TRAVEL VOUCHER		MENT OR ES	TABLISHMENT OR OFFICE		2. TY	PE OF TRAVEL TEMPORARY DUTY		UCHER NO.	TOND121410	7701
(Read Privacy Act Statement below)	EVERO	GLADES	NP			PERMANENT CHANGE OF STATION		HEDULE NO.	710ND121410	
a. NAME (Last, first, midd	dle initial)	Ġ	FILE A	ARM	b. SC	CIAL SECURITY NO.	6. PEI	RIOD OF TRAV	EL	
	_	ė	HLEW			(b) (6)	a. FR		b. TO	
Estenoz, Sha	annon A. (Include ZIP Code	Ministration	& there are all	W 0 0		* - * * - *		2/14/10 VEL AUTHOR	12/15/10	
11200 SW 8 S	2	3)			a. Or	FICE TELEPHONE NO.		MBER(S)	b. DATE(S)	
FIU OE Build		n 165			3	05-348-1665	G. NO	WDLI ((O)	b. <i>Dr</i> ((2(0)	
10 8 / 22	3199	. 100				05 516 1005	C	0RE60M		
e. PRESENT DUTY STATIO	ON		f. RESIDENCE	(City and St	ate)				02/22/11	
EVERGLADES N	IP		Planta	ation,	FL		10. CF	IECK NO.		
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT		And the second of the second	11 8	AID BY		
a. Outstanding	T	0 100	a. DATE RECE	With the Later of		OUNT RECEIVED	-1	AID DI		
b. Amount to be applied		0 100			\$		1			
c. Amount due Government	7		c. PAYEE'S SIG	GNATURE						
	Cash)	<u>i</u> _								
D. Balance outstanding									PARTIES NO. 17 CONTRACTOR MANAGEMENT	
TRANSPORTATION I						s in connection with reimb procedures (FPMR 101-7			Traveler's Initials	
REQUESTS, OR TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH		IISSUING I	MODE			procedures (1 1 mm 1 o 1 1			minum/minumas/pages/pages/minumas/pages/pa	
CHASED WITH CASH	AGENT'S VALUATION	CAR- RIER	CLASS OF SERVICE	DATE			POINTS O	F TRAVEL		
(List by number below and attach passenger coupon; if cash is used	OF TICKET	(Initials)	AND ACCOM-	ISSUED		FROM		1	го	
show claim on reverse side)	(a)	(b)	MODATIONS (c)	(d)		(e)			(f)	
COMMENTS: New employee ch	ecking i	n with	n Human	Resour	ces					
13. I certify that this voucher is to received by me. When applith this voucher. TRAVELER SIGN HERE NOTE: Falsification of an item in than \$10,000 or imprison	an expense accor	aimed is base unt works a fo	ed on the average	e cost of lodging	incum	DATE 2 24 11	AMOU	0.1500	738 83	
14. This voucher is approved. Lo	ong distance phone	e calls, if any	are certified as		\neg	17. FOR FINANCE OFFI	CE USE OF	VI V		
necessary in the interest of the approving of the approvi			ong distance tele		1	COMPUT			. !	
head of the department or ag				.,,	a	. DIFFER-			\$	
		ST\$644.00	n 10 XXV 100		1	ENCES, IF ANY				
OFFICIAL Dawn Arme		Execu	tive Assi		1	(Explain and show		t		
SIGN HERE ALLEY	K. le	me	/ 2	24/11		amount)				
15. LAST PRECEDING VOUCHER a. VOUCHER NO.	PAID UNDER SA				t	. TOTAL VERIFIED COR			i	
a. VOUCHER NO.	D. D.O. STIVIBO	JL.		. MONTH & YEAR	1	CHARGE TO APPROF	NATION			
16. THIS VOUCHER IS CERTIFIE	D CORRECT AND	PROPER F	OR PAYMENT	THE RESIDENCE OF THE PERSON OF		Certifier's initials: APPLIED TO TRAVEL A			\$ 1	
AUTHORIZED	M		550	1 1		(Appropriation symbol)	•		\$ 0,00	
CERTIFYING OFFICIAL 'N HERE				2001	C	NET TO	TRAVE	LER >	\$ 738 83	
SEE BLOCK 12	TO STATE OF THE PARTY OF THE PA								×	

SCHEDL) r e	INSTRUCTIONS TO TRAVELER	-	_	elf explanato	**							nplete this mation	PAGE			
	ILE	Col. (c) If the voucher includes per diem allowances for	Com-	Col. (d) thru (g)	Show an meal cos	nount incurre	d for each mea	l, including tax ar	nd tips, and daily to	tal		if th	is is e		2		
OF		members of employee's '	plete only	(h)			as: laundry, cl	eaning and press	sing of clothes, tips	to hallboug			tinuation et. TRIP	OF #	1 PAG		
EXPENS	ES	immediate family, show	for		porters, a	etc. (other the	en for meals)		ing or clotties, ups	to belibays,	TRAVEL AUTHORIZATION NO						
AND		members' names, ages,	actual		Show tot	al subsistenc	n and actual ex	tried for actual er	rnense travel			1	RE60M	.IZA HUN	NO.		
AMOUN'	rs:	and relationships to em- ployee and marital status	expense travel	(m) Show pe	r diem amou	nt, limited to ma	aximum rate, or to	ravel on actual exp	ense, show		1 0,	KEOOM				
CLAIME		of children (unless infor-	ii a v e i	(n)	Show ex	penses, such	as: taxi/limous	or maximum rate ine fares, air fare	if nurchased with	cash), local or		TRA	VELER'S LAS	TNAME			
		mation is shown on the			long dista subsister	ance telepho	ne calls for Gov	ernment busines	ss, car rental, reloca	ation other than	1	1	stenoz				
DATE	TIME	travel authorization.) DESCRIPTION					TELIAE EVAEL			MILEAGE	<u> </u>						
	(Hour	(Departure/arrival city, per diem				ED SOBSIS	TENCE EXPEN	1959	T	RATE:		MOU	NT CLAIMED				
20 10	and	computation, or other explanation	DDEAK	I N	IEALS	ı	LANEOUS		TOTAL	0.285 NO.0F	MILEAG	SE.	SUBSISTEN	CE I	OTHER		
	am/pm)	or experience)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING	SUBSISTENCE EXPENSE	MILES			000000000000000000000000000000000000000	~	OTTICK		
<i>⊕</i> 12/14	(b)	D-:RES: Plantation	(d)	(e)	(f)	(g)	(h)	<u>(i)</u>		(k)	(1)		(m)		(n)		
		A-: WASHINGTON, DC	ı			l i	1 1] 				1			1		
$\frac{12/14}{12/14}$		POV-Available Govt	Tha	 		53 25	 	181 00	234.25	1 1 0 6		<u>.</u>	234	25			
12/14		Misc Expenses	ATTC	!	!	1	!	Į.		10.60		3 (2 (ı		
$\frac{12/14}{12/14}$		Airfare (Reimbursah	l al			!	<u> </u>		1			<u>! </u>	<u> </u>	_	35 10		
12/14		TMC Fee	169	li	i	l i	i i	i				i			يا و32 ا	FO	
12/14		Lodging Tax	1.	!!	1	<u> </u>		<u></u>			<u> </u>	 		_			
12/14		Taxi	1]]]				į.				l]		26 2		
12/15		D-:WASHINGTON, DC	<u>i</u>	i	i	i	i	i				1]		35 H	.5	
12/15	į	POV-Available Govt	Vhb	Į.	!	!	!!	1		10.60		1 3 0	, 1		1		
12/15		A:RES: Plantation,										1					
12/15		Subsistence	i	i	i	53125		i	53.25]	1	53 l2	.5	;		
12/15		TAV Fee -I	ı	ı	ŀ	1	1	I				ī	1		i		
12/15		Parking	<u> </u>		!	1	1					l	I.		19 1	٤9	
			i	i	i	i		i				,	1				
			<u> </u>	ı		1				<u> </u>		1	i		<u> </u>		
1								1				1	Ī		Ī		
					 	ļ						;					
ļ			1	ļ	1 1	1	!	I .				1	i		i		
			1						 		<u> </u>	<u> </u>		+			
ļ			i	l i	i	l i		i				:			1		
i i		,		1		1						ī	T.				
				L1		<u> </u>			SUBTOTA			04	287 S		445 2		
if additions	al space is re	equired, continue on another 1012-A BACK,	leaving th	e front bla	nk.				TOTA			04	287		445 2		
vided; Solic Chap. 57 a: E O 11609	itation of the s implemente of July 22, 1	rivacy Act of 1974, the following information is information on this form is authorized by 5 U d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93 176, U.S. C. 6014(b) and 6109. The primary pure	I.S.C. 01 7), 97 of		requirement employee, formance of	nt by this ag the issuance of official duty	ency in connormal of a security of while in Govern	ection with the clearance, or invi	hiring or firing of estigations of the Your Social Secu	an per- urity	Enter grar	nd tota	I of columns (I) I item 13 on th), (m) and	1	7	
under approcess of sucused by offi performance	viduals for all opriate admin ch reimburser icers and em e of their office	126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimbursement owable travel and/or relocation expenses incuistrative authorization and to record and main ments to the Government. The information will oloyees who have a need for the information in its local duties. The information may be disclosed the local or foreign agencies, when relevant to	irred Itain II be I the d .to		is MANDA expense re you SSN at however, f	se as a tax portions of the control	ayer and/or em ouchers claimin t which is, or ma lested informati ovide the Inform	ployee identificat ng travel and/or ay be, taxable in on is voluntary ir	hority of the Inte . 9397, November ion number; disclos relocation allow come. Disclosure n all other instanc an SSN) required	sure ance of es;	TOTAL AMOUN CLAIME		•	ŗ	738.8	3	

