE	27.50		
		SUB TOTAL			589.51

55 19598

EX 6

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
		car ride		46.00
		Home to PDY		
DATE 11/16/08		AUTHORIZATION	SUB TOTAL	
REFERENCE NO.		REG/DEPT.	TAX	
FOLIO/CHECK NO.		SERVER	CLERK	TIPS MISC. 5
SALES SLIP				TOTAL 51-

TRUNCATING SALES DRAFT PAT. PENDING
CUSTOMER COPY

BROADWAY CABLLC
431218235882
5366510436

PURCHASER SIGN HERE

X *[Signature]*

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

2 PART TRUNCATING SALES DRAFT PAT. PENDING
GENERAL CREDIT CARD ST. LOUIS, MO 63045 7376
9523

EX 6 11/10
STEPHEN J WRIGHT

EXPIRATION
 DATE
 CHECKED

518089240086330
GREEN CAB/GREEN SHUTTLE
PORTLAND, OR

SIGN HERE

X *[Signature]*

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
		PDY to Home		52.00
DATE		AUTHORIZATION	SUB TOTAL	
REFERENCE NO.		SERVER	TAX	
ID-FOLIO / CHECK NO. / LIC. NO. STATE		REG/DEPT	CLERK	TIP MISC. 7-
TOTAL 59-				

SALES SLIP
COPY

RETAIN THIS COPY FOR YOUR RECORDS



5775111

POSTABOX
414 PACIFIC AVE
TILLAMOOK, OR 97141
503-842-7238

PostaBox
414 Pacific Ave
503-842-7238
www.postabox.net

TERMINAL I.D.: 81823501

08/20/2008 1:05PM 01
000000#9960 Clerk

EX 6

Documents \$49.00

SALE
BATCH: 000261 INU: 4
DATE: AUG 20, 08 TIME: 13:03:00
AUTH NO: 005088

ITEMS 10
CHARGE \$49.00

TOTAL \$49.00

STEPHEN J WRIGHT

X
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

Document #14

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

A

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

5. PAID BY

a. NAME

b. SOCIAL SECURITY NO.

Wright, Stephen J.

EY 6

c. MAILING ADDRESS

d. OFFICE PHONE NUMBER

PO BOX 3621

503-230-5102

PORTLAND, OR 97208

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

DATE	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED			
				MILEAGE	FARE OR TOLL	ADD PERSONS	TIPS AND MISCELLANEOUS
(a)	(b)	(c) FROM (d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
2008		TANUM: OOS2MF	.505				
07/01	A	Private Auto Mileage	29	14.65			
07/01	C	TAV FEE -C					
07/10	A	Private Auto Mileage	18	9.09			
07/23	A	Private Auto Mileage	22	11.11			
07/25	A	Private Auto Mileage	29	14.65			
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	0.00		0.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))			TOTALS	98	49.50	0.00	0.00

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

Sign Original Only

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

Sign Original Only

CLAIMANT SIGN HERE

DATE 7/28/08

11.

a. PAYEE(Signature)

CASH PAYMENT RECEIPT

b. DATE RECEIVED

c. AMOUNT

\$

APPROVING OFFICIAL SIGN HERE

DATE

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

08 BPA - A^00004128^01^LSFD^***** -

56.00

paid 7/29

Document #15

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4.	a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6
	c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102

5. PAID BY

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

DATE 2008	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)		MILEAGE RATE .505	AMOUNT CLAIMED				
		(Explain expenditures in specific detail.)			NO OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
(a)	(b)	(c) FROM	(d) TO	(e)					
06/03	A	Private Auto Mileage		34	17.17				
06/03	C	TAV FEE -C							
06/05	A	Private Auto Mileage		18	9.09				
06/11	A	Private Auto Mileage		29	14.65				
06/12	A	Private Auto Mileage		11	5.56				
06/18	A	Private Auto Mileage		9	4.55				
06/23	A	Private Auto Mileage		40	20.20				
06/25	A	Private Auto Mileage		22	11.11				
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK	0	0.00	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) **\$ 88.83** TOTALS 163 ✓ ✓ 82.83 0.00 0.00

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

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

Sign Original Only

APPROVING OFFICIAL SIGN HERE

DATE

CLAIMANT SIGN HERE *Swyrt* DATE **6/27/08**

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

9. This claim is certified correct and proper for payment.
Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION 08 BPA - A^00004128^01^LSFD^^^^^^ - 88.83

paid 6/30

Document #16

FOIA #09-040

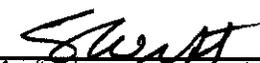
TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE A	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. SWASHINGTOND061508_V01
			4. SCHEDULE NO.

5. a. NAME (Last, first, middle initial) Wright, Stephen J.		b. SOCIAL SECURITY NO. EX 6	6. PERIOD OF TRAVEL a. FROM 06/15/08 b. TO 06/17/08	
c. MAILING ADDRESS (Include ZIP Code) PO BOX 3621 PORTLAND, OR 97208		d. OFFICE TELEPHONE NO. 503-230-5102	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00074B b. DATE(S) 06/05/08	
e. PRESENT DUTY STATION PORTLAND, OR		f. RESIDENCE (City and State) Portland, OR		

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED \$	
b. Amount to be applied	0.00	c. PAYEE'S SIGNATURE		
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)				
D. Balance outstanding				

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign 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) ▶ <i>Traveler's Initials</i>				
	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)	
See Attached Ticket 1 ACCOUNTING CLASSIFICATION: 08 BPA-A^00004128^01^LSFD^***** -	574.00			1,417.25 NR-	13.50

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  **DATE** 6/23/08 **AMOUNT CLAIMED** 1417.25

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

14. This voucher is approved. Long distance phone 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).)	17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
	a. DIFFERENCES, IF ANY (Explain and show amount)	\$
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION	b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE	c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
	\$ 0.00	
d. NET TO TRAVELER		\$ 1417.25

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

June 12, 2008

SatoTravel[®]

For: STEPHEN J WRIGHT 0000000000TRARCTARC,XXXXXX

To: NGMS E GOV
DOE
STEPHEN WRIGHT
PO BOX 3621
PORTLAND OREGON, 27208

Sales Person: 74
Locator:
Customer Number: *EX 6*
541920

FEES TOTALING 27.75PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD27.75PP-AIR/AMTRAK, DOMESTIC, TRADITIONAL

Sunday June 15, 2008



United Airlines	Flight Number: 464
Class of Service:Coach Class Y	
Depart: PORTLAND, OR	1:39 Pm June 15, 2008
Arrive: CHICAGO/OHARE	7:30 Pm June 15, 2008
Total Flight Time:	3 Hours 51 Minutes Non-Stop
Equipment: 752	
Meal Service: Available For Purchase	
Status: Confirmed	Confirmation Number: K2X36K
Frequent Flyer Number:	<i>EX 6</i> WRIGHT/STEPHEN J
ARR-TERMINAL 1	
STAR ALLIANCE	

Sunday June 15, 2008



United Airlines	Flight Number: 628
Class of Service:Coach Class Y	
Depart: CHICAGO/OHARE	9:00 Pm June 15, 2008
Arrive: WASHINGTON/NATL,DC	11:47 Pm June 15, 2008
Total Flight Time:	1 Hour 47 Minutes Non-Stop
Equipment: 319	
Meal Service: None	
Status: Confirmed	Confirmation Number: K2X36K
Frequent Flyer Number:	<i>EX 6</i> WRIGHT/STEPHEN J
DEP-TERMINAL 1	ARR-TERMINAL C
STAR ALLIANCE	

Tuesday June 17, 2008



Delta Airlines	Flight Number: 1143
Class of Service:Coach Class U	
Depart: WASHINGTON/NATL,DC	5:25 Pm June 17, 2008
Arrive: PORTLAND, OR	9:51 Pm June 17, 2008
Total Flight Time:	6 Hours 28 Minutes Direct 1-Stop
Equipment: Boeing 757	
Meal Service: Available For Purchase	
Status: Confirmed	Confirmation Number: DZYMM5

Stop At: SALT LAKE CITY,UT

Time On Ground: 38 Minutes

Reserved Seat: WRIGHT/STEPHEN J 34E

Frequent Flyer Number:

WRIGHT/STEPHEN J

DEP-TERMINAL B

ARR-TERMINAL UNIT 2

DEP-TERMINAL UNIT 2

<u>Name</u>	<u>Invoice / Ticket</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
WRIGHT STEPHEN J	23435/0167352622113	501.41USD	37.59US	14.00ZP	21.00XT	574.00
Total Amount:						574.00

NO CODESHARE OR COMMUTER FLIGHTS ON THIS ITIN

..... PLEASE NOTE

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM

YOUR LOCAL OFFICE IS ***** ORWB *****

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-530-0058 MON-FRI 8AM-9PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TRANSACTION FEES ARE NONREFUNDABLE

UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

GOVERNMENT ISSUED ID IS REQUIRED

150,000 FREE FLIGHT INSURANCE PROVIDED BY SATOTRAVEL

TO VIEW ITINERARIES ONLINE PLEASE GO TO

..... WWW.VIRTUALLYTHERE.COM

ADD YOUR SABRE RESERVATION CODE AND NAME IN THE APPROPRIATE BOXES AND ENTER.

