BPA F 1510.14e
(01-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 01/18/2000

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)*	2. SOCIAL SECURITY NUMBER	3. TRANSACTION NUMBER *(CRC Use Only)*
Johansen, Judith A.	[redacted]	

4. OFFICIAL DUTY STATION *(City, County and State)*	5. RESIDENCE *(City, County and State)*	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	503/230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).*

A. BEGIN *(Time and Date)* B. END *(Time and Date)* C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Boise-Ada-ID	4/14/00	$ +	$	☐	$	$ 0.00
Pullman-Whitman-WA	4/21/00	$ +	$	☐	$	$ 0.00
Washington DC 115/46	4/24-26/00	$ 115.00 +	$ 236.00	☐	$	$ 351.00
Pasco-Franklin-WA	4/27/00	$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$ 0.00

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 149 x .325	$ 48.42
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)*	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$ 0.00
16. PARKING: $ 48.00 LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $ 138.00	$ 186.00
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$ 0.00
18. BUSINESS CALLS: $ 120.69 HI-HONEY CALLS *(See page 2)*: $	$ 120.69
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)*	$ 34.22
20. TOTAL REIMBURSABLE COSTS	$ 740.33
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 740.33

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*

ORG	PL-6	OBJ	ACTV	END ITEM	WDFO	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	GFA01	21	AF8			$ 740.33	$
		21				$	$
		21				$	$
						$	$
						$	$
						$	$ 0.00
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 740.33	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).* 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: 4/28/00

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

FILE CODE: TT
RETENTION: Z= 6 YR

Pmt cy made 5/1/00 PW

OK per auditor by Bzupell 5/15/00

MAY 01 '00 AM09:42

RENAISSANCE
HOTELS • RESORTS • SUITES

Renaissance Washington DC Hotel
999 9th Street NW
Washington, DC 20001-4427
202/898-9000
Fax 202/682-3419

For your protection we have NOT included a credit card receipt in this express check out. Please accept this statement as a receipt. Any additional charges will be added to the total amount charged to your credit card. If you need an updated receipt or credit card voucher, please stop by the Front Desk. Thank you.

GUEST FOLIO

623 JOHANNESEN/JUDITH 118.00 04/26/00 8598
ROOM NAME RATE DEPARTURE TIME ACCT#

KMNS BONNEVILLE POWER ADM 04/24/00 17:24
TYPE ARRIVE TIME

35 905 NE 11TH ST PASSPORT:

ROOM CLERK PORTLAND OR 97232 PAYMENT MR#:
ADDRESS

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
04/24 LOCAL	0395-LOC	.85		
04/24 LOBBYBAR	25453226	15.20		
04/24 ROOM	623, 1	118.00		
04/24 ROOM TAX	623, 1	17.11		
04/24 MOVIES	MOVIE	10.41		
04/25 RM SERV	14754120	30.53		
04/25 ROOM	623, 1	118.00		
04/25 ROOM TAX	623, 1	17.11		
04/26 BK CARD			$327.21	

TO BE SETTLED TO: VISA BK CURRENT BALANCE .00

THANK YOU FOR CHOOSING RENAISSANCE! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

---------- EXP. REPORT SUMMARY ----------

04/24	LOCAL	$.85
	LOBBYBAR	$15.20
	ROOM	$118.00
	ROOM TAX	$17.11
	MOVIES	$10.41
04/25	RM SERV	$30.53
	ROOM	$118.00
	ROOM TAX	$17.11

THANK YOU FOR STAYING WITH MARRIOTT! YOUR MARRIOTT REWARDS POINTS/MILES EARNED FOR THIS STAY WILL BE CREDITED TO YOUR ACCOUNT AND WILL APPEAR ON YOUR NEXT STATEMENT. TO CHECK YOUR BALANCE OR VIEW MEMBER EXCLUSIVE OFFERS, LOG ON TO WWW.MARRIOTTREWARDS.COM.

RENAISSANCE
HOTELS • RESORTS • SUITES

Renaissance Washington DC Hotel
999 9th Street NW
Washington, DC 20001-4427
202/898-9000 Fax 202/682-3419

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

THIS ITEM PRINTED ON RECYCLED PAPER

Alaska Airlines

Visa® Gold Account

JUDITH A JOHANSEN

Billing Date: 03/18/00

Account Number: [redacted]

Posting Date	Trans. Date	Ref. No.	Transactions	Charge	Credit
03-06	03-03	986	DTV*DIRECTV SERVICES 800-347-3288 CA	$42.98	
03-06	03-02	875	AT&T WS #00000051930055 800-888-7600 WA		
03-06	03-05	835	TARGET 00000346 CLACKAMAS OR	$99.97	
03-07	03-05	922	JESSE'S AUTO/GAS #301 WEST LINN OR	$54.50	
03-09	03-09	704	PAYMENT - THANK YOU		$226.29
03-13	03-08	884	GTEAIR 014M 206-5266150 OAK BROOK IL	$53.35	
03-13	03-08	181	GTEAIR 013M 503-2305102 OAK BROOK IL	$49.77	
03-13	03-08	597	GTEAIR 004M 503-2307300 OAK BROOK IL	$17.57	
03-13	03-11	663	MARRIOTT HOTELS JW WASHINGTON DC	$312.70	$3,469.31
03-13	03-11	109	TOYS R US #8005 CLACKAMAS OR	$18.96	
03-13	03-11	392	WANFU CHINESE RESTAURANT LAKE OSWEGO OR	$35.90	
03-13	03-10	604	ACE PARKING-PDX PORTLAND OR	$48.00	
03-14	03-12	325	ALBERTSON'S # 506 S9H WEST LINN OR	$183.09	

DC TRIP
phone

Please See The Reverse For Further Information

PORTLAND INTERNATIONAL AIRPORT

FACILITY 1 LANE 11 0169
TICKET NO. 13975690
CASHIER 0082 SC 21853

TIME	4/26/00	8:36 PM
ARRIVED	4/24/00	7:09 AM
FEE	RATE 0	$ 48.00
PARKING	LOT 1	$ 48.00
PAID (VISA)		$ 48.00
CHANGE		$ 0.00

THANK YOU

Taxi Cab Receipts

Date: 4-26 Time: _____

Trip Origin: Senate Office Bldg

Destination: Dulles

Fare: $ 60.00 Signature: _____

99 3456 9446
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
ETKT

ARC

A.UrABJ.Ar8 PASSENGER RECEIPT

ISSUED BY UNITED AIRLINES
NAME OF ISSUING AGENT WORLDTRAVEL PARTNER
NAME OF PASSENGER JOHANSEN/JUDITH A
XIO FROM **NOT VALID FOR**
XIO TO **TRANSPORTATION*
ENDORSEMENTS/RESTRICTIONS GOVT TRAVEL
FP VI4486003000004415*0401/ 017599 /FCPDX UA WAS2
90.23 UA PDX290.23YCAIAD 580.46 END ZPPDXIAD XFPDX3
IAD3

FLIGHT COUPON XXX ***XXXX
AIRCARRIER CODE VGORUV/AA
CARRIER FLIGHT THIS IS YOUR RECEIPT
PLACE OF ISSUE PORTLAND
BARE FARE/TICKET DESIGNATOR YCAIAD
CLASS DATE TIME
STATUS
NOT VALID BEFORE
AGENT CODE A38935993
NAME OF PASSENGER JOHANSEN/JUDITH A
ISSUING AGENT ID Y012*AH
NOT VALID AFTER
TO ********** PDX UA921 Y 26APRYCAIAD
FROM PDX OIAD UA928 Y 24APRYCAIAD
FCI 6 0011 / SERV CARR ID
DATE OF ISSUE 18APR00
ISO CODE US
PLACE OF ISSUE OR
TO/FROM CODE

XF		6.00
FARE USD	580.46	EQUIV. FARE RD.
TAX US	43.54	STOCK CONTROL NO. TX 689
TAX ZP	5.00	CK 61141696011
TOTAL USD	635.00	

CPN 0 016 7781459156 3
DOCUMENT NUMBER
ALLOW ********** PCS WT UNCKD CK
CARRIER ********** CARRIER ********** FLIGHT CLASS DATE TIME
GATE ********** SEAT ********** SMOKE
PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 016 7781459156 3
AA38935993

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY
FROM THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

0021183 A29
0H4622

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date 4-24

Name _____ $ 36.00

From Dulles

To Hotel

Driver _____ Cab No _____

(Shared)

Washington-Dulles Transportation, Ltd.
703/661-8230
703/528-4440

WorldTravel PARTNERS

SALES PERSON: Z9 ITINERARY/INVOICE NO. 0821183 DATE: 18 APR 00
CUSTOMER NBR: 6H4022 VGORUV PAGE: 02

TO: DLVR-18APR ET JUDITH JOHANSEN
BONNEVILLE POWER ADMINISRATIBONNEVILLE POWER ADMINISTRATION
ATTN TRAVEL - KGRD/2 PHONE-503-230-5101
905 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH A REF: A.GFA01.AF8

FOR ASSISTANCE DURING REGULAR OFFICE HOURS
CALL 503-454-4020 OR 800-547-7116
FOR EMERGENCY AFTER-HOURS ASSISTANCE CALL 877-469-7568
OUTSIDE USA AND CANADA CALL USA COLLECT 816-880-3347
YOUR EXECUTIVE CODE IS XD92
7.00 NON-REFUNDABLE PROCESSING FEE APPLIES FOR THIS RESERVATION
$35.00 IS THE GOVERNMENT AIRFARE FOR THIS ITINERARY
FREE TRAINING* LATEST PRODUCTS, SERVICES AND TRAVEL UPDATES
GSA EXPO 2000 MAY 10-11. REGISTER ON-LINE EXPO.GSA.GOV
SPECIAL TRAVEL AND TRANSPORTATION WORKSHOPS MAY 9, 10, 11
- -
--- ELECTRONIC TICKET ---
P0PK9S IS YOUR RECORD LOCATOR FOR UNITED AIRLINES
- -

K-A0
SVGS-RO

WorldTravel PARTNERS

EASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

BPA F 1510.14e
(01-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL - 01/18/2000

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)	2. SOCIAL SECURITY NUMBER	3. TRANSACTION NUMBER (CRC Use Only)
Johansen, Judith A.	[redacted]	

4. OFFICIAL DUTY STATION (City, County and State)	5. RESIDENCE (City, County and State)	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	230-5102

8. AREA: ☐ CONUS PLUS CANADA ☐ FOREIGN ☒ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE (Begin and End) and TYPE OF LEAVE (Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).

A. BEGIN (Time and Date)	B. END (Time and Date)	C. TOTAL HOURS OF LEAVE	D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. DAILY COMMUTE (See BPA F 1510.29e)	F. TOTAL
Portland-Multnomah-OR	4/20/00	$ +	$	☐	$	$
Portland-Multnomah-OR	4/27/00	$ +	$	☐	$	$
Portland-Multnomah-OR	4/28/00	$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 12 x .325		$ 3.90
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS (VOLUNTARY RETURNS)		$ (
15. RENTAL CAR: $	GAS FOR RENTAL CAR: $	$
16. PARKING: $ 6.00	LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): $	$ 6.00
17. ATM TRANSACTION 1.25%: $	BANK FEE: $	$
18. BUSINESS CALLS: $	HI-HONEY CALLS (See page 2): $	$
19. MISCELLANEOUS (Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)		$
20.	TOTAL REIMBURSABLE COSTS	$ 9.90
21.	APPLY TO TRAVEL ADVANCE	$ (
22.	NET REIMBURSEMENT TO TRAVELER	$ 9.90

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS (PAID BY EMPLOYEE)

ORG	PL-6	OBJ	ACTV	END ITEM	WDFO	TOTAL	NON REIMBURSABLE (PAID BY BPA) DB LODGING
A	GFA01	21	AF8			$ 9.90	$
		21				$	$
		21				$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 20)						$ 9.90	

25. Original document and support receipts maintained by (Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).
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.

J A Johansen

DATE: 5-3-00

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

FILE CODE: TT
RETENTION: Z= 6 YR

MAY 03 '00 PM02:29

Pmt in made 5/2/00

OK for audit by B Zufelt 5/5/00

ROOM # DATE AMOUNT

669586

Valet
DEPARTMENT

DO NOT WRITE IN ABOVE SPACE

DATE 4/27

NAME

ROOM OR ACCT. NO.

DATE SYMBOL AMOUNT

5th AVENUE SUITES

DO NOT WRITE IN THIS SPACE

EXPLANATION		
Valet parking	3.00	

FORM NO. 62

MISC. CHARGE

SIGNATURE

BPA F 1510.14e
(01-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 01/18/2000

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)*: **Johansen, Judith A.**
2. SOCIAL SECURITY NUMBER: [redacted]
3. TRANSACTION NUMBER *(CRC Use Only)*:
4. OFFICIAL DUTY STATION *(City, County and State)*: **Portland-Multnomah-Oregon**
5. RESIDENCE *(City, County and State)*: **West Linn-Clackamas-OR**
6. ROUTING / MAIL STOP: **A-7**
7. OFFICE PHONE: **503/230-5102**
8. AREA: ☐ CONUS PLUS CANADA ☐ FOREIGN ☒ LOCAL
9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL
10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel)*.
A. BEGIN *(Time and Date)* B. END *(Time and Date)* C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Portland-Multnomah-OR	5/18-19/00	$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐
13. NUMBER OF POV MILES DRIVEN: x $
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)* $ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $ $
16. PARKING: $ 19.60 LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $ $ 19.60
17. ATM TRANSACTION 1.25%: $ BANK FEE: $ $
18. BUSINESS CALLS: $ HI-HONEY CALLS *(See page 2)*: $ $
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)* $
20. **TOTAL REIMBURSABLE COSTS** $ 19.60
21. **APPLY TO TRAVEL ADVANCE** $ (
22. **NET REIMBURSEMENT TO TRAVELER** $ 19.60

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*

ORG	PL-6	OBJ	ACTV	END ITEM	WDFO	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	GFA01	21	AF8			$ 19.60	$
		21				$	$
		21				$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 19.60	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements)*. **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: 6-6-00
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

FILE CODE: TT
RETENTION: Z= 6 YR

JUN 07 '00 PM02:38

Pmt on made 6/7/00

Occ per audit hr B Zufelt 6/8/00

Thank You for Parking with

CITY CENTER PARKING

Station # 108

Date 5-19-

Amount Paid$ 9.80

Attendant

CITY CENTER CARES!

Any Questions or Comments
Please Call Customer Service
221-1666 ext 10.