02/24/11 ACCOUNTING DETAIL Auth No: SEWASHINGTOND121410_V01
GovTrip Travel System Estenoz, Shann ***-**-**(6)(6)

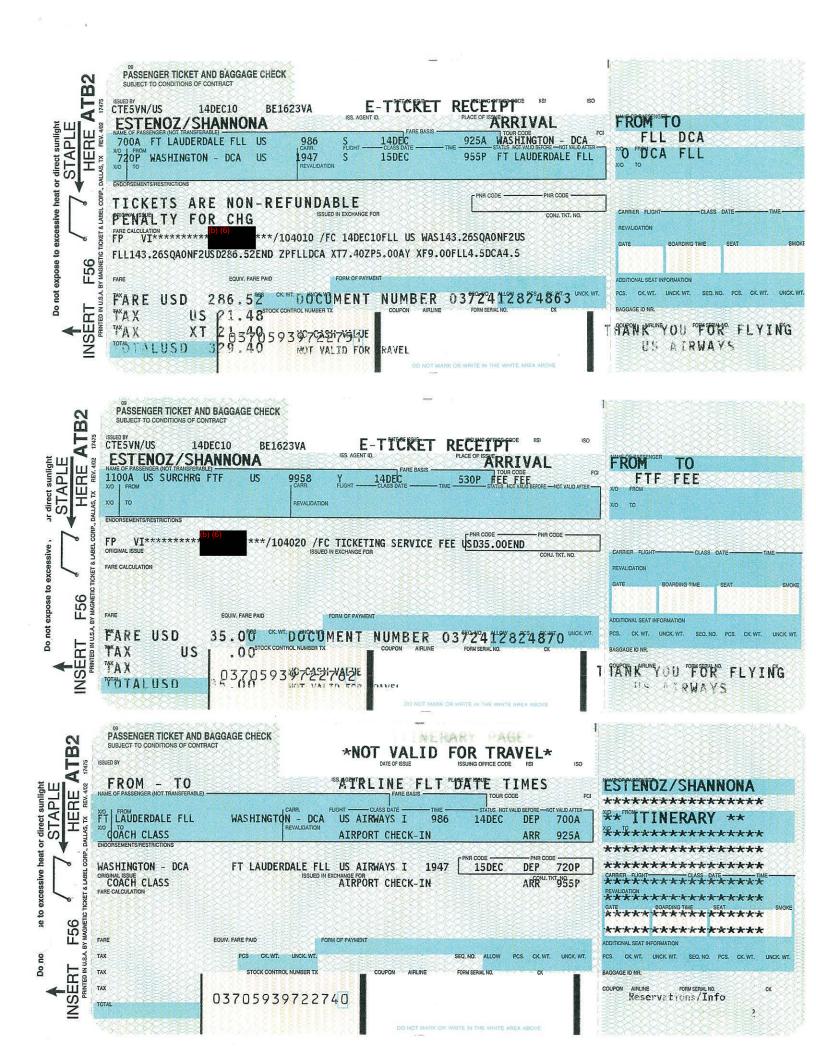
ACCOUNTING CLASS CODE			TRIP 1
COM. CARRR-211C LODGING-211D M&IE-211D MILEAGE-211P OTHER-211I PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			329.40 207.25 106.50 6.04 35.00 19.19 15.00 35.45 4.35
10 5284L000TXY	0.00	0.00	758.18
TOTAL EXPENSES			
NON-REIMBURSABLE EXPENSES		19.35	
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	19.35 738.83	
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING	0.00	19.35 738.83	
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00 0.00 0.00 	19.35 738.83	

0.00

738.83

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----





For:

SHANNON A ESTENOZ GDOIDOOS

To:

NGMSDOI

SHANNON ESTENOZ

DOI

Sales Person:

LH

Locator:

MEFQDH

Customer Number:

Tuesday December 14, 2010

US Airways

Class of Service: Coach Class T

Depart: FT LAUDERDALE, FL Arrive: WASHINGTON/NATL,DC

Equipment: Unknown

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 25A

Flight Number: 986

7:00 Am December 14, 2010

9:25 Am December 14, 2010

Confirmation Number: CTE5VN

Wednesday December 15, 2010



US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None

Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 22A

DEP-TERMINAL C

ARR-TERMINAL 3

7:20 Pm December 15, 2010

Flight Number: 1947

9:55 Pm December 15, 2010 2 Hours 35 Minutes Non-Stop

Confirmation Number: CTE5VN

<u>Name</u>	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
		388.84USD	29.16US	7.40ZP	14.00XT	439.40
1						

Total Amount:

439.40

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE

^{**} FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

^{**} GO TO WWW.TSA.GOV **



Ms. Shannon Estenoz 1849 C Street Nw Washington, DC 20240 United States Room Number:

0822

Arrival Date:
Departure Date:

12/14/10 12/15/10

CRS Number:

(b) (6)

Rewards No:

Page No:

1 of 1

INFORMATION INVOICE

A/R No: Folio No:

The Ritz-Carlton, Washington D.C.

12/15/10

Date	Description		Charges	Credits
12/14/10	Room Service Dinner	CHECK# 3508	51.52	
12/14/10	Room Charge		181.00	
12/14/10	Occupancy Tax 14.5%		26.25	
		Total	258.77	0.00
		Balance	258.77	

TAXICAB RECEIPT Time: 12 14 10 Date: 9:30 a Origin of trip: Reacun Nail Destination: Sign: Sign:

Time: 5:00pm

Date: 12 15 10

Destination: DCA

Fare: 15 05 Sign:

TAXICAB RECEIPT

Time: 8:45

Date: 12 15 10

Origin of trip: Ritz Canton

Destination: Sign: Sign:

Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania

Booth A 12/15/10 22:01 Cashier 28 Receipt 083418

Short-term parking tkt 1 - No. 033042 12/14/10 05:25 -12/15/10 22:01 -Period 1d16h37' (PARKNG) \$18.00

Sub Total \$18.00 Tax \$1.19

Total \$19.19

Payment Received VISA \$19.19 (b) (6)

Type: Swiped

Sub Total \$18.00 FL TAX 6.59% 1.19

All Amounts in USD.