..... DON'T FORGET TO CALL THE VACATION CENTER

.... AT 1-877-698-2554 TO BOOK YOUR NEXT VACATION....

..... GO TO SATOVACATIONS.COM TODAY

..... AND SIGN UP FOR THE VACATION NEWSLETTER.....



EMBASSY SUITES
HOTELS™

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

WRIGHT, STEVEN

EX 6
US

Suite
Arrival Date 6/16/2008 2:44:00A
Departure Date 6/17/2008

Adult/Child 1/0
Suite Rate 201.00

RATE PLAN
HH# !
AL:
CAREX 6

S-GVT

Folio

CONFIRMATION NUMBER : 86105948

6/17/2008 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
6/16/2008	3926829	GUEST ROOM SINGLE	\$201.00
6/16/2008	3926829	SUITE TAX	\$29.15
6/16/2008	3927925	GUEST ROOM SINGLE	\$201.00
6/16/2008	3927925	SUITE TAX	\$29.15
** BALANCE **			\$460.30
<p>You have earned approximately 8643 HHonors points and approximately 402 miles with Northwest Airlines for this stay. To check your earnings for this stay or any other stay at any of more than 3,000 Hi</p> <p>Thank you for staying with us. Be sure to visit embassysuites.com for information on your next business or leisure stay, reservations or subscribe to E-ntouncements e-newsletter with news and offers.</p>			

The Hilton Family



Official Sponsor

ACCOUNT NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
CARD MEMBER'S SIGNATURE	
X	

DATE OF CHARGE	FOLIO NO./CHECK NO.	
	464791	A
AUTHORIZATION	INITIAL	
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT		

Standard Parkins
0 B 76475
Fortlan OR 97238
Phone: (503) 460-4386 / Fax: (503) 460-4386
Receipt: 5554/06/17/613 06/17/08 22:39
Standard Parkins Ticket 72.00
Entered: 06/15/08 12:07
Paid: 06/17/08 22:39
Length of stay: 2 Dv 10 2 Min
Audit#: 739301103916745
Total Amount \$ 72.00
Audit \$ 72.00
Card Number EX 6
Authorization Code: 035998

RECEIPT

Cabs

6/16 \$ 11 - hotel to DOE
\$ 7 - DOE to Gordon
Smith's office
\$ 7 - Back to DOE
\$ 11 - to hotel from DOE

6/17 \$ 11 - hotel to Norm
Dicks' office
\$ 8 - to DOE
\$ 8 - to hearing
Dirksen office Bldg
\$ 20 - DOE to airport

IN WASHINGTON, D.C., I CHOSE
INDEPENDENT CAB #953
THE DRIVER WAS JOE MACK, LIC. #88850
THE FARE WAS \$ 20
THE DATE WAS 4/16/08

Airport to hotel

Document #17

FOIA #09-040

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE A	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. SWSANDIEGCA060508 V01 4. SCHEDULE NO.
--	--	--	--

5. a. NAME (Last, first, middle initial) Wright, Stephen J. c. MAILING ADDRESS (Include ZIP Code) PO BOX 3621 PORTLAND, OR 97208 e. PRESENT DUTY STATION PORTLAND, OR	b. SOCIAL SECURITY NO. EX 6 d. OFFICE TELEPHONE NO. 503-230-5102 f. RESIDENCE (City and State) Portland, OR	6. PERIOD OF TRAVEL a. FROM 06/05/08 b. TO 06/06/08 7. TRAVEL AUTHORIZATION a. NUMBER(S) 00NFZ0 b. DATE(S) 05/15/08 10. CHECK NO.
--	---	--

8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) D. Balance outstanding	9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE
---	---

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign 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)					▶ <i>Traveler's Initials</i>
	AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
					FROM <small>(e)</small>	TO <small>(f)</small>
See Attached Ticket 1 ACCOUNTING CLASSIFICATION: 08 BPA-A^00004128^01^LSFD^^^^^	369.00			749.39 NR-		13.50

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 ▶ <i>[Signature]</i>	DATE 6/10/08 AMOUNT CLAIMED 749.39

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 phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)
APPROVING OFFICIAL SIGN HERE ▶ _____ DATE _____

17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
a. DIFFERENCES, IF ANY (Explain and show amount)	\$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	\$
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	\$ 0.00
d. NET TO TRAVELER ▶	\$ 749.39

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ _____ DATE _____		

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

Complete this information if this is a continuation sheet. TRIP # 1 PAGES 2 OF 1

TRAVEL AUTHORIZATION NO. 00NFZO

TRAVELER'S LAST NAME Wright

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER
 Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)
 Col. (d) thru (n) 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.
 (k) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
 (l) Show expenses, such as: taximousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

ITEMIZED SUBSISTENCE EXPENSES

DATE	TIME (Hour and arrival/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED			
			BREAK-FAST	LUNCH	DINNER	TOTAL					MILEAGE	SUBSISTENCE	OTHER	
06/05		D - PORTLAND, OR							0					
06/05		Air Fare (GOVCC-I)							0			369.00		
06/05		A - SAN DIEGO, CA				48.00		223.00	9	4.65	223.00			
06/05		Pvt Auto-Terminal										21.99		
06/05		Lodging Tax - Domestic										27.75		
06/05		Fee-Ticket Service										30.00		
06/05		Parking										15.00		
06/05		Taxi												
06/06		D - SAN DIEGO, CA							20					
06/06		Pvt Auto-Terminal												
06/06		A - RES: PORTLAND, O												
06/06		Subsistence				48.00		48.00			48.00			
06/06		TAV FEE - C												
										SUBTOTALS		141.65	271.00	463.74
										TOTALS		141.65	271.00	463.74

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

DATE	TIME (Hour and arrival/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE: NO. OF MILES	AMOUNT CLAIMED			
			BREAK-FAST	LUNCH	DINNER	TOTAL					MILEAGE	SUBSISTENCE	OTHER	
06/05		D - PORTLAND, OR							0					
06/05		Air Fare (GOVCC-I)							0			369.00		
06/05		A - SAN DIEGO, CA				48.00		223.00	9	4.65	223.00			
06/05		Pvt Auto-Terminal										21.99		
06/05		Lodging Tax - Domestic										27.75		
06/05		Fee-Ticket Service										30.00		
06/05		Parking										15.00		
06/05		Taxi												
06/06		D - SAN DIEGO, CA							20					
06/06		Pvt Auto-Terminal												
06/06		A - RES: PORTLAND, O												
06/06		Subsistence				48.00		48.00			48.00			
06/06		TAV FEE - C												
										SUBTOTALS		141.65	271.00	463.74
										TOTALS		141.65	271.00	463.74

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

TOTAL AMOUNT CLAIMED 749.39

STANDARD FORM 1012 BACK (10-77)

If additional space is required, continue on another 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, 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 expense reimbursement which is, or may be, taxable income. Disclosure of you 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.



THE US GRANT
San Diego

326 Broadway, San Diego, California 92101 Tel: (619) 232-3121 Fax: (619) 232-3626

G	Stephen Wright	ROOM	EX 6			T
U		RATE	175.00			R
E		NO. PERS.	1			A
S		FOLIO	110604	EX-A		V
T		PAGE	1			E
		ARRIVE	05-JUN-08	23:29		C
		DEPART	06-JUN-08			H
		PAYMENT	VI			A
						T
						R
						O
						L
						E

DATE	REFERENCE	DESCRIPTION	DEBIT	CREDIT
05-JUN-08	RT434	Room Charge		175.00
05-JUN-08	RT434	Occupancy/Tourism Tax		18.49
05-JUN-08	RT434	SD Tourism Mktg Dist Assmt Tax		3.50
06-JUN-08	VI	Visa	196.99-	
Balance Due				0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Telecom	Other	Total	Payment
05-JUN-08	193.49	0.00	0.00	3.50	196.99	0.00
Total	193.49	0.00	0.00	3.50	196.99	0.00

We greatly value your feedback. Please contact our General Manager at victor.barothy-langer@luxurycollection.com or call (619) 744-2005.

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE

As a Starwood Preferred Guest, you could have earned 357 Starpoints for this visit. Please provide your member number or enroll today.