BPA F 1510.14e
(01-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 01/18/2000

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1. TRAVELER'S NAME *(Last, First, Middle Initial)(Must be Legal Name)*: Johansen, Judith A.
2. SOCIAL SECURITY NUMBER: [redacted]
3. TRANSACTION NUMBER *(ORC Use Only)*:
4. OFFICIAL DUTY STATION *(City, County and State)*: Portland-Multnomah-Oregon
5. RESIDENCE *(City, County and State)*: West Linn-Clackamas-OR
6. ROUTING / MAIL STOP: A-7
7. OFFICE PHONE: 503/230-5102
8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL
9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).*

A. BEGIN *(Time and Date)*	B. END *(Time and Date)*	C. TOTAL HOURS OF LEAVE	D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Seattle-King-WA	5/10/00	$ +	$	☐	$	$ 0.00
Montreal-Quebec-Canada	5/21-22/00	$ 115.50 +	$ 106.90	☐	$	$ 222.40
Stateline-Nevada	5/24-25/00	$ 63.00 +	$ 83.30	☐	$	$ 146.30
Boise-Ada-ID	5/30/00	$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 160 x .325	$ 52.00
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)*	$ (
15. RENTAL CAR: $ 107.57 GAS FOR RENTAL CAR: $ 11.10	$ 118.67
16. PARKING: $ 36.50 LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $ 44.09	$ 80.59
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ 72.92 HI-HONEY CALLS *(See page 2)*: $ 9.13	$ 82.05
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)*	$ 25.92
20. TOTAL REIMBURSABLE COSTS	$ 727.93
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 727.93

23A. EFT MY REIMBURSEMENT I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*

ORG	PL-6	OBJ	ACTV	END ITEM	WDFO	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	GFA01	21	AF8			$ 727.93	$
		21				$	$
		21				$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 727.93	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).*: 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

FILE CODE: TT
RETENTION: Z= 6 YR

Ok for audit by B Griffith 6/9/00

PRIVACY ACT STATEMENT AND CERTIFICATION OF ACCURACY INSTRUCTIONS

BPA F 1510.14e
(01-2000)
(Instructions page)
(Supersedes BPA F 1510.20e)

Electronic Form Approved
By CIL 01/18/2000

HI HONEY PHONE CALL WORKSHEET

Daily Maximum May Not Exceed $5.00.

Trip or 7-Day Period May Not Exceed $15.00.

Amounts claimed are not to exceed actual out-of-pocket costs.

DAYS TRIP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TRIP TOTALS
Sample	$ 3.00	$	$ 6.00	$	$ 4.00	$	$	$ 12.00
Trip 1	$	$	$	$	$	$	$	$
Trip 2	$ **4.13**	$	$	$	$	$	$	$ **4.13**
Trip 3	$ **$23.18**	$	$	$	$	$	$	$ **5.00**
Trip 4	$	$	$	$	$	$	$	$
							CLAIM TOTAL IN BLOCK 18. TOTAL	$ **9.13**

COMMENTS

Montreal lodging & M&IE = $108/77
Exchange rate 5/21-22 = .6681
rental car on 5/10--Mark Maher signed but Judi Johansen paid for the car

PRIVACY ACT STATEMENT

Collection of the information requested is authorized by Federal Travel Regulation 1-14 issued under authority of Executive Order 11609. Compliance is voluntary; however, failure to provide this information may delay or preclude authorization and reimbursement for travel. The information will be used by BPA to authorize travel and payment of travel expenses and to support reimbursement of expenses claimed.

TRAVELER'S POTENTIAL LIABILITY - Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets until all used tickets have been properly accounted for on the travel voucher or unused tickets are returned to CRC for refund. When a traveler knows that reservations for transportation and/or motel/rental car will not be used, he/she must cancel the reservations, either personally or through the BPA travel agency, **within the time limits specified.**

TRAVELER'S RESPONSIBILITIES - Accurately reflecting the facts involved in every claim for reimbursement. Notifying the supervisor of a change in permanent residence. Obtaining required receipts for expenses incurred. Attaching original receipts to travel vouchers. Submitting travel claims at least weekly if in continuous travel. Assigning to the United States any right he/she may have against any parties in connection with reimbursable transportation charges purchased under cash payments procedures *(FPMR 101-7)*. Being aware that falsification of any 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).*

FILE CODE: TT
RETENTION: Z= 6 YR

Enterprise
1 800 rent-a-car

ERAC - 43 REV. 4/98

YEAR IN	5-10-00
YEAR OUT	5.10.00
START CHARGES IF DIFFERENT	

RENTAL TYPE | SOURCE # | I.D. #

RENTAL AGREEMENT NO. D

RENTER: Mark Maher
ADDRESS: 10867 SW Creightonwood Pl
CITY: Portland STATE: OR ZIP: 97219
HOME PHONE: (360) 418 8008
OFFICE PHONE:
LOCAL ADDRESS:
OTHER PHONE:
DRIVER'S LICENSE: 2958420 STATE: OR EXPIRES: 12-17-01
DOB: 12-17-43 HEIGHT: WEIGHT: EYES: HAIR:
SOCIAL SECURITY #: EMPLOYER: Bonneville Power

MILES @: untimited
HOURS @:
DAYS @: 50.00 500

ORIGINAL VEHICLE

COLOR: White LICENSE NO.: 218KLW
MODEL: Bonneville ECAR #: UC9841

MILEAGE	
IN	
OUT	62189
DRIVEN	

CONDITION	OUT	IN
R.F. DR/FDR	OK	
R.R. DR/FDR	OK	
L.F. DR/FDR	OK	
L.R. DR/FDR	OK	
HOOD/GLASS	OK	
TRUNK/SPARE	OK	
WHL COVERS	OK	

FUEL OUT: E ⅛ ¼ ⅜ ½ ⅝ ¾ ⅞ F
FUEL IN: E ⅛ ¼ ⅜ ½ ⅝ ¾ ⅞ F

BILL TO: COMPANY
ADDRESS
CITY STATE ZIP
ATTN: without PHONE: With EXT.

RENTER ACCEPTS DAMAGE RESPONSIBILITY	X Mm RENTER	RENTER REQUESTS FULL DAMAGE WAIVER (DW) AT DAILY FEE SHOWN IN ADJOINING COLUMN. SEE REVERSE. THIS IS NOT INSURANCE.	X RENTER ▶ 999
RENTER DECLINES PERSONAL ACCIDENT INSURANCE	X Mm RENTER	RENTER REQUESTS PERSONAL ACCIDENT INSURANCE (PAI) AT DAILY FEE SHOWN IN ADJACENT COLUMN AND HAS READ THE POLICY CERTIFICATE.	X RENTER ▶ 299
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP)	X Mm RENTER	RENTER REQUESTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT DAILY RATE SHOWN IN COLUMN. SEE REVERSE.	X RENTER ▶ 799

ADDITIONAL DRIVER – NONE PERMITTED WITHOUT ENTERPRISE'S APPROVAL.
I request Enterprise's permission to allow
AGE LICENSE NO. STATE EXP.

Who is under my control and direction to drive the rented vehicle for me and in my behalf. I am responsible for their acts while they're driving, and for fulfilling terms and conditions of this agreement.

X RENTER AUTH. BY ENTERPRISE'S REP

PERMISSION GRANTED FOR VEHICLE TO LEAVE THE STATE.
YES NO STATES AUTH. BY ENTERPRISE'S REP

NO GASOLINE REFUND - 1 DAY MINIMUM - ENTERPRISE SUPPLIES NO INSURANCE
ACKNOWLEDGMENT OF TERMS AND CONDITIONS
I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS AGREEMENT. MY SIGNATURE BELOW IS CONSIDERED TO HAVE BEEN MADE ON ANY APPLICABLE CREDIT CARD VOUCHER AND I AUTHORIZE ENTERPRISE TO PROCESS SUCH VOUCHER FOR ADVANCE DEPOSITS AND CHARGES INCURRED, INCLUDING PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. SEE REVERSE FOR LIABILITY RESTRICTIONS.

RENTER X Mark Maher DATE
ENTERPRISE REP X EMPL. #

REPLACEMENT VEHICLE

DATE OUT
COLOR LICENSE NO.
MODEL ECAR #

MILEAGE	
IN	
OUT	
DRIVEN	

CONDITION	OUT	IN
L.F. DR/FDR		
L.R. DR/FDR		
L.F. DR/FDR		
L.R. DR/FDR		
HOOD/GLASS		
TRUNK/SPARE		
WHL COVERS		

OUT E ⅛ ¼ ⅜ ½ ⅝ ¾ ⅞ F
IN E ⅛ ¼ ⅜ ½ ⅝ ¾ ⅞ F

WILL RETURN CAR BY	DATE/TIME	ORIG. DEP.	AMOUNT	PD BY	TYPE	DATE PD.	AUTH #
EXT. TO		ADDT'L DEP.					
EXT. TO		ADDT'L DEP.					
EXT. TO		ADDT'L DEP.					
EXT. TO		ADDT'L DEP.					

ADDITIONAL INFORMATION:

ENTERPRISE 4587
5902262792
6011018028 45873
5463911750

09/01/99 09/02 V
JOHANSEN
OR 97376

FUEL CHARGE: @ $2.00/gal 40.00
TOTAL CHARGES: 18.3% tax 9.88
DEPOSITS
REFUNDS

AMOUNT DUE 63.88

CLOSED BY

PAID BY	CASH	CHECK	CR. CARD	CHARGE

RECEIPT FOR CASH REFUND
DATE RECEIVED BY X AMOUNT

CLAIM INFORMATION
POL. OR CL #
INSD.
LOSS DATE THEFT ACCIDENT
PHONE NAME
REPAIR SHOP
TYPE CAR

BPA pay

PLEASE USE SEAT BELTS

STOPPED VEHICLES - Renter is responsible for any and all damages and/or rental charges until the vehicle is checked in by an agent of Enterprise.

X RENTER

CUSTOMER COPY - ADDITIONAL STIPULATIONS ON REVERSE SIDE

© Enterprise Rent-A-Car Company, 1998

00 3426 0598
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

G.GFA01.AF8

ETKT PASSENGER RECEIPT SITI

ARC FLIGHT COUPON X

ISSUED BY NORTHWEST AIRLINES XXXXX TOUR CODE AGENT CODE A45611521
NAME OF ISSUING AGENT BTI AMERICAS HOUSTON PLACE OF ISSUE ISO CODE TX DATE OF ISSUE US18MAY00
NAME OF PASSENGER JOHANSEN/JUDITH A PNR/CARRIER CODE RCOULO/AA FARE BASIS/TICKET DESIGNATOR MULTI FCI 6 SERV CARR. ID 0011/
X/O FROM **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER THIS IS YOUR RECEIPT
X/O TO **TRANSPORTATION* ISSUING AGENT ID U525*65
ENDORSEMENTS/RESTRICTIONS
VALID VIA NW ONLY/ GOVT TRAVEL
FP VI44860030000004415*0401/ 006455 /FCPDX NW X/DT
T252.09YCA NW YMQ Q13.95 551.00Y27 USD817.04 END ZP
PDXDTW XFPDX3DTW3

FARE XF 6.00 EQUIV. FARE PD.
TAX USD 817.04 STOCK CONTROL NO. TX 889 CK CPN ALLOW PCS WT UNCKD **********
TAX US 61.28 DOCUMENT NUMBER CK
TOTAL ZP 5.00 62687868412 0 012 7791879312 6
USD 889.32

0A40ZZ 0315844 AZ9
XXXXXXXXXXXX

NAME OF PASSENGER JOHANSEN/JUDITH A
FROM PDX
XDTW NW66 Y 21MAYYCA
TO YUL NW1106 Y 21MAYY27
****
****
CARRIER
****
CARRIER FLIGHT CLASS DATE TIME
****
****
GATE SEAT SMOKE
****
****
****
PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 012 7791879312 6
AA45611521

DOCUMENT IS HEAT SENSITIVE – Do not expose to prolonged periods of excessive heat or light
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IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

00 3426 0598
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

G.GFA01.AF8

ETKT PASSENGER RECEIPT SITI

ARC FLIGHT COUPON X

ISSUED BY CONTINENTAL AIRLINES XXXXX TOUR CODE AGENT CODE A45611521
NAME OF ISSUING AGENT BTI AMERICAS HOUSTON PLACE OF ISSUE ISO CODE TX DATE OF ISSUE US18MAY00
NAME OF PASSENGER JOHANSEN/JUDITH A PNR/CARRIER CODE RCOULO/AA FARE BASIS/TICKET DESIGNATOR MULTI FCI 6 SERV CARR. ID 0011/
X/O FROM **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER THIS IS YOUR RECEIPT
X/O TO **TRANSPORTATION* ISSUING AGENT ID U525*65
ENDORSEMENTS/RESTRICTIONS
GOVT TRAVEL
FP VI44860030000004415*0401/ 054590 /FCYMQ CO X/EW
R111.00QDG CO PDX177.02VDG CAD288.02 END ZPYULEWRXT
6.00XY13.60XG3.00XF XFEWR3

FARE XT 22.60 EQUIV. FARE PD.
TAX CAD 288.02 USD 194.00 STOCK CONTROL NO. TX 889 CK CPN ALLOW PCS WT UNCKD **********
TAX US 14.52 DOCUMENT NUMBER CK
TOTAL ZP 5.00 62687868530 0 005 7791879315 2
USD 236.12

0A40ZZ 0315847 AZ9
XXXXXXXXXXXX

NAME OF PASSENGER JOHANSEN/JUDITH A
FROM YUL
XEWR CO4221 Q 22MAYQDG
TO PDX CO107 V 22MAYVDG
****
****
CARRIER
****
CARRIER FLIGHT CLASS DATE TIME
****
****
GATE SEAT SMOKE
****
****
****
PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 005 7791879315 2
AA45611521

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Page 1

ATTENTION NICKI
JOHANSEN/JUDITH A

G.GFA01.AF8

16May00 10:39:54

DLVR-18MAY ETR
BONNEVILLE POWER ADMINISRATION
ATTN JUDITH - G
905 NE 11TH ST
PORTLAND, OR 97232

The booking locator is RCOULO. The fare is $1113.00.