TAX INCLUDED
Thank You

Signature

TRAVEL VOUCHER		ARTMENT OR ES				PE OF TRAVEL TEMPORARY D	1	mana Translation	JCHER NO.	CTON	ד מ מ	1811 VC
(Read Privacy Act Statement below)	EV	ERGLADES	NP	2		PERMANENT CO OF STATION	1	AMERICAN PROPERTY.	EDULE NO.	and the second second second second	DOT	<u> 191</u> 1_vc
a. NAME (Last, first, mi	iddle initial)		THEA	ANV	b. SO	CIAL SECURITY	NO.	6. PEF	OD OF TRA	AVEL	- Andrew Craff	
ш		9	FILEY	Vri		7	a) (6)	a. FRC		b. TO		and the Control of th
Estenoz, Sh					The second second	· _ * * _ * *			1/18/1			<u>/11</u>
c. MAILING ADDRESS	(Include ZIP	Code)			d. OF	FICE TELEPHO	L		VEL AUTHO			
11200 SW 8 FIU OE Buil		00m 165			30)5-348-1		a. NON	MBER(S)	b. DAT	I E(S)	
,	33199	30m 103			1	73-240-1	.005		0RE73B			
e. PRESENT DUTY STA		The state of the s	f. RESIDENCE	(City and St	ate)				0112732	- 65	/22	/11
EVERGLADES	NP		Planta	ation,	FL			10. CH	ECK NO.			American and
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT				11. P	AID BY			
a. Outstanding	and the same of th	0 00	a. DATE RECE	EIVED	200000	DUNT RECEIVE						
b. Amount to be applied c. Amount due Government		0 00			\$	- And Andrews Company						
(Attached Check	Cash)	!	c. PAYEE'S SI	GNATURE								
D. Balance outstanding												
12. GOVERNMENT	I hereby assign	n the United States	s any right I may	have against an	v parties	s in connection w	rith reimbursat	ble		Trave	eler's li	nitials
TRANSPORTATION REQUESTS, OR		charges described							J			
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF			COM DAY CANCE SUM SANOYS OF	POIN	NTS O	FTRAVEL			THE PARTY CHANGE
(List by number below	VALUATION	RIER	SERVICE AND ACCOM-	DATE	ľ							*
and attach passenger coupon; if cash is used	OF TICKET	(Initials)	MODATIONS	ISSUED	1	FRO				TO		
show claim on reverse side)	(a)	(b)	(c)	(d)		(6	9)		A Description	(f)		
10 5284L000TXY COMMENTS: Attending meet							,019.3		NR-			19.00
13. I certify that this voucher is received by me. When any this voucher. TRAVELER SIGN HERE NOTE: Falsification of an item than \$10,000 or imprise.	pplicable, per di	em claimed is bas	ed on the averag	e cost of lodging	incurre (C 4) and m	OATE 223	od covered by	/ MOU! _AIMI		1	019.	39
14. This voucher is approved.	•	(d. 930). 33	35.0		T	17. FOR FINANC	CE OFFICE U	SE ON	LY			
necessary in the interest of are included, the approving			long distance tel zed in writing by t		-		OMPUTATIO	N		6	1	
head of the department or					a.	DIFFER				\$	i	Constructions.
APPROVING Dawn Arm				5 A TC 4 -		IF ANY — (Explain	CONTRACTOR OF THE PROPERTY OF				!	Marie Desiration
OFFICIAL DOWN	nel	Execu	tive Assi			and show amount)						
SIGN HERE	KK.	Ulma	X	2/23/11		announty						
a. VOUCHER NO.	IER PAID UND			c. MONTH &	b.	TOTAL VERIFIE CHARGE TO					I	
a. Voorietivo.	0. 5.5.0			YEAR		Certifier's initia		.n. 		\$	1	
16. THIS VOUCHER IS CERTIF	IED CORREC	T AND PROPER P	OR PAYMENT		c.	APPLIED TO TH	RAVEL ADVA	NCE		<u> </u>	i	
AUTHORIZED CERTIFYING	1/00	h /	gen-	oafe /		(Appropriation	ѕутроі):			\$	0	00
OFFICIAL ON HERE	111111	1/	9	183/11	d.	N	IET TO TR	AVE	LER 🕨	-	019	39
SEE BLOCK 12	ABOVE/	V	Į									

		INCIDICTIONS TO TRAVEL ED	# 4 a 0 - 4 - 1	24	- 1£				·		· · · · · · · · · · · · · · · · · · ·	Con	plete this			
SCHEDU	.	INSTRUCTIONS TO TRAVELER Col. (c) If the voucher includes		Col. (d)	elf explanato		i far anch man	Including to:	nd tips, and daily to	·al		info	mation	PAGE	2	
	LE	per diem allowances for	Com- plete	thru (g)			i ior each mea	, including tax a	nd teps, and daily to	rg1			s is a Inuation	OF		
OF		members of employee's	only	(h)		oenses, such	as: laundry, cl	eaning and pres	sing of clothes, tips	to bellbovs.			TRIP		1 PAG	GES
EXPENSE	ES	Immediate family, show	for	1	porters, e	etc. (other the	ın for meals).	= -	3				VEL AUTHO		ON NO.	
AND		members' names, ages,	actual	L 0			n and actual ex e expense incu	pense travel. Irred for actual e	xpense travel.			loi	RE73B			
AMOUNT	re	and relationships to em-	expense	(m) Show pe	r diem amour	nt, limited to ma	aximum rate, or t	ravel on actual expe	ense, show						
		ployee and marital status of children (unless infor-	travel	(n)				or maximum rat ine fares, air far	e. e (if purchased with	cash), local or		TRA	VELER'S LA	ST NAI	WE.	
CLAIMED	ן	mation is shown on the		(-7		ance telephor			ss, car rental, reloca			Es	stenoz			
T	teril a re	travel authorization.)					TENCE EXPEN	IDEC	······································	MILEAGE			IT OL ALMER	 		
DATE	TIME	DESCRIPTION		<u></u>		ED SUBSIS	MISCEL-	1959		RATE:		MOUI	NT CLAIMED	<u> </u>		
20_11	(Hour and	(Departure/arrival city, per diem computation, or other explanation		· ·	IEALS		LANEOUS		TOTAL	0.190 NO. OF	MILEAG	SE.	SUBSISTE	ICE	OTHER	
	am/pm)	of expenses)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING	SUBSISTENCE EXPENSE	MILES						
(a) 01/18	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Ü	(k)	(1)		(m)		(n)	,
01/18		D-:RES: Plantation		1				l I				1			į	1
01/18		A-: WASHINGTON, DC	771	- <u>i</u> -	 	53 25		181 00	234.25	10 66		ì	234	25		·
01/18		POV-Available Govt	vnc	1	l I	1		1		10.60		2 0	1		1	1
01/18		Lodging Tax	!		 	<u> </u>		<u> </u>	.	<u> </u>		1	į		26 [25
01/18		TMC Fee						i	1.			1				1
01/18		Baggage Fee	i	 	 	i	 	i	<u> </u>	ļ		-			25	00
01/19		Subsistence	1	1	l i	71 00	! !	181, 00	252.00			1	252	00		1
01/19		Lodging Tax	<u> </u>	1				t				1			26	25
01/20		Subsistence	1		i	71 00		181 00	252.00			ì	252	00	1	, L.,
01/20		Lodging Tax	i	<u> </u>	ļ <u>i</u>	i	i		<u> </u>			1		-	26	25
01/21		D-:WASHINGTON, DC	1 771	1	1	!	!!	l		10 66		1			!	l
01/21		POV-Available Govt A:RES: Plantation,	Vnc	<u> </u>				<u> </u>	 	10.60		12 (1	-		<u> </u>
01/21 01/21		Subsistence	1	ŀi	i	;	; ;					i	'	_		ļ
$\frac{01/21}{01/21}$		Parking		 	 	53 25		i	53.25			+	53	25		
01/21		TAV Fee -I	!	!	!	!	!	!				[]	1		38	13.7
01/21 01/21		Baggage Fee		-	 	<u> </u>						1			25	<u> </u>
01/21		Taxi	i	i	i	i	i	i				į.			56	
<u> </u>		ICAL	-!		 	!	 					1			36	/2
					1	1)	1
			ı	i	i	i		<u> </u>				ī		\Box	:	
İ			ŀ	ı	1	1	1	ı				İ,	1		ļ	1
												1				
			L L	1i	1	L I			SUBTOTA		4	I 02	791	50	223	187
If additiona	al space is r	equired, continue on another 1012-A BACK	, leaving ti	he front bla	nk.				TOT			102	791		223	
In complian	ce with the F	rivacy Act of 1974, the following information	s pro-													<u> </u>
vided: Solic	itation of the	information on this form is authorized by 5 t	J.S.C.		requiremen	nt by this ag	jency in conn	ection with the	hiring or firing of	an			l of columns i item 13 on .			
E.O. 11609	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93	97 of		formance of	of official duty	while in Gove	nment service.	Your Social Sec	hei-	this form.				-	
of the reque	ested informa	information on this form is authorized by 5 tinformation information on this form is authorized by 5 tid by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93 126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimburseme owable travel and/or relocation expenses inclusivative authorization and to record and maintains.	irpose ent to		Revenue C	iumper (SSI Code (26 U.S	N) is solicited .C. 6011(b) an	untter the au d 6109) and E.	inority of the Inte O. 9397, Novembe	rnai r 22,						
					1943, for u is MANDA	se as a tax p TORY on v	ayer and/or em ouchers claimi	pioyee identifica ng travel and/o	ition number; disclo: r relocation allow	sure ance	TOTAL					
costs of suc used by offi	ch reimburser	ments to the Government. The information we ployees who have a need for the information is call duties. The information may be disclose	ill be n the		expense re	imbursemen	t which is, or m	ay be, taxable i	ncome. Disclosure	of res:	TOTAL					
performanci appropriate	e of their office Federal, Sta	cial duties. The information may be disclose te, local or foreign agencies, when relevant to	ed to		however, i	fallure to pro	vide the infor	mation (other ti	hiring or firing of vestigations of the Your Social Section it of the Inte O. 9397, November or relocation allow ncome. Disclosure in all other instancian SSN) required sement	to	CLAIMI	ED \blacktriangleright	•	1	,019.3	39