THE LUXURY COLLECTION®

June 3, 2008

SatoTravelSM

For: STEPHEN J WRIGHT 0000000000TRARCTARC,XXXXXX

To: NGMS E GOV
DOE
STEPHEN WRIGHT
PO BOX 3621
PORTLAND OREGON, 27208

Sales Person: 74
Locator: EX 6
Customer Number: 541920

FEEES TOTALING 27.75PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD27.75PP-AIR/AMTRAK, DOMESTIC, TRADITIONAL

Thursday June 5, 2008



Alaska Airlines Flight Number: 578
Class of Service: Coach Class L
Depart: PORTLAND, OR 7:50 Pm June 5, 2008
Arrive: SAN DIEGO, CA 10:13 Pm June 5, 2008
Total Flight Time: 2 Hours 23 Minutes Non-Stop
Equipment: 73G
Meal Service: None
Status: Confirmed Confirmation Number: GHAICT
Reserved Seat: WRIGHT/STEPHEN J 21D
Frequent Flyer Number: EX 6 WRIGHT/STEPHEN J
ARR-TERMINAL 1

Friday June 6, 2008



Alaska Airlines Flight Number: 231
Class of Service: Coach Class Y
Depart: SAN DIEGO, CA 4:43 Pm June 6, 2008
Arrive: PORTLAND, OR 7:12 Pm June 6, 2008
Total Flight Time: 2 Hours 29 Minutes Non-Stop
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed Confirmation Number: GHAICT
Reserved Seat: WRIGHT/STEPHEN J 10D
Frequent Flyer Number: WRIGHT/STEPHEN J
DEP-TERMINAL 1 EX 6

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WRIGHT STEPHEN J	23055/0277350767538	323.72USD	24.28US	7.00ZP	14.00XT	369.00
Total Amount:						369.00

Portland Int. Airport

Standard Parking
PO Box 56475
Portland, OR 97238
Phone: (503) 460-4386
Fax: (503) 460-4308

Receipt 5303/0620/620 06/06/08 20:01:13

010100 Pay Parking Ticket\$ 30.00
Entered: 06/06/08 18:47
Paid: 06/06/08 20:01
Length of stay: 1 Dd 1 Hr 14 Min
Audit#: 7383011028157676550

Total Amount \$ 30.00

Credit Visa \$ 30.00

.....
Visa

WRIGHT/STEPHEN J
Customer No.
Amount = \$ 30.00

EX 6

Card Number:

Authorization Code: 005198

Thank you

ORANGE CAB

Radio Service

15.00

Company: _____ Meter \$: _____ Tip \$ _____

Date: _____ Driver: _____ Cab#: _____

From/To: _____
4250 Pacific Hwy. Ste. 207, San Diego, CA 92110

(619)223-5555

Customer • Verify Cab Number

Document #18

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER
4. a. NAME Wright, Stephen J.		5. PAID BY
b. SOCIAL SECURITY NO. EX 6		
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208		d. OFFICE PHONE NUMBER 503-230-5102

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)	MILEAGE RATE	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCEL. LANEIOUS	
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
2008		TANUM: 000AU2	.505					
		(Explain expenditures in specific detail.)						
05/01	C	TAV FEE -C						
05/01	A	Private Auto Mileage	18	9.09				
05/02	A	Private Auto Mileage	160	80.80				
05/09	A	Private Auto Mileage	210	106.05				
05/14	A	Private Auto Mileage	9	4.55				
05/15	A	Private Auto Mileage	29	14.65				
05/15	A	Taxi - Local				✓37.07		
05/15	A	Taxi - Local				✓37.68		
05/27	A	Private Auto Mileage	29	14.65				
05/27	A	Taxi - Local				✓32.95		
05/27	A	Taxi - Local				✓38.16		
05/28	A	Private Auto Mileage	11	5.56				
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	0.00	0.00	0.00	0.00

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ **387.71**

TOTALS 466 235.35 ✓145.86 0.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 660a).)

APPROVING OFFICIAL SIGN HERE

DATE

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

Sign Original Only

CLAIMANT SIGN HERE *[Signature]* DATE 6-5-08

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

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION 08 BPA - A^00004128^01^LSFD^***** - 387.71

DRIVER	DATE
	15 05 08
EXP. DATE CHECKED	AUTH / VR #
<input checked="" type="checkbox"/>	

C 009368

DESCRIPTION		AMOUNT	
From:		FARE	32-08
To:		TIP	5 -
		TOTAL	37 05

[Signature]
CUSTOMER SIGNATURE

GST INCLUDED RMD. TAXI MC VISA AMEX OTHER

DO NOT SIGN UNLESS TOTAL FILLED IN
TERMS AND CONDITIONS APPLICABLE TO THE SALES
ARE IN ACCORDANCE WITH YOUR AGREEMENT WITH
THE ISSUER OF YOUR CARD

Dispatch: 604-272-1111
Phone: 604-278-8444

CAR #	10
	N

Richmond TAXI CO. LTD. Administration: 604-276-2722
Richmond Taxi Co. provides preferred service from the airport

Copy 2 Office
COPY 1 Customer

\$39.05 CAD = \$37.68 USD

DO NOT WRITE ABOVE THIS LINE

DRIVER	DATE
	15 05 08
EXP. DATE CHECKED	AUTH / VR #
<input type="checkbox"/>	

C

DESCRIPTION			AMOUNT	
FROM:			FARE	
TO:			TIP	
TIME	TO	WAITING	TOTAL	
/M	/M	/M		

X

CUSTOMER SIGNATURE

GST INCLUDED YELLOW MC VISA AMEX OTHER

TERMS AND CONDITIONS APPLICABLE TO THE SALES
ARE IN ACCORDANCE WITH YOUR AGREEMENT WITH THE
ISSUER OF YOUR CARD.



Company Ltd. 604-681-1111

	D
	N

Yellow Cab provides preferred service from the airport.

\$36.45 CAD = \$37.07 USD

DRIVER'S NAME	DRIVER'S NO.	27/05/08
AUTH. NO.	CAR NO.	AM VOUCHER NO./SHIP NAME
	PM	

DESCRIPTION			AMOUNT	
FROM:			METER	
TO:			TIP	
PICK UP TIME	DROP OFF TIME	WAITING	TOTAL	

X
CUSTOMER SIGNATURE

TERMS AND CONDITIONS APPLICABLE TO THE SALES
ARE IN ACCORDANCE WITH YOUR AGREEMENT WITH
THE ISSUER OF YOUR CARD.

BT VISA MC AE

Black Top & Checker Cabs

ADMINISTRATION 604-681-3201
DISPATCH 604-731-1111

\$31.95 CAD = \$27.00 USD

OFFICIAL RECEIPT
RICHMOND TAXI CO. LTD.
RICHMOND CABS LTD.
CORAL CABS LTD.
"For All Your Transportation Needs"
Please call Richmond Taxi at
604-272-1111
1-866-RMD-TAXI
(763-8294)

Car No. 69 24 HOUR SERVICE

Received From.....
The sum of \$37.00
Taxi From 5360 S Airport Rd
To 1095 Hamilton St
Date 27-05-08 Per [Signature]
G.S.T. INCLUDED

\$37 CAD = \$38.16 USD

Document #19

FOIA #09-040

**CLAIM FOR REIMBURSEMENT
FOR EXPENDITURES
ON OFFICIAL BUSINESS**

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION
OR OFFICE

A

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

5. PAID BY

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

4.	a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6
	c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)	MILEAGE RATE .485	AMOUNT CLAIMED			
				MILEAGE (f)	FARE OR TOLL (g)	ADD. PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)
(a)	(b)	(c) FROM (d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
2008		TANUM: 00MJ3E					
03/02	A	Private Auto Mileage	286	138.71			
03/02	C	TAV FEE -C					
03/06	A	Private Auto Mileage	18	8.73			
03/19	A	Private Auto Mileage	22	11.11			
04/03	A	Private Auto Mileage	18	9.09			
04/17	A	Private Auto Mileage	34	17.17			
04/23	A	Private Auto Mileage	22	11.11			
04/25	A	Private Auto Mileage	34	17.17			
04/29	A	Private Auto Mileage	22	11.11			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK	0	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ **230.70**

TOTALS 456 224.20 0.00 0.00

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

Sign Original Only

DATE

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

Sign Original Only

DATE

CLAIMANT SIGN HERE ▶

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE BY CHECK NO.