21May00 08:50am Sunday	**AIR** Northwest Airlines From: Portland OR, USA Meal: Breakfast Equip: Airbus Industrie 320 Arrival: 21May00 Sunday 04:05pm Seat:9D ARR-MAIN TERMINAL Northwest Airlines locator: 2OXU4H	Flight# 66 Class: Y To: Detroit Metro MI, USA Status: Confirmed
21May00 05:10pm Sunday	**AIR** Northwest Airlines From: Detroit Metro MI, USA Meal: Snack/brunch Equip: Mcdonnell Douglas Dc Arrival: 21May00 Sunday 06:55pm Seat:8D DEP-MAIN TERMINAL Northwest Airlines locator: 2OXU4H	Flight# 1106 Class: Y To: Montreal, Canada Status: Confirmed
22May00 02:30pm Monday	**AIR** Continental Airlines From: Montreal, Canada Meal: None Equip: ERJ Arrival: 22May00 Monday 04:10pm Seat:17A YUL-EWR OPERATED BY CO EXPRESS Continental Airlines locator: LWHZ81	Flight# 4221 Class: Q To: Newark NJ, USA Status: Confirmed
22May00 05:15pm Monday	**AIR** Continental Airlines From: Newark NJ, USA Meal: Dinner Equip: Boeing 757 Arrival: 22May00 Monday 08:15pm Seat:22C DEP-TERMINAL C Continental Airlines locator: LWHZ81	Flight# 107 Class: V To: Portland OR, USA Status: Confirmed
20Aug00 Sunday	**OTHER** INFORMATION THANK YOU FOR CHOOSING WORLD TRAVEL PARTNERS	

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FOR ASSISTANCE DURING REGULAR OFFICE HOURS
CALL 503-454-4020 OR 800-547-7116
FOR EMERGENCY AFTER-HOURS ASSISTANCE CALL 877-469-7568
OUTSIDE USA AND CANADA CALL USA COLLECT 816-880-3347
YOUR EXECUTIVE CODE IS XD92
.....
FARE FOR THIS ITINERARY IS 1113.00
7.00 PROCESSING FEE, PER TICKET, APPLIES. ADDITIONAL FEE
WILL BE CHARGED IF TICKET REQUIRES REISSUE OR
REFUND BY WORLDTRAVEL PARTNERS
- -
- — ELECTRONIC TICKET —
- 2OXU4H IS YOUR RECORD LOCATOR FOR NORTHWEST
- LWHZ81 IS YOUR RECORD LOCATOR FOR CONTINENTAL
- -
MK-A0
U*8-100000010000000000A0B8*
RSVGS-TM
X*AG-32
U*6-1BSS00ET05120002214L00643L00000
S*L643
U*7-G/GFA01/AF8

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HÔTEL WYNDHAM MONTRÉAL℠

Mr. Judith A Johansen
Bonneville Power Adm.
P.O. Box 3621
Portland, OR 97209

Arrival	05/21/00	Room	0318
Departure	05/22/00	Cashier	AHMEDH
		Page	1

I N V O I C E N O. 107564 Wyndham Montreal, 05/22/00

Date	Text	Room	Charges	Credits
05/21	FILM / Movie ->#318 : VIDEO MOVIE/FILM	0318	12.64	
05/21	APPEL INTER./Long-Dist ->#318 : [redacted]		6.18 -Hi Honey	
05/21	Chambre/Room		160.00	
05/21	TTQ /Occupancy Tax		2.00	
05/21	TVQ /PST (Prov.7.5%)		13.00	
05/21	TPS /GST (Fed.7%)		11.34	
05/22	Visa [redacted] 09/02			205.16
	Total		205.16	205.16
	Balance			0.00 CI

Thank You For Choosing The Wyndham Hotel Montreal

GST Room	(7%)	11.34	GST #143297653
PST Room	(7.5%)	13.00	PST #1023048953
GST Food and Beverage	(7%)	0.00	
PST Food and Beverage	(7.5%)	0.00	
GST Incidentals	(7.5%)	1.15	

Signature: _____

1255, rue Jeanne-Mance, C.P. 130, Montréal (Québec) H5B 1E5
Tél.: (514) 285-1450 • 1 800 361-8234 • Fax: (514) 285-1243 • Réservations: U.S. & Canada 1 800-WYNDHAM

REÇU - RECEIPT

DATE 22 5 00 (j/d m/m a/y) — 33.00 (G.S.T. & Q.S.T. Included / T.P.S. & T.V.Q. Incluse)

VOYAGE / TRIP — DE / From ..... À / To ..... —

No. Vignette / Sticker No. 3459 — No. Permis de travail / Workpermit No. 2115

No. Auto / Car No. 888 — T.P.S. / G.S.T. ..... — Signature du chauffeur / Drivers signature

CHAMPLAIN TAXIS FAX: (514) 273-4445

REÇU DE TAXI — TAXI RECEIPT

22/5/00 (J-D M A-Y)

MONTANT – AMOUNT Toutes taxes incluses / All taxes included: 33 00

Lanternon / # Dome: —

T.P.S./G.S.T. # ..... # Vignette: 4074

T.V.Q. / Q.S.T. # ..... # Permis / # Pocker: 23220

SIGNATURE : .....

Un compte courant est tellement plus pratique / So much easier with a charge account

TAXI ROYAL

7294 A, LAJEUNESSE, MONTRÉAL (QUÉ.) H2R 2H4

RECEIPT
ROBERTS FIELD AIRPORT
------2891 23:20:54 05-30-2000 00-----

9 1 54618 08:53 05/30 23:20 05/30

PARKING	4.50
CASH	4.50

-----THANK YOU FOR PARKING WITH US----

PORTLAND INTERNATIONAL AIRPORT

FACILITY 1 LANE 13 0078
TICKET NO. 14107153
CASHIER 0047 SC 23458

TIME	5/22/00	9:09 PM
ARRIVED	5/21/00	7:42 AM
FEE	RATE 0	$ 32.00
PARKING	LOT 1	$ 32.00
PAID (VISA)		$ 32.00
CHANGE		$ 0.00

THANK YOU

HARVEYS

RESORT & CASINO • LAKE TAHOE'S GRAND ADVENTURE℠

1-800-HARVEYS

Room No. 960
Daily Rate
Deposit Amt
No. of Guest 1
Arrival Date 5/24/00
Departure Date 5/25/00

Name JUDITH JOHANSEN
Address PO BOX 3621

Portland, OR 97208

Company Name
Convention Code
Settlement Method FRONT DESK VISA

Check-in Clerk EM70543
RES ID 36621560083

Signature

Money or items of value must be placed in safe-deposit boxes which are provided without charge, at the Front Desk, otherwise "HARVEYS" will not be liable for any loss. All charges incurred are the responsibility of the registered guest.

CHECK OUT TIME: 12:00 NOON

RATES DO NOT INCLUDE ROOM TAX

SORRY, NO PETS

Settlement Method FRONT DESK VISA

Check-Out Clerk MB06479
FOL ID 36669639810B

THANK YOU FOR CHOOSING HARVEYS

DATE	REFERENCE	DESCRIPTION	SPLIT	AMOUNT
5/24/00	960	ROOM CHARGE 960		83.30
		TAX		8.33
5/24/00		APPLIED DEPOSIT		91.63-
		0902 4023010590693804		
5/24/00		LONG DISTANCE CALL		1.00
		8884837235 05/24 13:58		
5/24/00		LONG DISTANCE CALL		1.00
		8884483723 05/24 13:59		
5/24/00		LONG DISTANCE CALL		6.72
		[redacted] 05/24 13:59		
5/24/00		LONG DISTANCE CALL		7.73
		[redacted] 05/24 14:00		
5/24/00		LONG DISTANCE CALL		36.74
		[redacted] 05/24 15:10		
5/24/00		LONG DISTANCE CALL		18.73
		[redacted] 05/24 16:57		
5/24/00		LONG DISTANCE CALL		1.00
		[redacted] 05/24 17:10		
5/24/00		LONG DISTANCE CALL		7.73
		[redacted] 05/24 17:11	– Hi Honey	
5/24/00		LONG DISTANCE CALL		7.73
		[redacted] 05/24 17:12		
5/24/00	7574	PEAK BAR		20.75
		960JO		
5/24/00		LONG DISTANCE CALL		6.72
		[redacted] 05/24 23:03	– Hi Honey	
5/24/00		LONG DISTANCE CALL		7.73
		[redacted] 05/24 23:05	– Hi Honey	

Tried to use long distance calling card but it wouldn't work

HARVEYS

RESORT & CASINO • LAKE TAHOE'S GRAND ADVENTURE℠

1-800-HARVEYS

Room No. 960
Daily Rate
Deposit Amt.
No. of Guest 1
Arrival Date 5/24/00
Departure Date 5/25/00

Name JUDITH JOHANSEN
Address PO BOX 3621

Portland, OR 97208

Company Name
Convention Code
Settlement Method FRONT DESK VISA

Check-in Clerk EM70543
RES ID 366215600835

Signature

Money or items of value must be placed in safe-deposit boxes which are provided without charge, at the Front Desk, otherwise "HARVEYS" will not be liable for any loss. All charges incurred are the responsibility of the registered guest.

CHECK OUT TIME: 12:00 NOON

RATES DO NOT INCLUDE ROOM TAX

SORRY, NO PETS

Settlement Method FRONT DESK VISA

Check-Out Clerk MB06479
FOL ID 366696398108

THANK YOU FOR CHOOSING HARVEYS

DATE	REFERENCE	DESCRIPTION	SPLIT	AMOUNT
5/24/00		LONG DISTANCE CALL 88844837235 05/24 23:08	call card - wouldn't work	1.00
5/24/00		LONG DISTANCE CALL [redacted] 05/24 23:09	– Hi Honey	1.00
5/25/00		FRONT DESK VISA 9/02 [redacted]		125.58-

Hertz Local Edition

Rental Record No.

AREA/LOC. IN 7770-02	DATE/TIME (USE MILITARY TIME) IN 5/25/00 1500
AREA/LOC. OUT 7770-02	DATE/TIME (USE MILITARY TIME) OUT 5/24/00 1400
CAR CLASS RESERVED F	EXCHANGE (USE MILITARY TIME) DATE/TIME

TO BE PAID BY

CC TYPE	CC	EXPIRES	COD #
RENTER'S NAME Johnson Tony			DOB
ADDRESS		PHONE	
CITY		ST	ZIP CODE
DRIVERS LICENSE #		ST.	EXPIRES
AFFILIATION	RES. ID #	REFERRAL	
EMPLOYER		PHONE ( )	
DUE LOCATION 7770-02	AREA/LOC. #	DUE DATE	
RENTAL LOCATION		AREA/LOC. #	

ORIGINAL VEHICLE		EXCHANGE VEHICLE	
UNIT #	OWNING AREA #	EXCHANGE UNIT #	OWNING AREA #
LICENSE #		LICENSE #	
MAKE / YEAR	Veh. Class	MAKE / YEAR	Veh. Class
MILEAGE IN 7103	Veh. Class F	MILEAGE IN	
MILEAGE OUT		MILEAGE OUT	
MILES DRIVEN 70		MILES DRIVEN	
MILES ALLOWED		MILES ALLOWED	
FUEL OUT E ¼ ½ ¾ 1/1 F		FUEL OUT E ¼ ½ ¾ 1/1 F	
FUEL IN E ¼ ½ ¾ 1/1 F		FUEL IN E ¼ ½ ¾ 1/1 F	
REFUELING RATE /MILE 1.99 /GAL		REFUELING RATE /MILE /GAL	

AUTHORIZATION TO RECEIVE DIRECT PAYMENT FROM

BILL TO Customer		DOL	
ADJUSTER NAME		CLAIM #	
ADDRESS		PHONE #	
CITY		STATE	ZIP CODE
INSURED'S NAME		POLICY #	

IF YOU DECLINE THE OPTIONAL LIABILITY INSURANCE SUPPLEMENT (LIS) PARAGRAPH 18 (B) OF THE RENTAL AGREEMENT TERMS AND CONDITIONS APPLIES TO YOUR RENTAL. BY SIGNING BELOW YOU AGREE THAT ANY INSURANCE THAT PROVIDES COVERAGE TO YOU OR TO AN AUTHORIZED OPERATOR SHALL BE PRIMARY. IF YOU DECLINE THE OPTIONAL DAMAGE WAIVER (DW OR PDW) YOU MAY BE RESPONSIBLE FOR ANY VEHICLE LOSS OR DAMAGE REGARDLESS OF FAULT (SEE RENTAL FOLDER PARAGRAPH 4). YOUR OWN AUTO INSURANCE MAY COVER ALL OR PART OF SUCH DAMAGE. YOU MAY WANT TO CHECK BEFORE ACCEPTING DW OR PDW. BY SIGNING THIS AGREEMENT YOU AGREE AND UNDERSTAND THE ABOVE AND ALL TERMS, CONDITIONS AND YOUR OBLIGATIONS SHOWN ON THE FOLDER (HERTZ 1200023) DELIVERED TO YOU WITH THIS RENTAL RECORD.

VEHICLE DAMAGE REPORT

CHECK OUT

X = DENT S = SCRATCH O = MISSING

CHECK IN

X = DENT S = SCRATCH O = MISSING

REMARKS

COMPUTATION OF CHARGES ☐ CALENDAR DAY ☐ 24 HR DAY		
DAYS 1 @ 43.99		43.99
EXTRA HRS @	PER HR	
EXTRA DAYS @	PER DAY	
WEEK @	PER WK	
MILES @	PER MILE	
SUB TOTAL ▶		43.99
SUB TOTAL ▶		43.99
ADD'L CHARGES		
DW @		
PDW @		
FUEL - SERVICE		7.10
SUB TOTAL		51.09
TAX 7.25%		3.70
LIS @		
PAI/PEC @		
FPO		
TOTAL CHARGES ▶		54.79
MISC. (DEBIT/CR)		
LESS DEPOSIT		( )
LESS PAYMENT		( )
BAL DUE		54.79
DUE FROM INS CO		
DUE FROM CUST		54.79
PREP ID# 5008	COMP ID# 5403	
EXCHANGE ID#		
REFUND ☐ CARD ☐ CHECK		
PETTY CASH #		

DEPOSITS

DATE	AMOUNT	CSH/CHK	INTLS

CREDIT APPROVALS

AUTH #	AMOUNT	DATE

	ACCEPT		DECLINE	
DW	X	$	X	DAMAGE WAIVER (DW). BY INITIALS. You accept at the rate shown, or decline, HLE's waiver of your responsibility for loss or damage to the Car designated on this Rental Record, up to its full value, in accordance with paragraph 4(c) of the attached Terms & Conditions. DW IS NOT INSURANCE.
PDW	X	$	X	PARTIAL DAMAGE WAIVER (PDW). BY INITIALS. You accept at the rate shown, or decline, HLE's waiver of your responsibility for loss or damage in an amount equal to the deductible under your insurance policy, up to a maximum of $1,000. PDW IS NOT INSURANCE.
LIS	X	$	X	LIABILITY INSURANCE SUPPLEMENT (LIS). BY INITIALS. You accept at the rate shown, or decline, LIS. You acknowledge reading the SUMMARY of Coverage provided to You.
PAI & PEC	X	$	X	PERSONAL ACCIDENT INSURANCE (PAI) AND PERSONAL EFFECTS COVERAGE (PEC). BY INITIALS. You accept at the rate shown, or decline, PAI & PEC. You acknowledge reading SUMMARY of Coverage provided to You.
FPO	X		X	FUEL PURCHASE OPTION (FPO). BY INITIALS. You accept at the rate shown, or decline FPO. NO REFUNDS GIVEN FOR FUEL LEFT IN THE CAR AT RETURN

Authorization to Leave State of Rental Not Permitted: _____ ☐ YES HLE Initials: X

151 (4/98)

LOCATION COPY

BPA F 1510.14e
(01-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 01/18/2000

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)	2. SOCIAL SECURITY NUMBER	3. TRANSACTION NUMBER (CRC Use Only)
Johansen, Judith A.	[redacted]	

4. OFFICIAL DUTY STATION (City, County and State)	5. RESIDENCE (City, County and State)	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-Oregon	A-7	503/230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE (Begin and End) and TYPE OF LEAVE (Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).