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D M&IE-211D MILEAGE-211P OTHER-211I PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			621.75 248.50 4.02 50.00 38.37 15.00 56.75 4.00
10 5284L000TXY	0.00	0.00	1,038.39
2010^2011^07^5284^^TXY^L000^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES		1,038.39 19.00	
TOTAL AMOUNT CLAIMED			
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00		
		0.00	
NET TO TRAVELER (GOVT)		1,019.39	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD PAY TO TRAVELER		0.00 1,019.39	

SatoTrave

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMSDOI

Sales Person:

Locator:

FVLADY

Customer Number:

Tuesday January 18, 2011



US Airways

Class of Service: Coach Class T

Depart: FT LAUDERDALE, FL Arrive: WASHINGTON/NATL, DC

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 25A

DEP-TERMINAL 3

ARR-TERMINAL C

Friday January 21, 2011



US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 19B

DEP-TERMINAL C

ARR-TERMINAL 3

Flight Number: 1947

Flight Number: 1218

11:55 Am January 18, 2011

2 Hours 25 Minutes Non-Stop

Confirmation Number: CD79GN

2:20 Pm January 18, 2011

7:25 Pm January 21, 2011 10:02 Pm January 21, 2011 2 Hours 37 Minutes Non-Stop

Confirmation Number: CD79GN

<u>Name</u>	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	<u>Total</u>
		388.84USD	29.16US	7.40ZP	14.00XT	439.40
				To	tal Amount:	439.40

^{**} FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL

^{**} GO TO WWW.TSA.GOV **

CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
......*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

U-S AIRWAYS *ITINERARY PAGE*

U·S AIRWAYS

FROM - TO

AIRLINE FLT DATE TIMES

WASHINGTON - DCA COACH CLASS

FT LAUDERDALE FLWS AIRWAYS I 1947 AIRPORT CHECK-IN

21JAN

ARR 1002P

ESTENOZ/SHANNONA *******

** ITINERARY ** ********** ********** ********* ********* ******** ******

Reservations/Info

U·S AIRWAYS

U·S AIRWAYS

FKE4NM/US ESTENOZ/SHANNONA

21JAN11

BFODBCK9

9957

E-TICKET RECEIPT

ARRIVAL

21JAN

1130A FEE FEE

TO FROM **EBC FEE**

XX/100020 /FC BAGGAGE FEE (1B) 01 0025 (2B) 00 0000 (3B) 00 0000 (0W) 00 0000 (0Z) 00 0000(SE) 00 0000 USDTTL 025.00E

1000A EXCESS BAG EBC US

25.00

DOCUMENT NUMBER 0372417255388

TAX

0.00 US

TAX

TOTALUSD

FARE USD

25.00

NO CASH VALUE

THANK YOU FOR FLYING HC ATRWAYS



1919 Connecticut Ave. NW • Washington, DC 2000 Phone (202) 483-3000 • Fax (202) 232-0438 Reservations

www.hilton.com or 1 800 HILTONS

Name & Address

TENOZ SHANNON

Room Arrival Date

8148/D2

1/18/2011 1/21/2011 Departure Date

3:30:00PM 8:46:00AM

Adult/Child Room Rate

1/0

181.00

L-GV RATE PLAN

> HH# AL: CAR:

CONFIRMATION NUMBER: 3404053513

1/21/2011 PAGE 1

	 							
DATE	DESCRIP	TION	DIKOSSIE	REF. NO	CHARGES \$181.00	CREDITS	BALANCE	V
1/18/2011	GUEST ROOM			7235158	*			WAI AS
1/18/2011	ROOM TAX		DIKOSSIE	7235158	\$26.25			A3:
1/19/2011	GUEST ROOM		DIKOSSIE	7236413	\$181.00 * \$26.25			
1/19/2011	ROOM TAX		DIKOSSIE	7236413	ΨΕ0.23			CON
1/20/2011	GUEST ROOM		DIKOSSIE	7237779	\$181.00			•
1/20/2011	ROOM TAX		DIKOSSIE	7237779	\$26.25	B004 75		
1/21/2011	(b) (6)		AMEHAR	7238179		\$621.75	60.00	(
	BALANCE						\$0.00	Hi
			EXPE	 SE REPOI	RT SUMMARY			
						1		Dou Dou
		01/18/11	01/19/11	01/20	/11 STAY TOTAL			000
ROOM & TAX		\$207.25	\$207.25	\$207				
DAILY T	DIAL	\$207.25	\$207.25	\$207	7.25 \$621.75			
							***************************************	ЕМ
								*1
•	You have e	earned approx	l imately 7193 l	Honors po	ints for this stay. To	check	İ	
	your earnin	igs for this sta	y or any other	stay at any	of more than 3,000	Hilton		⊠"G
	Family hote	els worldwide	visit HiltonHHe	nors.com				
	Thank you	for choosing	∖ ¦-lilton! Book y	our next sta	y at hilton.com and	take		
		of our interne	t-only Advanc	e Purchase	Rates and limited-ti	ne special		Ü
	offers!							_
	:							
								4
								HON
CCOUNT NO.	<u> </u>		<u> </u>			DATE OF CHARGE	FOLIO NO./CHECK NO.	
		,					1	ĤŎ
(b) (6)	AME					01/18/11HORIZATIONE	M 1196496 A INITIAL	****
707 4 D. 1011 4 C. 107	NO A LOCATION	CETABLICIASENT ACRES	S TO TRANSMIT TO CARD	HOT DED EOD BAVAGE	NT.	PURCHASES & SER	OVICES	
STABLISHMENT	NO. & LUCATION	ESTABLISHMENT ACKED	S TO TROUSANT TO CARD	HOLDER FOR TATAL		FURCHASES & SER	CVICES	
ESTENO2	Z, SHANNON					143309 TAXES		(Hi Grand
						111/1000		mano
						TIPS & MISC.		
					1			
						TOTAL AMOUNT		

DC TRIP / CAPPED INDEPENDENT CAB CAB # 1400 01/19/11 TR 6272 START END MILES 17:29 17:35 1.3 FARE FOR EA RALF Gij EXTRA. ₺ TOTAL: \$ THANKS DC TAXICAB COMM TEL 202 645-6018

A

Taxi Cab Receipts

DATE: 1 18 2011 TIME: 2:30 pm
TCA
DESTINATION: 1919 Connect Ave
FARE: \$ 1400 SIGNATURE
TAILE, S. SIGNATURE



TAXI CAB RECEIPT

<u>jupinus</u>	Time: 4:45
	Date: 1/18/2011
	a / (10.11)
Origin of trip: 1919	COM. (HITTON)
Destination: Call	Soleil

Destination: Call	Soleil
. 06	990
Fare:	_Sign:

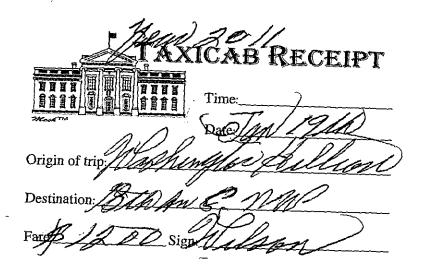
TAXICAB RECEIPT

Time:	8:3	Opm
Date:	1/18/3	Opm

Origin of trip:	tand	ing_	Farmers	
Original - Pro				
	ι Λ. (Ω	A		

Destination: 10	719	Corm		
_				

Fare: 600	Sign:	
1410,		



TAXICAB RECEIPT

A CONTRACTOR OF THE CONTRACTOR	Time: 4:45
11 10 12 14 12 12 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Date: 1 21 11
Origin of trip: DOI	
Destination: DCA	
Fare: 12 00	Sign:

SAMUEL ARMSTRONG LICENSE # 56509 TAG # H83001 01/21/11 TR 1570 START END MILES 13:28 13:38 1.9 FARE FOR EA RATE RATE 1: \$ 6.75 EXTRA: \$ 0.00 TOTAL: \$ 6.75 COMPLAINTS CALL DC TAXICAB COMM 202 645-6018 Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania

Booth A 01/21/11 22:32 Cashier 28 Receipt 096243

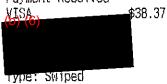
Short-term perking tkt 1 - No. 039813 01/18/11 09:54 -01/21/11 22:32 -Period 3d12h39' (PARKNG) \$36.00

 Sub Total
 \$36.00

 Tax
 \$2.37

 Total
 \$38.37

Payment Received



Sub Total \$36.00 FL TAX 6.59% 2.37

All Amounts in USD.