APPROVING OFFICIAL SIGN HERE ▶

9. This claim is certified correct and proper for payment. Sign Original Only

DATE

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶

ACCOUNTING CLASSIFICATION

08 BPA - A^00004128^01^LSFD^***** -

230.70

paid 5/1/08

Document #20

FOIA #09-040

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE A		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. SwwASHINGTOND022508_V01	
						4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) Wright, Stephen J.		b. SOCIAL SECURITY NO. EX 6		6. PERIOD OF TRAVEL		a. FROM 02/25/08	
c. MAILING ADDRESS (Include ZIP Code) PO BOX 3621 PORTLAND, OR 97208		d. OFFICE TELEPHONE NO. 503-230-5102		7. TRAVEL AUTHORIZATION		a. NUMBER(S) 00HT3I	
e. PRESENT DUTY STATION PORTLAND, OR		f. RESIDENCE (City and State) Portland, OR				b. DATE(S) 01/22/08	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		c. PAYEE'S SIGNATURE		b. AMOUNT RECEIVED			
c. Amount due Government <small>(Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)</small>				b. AMOUNT RECEIVED			
D. Balance outstanding				b. AMOUNT RECEIVED			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign 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) ▶ <i>Traveler's Initials</i>					
		AGENT'S VALUATION OF TICKET <small>(a)</small>	ISSUING CARRIER <small>(Initials)</small> <small>(b)</small>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <small>(c)</small>	DATE ISSUED <small>(d)</small>	POINTS OF TRAVEL	
						FROM <small>(e)</small>	TO <small>(f)</small>
See Attached Ticket 1		1,418.00			2,484 15 NR-		13.50
ACCOUNTING CLASSIFICATION: 08 BPA-A^00004128^01^LSFD^-----							
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 ▶					DATE	AMOUNT CLAIMED ▶	
						2484 15	
<small>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).</small>							
14. This voucher is approved. Long distance phone 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).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ▶					a. DIFFERENCES, IF ANY (Explain and show amount)		
DATE					\$		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	Certifier's initials:		
					\$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					\$ 0 00		
DATE					d. NET TO TRAVELER ▶		
					\$ 2484 15		
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

paid 2/29/08

February 11, 2008

SatoTravel[®]

For: STEPHEN J WRIGHT 000000000TRARCTARC,XXXXXX

To: NGMS E GOV
DOE
STEPHEN WRIGHT
PO BOX 3621
PORTLAND OREGON, 27208

Sales Person: 2Q
Locator:
Customer Number: *EX 6*
541920

TD-YOUR RESERVATION WILL BE TICKETED ON 11FEB
TF-TTL FEES OF 27.75 INCLUDING TRANS FEE OF 27.75
GF-TOTAL OFFICIAL FARE IS 838.00

WHEN TICKETED THE FOLLOWING NON REFUNDABLE
RESERVATIONS WILL APPLY
DOMESTIC 27.75USD
INTERNATIONAL 36.25USD
CAR/HOTEL ONLY 17.25USD

FEES TOTALING 27.75PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD27.75PP-AIR/AMTRAK, DOMESTIC, TRADITIONAL

Monday February 25, 2008



Alaska Airlines
Class of Service:Coach Class Y
Depart: PORTLAND, OR
Arrive: SEATTLE/TACOMA,WA
Total Flight Time:
Equipment: DH4
Meal Service: None
Status: Confirmed
Reserved Seat: WRIGHT/STEPHEN J 6D
Frequent Flyer Number:
*PDX-SEA OPERATED BY HORIZON AIR

Flight Number: 2432
7:30 Am February 25, 2008
8:25 Am February 25, 2008
55 Minutes Non-Stop
Confirmation Number: NGWCCO
EX 6 WRIGHT/STEPHEN J

Monday February 25, 2008



Alaska Airlines
Class of Service:Coach Class Y
Depart: SEATTLE/TACOMA,WA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: 738
Meal Service: Available For Purchase
Status: Confirmed
Frequent Flyer Number:
ARR-TERMINAL B

Flight Number: 4
9:05 Am February 25, 2008
4:56 Pm February 25, 2008
4 Hours 51 Minutes Non-Stop
Confirmation Number: NGWCCO
EX 6 WRIGHT/STEPHEN J

Tuesday February 26, 2008



Alaska Airlines
 Class of Service: Coach Class V
 Depart: WASHINGTON/NATL, DC
 Arrive: SEATTLE/TACOMA, WA
 Total Flight Time:
 Equipment: 738
 Meal Service: Available For Purchase
 Status: Confirmed
 Frequent Flyer Number:
 DEP-TERMINAL B

Flight Number: 3
 5:56 Pm February 26, 2008
 8:48 Pm February 26, 2008
 5 Hours 52 Minutes Non-Stop

Confirmation Number: NGWCCO
 EXG RIGHT/STEPHEN J

Tuesday February 26, 2008



Alaska Airlines
 Class of Service: Coach Class V
 Depart: SEATTLE/TACOMA, WA
 Arrive: PORTLAND, OR
 Total Flight Time:
 Equipment: CR7
 Meal Service: None
 Status: Confirmed
 Reserved Seat: WRIGHT/STEPHEN J 15D
 Frequent Flyer Number:
 *SEA-PDX OPERATED BY HORIZON AIR

Flight Number: 2545
 11:00 Pm February 26, 2008
 11:44 Pm February 26, 2008
 44 Minutes Non-Stop

Confirmation Number: NGWCCO
 EXG RIGHT/STEPHEN J

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WRIGHT STEPHEN J	19289/0277109057975	740.47USD	55.53US	14.00ZP	28.00XT	838.00
Total Amount:						838.00

ADVISED CALLER FLIGHT IS CODESHARE/COMMUTER SERVICE

..... PLEASE NOTE

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO
 THE TERMS AND CONDITIONS WHICH ARE PART OF THIS
 TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT
 WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM

YOUR LOCAL OFFICE IS ***** 0RWB *****

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
 THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
 TOLL FREE NUMBER 866-530-0058 MON-FRI 8AM-9PM EST
 FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
 NUMBER AND FOLLOW THE PROMPTS

.....
 CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
 ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
 PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

.....
 TRANSACTION FEES ARE NONREFUNDABLE

.....
 UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL

February 27, 2008

SatoTravel[®]

For: STEPHEN J WRIGHT 0000000000TRARCTARC,XXXXXX

To: NGMS E GOV
DOE
STEPHEN WRIGHT
PO BOX 3621
PORTLAND OREGON, 27208

Sales Person: 2Q
Locator:
Customer Number: *EY 6*
547920

Wednesday February 27, 2008



Northwest Airlines	Flight Number: 593
Class of Service: Coach Class B	
Depart: WASHINGTON/NATL,DC	8:35 Am February 27, 2008
Arrive: PORTLAND, OR	1:11 Pm February 27, 2008
Total Flight Time:	6 Hours 29 Minutes Direct 1-Stop
Equipment: Airbus Industrie 320	
Meal Service: Available For Purchase	Available For Purchase
Status: Confirmed	Confirmation Number: 2SLYOS
Stop At: MINNEAPOLIS,MN	Time On Ground: 1 Hour 7 Minutes
Reserved Seat: WRIGHT/STEPHEN J 12B	
Frequent Flyer Number:	<i>EY 6</i> WRIGHT/STEPHEN J
DEP-TERMINAL A	ARR-LINDBERGH TERMINAL
DEP-LINDBERGH TERMINAL	

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
WRIGHT STEPHEN J	19289/0277109057975	740.47	97.53			838.00
Total Amount:						838.00

*****SEE BELOW FOR REFUND INFO*****

TICKET NUMBER 7109057975 HAS BEEN PROCESSED FOR A REFUND
ON 27FEB IN THE AMOUNT OF 258.00
REFUNDS MAY TAKE UP TO 8 WEEKS TO APPEAR ON YOUR CHARGE
CARD STATEMENT DEPENDING UPON THE BILLING CYCLE
THIS STATEMENT CAN BE USED AS PROOF OF REFUND



EMBASSY SUITES
HOTELS

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

WRIGHT, STEVEN

EX 6

US

Suite
Arrival Date 2/25/2008 5:38:00P
Departure Date 2/26/2008

EX 6

Adult/Child Suite Rate 1/0 \$225.00

RATE PLAN L-GV5
H
A EX 6
BONUS AL CAR

Confirmation: 83306863

2/26/2008 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/25/2008	3813061	GUEST ROOM	\$225.00
2/25/2008	3813061	SUITE TAX	\$32.63
WILL BE SETTLED TO VS *9573 EFFECTIVE BALANCE OF			\$257.63 \$0.00
<p>Hilton HHonors (R) stays post to your account within 72 hours of checkout. To check your earnings for this stay or any other stay at more than 2,700 hotels worldwide visit www.hiltonhhonors.com</p> <p>Thank you for staying with us. Be sure to visit embassysuites.com for information on your next business or leisure stay, reservations or subscribe to E-ntouncements e-newsletter with news and offers.</p>			

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EXPRESS CHECK-OUT

Good Morning! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your suite and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the suite. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.	
AUTHORIZATION	442363	INITIAL
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT	0.00	



Hilton

Crystal City at National Airport

2399 Jefferson Davis Highway • Arlington, VA 22202
Phone (703) 418-6800 • Fax (703) 418-3763
Reservations
www.hilton.com or 1 800 HILTONS

Name & Address

WRIGHT, STEVEN

EX 6

Room *EX 6*
Arrival Date 02/26/08 8:44PM
Departure Date 02/27/08

Adult/Child 1/0
Room Rate 379.95

RATE PLAN LVO

HH#

AL: *EX 6*

BONUS AL: CAR:

CONFIRMATION NUMBER : 3297824013

02/27/08 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
02/26/08	1649439	GUEST ROOM	\$379.95
02/26/08	1649439	SALES TAX	\$19.00
02/26/08	1649439	OCCUPANCY TAX	\$27.55
		WILL BE SETTLED TO VS *9573	\$426.50
		EFFECTIVE BALANCE OF	\$0.00
		EXPENSE REPORT SUMMARY	
		02/26/08 STAY TOTAL	
		\$426.50 \$426.50	
ROOM & TAX			
DAILY TOTAL		\$426.50 \$426.50	