A. BEGIN (Time and Date)	B. END (Time and Date)	C. TOTAL HOURS OF LEAVE	D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. DAILY COMMUTE (See BPA F 1510.29e)	F. TOTAL
Washington DC 118/46	6/12-14/00	$ 115.00 +	$ 430.00	☐	$	$ 545.00
Lewiston-Nez Perce-ID	6/21/00	$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 80 x .325	$ 26.00
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS (VOLUNTARY RETURNS)	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ 48.00 LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): $ 162.00	$ 210.00
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ 9.94 HI-HONEY CALLS (See page 2): $ 0.75	$ 10.69
19. MISCELLANEOUS (Vehicle cleaning, Reg. fees, road maps, lodging tax etc.) Room tax	$ 62.36
20. TOTAL REIMBURSABLE COSTS	$ 854.05
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 854.05

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS (PAID BY EMPLOYEE)

ORG	PL-6	OBJ	ACTV	END ITEM	WDFO	TOTAL	NON REIMBURSABLE (PAID BY BPA) DB LODGING
A	GFA01	21	AF8			$ 854.05	$
		21				$	$
		21				$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 20)						$ 854.05	

25. Original document and support receipts maintained by (Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).
Nicki Stauffer [redacted] 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 7/6/00

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

00 JUL -6 PM 4:04

FILE CODE: TT
RETENTION: Z= 6 YR

Payment a made 7/7

Ok Pauldt by Bzufelt

PRIVACY ACT STATEMENT AND CERTIFICATION OF ACCURACY INSTRUCTIONS

BPA F 1510.14e
(01-2000)
(Instructions page)
(Supersedes BPA F 1510.20e)

Electronic Form Approved
By CIL 01/18/2000

HI HONEY PHONE CALL WORKSHEET

Daily Maximum May Not Exceed $5.00.

Trip or 7-Day Period May Not Exceed $15.00.

Amounts claimed are not to exceed actual out-of-pocket costs.

DAYS TRIP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TRIP TOTALS
Sample	$ 3.00	$	$ 6.00	$	$ 4.00	$	$	$ 12.00
Trip 1	$ $0.75	$	$	$	$	$	$	$ $0.75
Trip 2	$	$	$	$	$	$	$	$
Trip 3	$	$	$	$	$	$	$	$
Trip 4	$	$	$	$	$	$	$	$
							CLAIM TOTAL IN BLOCK 18. TOTAL	$ $0.75

COMMENTS

PRIVACY ACT STATEMENT

Collection of the information requested is authorized by Federal Travel Regulation 1-14 issued under authority of Executive Order 11609. Compliance is voluntary; however, failure to provide this information may delay or preclude authorization and reimbursement for travel. The information will be used by BPA to authorize travel and payment of travel expenses and to support reimbursement of expenses claimed.

TRAVELER'S POTENTIAL LIABILITY - Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets until all used tickets have been properly accounted for on the travel voucher or unused tickets are returned to CRC for refund. When a traveler knows that reservations for transportation and/or motel/rental car will not be used, he/she must cancel the reservations, either personally or through the BPA travel agency, **within the time limits specified.**

TRAVELER'S RESPONSIBILITIES - Accurately reflecting the facts involved in every claim for reimbursement. Notifying the supervisor of a change in permanent residence. Obtaining required receipts for expenses incurred. Attaching original receipts to travel vouchers. Submitting travel claims at least weekly if in continuous travel. Assigning to the United States any right he/she may have against any parties in connection with reimbursable transportation charges purchased under cash payments procedures *(FPMR 101-7)*. Being aware that falsification of any 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).*

FILE CODE: TT
RETENTION: Z= 6 YR

Taxi Cab Receipts

DATE: 6-14-00 TIME: _____

TRIP ORIGIN: Senate OFFICE Bldg

DESTINATION: Dulles

FARE: $ 55.00 SIGNATURE _____

Distributed by Fargoway

ADA TLANO INTERNATIONAL AIRPORT

FACILITY 2 LANE 24 0258
TICKET NO. 14519863
CASHIER 0011 SL 20063

TIME 6/15/00 10:22 PM
ARRIVED 6/12/00 7:26 AM
FEE RATE 0 $ 45.00
PARKING LOT 1 $ 49.00
PAID (VISA) $ 49.00
CHANGE $ 0.00

THANK YOU

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date 6-12-00

Name _____ $ 55.00

From Dulles

To Downtown

Driver _____ Cab No _____

Washington-Dulles Transportation, Ltd.
703/661-8230
703/528-4440

BPA

BONNEVILLE POWER ADMINISTRATION
Office of the Administrator

Barb:

This room rate is really high, I know. I tried more than 10 different hotels and even had the White House Council on Environmental Quality (CEQ) looking for rooms. (The purpose of the trip was meeting between the federal agencies and CEQ on fish-related issues.)

We finally went with the $265/night rate because the other hotels were even higher! Judi managed to get the rate down to $165/night when she complained about the quality of the room and the price.

Nicki

Grand Hyatt Washington
1000 H Street, N.W.
Washington, DC 20001 USA
202.582.1234
FAX 202.637.4781

Guest Account

Room	Rate	Arrive	Depart	Folio No.	Account	Affiliation	FF	ID	Page
801	265.00	06/12/00	06/14/00	961263	2 CCARD	0-SCRP	11	KDL	1

JOHANSEN JUDITH
BONNEVILLE POWER ADMINIST ** DEPARTED ** 04:55 MMV 1/0
POB 3621
PORTLAND OR 97208

RES NO: HH-212389-1 SPIRIT: 4768244 -01 4023010590693804 09/02

Date	Code	Reference	ID	Description	Charges	Credits	Balance
0612	712	184716	XXX	206-526-4489 O	.75		.75
0612	712	222409	XXX	[redacted] th Honey	.75		1.50
0612	541		YY2	IN-HOUSE MOVIES	11.56		13.06
0612	341	339	341	PACIFICA - LIQR	8.65		21.71
0612	731		PMI	GIFT SHOP	15.59		37.30
0612	111	Rm 801	OMA	GUEST ROOM	165.00		202.30
0612	811	Rm 801	OMA	ROOM TAX	23.93		226.23
0613	611	HEALTH	ALG	HEALTH CLUB FEE	9.00		235.23
0613	341	377	341	PACIFICA - LIQR	26.00		261.23
0613	712	232403	XXX	503-230-7300	8.19		269.42
0613	111	Rm 801	OMA	GUEST ROOM	265.00		534.42
0613	811	Rm 801	OMA	ROOM TAX	38.43		572.85
0614	932	Ex09/02	KDL	[redacted]		-572.85	.00
				TOTAL			.00

VISA [redacted]0017

No frequent traveler account has been credited for this stay.
To enroll in Gold Passport, call 1-800-51-HYATT.

Signature

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

BPA F 1510.14e
(07/2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL - 01/18/2000

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)*	2. SOCIAL SECURITY NUMBER	3. TRANSACTION NUMBER *(CRO Use Only)*
Johansen, Judith A.	[redacted]	

4. OFFICIAL DUTY STATION *(City, County and State)*	5. RESIDENCE *(City, County and State)*	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☐ MEETING ☒ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).*

A. BEGIN *(Time and Date)* B. END *(Time and Date)* C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Warm Springs-Jefferson-OR	6/23-24/00	$ 45.00 +	$ 75.00	☐	$	$ 120.00
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 90 x .325	$ 29.25
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)*	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $	$
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ HI-HONEY CALLS *(See page 2)*: $	$
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)*	$ 2.78
20. TOTAL REIMBURSABLE COSTS	$ 152.03
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 152.03

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*

ORG	PL-6	OBJ	ACTV	END ITEM	WDFO	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	GFA01	21	AF8			$ 152.03	$
		21				$	$
		21				$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 152.03	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).*
Nicki Stauffer [redacted] 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 7/11/00

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

COMMERCIAL ACCOUNTS FINANCE
00 JUL 12 AM 8:57

FILE CODE: TT
RETENTION: Z= 6 YR

Pink copy made 7/12/00

OK per audit by BZufelt 7/12/00

PRIVACY ACT STATEMENT AND CERTIFICATION OF ACCURACY INSTRUCTIONS

BPA F 1510.14e
(01-2000)
(Instructions page)
(Supersedes BPA F 1510.20e)

Electronic Form Approved
By CIL 01/18/2000

HI HONEY PHONE CALL WORKSHEET

Daily Maximum May Not Exceed $5.00.

Trip or 7-Day Period May Not Exceed $15.00.

Amounts claimed are not to exceed actual out-of-pocket costs.

DAYS TRIP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TRIP TOTALS
Sample	$ 3.00	$	$ 6.00	$	$ 4.00	$	$	$ 12.00
Trip 1	$	$	$	$	$	$	$	$
Trip 2	$	$	$	$	$	$	$	$
Trip 3	$	$	$	$	$	$	$	$
Trip 4	$	$	$	$	$	$	$	$
							CLAIM TOTAL IN BLOCK 18. **TOTAL**	$

COMMENTS

Attendance at annual Warm Springs tribal ceremonies related to their Treaty signing

PRIVACY ACT STATEMENT

Collection of the information requested is authorized by Federal Travel Regulation 1-14 issued under authority of Executive Order 11609. Compliance is voluntary; however, failure to provide this information may delay or preclude authorization and reimbursement for travel. The information will be used by BPA to authorize travel and payment of travel expenses and to support reimbursement of expenses claimed.

TRAVELER'S POTENTIAL LIABILITY - Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets until all used tickets have been properly accounted for on the travel voucher or unused tickets are returned to CRC for refund. When a traveler knows that reservations for transportation and/or motel/rental car will not be used, he/she must cancel the reservations, either personally or through the BPA travel agency, **within the time limits specified.**

TRAVELER'S RESPONSIBILITIES - Accurately reflecting the facts involved in every claim for reimbursement. Notifying the supervisor of a change in permanent residence. Obtaining required receipts for expenses incurred. Attaching original receipts to travel vouchers. Submitting travel claims at least weekly if in continuous travel. Assigning to the United States any right he/she may have against any parties in connection with reimbursable transportation charges purchased under cash payments procedures *(FPMR 101-7)*. Being aware that falsification of any 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).*

FILE CODE: TT
RETENTION: Z= 6 YR

00 3426 6371

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

A.GFA01.AF8

PASSENGER RECEIPT

ARC XXXXX COUPON

ISSUED BY: UNITED AIRLINES XXXXX
TOUR CODE
AGENT CODE: A38874426
NAME OF ISSUING AGENT: WORLDTRAVEL PARTNER
PLACE OF ISSUE: TUALATIN
ISO CODE: OR
DATE OF ISSUE: US17JUL00
NAME OF PASSENGER: JOHANSEN/JUDITH A
PNR/CARRIER CODE: ULRZMV/AA
FARE BASIS/TICKET DESIGNATOR: YCAIAD
FCI: 6
SERV.CARR. ID: 00117/

X/O FROM CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
X/O TO

NOT VALID FOR THIS IS YOUR RECEIPT
**TRANSPORTATION*

ISSUING AGENT ID: XD92*52

ENDORSEMENTS/RESTRICTIONS
/GOVT TRVL
FP VI44860030000004415*0401/ 041184 /FCPDX UA WAS2
90.23 UA X/DEN UA PDX290.23YCAIAD 580.46 END ZPPDXI
ADDEN XFPDX3IAD3DEN3

	XF	9.00
FARE	USD	580.46
TAX	US	43.54
TAX	ZP	7.50
TOTAL	USD	640.50

EQUIV. FARE PD.

ALLOW PCS WT UNCKD
****

STOCK CONTROL NO. TX 889 CK: 63215510540

CPN: 0 016 7104506948 1 CK: 1

DOCUMENT NUMBER

DSI COPYRIGHT © AIRLINES REPORTING CORP., 1997 5-98 STOCK 3426 325302

DOCUMENT IS HEAT SENSITIVE - Do not expose to prolonged periods of excessive heat or light

---

5A4022 0171152 A51

XXXXXXXXXX
BOARDING PASS

NAME OF PASSENGER: JOHANSEN/JUDITH A

FROM: PDX
DIAD UA920 Y 18JULYCAIAD
KDEN UA1051 Y 19JULYCAIAD
TO: PDX UA1245 Y 19JULYCAIAD

****
CARRIER
****
CARRIER FLIGHT CLASS DATE TIME
****
****
GATE SEAT SMOKE
****
****
****
PCS WT UNCKD BAGGAGE ID NUMBER

NOT VALID FOR TRAVEL
0 016 7104506948 1
AA38874426

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

Previously submitted voucher

Nikki

WorldTravel PARTNERS

SALES PERSON: 51 ITINERARY/INVOICE NO. Ø171152 DATE: 17 JUL Ø
CUSTOMER NBR: 6A4Ø22 ULRZMV PAGE: Ø1

TO: DLVR-17JUL ET
BONNEVILLE POWER ADMINISRATION
ATTN NICKI -A7
9Ø5 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH A REF: A.GFAØ1.AF8

18 JUL ØØ - TUESDAY

AIR	UNITED AIRLINES	FLT:92Ø	ECONOMY	MULTI MEALS
	LV PORTLAND OR		82ØA	EQP: BOEING 757
				Ø4HR 5ØMIN
	AR WASHINGTON DULLES		41ØP	NON-STOP
				REF: ZRZSCY
	JOHANSEN/JUDITH	SEAT-12A	UA-ØØ556ØØ88Ø9	

19 JUL ØØ - WEDNESDAY

AIR	UNITED AIRLINES	FLT:1Ø51	ECONOMY	DINNER
	LV WASHINGTON DULLES		735P	EQP: BOEING 757
				Ø3HR 29MIN
	AR DENVER		9Ø4P	NON-STOP
				REF: ZRZSCY
	JOHANSEN/JUDITH		UA-ØØ556ØØ88Ø9	
AIR	UNITED AIRLINES	FLT:1245	ECONOMY	
	LV DENVER		959P	EQP: BOEING 757
				Ø2HR 28MIN
	AR PORTLAND OR		1127P	NON-STOP
				REF: ZRZSCY
	JOHANSEN/JUDITH	SEAT-11A	UA-ØØ556ØØ88Ø9	

17 OCT ØØ - TUESDAY
OTHER INFORMATION
THANK YOU FOR CHOOSING WORLD TRAVEL PARTNERS

MCO	XD8111458323		
		BILLED TO VISA	32.ØØ
AIR TICKET	UA7Ø4506948	JOHANSEN JUDITH A	
ELEC TKT		BILLED TO VISA	64Ø.5Ø
		SUB TOTAL	672.5Ø
		NET CC BILLING	672.5Ø
		TOTAL AMOUNT DUE	Ø.ØØ

CONTINUED ON PAGE 2

PLEASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations are guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 08/02/2000

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)*	2. EMPLOYEE I.D. NUMBER	3. TRANSACTION NUMBER *(KGRD Use Only)*
Johansen, Judith A.	0002983	

4. OFFICIAL DUTY STATION *(City, County and State)*	5. RESIDENCE *(City, County and State)*	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	230-5102

8. AREA: ☐ CONUS PLUS CANADA ☐ FOREIGN ☒ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).*
A. BEGIN *(Time and Date)* B. END *(Time and Date)* C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Vancouver-Clark-WA	10/4/00	$ +	$	☐	$	$
Vancouver-Clark-WA	10/5/00	$ +	$	☐	$	$
Portland-Multnomah-OR	10/6/00	$ +	$	☐	$	$
Vancouver-Clark-WA	10/10/00	$ +	$	☐	$	$
Portland-Multnomah-OR	10/17/00	$ +	$	☐	$	$
Portland-Multnomah-OR	10/24/00	$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 74 x .325	$ 24.05
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)*	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ 19.00 LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $	$ 19.00
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ HI-HONEY CALLS *(See page 2)*: $	$
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)*	$
20. TOTAL REIMBURSABLE COSTS	$ 43.05
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 43.05

23A. EFT MY REIMBURSEMENT I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	LSFA	00004128	01	C		$ 43.05	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 43.05	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).*
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: 11-9-00

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

FILE CODE: TT
RETENTION: Z= 6 YR

NOV 13 '00 AM10:46

Payment copy made 11/13/00

On pre-audit by Bzufelt 11/14/00

ROOM # DATE AMOUNT

666077

VALET

DEPARTMENT

DO NOT WRITE IN ABOVE SPACE

DATE 10·17-00

NAME

ROOM OR ACCT. NO.