TAX INCLUDED ***Thank You***

Signature

TRAVEL VOUCHER		PARTMENT OR ES		•	2. TYPE OF			OUCHER NO.			
(Read Privacy Act Statement below)	EVERGLADES NP					PORARY DUTY MANENT CHANGE FATION		SEWASHINGTOND013111 4. SCHEDULE NO.			<u> 11</u> 1_
a. NAME (Last, first, m	niddle initial)			CADV		SECURITY NO.		RIOD OF TR			
Estenoz, Sh	annon	Α		LUPY	***_*	* - * (b) (6)	a. FR		b. To		
c. MAILING ADDRESS	(Include ZIF		CONTRACTOR OF THE PARTY OF THE			TELEPHONE NO.		1/31/1 AVEL AUTHO			<u></u>
11200 SW 8							a. NU	MBER(S)	b. D.	ATE(S)	
FIU OE Buil		oom 165		1	305-	348-1665	I				
Miami, FL e. PRESENT DUTY STA			f. RESIDENCI	E (City and Star	fal		-	0RE797	. 10		
EVERGLADES			AC 02-2-2	ation, F	Š.		10 C	HECK NO.	02	2/22/	11
8. TRAVEL ADVANCE	-	TOTAL TOTAL									
a. Outstanding	The same and the same of the s		a. DATE RECE	MENT RECEIPT	o. AMOUNT	BECEWED	- 111.1	PAID BY			
b. Amount to be applied		0 00	a. Brite NEOL	IVED I	\$	RECEIVED					
c. Amount due Government (Attached Check	Cash)		c. PAYEE'S SI	GNATURE			1				
D. Balance outstanding	cusiny										
12. GOVERNMENT	I hereby assig	n the United States	any right I may	have against any	narties in cor	nnection with reimbu	reable		T	and and a factor	
TRANSPORTATION REQUESTS, OR TRANSPORTATION	transportation	charges described	below, purchase	ed under cash pay	ment proced	lures (FPMR 101-7)	iisable		▶ Trat	veler's Initi	als
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF				POINTS C	F TRAVEL	-))
(List by number below and attach passenger	VALUATION OF TICKET		SERVICE AND ACCOM-	DATE		And the supplied of the suppli		T T			
coupon; if cash is used show claim on reverse	(a)		MODATIONS (c)	10.50		FROM			TO		
side)	147	(10)	(0)	(d)	_	(e)			(f)		
COMMENTS: Attending meet	ings w	ith DOI	Managers	5.							
13. I certify that this voucher is	s true and corre	ect to the best of my	v knowledge and	belief, and that na	avment or cre	edit has not heen					_
received by me. When ap	plicable, per di	em claimed is base	ed on the average	e cost of lodging in	curred durin	g the period covere	d by			1	
TRAVELER SIGN HERE		>			DATE	2/2/1	AMOU			1	_
NOTE: Falsification of an item	in an expense	account works a fo	orfeiture of claim	(28 U.S.C. 2514) a	and may resi	ult in a fine of not mo	CLAIM ore	ED 🚩	-	92.86	
than \$10,000 or impris				C. 287; i.d. 1001).							
 This voucher is approved. necessary in the interest of 	f the Governme	ent. (NOTE: If Id	ong distance tele	phone calls	17. FO	R FINANCE OFFICE COMPUTA		LY			- Change
are included, the approving head of the department or	g official must h agency to so c	ave been authorize ertify (31 U.S.C. 68	ed in writing by tl 80a).}	he	a. DIFF		IION .		\$	i	
					ENC IF AN	ES,					
APPROVING Dawn Arm	el	Execut	ive Assp	st ant	(Expl	lain	THE STATE OF THE S				_
SIGN HERE	r. R.	lleme	1 2	23 11	amou						
15. LAST PRECEDING VOUCH a. VOUCHER NO.						VERIFIED CORRE				1	
a. VOUCHERING.	b. D.O. S	TIMBUL	C	. MONTH & YEAR		RGE TO APPROPR	ATION		-2	i	
16. THIS VOUCHER IS CERTIF	ED CORRECT	AND PROPER FO	OR PAYMENT		c. APPLII	ier's initials: ED TO TRAVEL AD	VANCE		\$		_
AUTHORIZED CERTIFYING				4	(Appr	opriation symbol):			\$	0.00	
OFFICIAL SN HERE	m		Ä	12211							Services
ACCOUNTING CLASSIFIC	ATION (The state of the s	lo.	INAI	d.	NET TO	RAVE	ER 🕨	\$	92.86	
SEE BLOCK 12				1							
	Maria										