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Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	385188 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

Portland, OR 97238
 Phone: (503) 460-4386 / Fax: (503) 460-208
 Receipt: 1702/08 / 622 02/27/08 13:45
 Pay Parking Ticket 69.00
 Entered: 02/25/08 06:45
 Paid: 02/27/08 13:45
 Length of stay: 2 Ds 6 Hrs 36 Min
 Audit#: 739301102605624300
 Total Amount 69.00
 Credit 69.00
 XXXX XXX
 Card Number: EX 6

RECEIPT



Taxi Cab Receipts

DATE: 2/26 TIME: _____
 TRIP ORIGIN: Capital Hill
 DESTINATION: Hotel (Crystal City)
 FARE: \$ 20 SIGNATURE: _____



TAXICAB RECEIPT

Time: _____
 Date: 2/25/08
 Origin of trip: National
 Destination: Hotel
 Fare: \$20 Sign: _____

Taxi
 2/25 to Hotel from Reagan 20
 To/From dinner 22
 2/26 to DOE 12
 to Hotel-Crystal City 20
 2/27 to Reagan 8

House hearing ran until 5:45pm.
 Unable to make 5:56pm flight
 Home.
 Unable to find Govt rate hotel =
 most sold out
 Direct UA to Portland 2/27am ^{sold} out
 Ticket agent said not to go
 thru Chicago
 Only other flight was the NW

Document #21

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4.	a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EY 6
	c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102

5. PAID BY

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE .485	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCEL. LANEOUS	
(a)	(b)	(c) FROM	(d) TO	(e) NO OF MILES	(f)	(g)	(h)	(i)
		(Explain expenditures in specific detail.)						
02/01	C	TAV FEE -C						
02/01	A	Private Auto Mileage		11	5.34			
02/06	A	Private Auto Mileage		18	8.73			
02/07	A	Private Auto Mileage		18	8.73			
02/21	A	Private Auto Mileage		22	10.67			
02/22	A	Private Auto Mileage		40	19.40			
02/22	A	Rental Car				65.93		
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) \$ 125.30

TOTALS 109 52.87 65.93 0.00

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

Sign Original Only

DATE

APPROVING OFFICIAL SIGN HERE

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

Sign Original Only

DATE 2/28/08

CLAIMANT SIGN HERE

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

Sign Original Only

DATE

AUTHORIZED CERTIFYING OFFICER SIGN HERE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

TRIP RECORD NUMBER: 00JDBA

TRIP RECORD NUMBER: 00JDBA

08 BPA - A^00004128^01^LSFD^***** - 125.30

Budget

Budget

Budget

Budget

Return((RA Document 235438545
 RESERVATION # 15078051-15-2XD
 CAR# 9 9 8 8 : 0 1 Car Group E
 CAR# LU CHRY 300N 4DR WA 052YRL

WRIGHT, STEVE

Out LEWISTON, ID APT 22FEB08/0853
 In LEWISTON, ID APT 22FEB08/1439
 Miles-Out 23362 Miles-In 29397
 Miles Driven 35 Fuel In 0/8
 Refund at 0/0

EX 6

Rate AD/E	0 MI @	0 DY	5 HR	=	
	5 HR @	24.00		=	47.99
	0 DY @	47.99		=	47.99
	0 MK @	335.93		=	47.99
	0 MK @	35FM		=	47.99
MIN 1DY/AD/E				=	47.99
TIME & MILEAGE				=	47.99
**4.30/DAY FEE				+	4.30
Subtotal				=	52.29
Tax 5.000%				+	3.14
Under 75 Mi Flat Fee				+	10.50
Total Charges				=	65.93
AMOUNT DUE	CV	USD		=	65.93
**3.00/DY CONCESSION FEE &					
**1.50/DY VEH LIC FEE RECDUP					

The amount that appears in "Amount Due" has been billed to your VISA Card. All charges are subject to audit and change if any errors are found. For local inquiries call 208-746-0488. Thank you for renting from Budget.

Budget

DSR/1CDS/00053/17:39/0

Document #22

FOIA #09-040

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE A		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. SWASHINGTOND021008_V01	
5. a. NAME (Last, first, middle initial) Wright, Stephen J.		b. SOCIAL SECURITY NO. EX6		d. OFFICE TELEPHONE NO. 503-230-5102		6. PERIOD OF TRAVEL	
						a. FROM 02/10/08	b. TO 02/14/08
c. MAILING ADDRESS (Include ZIP Code) PO BOX 3621 PORTLAND, OR 97208		e. PRESENT DUTY STATION PORTLAND, OR		i. RESIDENCE (City and State) Portland, OR		7. TRAVEL AUTHORIZATION	
						a. NUMBER(S) OOHPLS	b. DATE(S) 01/11/08
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		10. CHECK NO.		11. PAID BY	
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied				\$			
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE					
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>		I hereby assign 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)
See Attached Ticket 1 ACCOUNTING CLASSIFICATION: 08 BPA-A^00004128^01^LSFD^^^^ -		570.50			1,948 70 NR-		13.50
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 ▶					DATE	AMOUNT CLAIMED ▶	1948.70
<small>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).</small>							
14. This voucher is approved. Long distance phone 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.)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ▶					a. DIFFERENCES, IF ANY (Explain and show amount)		
					\$		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					\$ 0.00		
					d. NET TO TRAVELER ▶		
					\$ 1948.70		
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE							

paid 2/21



EMBASSY SUITES
HOTELS*

Washington, D.C. / Downtown
1250 22nd Street N.W. • Washington, DC 20037
(202) 857-3388 • Fax: (202) 293-3173
For reservations across the nation
1-800-EMBASSY or www.embassysuitesdcmetro.com

Name & Address

WRIGHT, STEVEN

EX 6
US

Suite
Arrival Date 2/11/2008 10:08:00
Departure Date 2/14/2008

Adult/Child 1/0
Suite Rate \$201.00

RATE PLAN S-GVT
HH#
AL EX 6
BONUS AL CAR

Confirmation: 87379217

2/14/2008 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/11/2008	3799450	GUEST ROOM	\$201.00
2/11/2008	3799450	SUITE TAX	\$29.15
2/12/2008	3800491	GUEST ROOM	\$201.00
2/12/2008	3800491	SUITE TAX	\$29.15
2/13/2008	3801609	GUEST ROOM	\$201.00
2/13/2008	3801609	SUITE TAX	\$29.15
WILL BE SETTLED TO VS *9573 EFFECTIVE BALANCE OF			\$690.45 \$0.00
<p><i>Hilton HHonors (R) stays post to your account within 72 hours of checkout. To check your earnings for this stay or any other stay at more than 2,700 hotels worldwide visit www.hiltonhhonors.com</i></p> <p><i>Thank you for staying with us. Be sure to visit embassysuites.com for information on your next business or leisure stay, reservations or subscribe to E-announcements e-newsletter with news and offers.</i></p>			

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EXPRESS CHECK-OUT

Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your suite and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the suite.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.	
AUTHORIZATION	440479	INITIAL
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT	0.00	

Date 2/10/08

Received of _____

THE SUM	
OF \$	
55	09
	c

YOUR RECEIPT—PAID
 From residence
 To PDX
 Cab No. _____ Driver _____

\$ 60.00 NRCC# _____

From: PDX

To: residence

1533 N.E. Alberta St. P.O. Box 11186
 Portland, Oregon 97211
 E-Mail www.newrosecitycab.com

DATE 2/14/08 AMOUNT \$ 65.00

RECEIVED FROM _____

FROM Forrestal

DESTINATION Dulles

CAB # _____ DRIVER I.D. # _____

DRIVERS NAME _____

February 7, 2008

SatoTravel⁹⁵

For: STEPHEN J WRIGHT 0000000000TRARCTARC,XXXXXX

To: NGMS E GOV
DOE
STEPHEN WRIGHT
PO BOX 3621
PORTLAND OREGON, 27208

Sales Person: T6
Locator: EX 6
Customer Number: 541920

TD-YOUR RESERVATION WILL BE TICKETED ON 07FEB
TF-TTL FEES OF 27.75 INCLUDING TRANS FEE OF 27.75
GF-TOTAL OFFICIAL FARE IS 570.50

WHEN TICKETED THE FOLLOWING NON REFUNDABLE
RESERVATIONS WILL APPLY
DOMESTIC 27.75USD
INTERNATIONAL 36.25USD
CAR/HOTEL ONLY 17.25USD

FEES TOTALING 27.75PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD27.75PP-AIR/AMTRAK, DOMESTIC, TRADITIONAL

Sunday February 10, 2008



Delta Airlines
Class of Service:Coach Class U
Depart: PORTLAND, OR
Arrive: ATLANTA, GA
Total Flight Time:
Equipment: Boeing 757
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: WRIGHT/STEPHEN J 42C
Frequent Flyer Number:
ARR-SOUTH TERMINAL

Flight Number: 1576
10:55 Pm February 10, 2008
6:23 Am February 11, 2008
4 Hours 28 Minutes Non-Stop