DATE SYMBOL AMOUNT

5th AVENUE SUITES

DO NOT WRITE IN THIS SPACE

EXPLANATION		
	6	—

FORM NO. 62

MISC. CHARGE

SIGNATURE

RECEIPT DATE 10/24 NO. 4376

RECEIVED FROM

ADDRESS

GOVERNOR HOTEL $ 10.00

FOR VALET PARKING

AMT OF ACCOUNT		
AMT PAID		
BALANCE DUE		

✓ CASH

CHECK

MONEY ORDER

BY GOVERNOR HOTEL

©1998 REDIFORM® 8L820

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 08/02/2000

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)*	2. EMPLOYEE I.D. NUMBER	3. TRANSACTION NUMBER *(KGRD Use Only)*
Johansen, Judith A.	0002983	

4. OFFICIAL DUTY STATION *(City, County and State)*	5. RESIDENCE *(City, County and State)*	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-OR	West Linn-Clackamas-OR	A-7	503/230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).*

A. BEGIN *(Time and Date)* B. END *(Time and Date)* C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Washington, DC	10/11-13/00	$ 115.00 +	$ 590.00	☐	$	$ 705.00
119/46		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 40 x .325	$ 13.00
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)*	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ 48.00 LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $ 140.00	$ 188.00
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ 8.00 HI-HONEY CALLS *(See page 2)*: $ 10.00	$ 18.00
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)*	$ 85.56
20. TOTAL REIMBURSABLE COSTS	$ 1009.56
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 1009.56

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	LSFA	00004128	01	C		$ 1009.56	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 1009.56	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).*
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: 10/17/00

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

FILE CODE: TT
RETENTION: Z= 6 YR

OCT 18 '00 AM11:22 Bruce Mase 10/18

OK per audit by BZufelt 10/18/00

PRIVACY ACT STATEMENT AND CERTIFICATION OF ACCURACY INSTRUCTIONS

BPA F 1510.14e
(07-2000)
(Instructions page)
(Supersedes BPA F 1510.20e)

Electronic Form Approved
By CIL 07/17/2000

HI HONEY PHONE CALL WORKSHEET

Daily Maximum May Not Exceed $5.00.

Trip or 7-Day Period May Not Exceed $15.00.

Amounts claimed are not to exceed actual out-of-pocket costs.

DAYS TRIP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TRIP TOTALS
Sample	$ 3.00	$	$ 6.00	$	$ 4.00	$	$	$ 12.00
Trip 1	$ **$5.00**	$ **$5.00**	$	$	$	$	$	$ **$10.00**
Trip 2	$	$	$	$	$	$	$	$
Trip 3	$	$	$	$	$	$	$	$
Trip 4	$	$	$	$	$	$	$	$
							CLAIM TOTAL IN BLOCK 18.	**TOTAL** $ **$10.00**

COMMENTS

Unable to locate hotel with an available government rate.

PRIVACY ACT STATEMENT

Collection of the information requested is authorized by Federal Travel Regulation 1-14 issued under authority of Executive Order 11609. Compliance is voluntary; however, failure to provide this information may delay or preclude authorization and reimbursement for travel. The information will be used by BPA to authorize travel and payment of travel expenses and to support reimbursement of expenses claimed.

TRAVELER'S POTENTIAL LIABILITY - Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets until all used tickets have been properly accounted for on the travel voucher or unused tickets are returned to CRC for refund. When a traveler knows that reservations for transportation and/or motel/rental car will not be used, he/she must cancel the reservations, either personally or through the BPA travel agency, **within the time limits specified.**

TRAVELER'S RESPONSIBILITIES - Accurately reflecting the facts involved in every claim for reimbursement. Notifying the supervisor of a change in permanent residence. Obtaining required receipts for expenses incurred. Attaching original receipts to travel vouchers. Submitting travel claims at least weekly if in continuous travel. Assigning to the United States any right he/she may have against any parties in connection with reimbursable transportation charges purchased under cash payments procedures *(FPMR 101-7)*. Being aware that falsification of any 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).*

FILE CODE: TT
RETENTION: Z= 6 YR

The St. Regis

Washington, D.C.

Johansen, Judith
P.O.Box 3621
Portland, OR 97208
United States

ROOM	230
FOLIO	A - 429320
ARRIVE	11-OCT-00 14:44
DEPART	13-OCT-00 11:03

Payment Type: VM

Date	Reference	Description	Charges	Credits
11-OCT-00	RT230	Room Charge	295.00	
11-OCT-00	RT230	Room Tax	42.78	
11-OCT-00	4022	Timothy Dean Lounge	9.75	
11-OCT-00	546A	[redacted] 22:35 0012	17.93	
11-OCT-00	555A	800-282-3713 22:48 0005 -pla	1.00	
12-OCT-00	RT230	Room Charge	295.00	
12-OCT-00	RT230	Room Tax	42.78	
12-OCT-00	705A	800-282-3713 06:28 0020	1.00	
12-OCT-00	4053	Timothy Dean Lounge	23.35	
12-OCT-00	4077	Timothy Dean Lounge	9.75	
12-OCT-00	109A	503-723-0294 22:14 0011	17.00	
12-OCT-00	119A	800-282-3713 22:24 0011	1.00	
13-OCT-00	462A	800-282-3713 08:45 0050	1.00	
13-OCT-00	475A	586-5640 09:35 0005	1.00	
13-OCT-00	526A	586-5640 10:02 0001	1.00	
13-OCT-00	639A	225-6730 10:27 0027	1.00	
13-OCT-00	652A	800-356-8900 10:56 0003	1.00	

** continued on the next page **

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 or the full amount of these charges. I also agree that all charges contained in this account are correct and any dispute or requests for copies of charges must be made within five days of my departure.

Guest Signature _____

13-OCT-00 11:03 JRYAN
230

The St. Regis

Washington, D.C.

Johansen, Judith
P.O.Box 3621
Portland, OR 97208
United States

ROOM	230
FOLIO	A - 429320
ARRIVE	11-OCT-00 14:44
DEPART	13-OCT-00 11:03

Payment Type: VM

Date	Reference	Description	Charges	Credits
13-OCT-00	VM	Visa/Mastercard		761.34-

For Authorization Purposes Only
xxxxxxxxxxxx3804

Auth Date	Code	Authorized
11-OCT-00	015573	767.00

Total-Due 0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the even that the indicated person, company or association fails to pay for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any dispute o requests for copies of charges must be made within five days of my departure.

Guest Signature _____

13-OCT-00 11:03 JRYAN
230

PORTLAND INTERNATIONAL AIRPORT

FACILITY 1 LANE 15 0137
TICKET NO. 15155492
CASHIER 0082 SC 21112

TIME	10/13/00	7:50 PM
ARRIVED	10/11/00	7:33 AM
FEE	RATE 0	$ 48.00
PARKING	LOT 1	$ 48.00
PAID (VISA)		$ 48.00
CHANGE		$ 0.00

THANK YOU

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date 10/11
Name _____ $ 55.00
From Dulles
To St Regis
Driver _____ Cab No _____

Washington-Dulles Transportation, Ltd.
703/661-8230
703/528-4440

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date 10/13
Name _____ $ 55.00
From DC Office
To Dulles
Driver _____ Cab No _____

Dulles Taxi Systems Inc.
(703) 661-6655

WorldTravel PARTNERS

A-7

SALES PERSON: Z9 ITINERARY/INVOICE NO. 0176373 DATE: 05 OCT 00
CUSTOMER NBR: 6A4022 QAAXVN PAGE: 01

TO: DLVR-05OCT ETR JUDITH JOHANSEN
BONNEVILLE POWER ADMINISRATIBONNEVILLE POWER ADMINISTRATION
ATTN JUDY - A PHONE-503-230-5101
905 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH REF: 0002982.A.00004128.01.LSFA

11 OCT 00 - WEDNESDAY

AIR	UNITED AIRLINES	FLT:920	ECONOMY	MULTI MEALS
	LV PORTLAND OR		840A	EQP: BOEING 757
				04HR 49MIN
	AR WASHINGTON DULLES		429P	NON-STOP
				REF: NSL9P0
	JOHANSEN/JUDITH SEAT-24C			

13 OCT 00 - FRIDAY

AIR	UNITED AIRLINES	FLT:921	ECONOMY	DINNER
	LV WASHINGTON DULLES		520P	EQP: AIRBUS A320
				05HR 36MIN
	AR PORTLAND OR		756P	NON-STOP
				REF: NSL9P0
	JOHANSEN/JUDITH SEAT-15C			

11 JAN 01 - THURSDAY
OTHER INFORMATION
THANK YOU FOR CHOOSING WORLD TRAVEL PARTNERS

MCO	XD8117197867		
		BILLED TO VISA	7.00*
AIR TICKET	UA7127319387	JOHANSEN JUDITH	
ELEC TKT		BILLED TO VISA	757.00*
		SUB TOTAL	764.00
		NET CC BILLING	764.00*
		TOTAL AMOUNT DUE	0.00

WorldTravel PARTNERS

CONTINUED ON PAGE 2

PLEASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations are guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

DOCUMENT IS HEAT SENSITIVE –
Do not expose to prolonged periods of excessive heat or light

MG COPYRIGHT © AIRLINES REPORTING CORP. 1997 STOCK 3426 525202 5-98

00 3426 9533
PASSENGER TICKET AND BAGGAGE CHECK 0082982.A.00004128.01.LSFA
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

PASSENGER RECEIPT

ARC XXX
ORIGIN COUPON

UNITED AIRLINES XXXXX TOUR CODE A38874426
WORLDTRAVEL PARTNER TUALATIN PLACE OF ISSUE OR US 05OCT00
JOHANSEN/JUDITH QAAXVN/AA YCAIAD 6 00117/
X/O * * NOT VALID FOR * * THIS IS YOUR RECEIPT
X/O * * TRANSPORTATION * XD92*EN
GOVT TRVL
FP VI4486003000004415*0401/ 019491 /FCPDX UA WAS3
46.98 UA PDX346.98YCAIAD 693.96 END ZPPDXIAD XFPDX3
IAD3

XF 6.00
FARE USD 693.96 EQUIV. FARE PD.
TAX US 52.04 STOCK CONTROL NO. TX 869 CK
TAX ZP 5.00 63981945661
TOTAL USD 757.00

CPN DOCUMENT NUMBER CK
0 016 7127319387 0

5A4022 0176373 AZ9
XXXXXXXXXX
BOARDING PASS

JOHANSEN/JUDITH
PDX
FROM
DIAD UA920 Y 11OCTYCAIAD
PDX UA921 Y 13OCTYCAIAD
TO
CARRIER FLIGHT CLASS DATE TIME
GATE SEAT SMOKE
BCG WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 016 7127319387 0
AA38874426

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 08/02/2000

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)*	2. EMPLOYEE I.D. NUMBER	3. TRANSACTION NUMBER *(KORD Use Only)*
Johansen, Judith A.	0002983	

4. OFFICIAL DUTY STATION *(City, County and State)*	5. RESIDENCE *(City, County and State)*	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	230-5102

8. AREA: ☐ CONUS PLUS CANADA ☐ FOREIGN ☒ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE *(Begin and End)* and TYPE OF LEAVE *(Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).*
A. BEGIN *(Time and Date)* B. END *(Time and Date)* C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING *(If paid by Traveler)*	D. TRAILER RATE YES	E. DAILY COMMUTE *(See BPA F 1510.29e)*	F. TOTAL
Vancouver-Clark-WA	9/14/00	$ +	$	☐	$	$ 0.00
Vancouver-Clark-WA	9/19/00	$ +	$	☐	$	$ 0.00
Vancouver-Clark-WA	9/21/00	$ +	$	☐	$	$ 0.00
Portland-Multnomah-OR	9/22/00	$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 69 x .325	$ 22.43
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS *(VOLUNTARY RETURNS)*	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ LOCAL TRANSPORTATION *(Taxi, Bus, Metro, Shuttle)*: $	$
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ HI-HONEY CALLS *(See page 2)*: $	$
19. MISCELLANEOUS *(Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)*	$
20. **TOTAL REIMBURSABLE COSTS**	$ 22.43
21. **APPLY TO TRAVEL ADVANCE**	$ (
22. **NET REIMBURSEMENT TO TRAVELER**	$ 22.43

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS *(PAID BY EMPLOYEE)*
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE *(PAID BY BPA)* DB LODGING
A	LSFA	00004128	01	C	600415	$ 22.43	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS *(MUST EQUAL LINE 20)*						$ 22.43	

25. Original document and support receipts maintained by *(Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).*
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.
J A Johansen
DATE: 9/29/00

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

FILE CODE: TT
RETENTION: Z= 6 YR

OCT 02 '00 AM09:25

Post copy made 10/2/00

OK for audit by B Zufelt 10/2/00

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 08/02/2000

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)	2. EMPLOYEE I.D. NUMBER	3. TRANSACTION NUMBER (KGRD Use Only)
Johansen, Judith A.	0002983	

4. OFFICIAL DUTY STATION (City, County and State)	5. RESIDENCE (City, County and State)	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-Oregon	A-7	230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE (Begin and End) and TYPE OF LEAVE (Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).