				·····					··. · · · · · · · · · · · · · · · · · ·						
		INSTRUCTIONS TO TRAVELER	(Unlisted	(Unlisted items are self explanatory)							nplete this P/	AGE			
SCHEDU	ILE	Col. (c) If the voucher includes	Com-	Col. (d)			d for each mea	ıl, including tax aı	nd tips, and daily to	tal			is is a —		
OF		per diem allowances for	plete	thru (g)									tinuation Ol		
EXPENS	ES	members of employee's	only	(h)		penses, such etc. (other tha		leaning and pres	sing of clothes, tips	to beliboys,		-	et TRIP ‡		PAGES
	LJ	immediate family, show	for	0	Complet	e for per dien	and actual ex	pense travel.				TRA	VEL AUTHORIZ	ATION NO.	
AND		members' names, ages, and relationships to em-	actual expense	– 0	Show to	tal subsistenc	e expense inc	urred for actual e	xpense travel.			OF	RE797		
AMOUN'	rs	ployee and marital status	travel	(m) Snow pe	er giem amoui er of the amou	nt, limited to m int from col. (ii)	axımum rate, or t or maximum rate	ravel on actual exp	ense, show		<u> </u>		 	
CLAIME	ח	of children (unless infor-		(n)	Show ex	penses, such	as: taxi/limou:	sine fares, air fare	e (if purchased with	cash), local or		TRA	VELER'S LAST	NAME	
O-1711111111111111111111111111111111111	-	mation is shown on the			long dist subsiste		ne calls for Go	vernment busines	ss, car rental, reloca	ation other than	1	Εs	stenoz		
		travel authorization.)							·	MILEAGE	·	<u> </u>			
DATE	TIME	DESCRIPTION				ZED SUBSIS	TENCE EXPE	NSES		RATE:	A	MOUN	NT CLAIMED		
20 11	(Hour and	(Departure/emival city, per diem computation, or other explanation		N	MEALS		MISCEL- LANEOUS		TOTAL	0.190	MILEAC	_	OLIDOJOTEMOS		
20	am/pm)	of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO. OF	MILEAU	3E	SUBSISTENCE	OTHE	±K
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE (i)	MILES (k)	(1)		(m)	/=1	
(a) 01/31		D-:RES: Plantation	(0)	- 19	177	19/	1 1 1 1 1 1 1	17	<u> </u>	1^/	<u> </u>	\top	(m)	(n)	
01/31		A-:WASHINGTON,DC	1	1	1	53 25		ı	53.25	1		1	53, 25	.	1
01/31			Vhc		 	- 33 123	 	 	33.23	10.60		12 (<u> </u>		-
01/31		POV-Available Govt		!] ;	!				10.60		' 1	,		1
01/31		D-:WASHINGTON,DC	A110	1	1 1		 		<u> </u>	10.00	 	12 (1	+	
01/31		A:RES: Plantation,	i	i	l i	i	li	l i				i 1	l i		i
01/31		TMC Fee			 	 	 			 			i -	- 	-i
01/31			1	1	1	I] 1	i				1			t
01/31		TAV Fee -I	1	l		!		!				<u> </u>			l
01/31		Parking	1	1					1			!]		5	9 59
01/31		Taxi			ļ <u>;</u>	<u> </u>	ļ					<u> </u>	<u> </u>	26	6 00
			i	i	l i	i	li	i				i 1	,		i
			1	1	ı	L		I					İ		<u>i</u>
ŀ		-	!	1	l I	1	!	Ļ	1			1	l		1
	****			l				I.		<u> </u>		1	!	Ì	1
			i	1	1										-
			i	i	l i	i	li	i		1		i 1	i		i
			I	1	i i	1	1	Ĭ					i		-i
j			l l	I		1	1	1				1	<u> </u>		1
												!	1	1	-
				<u> </u>	<u>_</u> ;			1				;	!		l i
			1	i	ı	i	i	l l				;	1	1	
			1	ı		i	i	İ			· ·	i	i		i
			Ţ			ļ ļ	!	ı				1			1
				L.,, J.,,,,,		1						اا	<u> </u>		
If addition:	al space is n	equired, continue on another 1012-A BACK	, leaving th	e front bla	nk.				SUBTOTA			102	53 25		5 159
									TOTA	ALS -	4	02	53 25	35	5 59
vided Selie	itation of the	rivacy Act of 1974, the following information is information on this form is authorized by 5 the byte federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93	100		requirement employee, formance of	nt by this ag the issuance of official duty	ency in conr of a security while in Gover	ection with the clearance, or inv mment service.	hiring or firing of restigations of the Your Social Sect	an per- urity			l of columns (l), (l n item 13 on the f		
used by offi performance	cers and em	d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93 1 26 U.S.C. 6011(b) and 6109. The primary put ition is to determine payment or reimbursement owable travel and/or relocation expenses incustrative authorization and to record and main ments to the Government. The information will olivees who have a need for the information is risted duties. The information may be disclose te, local or foreign agencies, when relevant to	n the d to					under the aut d 6109) and E.C. uployee identificat ng travel and/or ay be, taxable in ion is voluntary i mation (other the	hiring or firing of restigations of the Your Social Sect thority of the Inte D. 9397, November tion number; disclosi- relocation allowincome. Disclosure n all other instancian SSN) required	ernal r 22, sure ance e of ces; i to	TOTAL AMOUN CLAIME	IT ED	•	92	.86

Auth No: SEWASHINGTOND013111 V01 Estenoz, Shann ***-**-(b) (6)

0.00

92.86

ACCOUNTING CLASS CODE			TRIP 1
A&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			53.25 4.02 9.59 15.00 26.00 4.00
10 5284L000TXY	0.00	0.00	111.86
2010^2011^07^5284^^TXY^L000^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES		111.86 19.00	
TOTAL AMOUNT CLAIMED			
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED		0.00	
NET TO TRAVELER (GOVT)		92.86	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00		
TOTAL GOV'T CHARGE CARD AMT	0.00		

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

SatoTravel

For:

SHANNON A ESTENOZ GDOIDOOS

To:

NGMSDOI

Sales Person:

IGEZZK

Locator:

Customer Number:

Monday January 31, 2011



US Airways

Class of Service: Coach Class Y

Depart: FT LAUDERDALE, FL Arrive: WASHINGTON/NATL,DC

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 16C

Frequent Flyer Number:

DEP-TERMINAL 3

ARR-TERMINAL C

ESTENOZ/SHANNON A

Monday January 31, 2011



US Airways

Class of Service: Coach Class Y

Depart: WASHINGTON/NATL, DC Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 19C

Frequent Flyer Number:

DEP-TERMINAL C

Flight Number: 1947

Flight Number: 986

7:00 Am January 31, 2011

9:25 Am January 31, 2011 2 Hours 25 Minutes Non-Stop

Confirmation Number: GJNVCZ

7:25 Pm January 31, 2011 10:02 Pm January 31, 2011

2 Hours 37 Minutes Non-Stop

Confirmation Number: GJNVCZ

ESTENOZ/SHANNON A

ARR-TERMINAL 3

Invoice / Ticket / Date Name Base Tax1 Tax2 Tax3 **Total** 878.14USD 65.86US 14.00XT 7.40ZP 965.40 FOP CAxxxxxx **Total Amount:** 965.40

^{**} FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

** GO TO WWW.TSA.GOV **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
......*** WWW.VIRTUALLYTHERE.COM ***.......
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

	TAXICAB RECEIPT
	Time: 9:45
Origin of trip:	DCA Date.
Destination:	OOI
Fare: 13.00	Sign:

	TAXI	CAB	RECEIPT
DATE	1/3/11	т	IME 4:45 pm
ORIGIN_	DOI	C	AB#
DESTINA	TION	CA	
FARE: \$_	13.00	SIGNATUR	

Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania Booth A 01/31/11 22:07 Cashier 28 Receipt 000173

Short-term parking tkt 1 - No. 042482 01/31/11 05:50 -01/31/11 22:07 -Period 0d16h18' (PARKNG) \$9.00

 Sub Total
 \$9.00

 Tax
 \$0.59

 Total
 \$9.59

Payment Received \$9.59

Type: Swiped

Sub Total \$9.00 FL TAX 6.59% 0.59

All Amounts in USD.