Confirmation Number: DAJRCM
EX 6 WRIGHT/STEPHEN J

Monday February 11, 2008



Delta Airlines
Class of Service:Coach Class U
Depart: ATLANTA, GA
Arrive: WASHINGTON/NATL,DC
Total Flight Time:
Equipment: M88
Meal Service: None
Status: Confirmed
Reserved Seat: WRIGHT/STEPHEN J 35D
Frequent Flyer Number:
DEP-SOUTH TERMINAL

Flight Number: 450
7:20 Am February 11, 2008
9:00 Am February 11, 2008
1 Hour 40 Minutes Non-Stop

Confirmation Number: DAJRCM
EX 6 WRIGHT/STEPHEN J

ARR-TERMINAL B

Thursday February 14, 2008



United Airlines
Class of Service: Coach Class Y
Depart: WASHINGTON/DULLES
Arrive: PORTLAND, OR
Total Flight Time:
Equipment: Airbus Industrie 320
Meal Service: Available For Purchase
Status: Confirmed
Reserved Seat: WRIGHT/STEPHEN J 20C
Frequent Flyer Number:
STAR ALLIANCE

Flight Number: 251
6:10 Pm February 14, 2008
9:02 Pm February 14, 2008
5 Hours 52 Minutes Non-Stop

Confirmation Number: RCJBN8
EX 6 WRIGHT/STEPHEN J

Name	Invoice / Ticket	Base	Tax1	Tax2	Tax3	Total
		501.40USD	37.60US	10.50ZP	21.00XT	570.50
Total Amount:						570.50

NO CODESHARE OR COMMUTER FLIGHTS ON THIS ITIN

..... PLEASE NOTE

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM

YOUR LOCAL OFFICE IS ***** 0RWB

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-530-0058 MON-FRI 8AM-9PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

.....
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

.....
TRANSACTION FEES ARE NONREFUNDABLE

.....
UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

.....
GOVERNMENT ISSUED ID IS REQUIRED

.....
150,000 FREE FLIGHT INSURANCE PROVIDED BY SATOTRAVEL

.....
TO VIEW ITINERARIES ONLINE PLEASE GO TO
*** WWW.VIRTUALLYTHERE.COM ***

ADD YOUR SABRE RESERVATION CODE AND NAME IN

Document #23

FOIA #09-040

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE A	2. VOUCHER NUMBER
		3. SCHEDULE NUMBER

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

4. a. NAME Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6
c. MAILING ADDRESS PO BOX 3621 PORTLAND, OR 97208	d. OFFICE PHONE NUMBER 503-230-5102

5. PAID BY

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)	MILEAGE RATE .485	AMOUNT CLAIMED			
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS
(a)	(b)	(c) FROM (d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
01/03	A	Private Auto Mileage	22	10.67			
01/03	C	TAV FEE -C					
01/03	A	Taxi - Local			50.00		
01/08	A	Private Auto Mileage	40	19.40			
01/10	A	Private Auto Mileage	18	8.73			
01/15	A	Private Auto Mileage	40	19.40			
01/16	A	Private Auto Mileage	22	10.67			
01/18	A	Private Auto Mileage	40	19.40			
01/23	A	Private Auto Mileage	22	10.67			
01/26	A	Private Auto Mileage	40	19.40			
01/28	A	Private Auto Mileage	22	10.67			
01/30	A	Taxi - Local			55.00		
01/30	A	Private Auto Mileage	29	14.07			
SUBTOTALS CARRIED FORWARD FROM THE BACK			295	143.08	105.00		0.00

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))	\$ 254.58	TOTALS	295	143.08	105.00	0.00
---	-----------	--------	-----	--------	--------	------

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

Sign Original Only

DATE **2/15/08**

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

Sign Original Only

DATE **2/1/08**

CLAIMANT SIGN HERE	<i>[Signature]</i>	DATE	2/1/08
11. CASH PAYMENT RECEIPT		a. PAYEE (Signature)	b. DATE RECEIVED
		c. AMOUNT	\$
12. PAYMENT MADE BY CHECK NO.			

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

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

ACCOUNTING CLASSIFICATION

08 BPA - A^00004128^01^LSFD^^^^^^ -

TRIP RECORD NUMBER: 00I7AF
TRIP RECORD NUMBER: 00I7AF
254.58

Yellow Cab



622-6500 455-4999 455-4999
Seattle Eastside So. King County

DATE 1/18/08 TIME _____ DRIVER'S NAME _____
RECEIVED FROM _____ CAB# _____
AMOUNT \$25 FOR HIRE# _____
FROM Sea Tac
TO Boeing Field

24 HOUR COMPUTER DISPATCH/CORPORATE ACCOUNTS WELCOME-206-622-7395

DATE 1/18/08
CAB NO 20
DRIVER _____
FROM Boeing Field
TO Sea Tac
AMOUNT \$25

"Service with Pride"
PHONE
(206) 246-9999



Yellow Cab



622-6500 455-4999 455-4999
Seattle Eastside So. King County

DATE 1/30/08 TIME _____ DRIVER'S NAME _____
RECEIVED FROM Boeing Field CAB# _____
AMOUNT \$30 FOR HIRE# _____
FROM _____
TO Sea Tac

24 HOUR COMPUTER DISPATCH/CORPORATE ACCOUNTS WELCOME-206-622-7395

DATE 1/30/08
CAB NO 18
DRIVER _____
FROM Sea Tac
TO Boeing Field
AMOUNT \$25

"Service with Pride"
PHONE
(206) 246-9999

STITA



Document #24

FOIA #09-040

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>	1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE A	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO. SWPALMSPRINGS011208_V01
			4. SCHEDULE NO.

5. a. NAME (last, first, middle initial) Wright, Stephen J.	b. SOCIAL SECURITY NO. EX 6	6. PERIOD OF TRAVEL a. FROM 01/12/08 b. TO 01/14/08	
c. MAILING ADDRESS (Include ZIP Code) PO BOX 3621 PORTLAND, OR 97208	d. OFFICE TELEPHONE NO. 503-230-5102	7. TRAVEL AUTHORIZATION a. NUMBER(S) 00H058 b. DATE(S) 12/31/07	
e. PRESENT DUTY STATION PORTLAND, OR	f. RESIDENCE (City and State) Portland, OR	10. CHECK NO.	

8. TRAVEL ADVANCE	9. CASH PAYMENT RECEIPT	11. PAID BY	
a. Outstanding 0.00	a. DATE RECEIVED		
b. Amount to be applied 0.00	b. AMOUNT RECEIVED \$		
c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash)	c. PAYEE'S SIGNATURE		
D. Balance outstanding			

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>	I hereby assign 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)				▶ <i>Traveler's Initials</i>	
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
See Attached Ticket 1 ACCOUNTING CLASSIFICATION: 08 BPA-A^00004128^01^LSFD^-----	511.00		1,280.71 NR-		FROM (e)	TO (f)
						13.50

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 ▶	DATE	AMOUNT CLAIMED ▶	1280.71
-----------------------------	------	-------------------------	---------

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 phone 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).)	17. FOR FINANCE OFFICE USE ONLY COMPUTATION
	a. DIFFERENCES, IF ANY (Explain and show amount)
APPROVING OFFICIAL SIGN HERE ▶	DATE

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			Certifier's Initials: \$
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶			
DATE			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00
			d. NET TO TRAVELER ▶ \$ 1280.71

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

paid 1/15/08

P&P
PAID SERVICES

Stephen Wright

EY 6

INVOICE

Res #: EY 6
 Arrival : 01-12-08
 Departure : 01-14-08
 Room : EY 6
 Folio No. : 36634
 Booking ID :
 Page No. : 1 of 1

Group Code: 125LPPC
 Company Name: LARGE PUBLIC POWER COL

Text	Date	Charges	Credits
Guestroom	01-12-08	225.00	
Guest Room Tax 13.57%	01-12-08	30.53	
Guestroom	01-13-08	225.00	
Guest Room Tax 13.57%	01-13-08	30.53	
Visa	01-14-08		511.06
TOTAL		511.06	511.06
BALANCE		0.00	

R e c e i p t

Standard Parking
PO Box 55176
Portland, OR 97238

Economy Lot - Exit Lane 18
Audit#: 7394011139012443450

in: 01/12/08 12:19:00
out: 01/14/08 19:40

Amount paid: \$ 24.00
Visa
WRIGHT/STEPHEN J
XXXX XXXX XXXX 9573

SRA# 91-104

R & C Express Cab
Serving Palm Springs Ontario LAX Airports

Driver: IRSHAD
(760) 567-2780
Toll Free (888) 291-8619
Pin #0351

Date: _____
Fare: 20

January 4, 2008

SatoTravel⁰⁵

For: STEPHEN J WRIGHT 000000000TRARCTARC,XXXXXX

To: NGMS E GOV
DOE
STEPHEN WRIGHT
PO BOX 3621
PORTLAND OREGON, 27208

Sales Person: AC
Locator:
Customer Number: *EX 6*
541920

TD-YOUR RESERVATION WILL BE TICKETED ON 04JAN
TF-TTL FEES OF 27.75 INCLUDING TRANS FEE OF 27.75
GF-TOTAL OFFICIAL FARE IS 511.00