A. BEGIN (Time and Date)	B. END (Time and Date)	C. TOTAL HOURS OF LEAVE	D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. DAILY COMMUTE (See BPA F 1510.29e)	F. TOTAL
Snohomish-Snohomish-WA	9/8/00	$ 115.00 +	$	☐	$	$ 0.00
Washington, DC 118/46	9/11-13	$ 105.00 +	$ 236.00	☐	$	$ 351.00 341.00
Bend-Deschutes-OR	9/26-27	$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 98 x .325		$ 31.85
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS (VOLUNTARY RETURNS)		$ (
15. RENTAL CAR: $	GAS FOR RENTAL CAR: $	$
16. PARKING: $ 48.00	LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): $ 48.00	$ 96.00
17. ATM TRANSACTION 1.25%: $	BANK FEE: $	$
18. BUSINESS CALLS: $ 23.91	HI-HONEY CALLS (See page 2): $ 10.00	$ 33.91
19. MISCELLANEOUS (Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)		$ 34.22
20.	TOTAL REIMBURSABLE COSTS	$ 536.98
21.	APPLY TO TRAVEL ADVANCE	$ (
22.	NET REIMBURSEMENT TO TRAVELER	$ 536.98

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

546.98

24. ACCOUNTING - REIMBURSABLE COSTS (PAID BY EMPLOYEE)
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE (PAID BY BPA) DB LODGING
A	LSFA	00004128	01	C	600415	$ 536.98	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 20)						$ 536.98	546.98

25. Original document and support receipts maintained by (Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).
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.

J H Johansen

DATE: 9/29/00

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

FILE CODE: TT
RETENTION: Z= 6 YR

OCT 02 '00 AM09:25

Pre copy made

underpaid $10 on
pr audit by Bzufelt 10/2/00

PRIVACY ACT STATEMENT AND CERTIFICATION OF ACCURACY INSTRUCTIONS

BPA F 1510.14e
(07-2000)
(Instructions page)
(Supersedes BPA F 1510.20e)

Electronic Form Approved
By CIL 07/17/2000

HI HONEY PHONE CALL WORKSHEET

Daily Maximum May Not Exceed $5.00.

Trip or 7-Day Period May Not Exceed $15.00.

Amounts claimed are not to exceed actual out-of-pocket costs.

DAYS TRIP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TRIP TOTALS
Sample	$ 3.00	$	$ 6.00	$	$ 4.00	$	$	$ 12.00
Trip 1	$	$	$	$	$	$	$	$
Trip 2	$ **$5.15**	$ **$6.50**	$	$	$	$	$	$ **$10.00**
Trip 3	$	$	$	$	$	$	$	$
Trip 4	$	$	$	$	$	$	$	$
							CLAIM TOTAL IN BLOCK 18. TOTAL	$ **$10.00**

COMMENTS

9/26-27 - Attended TF Manager retreat and hosted them for dinner at residence. No perdiem/lodging claim.

PRIVACY ACT STATEMENT

Collection of the information requested is authorized by Federal Travel Regulation 1-14 issued under authority of Executive Order 11609. Compliance is voluntary; however, failure to provide this information may delay or preclude authorization and reimbursement for travel. The information will be used by BPA to authorize travel and payment of travel expenses and to support reimbursement of expenses claimed.

TRAVELER'S POTENTIAL LIABILITY - Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets until all used tickets have been properly accounted for on the travel voucher or unused tickets are returned to CRC for refund. When a traveler knows that reservations for transportation and/or motel/rental car will not be used, he/she must cancel the reservations, either personally or through the BPA travel agency, **within the time limits specified.**

TRAVELER'S RESPONSIBILITIES - Accurately reflecting the facts involved in every claim for reimbursement. Notifying the supervisor of a change in permanent residence. Obtaining required receipts for expenses incurred. Attaching original receipts to travel vouchers. Submitting travel claims at least weekly if in continuous travel. Assigning to the United States any right he/she may have against any parties in connection with reimbursable transportation charges purchased under cash payments procedures *(FPMR 101-7)*. Being aware that falsification of any 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).*

FILE CODE: TT
RETENTION: Z= 6 YR

RENAISSANCE.
HOTELS • RESORTS • SUITES

Renaissance Washington DC Hotel
999 9th Street NW
Washington, DC 20001-4427
202/898-9000
Fax 202/682-3419

For your protection we have NOT included a credit card receipt in this express check. Please accept this statement as a receipt. Any additional charges will be added to the total amount charged to your credit card. If you need an updated receipt or credit card voucher, please stop by the Front Desk. Thank you.

GUEST FOLIO

ROOM	NAME	RATE	DEPART	TIME	ACCT#
749	JOHANSEN/JUDY/MS	118.00	09/13/00		8208
TYPE			ARRIVE	TIME	
DMNS			09/11/00	18:13	

72 PO BOX 3621 PASSPORT:

ROOM CLERK / ADDRESS: PORTLAND OR 97208-3621 PAYMENT MR#: 529699829

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
09/11	LOCAL	1536-LOC	.85		
09/11	LOBBYBAR	12514329	7.58		
09/11	LDPHONE	2299-503	7.39		
09/11	LDPHONE	2307-503	5.60		
09/11	LDPHONE	2358-503	5.16	- Hi Honey	
09/11	MOVIES	MOVIE	10.41		
09/11	ROOM	749, 1	118.00		
09/11	ROOMTAX	749, 1	17.11		
09/12	LDPHONE	6644-503	10.07		
09/12	LDPHONE	6677-503	6.50	- Hi Honey	
09/12	ROOM	749, 1	118.00		
09/12	ROOMTAX	749, 1	17.11		
09/13	BK CARD			$323.78	

TO BE SETTLED TO: VISA BK CURRENT BALANCE .00

THANK YOU FOR CHOOSING RENAISSANCE! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

---------- EXP. REPORT SUMMARY ----------

09/11	LOCAL	$.85
	LOBBYBAR	$7.58
	LDPHONE	$18.15
	MOVIES	$10.41
	ROOM	$118.00
	ROOMTAX	$17.11
09/12	LDPHONE	$16.57
	ROOM	$118.00
	ROOMTAX	$17.11

RENAISSANCE.
HOTELS • RESORTS • SUITES

Renaissance Washington DC Hotel
999 9th Street NW
Washington, DC 20001-4427
202/898-9000 Fax 202/682-3419

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____

For Reservations At Any Renaissance Hotel Call 1-800-Hotels-1

THIS ITEM PRINTED ON RECYCLED PAPER.

PORTLAND INTERNATIONAL AIRPORT

FACILITY 1 LANE 14 0115
TICKET NO. 14994806
CASHIER 0050 SC 21877

TIME	9/13/00	8:27 PM
ARRIVED	9/11/00	7:33 AM
FEE	RATE 0	$ 48.00
PARKING	LOT 1	$ 48.00
PAID (VISA)		$ 48.00
CHANGE		$ 0.00

THANK YOU

00 3426 9533
PASSENGER TICKET AND BAGGA
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
TICKET

UNITED AIRLINES
WORLDTRAVEL PARTNER
JOHANSEN/JUDITH A
XX/ * NOT VALID FOR** TRANSPORTATION*
XX/ * *
GOVT TRVL
FP VI4486003000004415*0401/ 075582 /FCPDX UA WAS2
90.23 UA PDX290.23YCAIAD 580.46 END ZPPDXIAD XFPDX3
IAD3

XF		6.00
USD		580.46
US		43.54
ZP		5.00
USD		635.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK
63981003111

$.00004128.01.LSFA
PASSENGER RECEIPT
XX TOUR CODE
TUALATIN
TTBQXB/AA YCAIAD
THIS IS YOUR RECEIPT
A38874426
OR US06SEP00
6 00117
NOT VALID BEFORE NOT VALID AFTER
XD92*WT
CPN
DOCUMENT NUMBER CK
0 016 7118368656 1

6A4022 0174185 AZ9
XXXXXXXXXX
BOARDING PASS
JOHANSEN/JUDITH A
PDX
IAD UA920 Y 11SEPYCAIAD
PDX UA921 Y 13SEPYCAIAD
CARRIER FLIGHT CLASS DATE TIME
GATE SEAT SMOKE
NOT VALID FOR TRAVEL
BAGGAGE ID NUMBER
0 016 7118368656 1
AA38874426

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

WorldTravel PARTNERS

SALES PERSON: Z9 ITINERARY/INVOICE NO. Ø174185 DATE: Ø6 SEP ØØ
CUSTOMER NBR: 6A4Ø22 TYBQXB PAGE: Ø1

TO: DLVR-Ø6SEP ETR JUDITH JOHANSEN
BONNEVILLE POWER ADMINISRATIBONNEVILLE POWER ADMINISTRATION
ATTN JUDITH - A PHONE-5Ø3-23Ø-51Ø1
9Ø5 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH A REF: ØØØ2982.A.ØØØØ4128.Ø1.LSFA

11 SEP ØØ - MONDAY

AIR	UNITED AIRLINES	FLT:92Ø	ECONOMY	MULTI MEALS
	LV PORTLAND	OR	84ØA	EQP: BOEING 757
				Ø4HR 49MIN
	AR WASHINGTON DULLES		429P	NON-STOP
				REF: ZF3RSE
	JOHANSEN/JUDITH	SEAT-23D	UA-ØØ556ØØ88Ø9	

13 SEP ØØ - WEDNESDAY

AIR	UNITED AIRLINES	FLT:921	ECONOMY	DINNER
	LV WASHINGTON DULLES		52ØP	EQP: AIRBUS A32Ø
				Ø5HR 36MIN
	AR PORTLAND	OR	756P	NON-STOP
				REF: ZF3RSE
	JOHANSEN/JUDITH	SEAT-19D	UA-ØØ556ØØ88Ø9	

12 DEC ØØ - TUESDAY
OTHER INFORMATION
THANK YOU FOR CHOOSING WORLD TRAVEL PARTNERS
ICO XD811619Ø46

		BILLED TO VISA	7.ØØ*
IR TICKET	UA7118368656	JOHANSEN JUDITH A	
LEC TKT		BILLED TO VISA	635.ØØ*
		SUB TOTAL	642.ØØ
		NET CC BILLING	642.ØØ*
		TOTAL AMOUNT DUE	Ø.ØØ

WorldTravel PARTNERS

CONTINUED ON PAGE 2

ASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

WorldTravel PARTNERS

SALES PERSON: Z9 ITINERARY/INVOICE NO. Ø174185 DATE: Ø6 SEP ØØ
CUSTOMER NBR: 6A4Ø22 TYBQXB PAGE: Ø2

TO: DLVR-Ø6SEP ETR JUDITH JOHANSEN
BONNEVILLE POWER ADMINISRATIBONNEVILLE POWER ADMINISTRATION
ATTN JUDITH - A PHONE-5Ø3-23Ø-51Ø1
9Ø5 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH A REF: ØØØ2982.A.ØØØØ4128.Ø1.LSFA

FOR ASSISTANCE DURING REGULAR OFFICE HOURS
CALL 5Ø3-454-4Ø2Ø OR 8ØØ-547-7116
FOR EMERGENCY AFTER-HOURS ASSISTANCE CALL 877-469-7568
OUTSIDE USA AND CANADA CALL USA COLLECT 816-88Ø-3347
YOUR EXECUTIVE CODE IS XD92
.....
FARE FOR THIS ITINERARY IS 635.ØØ
7.ØØ PROCESSING FEE, PER TICKET, APPLIES. ADDITIONAL FEE
WILL BE CHARGED IF TICKET REQUIRES REISSUE OR
REFUND BY WORLDTRAVEL PARTNERS
- -
--- ELECTRONIC TICKET ---
ZF3RSE IS YOUR RECORD LOCATOR FOR UNITED
- -

1K-AØ
RSVGS-NS

WorldTravel PARTNERS

ASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations uaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL - 08/02/2000

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)	2. EMPLOYEE I.D. NUMBER	3. TRANSACTION NUMBER (KGRD Use Only)
Johansen, Judith A.	0002983	

4. OFFICIAL DUTY STATION (City, County and State)	5. RESIDENCE (City, County and State)	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	230-5102

8. AREA: ☐ CONUS PLUS CANADA ☐ FOREIGN ☒ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE (Begin and End) and TYPE OF LEAVE (Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).

A. BEGIN (Time and Date) B. END (Time and Date) C. TOTAL HOURS OF LEAVE D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. DAILY COMMUTE (See BPA F 1510.29e)	F. TOTAL
Portland-Multnomah-OR	7/10/00	$ +	$	☐	$	$
Portland-Multnomah-OR	7/21/00	$ +	$	☐	$	$
Portland-Multnomah-OR	8/21	$ +	$	☐	$	$
Portland-Multnomah-OR	8/29/00	$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 40 x .325	$ 13.00
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS (VOLUNTARY RETURNS)	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ 29.75 LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): $	$ 29.75
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ HI-HONEY CALLS (See page 2): $	$
19. MISCELLANEOUS (Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)	$
20. TOTAL REIMBURSABLE COSTS	$ 42.75
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 42.75

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS (PAID BY EMPLOYEE)
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE (PAID BY BPA) DB LODGING
A	LSFA	00004128	01	C	600415	$ 42.75	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 20)						$ 42.75	

25. Original document and support receipts maintained by (Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).
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 8-30-00

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

COMMERCIAL ACCOUNTS PAYABLE
AM 10:33

FILE CODE: TT
RETENTION: Z= 6 YR

Payment copy made 9/5

OCA [illegible] 9/5/00

Thank You for Parking with

CITY CENTER PARKING

PGE

Station # 143

Date 07-10-00

Amount Paid$ 6.75

Attendant Zuby

CITY CENTER CARES!

Any Questions or Comments
Please Call Customer Service
221-1666 ext 10.

Lunch mtg

PAID
1#
A·····46No.
00-08·▶2DT
@29-13:40EX
00-08·▶2DT
@29-12:19EN
A····8.00$
····8.00$

NWPPC MtG

PACIFIC FIRST
CENTRAL PARKING

PAID
1#
E··11986No.
00-08·▶2DT
@29-17:13EX
00-08·▶2DT
@29-13:54EN
A···15.00$
···15.00$

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

Electronic Form Approved by CIL – 08/02/2000

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)	2. EMPLOYEE I.D. NUMBER	3. TRANSACTION NUMBER (KGRD Use Only)
Johansen, Judith A.	0002983	

4. OFFICIAL DUTY STATION (City, County and State)	5. RESIDENCE (City, County and State)	6. ROUTING / MAIL STOP	7. OFFICE PHONE
Portland-Multnomah-Oregon	West Linn-Clackamas-Oregon	A-7	230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

9. Purpose: ☐ TRAINING ☐ CONFERENCE ☒ MEETING ☐ OTHER ☐ CO-OP STUDENT ☐ INVITATIONAL

10. DATES AND TIME OF LEAVE (Begin and End) and TYPE OF LEAVE (Make Appropriate Deductions)(See BPA F 1510.30e Reconstructed Travel).