TAX INCLUDED ***Thank You***

Signature

TRAVEL VOLICIES	_ 1. DEF	ARTMENT OR ES	TADI ICUMENT		2 7			101150 110			
TRAVEL VOUCHE		JREAU DIVISION			Z. 11	PE OF TRAVEL TEMPORARY DUTY		ICHER NO. ATLANT		מסמ	0011
(Read Privacy Act Statement below)	EV	ERGLADES	NP			PERMANENT CHANGE OF STATION	E-months of the same	EDULE NO	Contract of the last of the la	0002	.0011
a. NAME (Last, first,	middle initial)			CARN	b. SC	CIAL SECURITY NO.	6. PER	IOD OF TR	AVEL		241.X21=24/4.0=2/4
				WI		(b) (c)	a. FRC	M	b. TO)	-
Estenoz, S		A. <u>-</u>				* - * * - * (b) (6)		2/08/1			/11
c. MAILING ADDRESS	1 85	i.e.			d. OF	FICE TELEPHONE NO.		VEL AUTHO			
11200 SW 8 FIU OE Bui					2	05-348-1665	a. NUN	MBER(S)	b. DA	TE(S)	
Miami, FL		00111 165			3	05-346-1665	1	0RE7D4	. 1		
e. PRESENT DUTY ST		The second secon	f. RESIDENCE	E (City and S	tate)		7	URE/De	- M	/22	/11
EVERGLADES	S NP		Plant	ation,	FL		10. CH	ECK NO.		7	/
RAVEL ADVANCE			9. CASH PAY	MENT RECEIP	Т		11. P	AID BY			
Outstanding		0 10 0	a. DATE RECE	EIVED	b. AM	OUNT RECEIVED					
Amount to be applied		0 00			\$						
Amount due Government (Attached Check			c. PAYEE'S SI	GNATURE							
Balance outstanding											
GOVERNMENT TRANSPORTATION REQUESTS, OR	I hereby assig transportation	n the United States charges described	any right I may below, purchase	have against an ed under cash p	ny partie ayment	s in connection with reimbu procedures (FPMR 101-7)	rsable		> Trav	eler's i	nitials
TRANSPORTATION TICKETS, IF PUR-	AGENT'S	ISSUING CAR-	MODE CLASS OF		exaltermostic vano	F	POINTS OF	TRAVEL	ratio		
CHASED WITH CASH (List by number below and attach passenger	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE			1				
coupon; if cash is used show claim on reverse	OI HORE	(Initials)	MODATIONS			FROM			TO		
side)	, (a)	(b)	(c)	(d)		(e)			(1)		ň.
COUNTING CI 5284L000TX	ASSIFIC	ATION: 2011^07^!	5284 ^^ T	XY^L000	^^ .	- 65	.52	NR-			19.0
CCOUNTING CL 5284L000TX OMMENTS: eeting with	Y-2010^	ATION: 2011^07^!	5284 ^^ T2	XY^L000	^^	- 65	.52	NR-			19.0
MMENTS: eting with I certify that this voucher received by me. When this voucher. AVELER NHERE TE: Falsification of an ite.	EPA. Er is true and cornapplicable, per demander in an expense	ect to the best of mem claimed is base	y knowledge and ed on the averag orfeiture of claim	Delief, and that the cost of lodging	t payme g incurre L	nt or credit has not been	d by	IT _		65.	
DMMENTS: eting with Tcertify that this voucher received by me. When this voucher. AVELER NHERE TE: Falsification of an ite than \$10,000 or imp	EPA. Epa.	ect to the best of milem claimed is base account works a formore than 5 years	y knowledge and ed on the averag orfeiture of claim or both (18 U.S.	belief, and that the cost of lodging (28 U.S.C. 251 C. 287; i.d. 100	t payme g incurre f 4) and r 1).	nt or credit has not been ad during the period covered DATE 2 23 11 nay result in a fine of not me	d by AMOUN CLAIME	lT ED ▶			
MMENTS: eting with Icertify that this voucher received by me. When this voucher. AVELER NHERE TE: Falsification of an ite.	EPA. Er is true and comapplicable, per demander of the per demander of the per detail of the per deta	ect to the best of milem claimed is base paccount works a formore than 5 years	y knowledge and ed on the averag orfeiture of claim or both (18 U.S.	d belief, and that le cost of lodging (28 U.S.C. 251- C. 287; i.d. 100	t payme g incurre f 4) and r 1).	nt or credit has not been ad during the period covered bate 2 23 11 nay result in a fine of not mo	AMOUN CLAIME OFFE	lT ED ▶			
MMENTS: eting with Tcertify that this voucher received by me. When this voucher. WELER HERE TE: Falsification of an ite than \$10,000 or imp This voucher is approve necessary in the interes are included, the approvents.	EPA. Tris true and correspondent in an expense or something of the Government for not ed. Long distance at of the Government ing official must.	ect to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If have been authoriz	y knowledge and ed on the averag orfeiture of claim or both (18 U.S. , are certified as long distance tele ted in writing by t	Delief, and that e cost of lodging (28 U.S.C. 251- C. 287; i.d. 100 ephone calls	f paymee g incurred for the following for the fo	nt or credit has not been ad during the period covered DATE 2 23 11 nay result in a fine of not mo	AMOUN CLAIME OFFE	lT ED ▶	\$		
MMENTS: eting with Teertify that this voucher received by me. When this voucher. VELER HERE E: Falsification of an ite than \$10,000 or imp This voucher is approvenecessary in the interes	EPA. Tris true and correspondent in an expense or something of the Government for not ed. Long distance at of the Government ing official must.	ect to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If have been authoriz	y knowledge and ed on the averag orfeiture of claim or both (18 U.S. , are certified as long distance tele ted in writing by t	Delief, and that e cost of lodging (28 U.S.C. 251- C. 287; i.d. 100 ephone calls	t payme g incurre f 4) and r 1).	nt or credit has not been ed during the period covered on the peri	AMOUN CLAIME OFFE	lT ED ▶	\$		
AMENTS: eting with Tcertify that this voucher received by me. When this voucher. VELER HERE HERE E: Falsification of an lite than \$10,000 or imp This voucher is approve necessary in the interessary in the interessare included, the approhead of the department ROVING Dawn Ar	EPA. ETPA. ct to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If I have been authoriz pertify (31 U.S.C. 66)	y knowledge and ed on the averag orfeiture of claim or both (18 U.S. , are certified as long distance tele ted in writing by t	Delief, and that le cost of lodging (28 U.S.C. 251- C. 287; i.d. 100 ephone calls the	f paymee g incurred for the following for the fo	nt or credit has not been ad during the period covered on the period covered on the period covered on the period covered on the period computation of the period computation of the period computation of the period computation of the period computation of the period computation of the period computation of the period computation of the period covered control of the period covered c	AMOUN CLAIME OFFE	lT ED ▶	\$			
MMENTS: eting with Tertify that this voucher received by me. When this voucher. WELER MHERE E: Falsification of an ite than \$10,000 or imp This voucher is approvencessary in the interess are included, the approvenced of the department recovery.	EPA. ETPA. ct to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If I have been authoriz pertify (31 U.S.C. 66)	y knowledge and add on the average or feiture of claim or both (18 U.S., are certified as long distance telked in writing by the 180a).)	d belief, and that le cost of lodging (28 U.S.C. 251- C. 287; i.d. 100 ephone calls the	f paymee g incurred for the following for the fo	nt or credit has not been ad during the period covered bare 2 23 11 nay result in a fine of not more computation. DIFFERENCES, IF ANY	AMOUN CLAIME OFFE	lT ED ▶	\$			
MMENTS: eting with Teerlify that this voucher received by me. When this voucher. WELER NHERE E: Falsification of an lite than \$10,000 or imp This voucher is approve necessary in the interes are included, the approvened of the department ROVING CIAL HERE	EPA. ETPA. ct to the best of mem claimed is base paccount works a femore than 5 years phone calls, if any, ent. (NOTE: If have been authorizertify (31 U.S.C. 6)	y knowledge and ed on the average orfeiture of claims or both (18 U.S., are certified as long distance televed in writing by the Boa).)	Delief, and that the cost of lodging (28 U.S.C. 251-C. 287; i.d. 100 ephone calls the	f paymeg incurred for the following for the foll	nt or credit has not been ad during the period covered bare 2 23 11 nay result in a fine of not more computation. To a substituting the computation of the computati	AMOUN CLAIME DIE USE ON	lT ED ▶	\$			
MMENTS: eting with Tcertify that this voucher received by me. When this voucher. WELER HERE TE: Falsification of an ite than \$10,000 or imp This voucher is approve necessary in the interes are included, the approve head of the department	EPA. ETPA. ct to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If have been authorizertify (31 U.S.C. 66) EXECU	y knowledge and an or both (18 U.S., are certified as long distance televised in writing by the Boa).)	d belief, and that le cost of lodging (28 U.S.C. 251. C. 287; i.d. 100 ephone calls the 2 23 TION 5. MONTH &	f paymeg incurred for the following for the foll	nt or credit has not been bed during the period covered bare 2 23 11 nay result in a fine of not media. 17. FOR FINANCE OFFICE COMPUTA DIFFERENCES, IF ANY (Explain and show	AMOUN CLAIME OFF EUSE ON TION	lT ED ▶	\$			
MMENTS: eting with Tcertify that this voucher received by me. When this voucher. VELER HERE TE: Falsification of an ite than \$10,000 or imp This voucher is approve necessary in the interes are included, the approvened of the department ROVING CIAL HERE AST PRECEDING VOUCHER NO.	EPA. ETPA. ct to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If I have been authoriz pertify (31 U.S.C. 60 EXECUTER SAME TRAVE	y knowledge and on the average or feiture of claim or both (18 U.S., are certified as long distance teled in writing by the BOa).) LAUTHORIZAT	Delief, and that the cost of lodging (28 U.S.C. 251-C. 287; i.d. 100 ephone calls the	f payme g incurre 4) and r 1).	nt or credit has not been ad during the period covered by the period covered and result in a fine of not more than the period covered and result in a fine of not more than the period of the period o	AMOUN CLAIME DIE USE ONI TION	lT ED ▶	\$			
MMENTS: eting with Teertify that this voucher received by me. When this voucher. WELER HERE E: Falsification of an ite than \$10,000 or imp This voucher is approvencessary in the interessare included, the approvenced of the department record in the department of the department o	EPA. ETPA. ct to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If I have been authoriz pertify (31 U.S.C. 60 EXECUTER SAME TRAVE	y knowledge and on the average or feiture of claim or both (18 U.S., are certified as long distance teled in writing by the BOa).) LAUTHORIZAT	d belief, and that le cost of lodging (28 U.S.C. 251. C. 287; i.d. 100 ephone calls the 2 23 TION 5. MONTH &	f payme g incurre 4) and r 1).	nt or credit has not been ad during the period covered of the period covered of the period covered of the period covered of the period covered of the period covered of the period of th	AMOUN CLAIME DIE USE ONI TION	lT ED ▶		65.	52	
MENTS: eting with Tcertify that this voucher received by me. When this voucher. Veler I Here E: Falsification of an ite than \$10,000 or imp This voucher is approve necessary in the interes are included, the approvened of the department ROVING Dawn Archall Here AST PRECEDING VOUCHER NO. HIS VOUCHER IS CERTIFYING	EPA. ETPA. ct to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If I have been authoriz pertify (31 U.S.C. 60 EXECUTER SAME TRAVE	y knowledge and on the average or feiture of claim or both (18 U.S., are certified as long distance teled in writing by the BOa).) LAUTHORIZAT	d belief, and that le cost of lodging (28 U.S.C. 251. C. 287; i.d. 100 ephone calls the 2 23 TION 5. MONTH &	f payme g incurre 4) and r 1).	nt or credit has not been ad during the period covered by the period covered and result in a fine of not more than the period covered and result in a fine of not more than the period of the period o	AMOUN CLAIME DIE USE ONI TION	lT ED ▶		65.	52	
MMENTS: eting with Tcertify that this voucher received by me. When this voucher. VELER HERE TE: Falsification of an ite than \$10,000 or imp This voucher is approve necessary in the interes are included, the approvened of the department ROVING CIAL HERE AST PRECEDING VOUCHER NO.	EPA. ET Is true and comapplicable, per demander of the Government for not add. Long distance at of the Government or agency to so demander. CHER PAID UND D. D.O. STIFIED CORRECT	ect to the best of mem claimed is base more than 5 years phone calls, if any, ent. (NOTE: If I have been authoriz pertify (31 U.S.C. 60 EXECUTER SAME TRAVE	y knowledge and on the average or feiture of claim or both (18 U.S., are certified as long distance teled in writing by the BOa).) LAUTHORIZAT	d belief, and that le cost of lodging (28 U.S.C. 251. C. 287; i.d. 100 ephone calls the 2 23 TION 5. MONTH &	f payme g incurre 4) and r 1).	nt or credit has not been ad during the period covered of the period covered of the period covered of the period covered of the period covered of the period covered of the period of th	AMOUN CLAIME OFF EUSE ON TION	LY	\$	65.	00