WHEN TICKETED THE FOLLOWING NON REFUNDABLE
RESERVATIONS WILL APPLY
DOMESTIC 27.75USD
INTERNATIONAL 36.25USD
CAR/HOTEL ONLY 17.25USD

FEES TOTALING 27.75PP CHARGED IN ADDITION TO TKT PRICE
FEE-USD27.75PP-AIR/AMTRAK, DOMESTIC, TRADITIONAL

Saturday January 12, 2008



Alaska Airlines
Class of Service:Coach Class Y
Depart: PORTLAND, OR
Arrive: PALM SPRINGS,CA
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: WRIGHT/STEPHEN J 17C
Frequent Flyer Number:

Flight Number: 522
1:25 Pm January 12, 2008
3:47 Pm January 12, 2008
2 Hours 22 Minutes Non-Stop

Confirmation Number: BWYGCB

EX 6 WRIGHT/STEPHEN J

Monday January 14, 2008



Alaska Airlines
Class of Service:Coach Class Y
Depart: PALM SPRINGS,CA
Arrive: PORTLAND, OR
Total Flight Time:
Equipment: Boeing 737-400
Meal Service: None
Status: Confirmed
Reserved Seat: WRIGHT/STEPHEN J 24A
Frequent Flyer Number:

Flight Number: 369
4:27 Pm January 14, 2008
6:55 Pm January 14, 2008
2 Hours 28 Minutes Non-Stop

Confirmation Number: BWYGCB

EX 6 WRIGHT/STEPHEN J

<u>Name</u>	<u>Invoice / Ticket</u>	<u>Base</u>	<u>Tax1</u>	<u>Tax2</u>	<u>Tax3</u>	<u>Total</u>
WRIGHT STEPHEN J	18170/0277101040804	455.82USD	34.18US	7.00ZP	14.00XT	511.00
FOP VI4486xxxxxxxxxxxx#03/09						Total Amount: 511.00

NO CODESHARE OR COMMUTER FLIGHTS ON THIS ITIN

..... PLEASE NOTE

EACH TRAVELER LISTED IN THIS ITINERARY AGREES TO THE TERMS AND CONDITIONS WHICH ARE PART OF THIS TRANSACTION AS SET FORTH IN THE AGENTS WEBSITE AT WWW.SATOTRAVEL.COM/CONTENT/TERMSITIN.HTM

YOUR LOCAL OFFICE IS ***** 0RWB

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-530-0058 MON-FRI 8AM-9PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

.....
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

.....
TRANSACTION FEES ARE NONREFUNDABLE

.....
UNUSED PAPER TICKETS MUST BE RETURNED TO SATOTRAVEL CONTACT SATOTRAVEL TO REFUND ELECTRONIC TICKETS

.....
GOVERNMENT ISSUED ID IS REQUIRED

.....
150,000 FREE FLIGHT INSURANCE PROVIDED BY SATOTRAVEL

.....
TO VIEW ITINERARIES ONLINE PLEASE GO TO

..... *** WWW.VIRTUALLYTHERE.COM ***

ADD YOUR SABRE RESERVATION CODE AND NAME IN THE APPROPRIATE BOXES AND ENTER.

..... DON'T FORGET TO CALL THE VACATION CENTER

.... AT 1-877-698-2554 TO BOOK YOUR NEXT VACATION....

..... GO TO SATOVACATIONS.COM TODAY

..... AND SIGN UP FOR THE VACATION NEWSLETTER.....



CitiDirect[®] Card Management System

28959-JAMES A KELLY

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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6		
Product Type	TRAVEL - Individually Billed	Statement Period	12/04/2007 - 01/03/2008	Statement Status	New
Default MAC					

Previous Balance	\$ 834.35	Total Payments	\$ 834.35	Total Amount Due	\$ 198.55
Purchases	\$ 198.55	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ -835.80
				Tax Total	\$ 0.00

<u>post date</u>	<u>tran date</u>	<u>last alloc date time</u>	<u>merchant</u>	<u>amount</u>	<u>status</u>	<u>note</u>	<u>type</u>	<u>rec ind</u>
12/05/2007	12/03/2007		ALASKA AIR T	\$ 170.80				<input type="checkbox"/>
12/05/2007	12/03/2007		SATOFEE	\$ 27.75				<input type="checkbox"/>
12/14/2007	12/14/2007		PAYMENT - THANK YOU	\$ -834.35				<input type="checkbox"/>



Last Updated 06/16/2009

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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6		
Product Type	TRAVEL - Individually Billed	Statement Period	01/04/2008 - 02/01/2008	Statement Status	New
Default MAC					

Previous Balance	\$ 198.55	Total Payments	\$ 198.55	Total Amount Due	\$ 538.75
Purchases	\$ 538.75	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 340.20
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	note	type	rec ind
01/07/2008	01/04/2008		ALASKA AIR T	\$ 511.00				
01/07/2008	01/04/2008		SATOFEE	\$ 27.75				
01/22/2008	01/21/2008		PAYMENT - THANK YOU	\$ -198.55				



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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6		Notes
Product Type	TRAVEL - Individually Billed	Statement Period	02/02/2008 - 03/03/2008	Statement Status	New
Default MAC					

Previous Balance	\$ 538.75	Total Payments	\$ 538.75	Total Amount Due	\$ 2,327.75
Purchases	\$ 2,327.75	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 1,789.00
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	note	type	rec ind
<input type="checkbox"/> 02/11/2008	02/07/2008		SATOFEE	\$ 27.75				<input type="checkbox"/>
<input type="checkbox"/> 02/11/2008	02/07/2008		DELTA AIR	\$ 570.50				<input type="checkbox"/>
<input type="checkbox"/> 02/13/2008	02/11/2008		SATOFEE	\$ 27.75				<input type="checkbox"/>
<input type="checkbox"/> 02/13/2008	02/11/2008		ALASKA AIR T	\$ 838.00				<input type="checkbox"/>
<input type="checkbox"/> 02/13/2008	02/13/2008		PAYMENT - THANK YOU	\$ -538.75				<input type="checkbox"/>
<input type="checkbox"/> 02/28/2008	02/26/2008		NWA AIR	\$ 838.00				<input type="checkbox"/>
<input type="checkbox"/> 02/28/2008	02/26/2008		SATOFEE	\$ 27.75				<input type="checkbox"/>

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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6	
Product Type	TRAVEL - Individually Billed	Statement Period	03/04/2008 - 04/03/2008	Statement Status
Default MAC				New

Previous Balance	\$ 2,327.75	Total Payments	\$ 2,327.75	Total Amount Due	\$ -258.00
Purchases	\$ 0.00	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 258.00	Statement Total	\$ -2,585.75
				Tax Total	\$ 0.00

<u>post date</u>	<u>tran date</u>	<u>last alloc date time</u>	<u>merchant</u>	<u>amount</u>	<u>status</u>	<u>note</u>	<u>type</u>	<u>rec ind</u>
03/07/2008	02/27/2008		ALASKA AIR T	\$ -258.00				<input type="checkbox"/>
03/14/2008	03/14/2008		PAYMENT - THANK YOU	\$ -2,327.75				<input type="checkbox"/>

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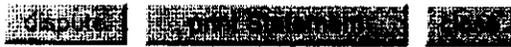
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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EY 6		
Product Type	TRAVEL - Individually Billed	Statement Period	04/04/2008 - 05/02/2008	Statement Status	New
Default MAC					

Previous Balance	\$ -258.00	Total Payments	\$ 0.00	Total Amount Due	\$ -40.30
Purchases	\$ 217.70	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 217.70
				Tax Total	\$ 0.00

<u>post date</u>	<u>tran date</u>	<u>last alloc date time</u>	<u>merchant</u>	<u>amount</u>	<u>status</u>	<u>note</u>	<u>type</u>	<u>rec ind</u>
04/09/2008	04/08/2008		HILTON HOTELS ADV DEP	\$ 217.70				



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CitiDirect[®] Card Management System

28959-JAMES A KELLY

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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	<i>EX 6</i>		
Product Type	TRAVEL - Individually Billed	Statement Period	06/04/2008 - 07/03/2008	Statement Status	New
Default MAC					

Previous Balance	\$ -40.30	Total Payments	\$ 0.00	Total Amount Due	\$ 958.20
Purchases	\$ 998.50	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 998.50
				Tax Total	\$ 0.00

<u>post date</u>	<u>tran date</u>	<u>last alloc date time</u>	<u>merchant</u>	<u>amount</u>	<u>status</u>	<u>note</u>	<u>type</u>	<u>rec ind</u>
<input type="checkbox"/> 06/05/2008	06/03/2008		SATOFEE	\$ 27.75				<input type="checkbox"/>
<input type="checkbox"/> 06/05/2008	06/03/2008		ALASKA AIR T	\$ 369.00				<input type="checkbox"/>
<input type="checkbox"/> 06/16/2008	06/12/2008		UNITED AIR	\$ 574.00				<input type="checkbox"/>
<input type="checkbox"/> 06/16/2008	06/12/2008		SATOFEE	\$ 27.75				<input type="checkbox"/>