A. BEGIN (Time and Date)	B. END (Time and Date)	C. TOTAL HOURS OF LEAVE	D. TYPE OF LEAVE

11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. DAILY COMMUTE (See BPA F 1510.29e)	F. TOTAL
Washington, DC	7/24-25/00	$ 69.00 +	$ 165.00	☐	$	$ 234.00
118/46		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 40 x .325	$ 13.00
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS (VOLUNTARY RETURNS)	$ (
15. RENTAL CAR: $ GAS FOR RENTAL CAR: $	$
16. PARKING: $ 32.00 LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): $ 118.00	$ 150.00
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ 2.00 HI-HONEY CALLS (See page 2): $ 5.00	$ 7.00
19. MISCELLANEOUS (Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)	$ 23.93
20. TOTAL REIMBURSABLE COSTS	$ 427.93
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 427.93

23A. EFT MY REIMBURSEMENT I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

24. ACCOUNTING - REIMBURSABLE COSTS (PAID BY EMPLOYEE)
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE (PAID BY BPA) DB LODGING
A	LSFA	0004128	01	C		$ 427.93	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 20)						$ 427.93	

25. Original document and support receipts maintained by (Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).
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.
J A Johansen
DATE: 8/8/00

COMMERCIAL ACCOUNTS PAYABLE
08 AUG -9 AM 11:01

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

FILE CODE: TT
RETENTION: Z= 6 YR

Pmt Copy made 8/9

OK per audit by Bzufles 8/11/00

Ø171695 A47

BOARDING PASS

N/JUDITH A

Y 24JULYCAIAD
Y 25JULYCAIAD

****
****
****
ASS DATE TIME
****
****
SEAT SMOKE
****
****
****
BAGGAGE ID NUMBER
FOR TRAVEL
Ø8594ØØ4 6

IT IS UNLAWFUL TO PURCHASE OR REBELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

PORTLAND INTERNATIONAL AIRPORT

FACILITY 1 LANE 12 0105
TICKET NO. 14580335
CASHIER 0034 SC 22758

TIME	7/25/00	8:37 PM
ARRIVED	7/24/00	7:11 AM
FEE	RATE 0	$ 32.00
PARKING	LOT 1	$ 32.00
PAID (VISA)		$ 32.00
CHANGE		$ 0.00

THANK YOU

THANKS FOR RIDING

WASHINGTON FLYER
(703) 685-1400

QTY	ITEM	AMOUNT
2	OW FARE	$ ~~32.00~~

16

SUBTOTAL	32.00
TOTAL	32.00
CASH TENDERED	40.00
CHANGE	8.00

16:48 07/24/00 06:076121 481

NOT VALID FOR TRANSPORTATION

NO CASH REFUNDS

Taxi Cab Receipts

DATE: 7/25 TIME: _____

TRIP ORIGIN: DOE

DESTINATION: Dulles

FARE: $ 55.00 SIGNATURE _____

+ $10.00 TIP

WorldTravel PARTNERS

SALES PERSON: 47 ITINERARY/INVOICE NO. Ø171695 DATE: 21 JUL Ø
CUSTOMER NBR: 6A4Ø22 TGCIYA PAGE: Ø1

TO: DLVR-21JUL ET
BONNEVILLE POWER ADMINISRATION
ATTN TRAVEL - KGRD/2
9Ø5 NE 11TH ST
PORTLAND. OR 97232

FOR: JOHANSEN/JUDITH A REF: A.GFA01.AF8

24 JUL ØØ - MONDAY
AIR UNITED AIRLINES FLT:92Ø ECONOMY MULTI MEALS
LV PORTLAND OR 82ØA EQP: BOEING 757
Ø4HR 5ØMIN
AR WASHINGTON DULLES 41ØP NON-STOP
REF: ZXBZVG
JOHANSEN/JUDITH SEAT-12A UA-ØØ556ØØ8Ø9

25 JUL ØØ - TUESDAY
AIR UNITED AIRLINES FLT:921 ECONOMY MULTI MEALS
LV WASHINGTON DULLES 55ØP EQP: BOEING 757
Ø5HR 29MIN
AR PORTLAND OR 819P NON-STOP
REF: ZXBZVG
JOHANSEN/JUDITH SEAT-14B UA-ØØ556ØØ8Ø9
ADVANCE SEAT ASSIGNMENT IS NOT AVAILABLE

23 OCT ØØ - MONDAY
OTHER INFORMATION
THANK YOU FOR CHOOSING WORLD TRAVEL PARTNERS
MCO XD8111744781
BILLED TO VISA 32.ØØ

AIR TICKET UA7Ø8594Ø4 JOHANSEN JUDITH A
ELEC TKT BILLED TO VISA 635.ØØ

SUB TOTAL 667.ØØ
NET CC BILLING 667.ØØ

TOTAL AMOUNT DUE Ø.ØØ

WorldTravel PARTNERS

CONTINUED ON PAGE 2

PLEASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations are guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

BPA F 1510.14e
(08-2000)
(Supersedes BPA F 1510.20e)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
TRAVEL VOUCHER

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Johansen, Judith A.	0002983	

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Portland-Multnomah-Oregon	West Linn-Clackamas-OR	A-7	230-5102

8. AREA: ☒ CONUS PLUS CANADA ☐ FOREIGN ☐ LOCAL

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11. TEMPORARY DUTY LOCATIONS CITY, COUNTY AND STATE	A. DATES OF TRAVEL	B. M&IE	C. LODGING (If paid by Traveler)	D. TRAILER RATE YES	E. DAILY COMMUTE (See BPA F 1510.29e)	F. TOTAL
Redding-Shasta-California	10/19/00	$ +	$	☐	$	$ 0.00
Vancouver, BC, Canada 91/85	10/23-24/00	$ 127.50 +	$ 155.57	☐	$	$ 283.07
Colorado Springs, Colorado 59/38	10/28-11/3/00	$ 247.00 +	$ 965.00	☐	$	$ 1212.00
Vancouver, BC, Canada	11/7/00	$ +	$	☐	$	$ 0.00
Lewiston-Nez Perce-ID	11/8/00	$ +	$	☐	$	$ 0.00
Boise-Ada- ID	11/16/00	$ +	$	☐	$	$ 0.00
		$ +	$	☐	$	$
		$ +	$	☐	$	$

12. IS YOUR JOURNEY COMPLETE? YES ☒ NO ☐

13. NUMBER OF POV MILES DRIVEN: 240 x .325	$ 78.00
14. DEDUCT $0.15 PER MILE FOR USE OF GOV DURING NON-WORK HOURS (VOLUNTARY RETURNS)	$ (
15. RENTAL CAR: $ 225.082 GAS FOR RENTAL CAR: $ 11.40	$ 236.42 236.48
16. PARKING: $ LOCAL TRANSPORTATION (Taxi, Bus, Metro, Shuttle): $ 132.46	$ 132.46
17. ATM TRANSACTION 1.25%: $ BANK FEE: $	$
18. BUSINESS CALLS: $ 22.92 HI-HONEY CALLS (See page 2): $ 17.36	$ 40.28
19. MISCELLANEOUS (Vehicle cleaning, Reg. fees, road maps, lodging tax etc.)	$ ~~120.23~~
20. TOTAL REIMBURSABLE COSTS	$ 2102.52
21. APPLY TO TRAVEL ADVANCE	$ (
22. NET REIMBURSEMENT TO TRAVELER	$ 2102.52

23A. EFT MY REIMBURSEMENT
I SUBMITTED SF 1199A
YES ☒

23B. MAIL MY CHECK TO:

2102.46

24. ACCOUNTING - REIMBURSABLE COSTS (PAID BY EMPLOYEE)
PCE = T SCE = EE DCE = PDM

DEPT. I.D.	ABM	WORK ORDER	TASK	BUS. UNIT	ACCOUNT EXPENSE = 600415 CAPITAL = 107415	TOTAL	NON REIMBURSABLE (PAID BY BPA) DB LODGING
A	LSFA	00004128	01	C		$ 2102.52	$
						$	$
						$	$
						$	$
						$	$
						$	$
TOTAL REIMBURSABLE COSTS (MUST EQUAL LINE 20)						$ 2102.52	2102.46

25. Original document and support receipts maintained by (Name)(Subject to Post Audit).(Refer to Instructions for Receipt Requirements).	A. PHONE NUMBER	B. ROUTING / MAIL STOP
Nicki Stauffer	230-5102	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 11/17/00

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

Pmt approved 11/20

audit before payment
@ N Stauffer
found

OK per audit
by B Zufelt
11/20/00

FILE CODE: TT
RETENTION: Z= 6 YR

PRIVACY ACT STATEMENT AND CERTIFICATION OF ACCURACY INSTRUCTIONS

BPA F 1510.14e
(07-2000)
(Instructions page)
(Supersedes BPA F 1510.20e)

Electronic Form Approved
By CIL 07/17/2000

HI HONEY PHONE CALL WORKSHEET

Daily Maximum May Not Exceed $5.00.

Trip or 7-Day Period May Not Exceed $15.00.

Amounts claimed are not to exceed actual out-of-pocket costs.

DAYS TRIP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TRIP TOTALS
Sample	$ 3.00	$	$ 6.00	$	$ 4.00	$	$	$ 12.00
Trip 1	$	$	$	$	$	$	$	$
Trip 2	$ $2.36	$	$	$	$	$	$	$ $2.36
Trip 3	$ $5.00	$	$ $5.00	$	$	$	$ $5.00	$ $15.00
Trip 4	$	$	$	$	$	$	$	$
							CLAIM TOTAL IN BLOCK 18. TOTAL	$ $17.36

COMMENTS

10/23-24/00 - Exchange rate .6620

11/7/00 - exchange rate .6521

PRIVACY ACT STATEMENT

Collection of the information requested is authorized by Federal Travel Regulation 1-14 issued under authority of Executive Order 11609. Compliance is voluntary; however, failure to provide this information may delay or preclude authorization and reimbursement for travel. The information will be used by BPA to authorize travel and payment of travel expenses and to support reimbursement of expenses claimed.

TRAVELER'S POTENTIAL LIABILITY - Travelers are accountable for all transportation tickets or other transportation procurement documents received by them in connection with their official travel. If trips are canceled or itineraries changed after tickets are issued to the traveler, the traveler is liable for the value of the tickets until all used tickets have been properly accounted for on the travel voucher or unused tickets are returned to CRC for refund. When a traveler knows that reservations for transportation and/or motel/rental car will not be used, he/she must cancel the reservations, either personally or through the BPA travel agency, **within the time limits specified.**

TRAVELER'S RESPONSIBILITIES - Accurately reflecting the facts involved in every claim for reimbursement. Notifying the supervisor of a change in permanent residence. Obtaining required receipts for expenses incurred. Attaching original receipts to travel vouchers. Submitting travel claims at least weekly if in continuous travel. Assigning to the United States any right he/she may have against any parties in connection with reimbursable transportation charges purchased under cash payments procedures *(FPMR 101-7)*. Being aware that falsification of any 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).*

FILE CODE: TT
RETENTION: Z= 6 YR

Room: 1137 Stay: 10/23/00 - 10/24/00 Nights: 1

Mrs. Judith Johansen
Bonnevile Power Administration 905 NE 11th Avenue PO Box 3621
Portland OR 97208 3621
USA

Cashier: 45/ACHRISTA
Rate: 235.00 GOVTUS

INVOICE 192063

The Pan Pacific Hotel Vancouver, 10/24/00 [1] 08:24:14

Charge Detail

Date	Charge Description	Charge	Credit
10/23	Cascades Lounge #1137 : CHECK #646469	33.25	
10/23	Health Club Lounge #1137 : CHECK #646352	16.05	
10/23	Telephone #1137 : [redacted]	3.34	
10/23	Telephone #1137 : 5[redacted]	15.02	
10/23	Telephone #1137 : [redacted]	0.23	
10/23	Telephone #1137 : 5[redacted]	1.05	
10/23	Room Revenue	235.00	= 155.57
10/23	Rooms PST *Room Revenue	23.50	15.56 ✓
10/23	Rooms GST *Room Revenue	16.45	10.89 ✓
10/24	Telephone #1137 : [redacted]	3.34	
10/24	Telephone #1137 : [redacted]	0.23	
10/24	Visa [redacted] 09/02		347.46

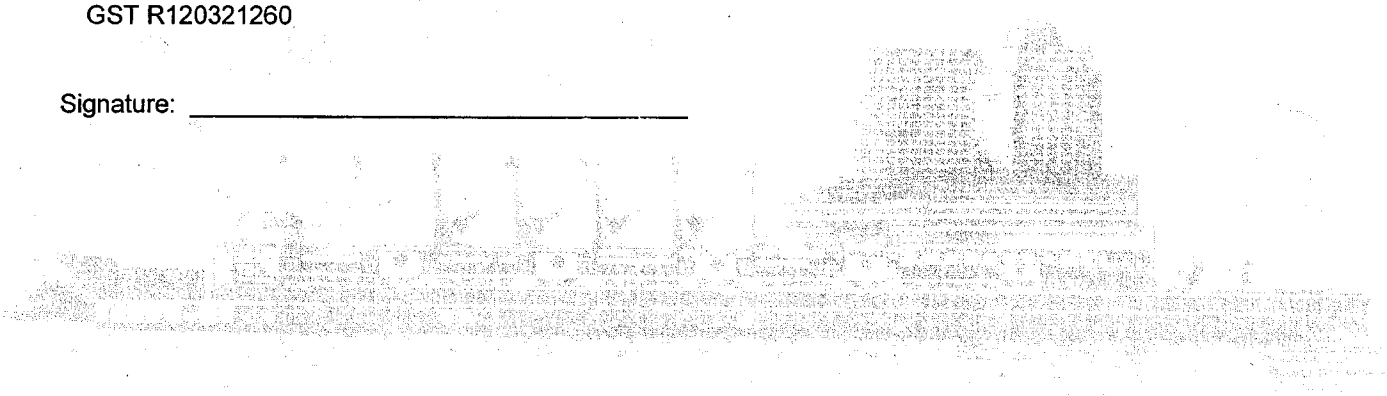
Total ..... $ 347.46 $ 347.46

Balance ..... $ 0.00

GST Summary
Room Charge(s) GST 16.45
All Other GST 0.00

GST R120321260

Signature: _____



THE PAN PACIFIC HOTEL
Vancouver

AAA Five Diamond Award • A Member of The Leading Hotels of the World®

300 - 999 Canada Place, Vancouver, British Columbia, Canada V6C 3B5
Telephone (604) 662-8111 Facsimile (604) 685-8690
Room Reservations (604) 662-3223
TOLL FREE: In Canada 1-800-663-1515 In U.S.A. 1-800-937-1515 In Mexico 001-800-514-9086
Email: reservations@panpacific-hotel.com, Website: www.panpac.com