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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	<i>EX 6</i>		
Product Type	TRAVEL - Individually Billed	Statement Period	07/04/2008 - 08/01/2008	Statement Status	New
Default MAC					

Previous Balance	\$ 958.20	Total Payments	\$ 958.20	Total Amount Due	\$ 0.00
Purchases	\$ 0.00	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ -958.20
				Tax Total	\$ 0.00

<u>post date</u>	<u>tran date</u>	<u>last alloc date time</u>	<u>merchant</u>	<u>amount</u>	<u>status</u>	<u>note</u>	<u>type</u>	<u>rec ind</u>
07/31/2008	07/31/2008		PAYMENT - THANK YOU	\$ -958.20				

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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6		
Product Type	TRAVEL - Individually Billed	Statement Period	09/04/2008 - 10/03/2008	Statement Status	New
Default MAC					

Previous Balance	\$ 0.00	Total Payments	\$ 0.00	Total Amount Due	\$ 589.51
Purchases	\$ 589.51	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ 589.51
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	note	type	rec ind
09/12/2008	09/10/2008		UNITED AIR	\$ 562.01				<input type="checkbox"/>
09/12/2008	09/10/2008		AGENT FEE	\$ 27.50				<input type="checkbox"/>



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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6		
Product Type	TRAVEL - Individually Billed	Statement Period	10/04/2008 - 11/03/2008	Statement Status	New
Default MAC					

Previous Balance	\$ 589.51	Total Payments	\$ 589.51	Total Amount Due	\$ 1,169.42
Purchases	\$ 1,189.78	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 20.38	Statement Total	\$ 579.91
				Tax Total	\$ 0.00

<u>post date</u>	<u>tran date</u>	<u>last alloc date time</u>	<u>merchant</u>	<u>amount</u>	<u>status</u>	<u>note</u>	<u>type</u>	<u>rec ind</u>
⊕ 10/08/2008	10/08/2008		AGENT FEE	\$ 27.50				☐
⊕ 10/08/2008	10/08/2008		DELTA AIR	\$ 359.00				☐
⊕ 10/13/2008	10/10/2008		LITTLE AMERICA SLC LOD	\$ 135.28				☐
⊕ 10/13/2008	10/11/2008		LITTLE AMERICA SLC LOD	\$ -20.36				☐
⊕ 10/20/2008	10/20/2008		PAYMENT - THANK YOU	\$ -589.51				☐
⊕ 11/03/2008	10/30/2008		AGENT FEE	\$ 27.50				☐
⊕ 11/03/2008	10/30/2008		UNITED AIR	\$ 640.50				☐



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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6	
Product Type	TRAVEL - Individually Billed	Statement Period	11/04/2008 - 12/03/2008	Statement Status
Default MAC				New

Previous Balance	\$ 1,169.42	Total Payments	\$ 1,169.42	Total Amount Due	\$ 786.16
Purchases	\$ 786.18	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ -383.24
				Tax Total	\$ 0.00

post date	tran date	last alloc date	time	merchant	amount	status	note	type	rec ind
11/10/2008	11/06/2008			AGENT FEE	\$ 27.50				F
11/10/2008	11/06/2008			DELTA AIR	\$ 462.00				F
11/14/2008	11/12/2008			MOUNTAIN MIKES TAXI	\$ 62.00				F
11/14/2008	11/12/2008			FOUR SEASONS HOTELS JACKS	\$ 234.68				F
11/20/2008	11/20/2008			PAYMENT - THANK YOU	\$ -1,169.42				F



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Inquiry - Statement - Cardholder Statement

Cardholder	STEPHEN J WRIGHT	Account Number	<i>EX 6</i>	
Product Type	TRAVEL - Individually Billed	Statement Period	12/04/2008 - 01/02/2009	Statement Status
Default MAC				New

Previous Balance	\$ 786.18	Total Payments	\$ 786.18	Total Amount Due	\$ 0.00
Purchases	\$ 0.00	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 0.00	Statement Total	\$ -786.18
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	note	type	rec ind
12/22/2008	12/22/2008		PAYMENT - THANK YOU	\$ -786.18				



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Inquiry - Statement - Cardholder Statement

This account was closed for security reasons.
is the new account number.

EX 6

Cardholder: STEPHEN J WRIGHT
Product Type: TRAVEL - Individually Billed
Account Number: EX 6
Statement Period: 01/03/2009 - 02/03/2009
Statement Status: New

Previous Balance \$ 0.00 Total Payments \$ 0.00 Total Amount Due \$ 473.90
Purchases \$ 473.90 Previous Disputes N/A Current Disputes N/A
Other Debits \$ 0.00 Other Credits \$ 0.00 Statement Total \$ 473.90
Tax Total \$ 0.00

Table with columns: post date, tran date, last alloc date time, merchant, amount, status, note, type, rec ind. Includes entries for AGENT FEE and ALASKA AIR T.



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Inquiry - Statement - Cardholder Statement

This account was closed for security reasons.
is the new account number.

EX 6

Cardholder	STEPHEN J WRIGHT	Account Number	EX 6	
Product Type	TRAVEL - Individually Billed	Statement Period	02/04/2009 - 03/03/2009	Statement Status
Default MAC				New

Previous Balance	\$ 473.90	Total Payments	\$ 473.90	Total Amount Due	\$ 380.20
Purchases	\$ 603.40	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 223.20	Statement Total	\$ -93.70
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	note	type	rec ind
02/04/2009	02/02/2009		AGENT FEE	\$ 27.50				
02/04/2009	02/02/2009		ALASKA AIR T	\$ 389.20				
02/13/2009	02/02/2009		ALASKA AIR T	\$ -223.20				
02/16/2009	02/16/2009		PAYMENT - THANK YOU	\$ -473.90				
02/27/2009	02/25/2009		AGENT FEE	\$ 27.50				
02/27/2009	02/25/2009		ALASKA AIR T	\$ 179.20				



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Inquiry - Statement - Cardholder Statement

This account was closed for security reasons.
 Account *EX 6* is the new account number.

Cardholder	STEPHEN J WRIGHT	Account Number	<i>EX 6</i>	
Product Type	TRAVEL - Individually Billed	Statement Period	03/04/2009 - 04/03/2009	Statement Status
Default MAC				New

Previous Balance	\$ 380.20	Total Payments	\$ 603.40	Total Amount Due	\$ 924.21
Purchases	\$ 1,237.01	Previous Disputes	N/A	Current Disputes	N/A
Other Debits	\$ 0.00	Other Credits	\$ 89.60	Statement Total	\$ 544.01
				Tax Total	\$ 0.00

post date	tran date	last alloc date time	merchant	amount	status	note	type	rec ind
03/05/2009	03/03/2009		ALASKA AIR T	\$ 89.60				<input type="checkbox"/>
03/05/2009	03/03/2009		AGENT FEE	\$ 27.50				<input type="checkbox"/>
03/13/2009	03/03/2009		ALASKA AIR T	\$ -89.60				<input type="checkbox"/>
03/06/2009	03/04/2009		UNITED AIR	\$ 446.40				<input type="checkbox"/>
03/06/2009	03/04/2009		AGENT FEE	\$ 27.50				<input type="checkbox"/>
03/12/2009	03/10/2009		EMBASSY SUITES	\$ 239.31				<input type="checkbox"/>
03/20/2009	03/20/2009		PAYMENT - THANK YOU	\$ -603.40				<input type="checkbox"/>
04/01/2009	03/30/2009		AGENT FEE	\$ 27.50				<input type="checkbox"/>
04/01/2009	03/30/2009		ALASKA AIR T	\$ 379.20				<input type="checkbox"/>



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Atterbury,Laura M - DK-7

From: Kelly,J A - FTDP-2
Sent: Friday, June 19, 2009 7:36 AM
To: Atterbury,Laura M - DK-7
Subject: FW: Account activity for Stephen Wright

Hello,

I contacted Citibank and this is what they told me about those 2 missing statements.

Thank you,

J. Kelly

FTDP-2

Office 503-230-5485

Fax 503-230-4229

From: Radford, James H [mailto:james.h.radford@citi.com]
Sent: Thursday, June 18, 2009 4:19 PM
To: Kelly,J A - FTDP-2
Subject: Account activity for Stephen Wright

James,

Per our conversation earlier this evening, the account for Stephen J Wright ending in *EX6* had no activity for the months of August and May of 2008 and therefore we did not generate any statements. The statement balance was \$0.00 for both months. If you need any further assistance please feel free to contact myself or Dan Deal.

Thanks,

Jim Radford

Client Service Representative

Citi® Commercial Card Services

E-mail: james.h.radford@citi.com

Fax: 904-954-700

Ph: 888-836-5011 Option 3 Ext 20037

6/19/2009