00 3426 9533
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

0002982.A.00004128.01.LSFA

PASSENGER RECEIPT

ELTKT

ARC XXXX
CLUB COUPON
XXXXX
TOUR CODE

AGENT CODE A38874426

ISSUED BY UNITED AIRLINES
NAME OF ISSUING AIRLINE WORLDTRAVEL PARTNER
PLACE OF ISSUE TUALATIN OR US11SEP00
NAME OF PASSENGER JOHANSEN/JUDITH A
CONJ TKT CARRIER CODE S1TUDX/AA MULTI
FARE BASIS/TICKET DESIGNATOR 6 00117
X/O STOP **NOT VALID FOR** THIS IS YOUR RECEIPT
X/O TO **TRANSPORTATION*
CARRIER FLIGHT CLASS/DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
ISSUING AGENT ID XD92*WF
C14-15
ENDORSEMENTS/RESTRICTIONS GOVT TRVL
FP VI4486003000004415*0401/ 091985 /FCRDM UA X/PD
X80.93SDG UA X/DEN UA COS124.65YCA UA X/DEN UA X/PD
X124.65YCA UA RDM80.93SDG 411.16 END ZPRDMPDXDENCOS
DENPDX XFRDM3PDX3DEN3PDX3

	XF	12.00
FARE	USD	411.16
TAX	US	30.84
TAX	ZP	15.00
TOTAL	USD	469.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 869 CK 63981011592
ALLOW. PCS WT UNCKD ********
CPN DOCUMENT NUMBER CK
0 016 7118369014 2

5A4022 0174605 AZ9
XXXXXXXXXX
BOARDING PASS

NAME OF PASSENGER JOHANSEN/JUDITH A
RDM
FROM
XPDX UA6935 S 28OCTSDG
XDEN UA1738 Y 28OCTYCA
TO
OCOS UA2931 Y 28OCTYCA
XDEN UA5579 Y 04NOVYCA
CARRIER
XPDX UA1429 Y 04NOVYCA
CARRIER FLIGHT CLASS DATE TIME
RDM UA6940 S 04NOVSDG
****
GATE SEAT SMOKE
****
****
****
PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 016 7118369014 2
AA38874426

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

DOCUMENT IS HEAT SENSITIVE – Do not expose to prolonged periods of excessive heat or light
MG COPYRIGHT © AIRLINES REPORTING CORP., 1997 5-98 STOCK 3426 525202

[redacted]

DO NOT WRITE ABOVE THIS LINE / NE RIEN ECRIRE AU-DESSUS DE CETTE LIGNE

Vanc. Cab fare

AUTHORIZATION NUMBER / NO D'AUTORISATION

BILL NO. / NO DE NOTE

DATE 10 23 00

CLERK CODE / NUMERO

DRIVER DATE CHECKED

DATE D'EXPIRATION VERIFIEE

5 612

22 80 — AMOUNT / MONTANT

4 — TIP / POURBOIRE

26 80 — CDN CAN

X H Johnson — SIGNATURE OF CARDHOLDER / SIGNATURE DU TITULAIRE

CHARGE SALES DRAFT / CHARGER SUR LES DRAFT

[redacted]

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.

LE DETENTEUR DE LA CARTE CI-HAUT MENTIONNE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-HAUT CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

CUSTOMER COPY / COPIE DU CLIENT

McPure's CABS 1984

Vanc BC

GST # R121458582

731-9211

Date: 10/23/00

From:

To: 8.00

$

Driver: P.T. Cab No. 48

[redacted]

10/01/99 09/02 V

JUDITH A JOHANSEN

08507376

DRIVER 24.40 DATE

AUTH. / VR. #

EXP. DATE CHECKED

5 217773

YELLOW CAB #82

09/16630/R770784

9326508141

GST#R105762496

DESCRIPTION	AMOUNT
FROM: PAN Pacific	FARE 24.40
TO: Smith Tow.	TIP 4.60
TIME / WAITING	TOTAL 29.00

TIME 8.55 Min. /M TO Min. /M WAITING Min. /M

X H Johnson

CUSTOMER SIGNATURE

GST INCLUDED ☐ YELLOW ☐ M/C ☒ VISA ☐ AMEX ☐ OTHER

CAR # D N

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

YELLOW CAB Company Ltd.

CUSTOMER COPY

[redacted]

DO NOT WRITE ABOVE THIS LINE / [redacted] AU-DESSUS DE CETTE LIGNE

09/02 V

AUTHORIZATION NUMBER / NO D'AUTORISATION

BILL NO. / NO DE NOTE

DATE

CLERK COMMS

EXPIRY DATE CHECKED

DATE VERIFIED

5 8859

CUSTOMER COPY
COPIE DU CLIENT

25	30	AMOUNT / MONTANT
4	—	TIP / POURBOIRE
29	30	TOTAL CDN CAN

CHARGEX SALES DRAFT
CHARGEX FACTURE

CARDHOLDER'S SIGNATURE / SIGNATURE DU TITULAIRE

PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME RELEVE DE VOTRE TRANSACTION

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE HERE PRESENTED HEREWITH THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.

LE DETENTEUR DE LA CARTE CI-HAUT MENTIONNE PAIERA A L'EMETTEUR DE LA CARTE LE MONTANT CI-INDIQUE CONFORMEMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'EMETTEUR ET LE DETENTEUR DE LA CARTE.

[redacted]

10/01/99 09/02 V

JUDITH A CHANSEN

CAR 7374

DO NOT WRITE IN THIS AREA

BLACK TOP 35

0983 033/7414458

GST 134019041

PRESS FIRMLY

DRIVER'S NAME	DRIVER ID NO.	DAY / MONTH / YEAR
NAMAN		07/11/[illegible]
BOOTH NO.	CAR NO. 35 AM PM	VOUCHER NO. / SHIP NAME

5 775679

PLEASE COMPLETE ALL REQUIRED INFO

DESCRIPTION			AMOUNT	
FROM: Bay Shore Hd			FARE	
			25	10
TO: South terminal Essso			TIP	
			5	—
PICK UP TIME	DROP OFF TIME	WAITING	TOTAL	
			30	10

CUSTOMER BILLING COPY

CUSTOMER SIGNATURE

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.

G.S.T. INCLUDED

☐ BT ☑ VISA ☐ MC ☐ AE ☐ OTHER

Black Top Cabs Ltd.

ADMINISTRATION 681-3201
DISPATCH 731-1111

THE BROADMOOR

P. O. Box 1439
Colorado Springs, CO 80901
(719) 634-7711

SK N 3402 I MRS JUDITH JOHANSEN AWONG 11/03/00 8:54:50

Rate BPA PO BOX 3621 367742953368 368265762723 PAGE 1

Arr 10/28/00

Dep 11/03/00 PORTLAND OR 97208 Guest's Signature INDIVIDUAL GUEST PAY

Persons 2 Deposit Conv. -LAP24 GUEST PAY FOLIO

For your convenience, a daily incidental services fee of $14.00 for single/double occupancy and $2.50 for each additional person occupying the room will be added to your account.

10/28/00	SERVICE CHARGE		14.00	
10/28/00	ROOM CHARGE	3402	193.00	-NOT Claimed
	TAX		15.63	
10/28/00	APPLIED DEPOSIT		193.00-	0902 [redacted]
10/28/00	TAVERN	3832815	91.25	
10/28/00	LONG DISTANCE	018	8.23	[redacted] 10/28 22:12
10/29/00	SERVICE CHARGE		14.00	
10/29/00	ROOM CHARGE	3402	193.00	
	TAX		15.63	
10/29/00	MAIN ROOM SERVICE	3710861	32.11	
10/29/00	TAVERN	3841957	28.93	
10/29/00	REFRESHMENT CENTER	000000	2.12	
10/30/00	SERVICE CHARGE		14.00	
10/30/00	ROOM CHARGE	3402	193.00	
	TAX		15.63	
10/30/00	MAIN ROOM SERVICE	3711435	40.24	
10/30/00	LONG DISTANCE	022	8.23	[redacted] 10/30 20:57
10/31/00	SERVICE CHARGE		14.00	
10/31/00	ROOM CHARGE	3402	193.00	
	TAX		15.63	
11/01/00	SERVICE CHARGE		14.00	
11/01/00	ROOM CHARGE	3402	193.00	
	TAX		15.63	
11/01/00	IN ROOM MOVIES		9.99	3402 20:45 MOVIE
11/02/00	SERVICE CHARGE		14.00	
11/02/00	ROOM CHARGE	3402	193.00	
	TAX		15.63	
11/02/00	REFRESHMENT CENTER	000000	19.89	
11/02/00	LONG DISTANCE	024	12.29	[redacted] 11/02 18:57
11/02/00	LONG DISTANCE	024	10.94	[redacted] 11/02 19:13
11/03/00	LONG DISTANCE	004	19.05	[redacted] 11/03 08:24-
Thank you for staying with us			1426.05	AMOUNT DUE

Hi Home

Complimentary USA Today newspaper (a credit of 50 cents daily will be applied to room account.)
Money, jewels and valuables may be deposited in the front office safety deposit box. Otherwise, the proprietor will not be responsible for any loss.
The signing of corporate, partnership or proprietorship names does not relieve the above named individual or individuals from the responsibility of paying this bill.

DOLLAR

Rental Agreement Number

Vehicle Information

RENTER / AUTHORIZED DRIVER

WorldTravel PARTNERS

SALES PERSON: Z9 ITINERARY/INVOICE NO. 0174605 DATE: 11 SEP 0
CUSTOMER NBR: 6A4022 S1TOOX PAGE: 01

TO: DLVR-11SEP ETR JUDITH JOHANSEN
BONNEVILLE POWER ADMINISRATIBONNEVILLE POWER ADMINISTRATION
ATTN JUDITH - A PHONE-503-230-5101
905 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH A REF: 0002982.A.00004128.01.LSFA

28 OCT 00 - SATURDAY

AIR	UNITED AIRLINES	FLT:6935	STANDARD	
	REDMOND-PORTLAND	OR OPERATED BY UNITED EXP/SKY WEST AIRL		
	LV REDMOND		1220P	EQP: EMBRAER TPROP 44MIN
	AR PORTLAND	OR	104P	NON-STOP
				REF: QWTRFU
	JOHANSEN/JUDITH	SEAT- 3B	UA-0055600880 9	
AIR	UNITED AIRLINES	FLT:1738	ECONOMY	SNACK
	LV PORTLAND	OR	252P	EQP: BOEING 757 02HR 23MIN
	AR DENVER		615P	NON-STOP
				REF: QWTRFU
	JOHANSEN/JUDITH	SEAT-10D	UA-0055600880 9	
AIR	UNITED AIRLINES	FLT:2931	ECONOMY	
	LV DENVER		646P	EQP: BOEING 737 500 37MIN
	AR COLORADO SPRINGS		723P	NON-STOP
				REF: QWTRFU
	JOHANSEN/JUDITH		UA-0055600880 9	

04 NOV 00 - SATURDAY

AIR	UNITED AIRLINES	FLT:5579	ECONOMY	
	COLORADO SPRINGS-DENVER OPERATED BY UNITED EXP/AWAC			
	LV COLORADO SPRINGS		1227P	EQP: BAE146 JET 38MIN
	AR DENVER		105P	NON-STOP
				REF: QWTRFU
	JOHANSEN/JUDITH	SEAT- 2C	UA-0055600880 9	
AIR	UNITED AIRLINES	FLT:1429	ECONOMY	SNACK
	LV DENVER		235P	EQP: BOEING 727-200 02HR 39MIN
	AR PORTLAND	OR	414P	NON-STOP
				REF: QWTRFU
	JOHANSEN/JUDITH	SEAT- 8C	UA-0055600880 9	

WorldTravel PARTNERS

CONTINUED ON PAGE 2

PLEASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations are guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!

WorldTravel PARTNERS

SALES PERSON: Z9 ITINERARY/INVOICE NO. 0174605 DATE: 11 SEP 0
CUSTOMER NBR: 6A4022 SITOOX PAGE: 02

TO: DLVR-11SEP ETR JUDITH JOHANSEN
BONNEVILLE POWER ADMINISRATIBONNEVILLE POWER ADMINISTRATION
ATTN JUDITH - A PHONE-503-230-5101
905 NE 11TH ST
PORTLAND, OR 97232

FOR: JOHANSEN/JUDITH A REF: 0002982.A.00004128.01.LSFA

04 NOV 00 - SATURDAY
AIR UNITED AIRLINES FLT:6940 STANDARD
PORTLAND OR-REDMOND OPERATED BY UNITED EXP/SKY WEST AIRL
LV PORTLAND OR 627P EQP: EMBRAER TPROP
44MIN
AR REDMOND 711P NON-STOP
REF: QWTRFU
JOHANSEN/JUDITH SEAT- 4B UA-0055600880 9

02 FEB 01 - FRIDAY
OTHER INFORMATION
THANK YOU FOR CHOOSING WORLD TRAVEL PARTNERS
MCO XD8116471897
BILLED TO VISA 7.00

AIR TICKETS UA7118369014/15 JOHANSEN JUDITH A
ELEC TKT BILLED TO VISA 469.00

SUB TOTAL 476.00
NET CC BILLING 476.00

TOTAL AMOUNT DUE 0.00

FOR ASSISTANCE DURING REGULAR OFFICE HOURS
CALL 503-454-4020 OR 800-547-7116
FOR EMERGENCY AFTER-HOURS ASSISTANCE CALL 877-469-7568
OUTSIDE USA AND CANADA CALL USA COLLECT 816-880-3347
YOUR EXECUTIVE CODE IS XD92
.....
FARE FOR THIS ITINERARY IS 469.00
7.00 PROCESSING FEE, PER TICKET, APPLIES. ADDITIONAL FEE
WILL BE CHARGED IF TICKET REQUIRES REISSUE OR
REFUND BY WORLDTRAVEL PARTNERS
- -
- --- ELECTRONIC TICKET --- -
- QWTRFU IS YOUR RECORD LOCATOR FOR UNITED
- -

WorldTravel PARTNERS

MK-A0
RSVGS-CP

PLEASE NOTE: Any itinerary change may result in a price difference. Some airline tickets have a cash value. If unused, please return promptly for refund or credit if due. If your hotel reservations are guaranteed for late arrival and you change your plans or cancel the trip, please notify us or the hotel immediately to avoid payment. Be sure you get a cancellation number!