		INSTRUCTIONS TO TRAVELER	// Inlinted	items are s	alf avala	nator-1				·		Con	nplete this	
SCHEDL	JLE	Col. (c) If the voucher includes	Com-	Col. (d	•	• • • • • • • • • • • • • • • • • • • •	d for each mea	al including tax ar	nd tips, and daily to	ıtəl		infor	mation	AGE 2
OF		per dlem allowances for	plete	thru (g	meal		0 101 00011 11101	a, molading tax ar	in upa, and daily to	ici.		1)F
		members of employee's	only	(h	Show	expenses, sucl	h as: laundry, c	leaning and press	sing of clothes, tips	to bellboys,		shee		# 1 PAGES
EXPENS	SES	immediate family, show	for	//		s, etc. (other th lete for per dier		voenne travel				TRA	VEL AUTHORI	ATION NO.
AND		members' names, ages,	actual	- "	Show	total subsistent	ce expense inc	urred for actual ex	xpense travel.			OF	RE7D4	
AMOUN'	TS	and relationships to em- ployee and marital status	expense travel	(m) Show	per diem amou	int, limited to m	aximum rate, or to or maximum rate	ravel on actual exp	ense, show				
CLAIME		of children (unless infor-	110101	(n					a. a (if purchased with	cash), local o	•	TRA	VELER'S LAST	NAME
CLAIME	U	mation is shown on the			long o	listance telepho stence, etc.	ne calls for Go	vernment busines	ss, car rental, reloc	ation other than	1	l Es	stenoz	
DATE		travel authorization.)								MILEAGE	T	<u> </u>		
	TIME	DESCRIPTION		· · · · ·		MIZED SUBSIS		NSES T		RATE:	^	MOUN	IT CLAIMED	'
20 11	(Hour and	(Departure/arrival city, per diem computation, or other explanation		١	MEALS		MISCEL- LANEOUS		TOTAL	0.190	MILEAG	ا ءِد	SUBSISTENC	OTHER
	am/pm)	of expenses)	BREAK- FAST	LUNCH	DINNE	R TOTAL	SUBSIS-	LODGING	SUBSISTENCE EXPENSE	NO. OF MILES	MILLAG	-	30031311110	- OTHER
(e)	(b)	(0)	(d)	(e)	(f)	(g)	TENCE (h)	i o	(i)	(k)	(1)		(m)	(n)
(e) 02/08		D-:RES: Plantation		1	1			, i		1:2			1.2.7	<u> </u>
02/08 02/08		A-:ATLANTA (COBB C	1	l	1 !	42 00	1	!	42.00			!	42.0	. !
02/08			Vhc	i			i			10.60		2 (1 1	
02/08			Vhc	i	[i	- i	l i			10.60		i a d	1 i	
02/08		D-:ATLANTA (COBB C	1	ŀ	1		ı	l					I	ī
02/08		A:RES: Plantation,	1	i	!	!	!	!				!	I	1
02/08		Parking											<u> </u>	1,5 00
02/08		Metro Subway	i	:	;		1 ;	! :				: 1	ı	4 50
02/08		TAV Fee -I	1	i	i	i	i	 i					 	1 1
02/08		TMC Fee	I	1	!		ŧ	l 1				í	I	į į
								<u> </u>				!		
				i i								: 1	· I	
			ı	Ī	i	i	i	i					1	
-			ı	ì	1	1	1	1				1	1	i
					1 :			 				!		
				ì	1 :		1 ;	;				!	1	
			i	i	i		 	i	· · · · · · · · · · · · · · · · · · ·			╁		
	•		1	1	1	1	1	l				.	į	i
					 		 	!		-		- 		
				. I	1 1		1					!	l l	!
			ı	1					1					
			i :	ł	1	1	1	1]		į	i	i	i
				!	!		!	!					T	
			لل_					<u> </u>	SUBTOTA	1	4	102	401.0	
If addition:	al space is n	equired, continue on another 1012-A BACK	, leaving th	e front bla	nk.				TOT			02	42l 0	
In complian	nce with the P	rivacy Act of 1974, the following information is	s pro-					····	101.	ALS	4	uz	42, 0	19 50
vided: Solid Chap, 57 a	citation of the	information on this form is authorized by 5 U d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93	.S.C.		requiren	ent by this ag	gency in conr	nection with the	hiring or firing of estigations of the	an			of columns (I), item 13 on the	
E.O. 11609	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93	97 of		formano	e of official duty	while in Gove	ciearance, or inv mment service.	estigations of the Your Social Seci	per- urity	this form.	anu m	nem 13 on me	ron or
of the requi	ested informa	126 U.S.C. 6011(b) and 6109. The primary pu tion is to determine payment or reimbursemen owable travel and/or relocation expenses incl istrative authorization and to record and main	rpose nt to		Account Revenu	Number (SSI Code (26 U.S	N) is solicited 3.C. 6011(b) an	under the aut d 6109) and E.C	estigations of the Your Social Seci hority of the Inte 0. 9397, November ion number; disclo- relocation allow come. Disclosure n all other instant an SSN) required	emal r 22.	<u> </u>			
eligible indi under appn	ividuals for all opriate admir	owable travel and/or relocation expenses incuinstrative authorization and to record and main	ırred ntain		1943, to	ruse as a tax p	ayer and/or em	ployee identificat	ion number, disclos	sure				
costs of suc	ch reimburser	ments to the Government. The information will have a peed for the information in	ll be		expense	reimbursemen	t which is, or m	lay be, taxable in	come. Disclosure	e of	TOTAL			
performand	e of their office	ments to the Government. The information will be a made in a man ment of the Government and the information will be a made in the information in the information in the information may be disclosed to be a facility of the information may be disclosed the local and the information may be disclosed the local and the information may be disclosed the local and the information may be disclosed the local and the information may be disclosed the local and the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information may be disclosed the information in the information may be disclosed the information may be d	dito		however	, failure to pro	uested informat ovide the infor	iion is voluntary li mation (other thi	n all otner instand an SSN) required	ces; i to	AMOUN			כר רי
appropriate	e nederal, Sta	te, local or foreign agencies, when relevant to	civil.		sunnorf	the claim may r	o velab ci flusa	ir loss of relimburs	ement '		CLAIME	JU 📂	>	65.52

02/23/11 ACCOUNTING DE GovTrip Travel System	TAIL	Auth No: Estenoz,	SEATLANTACOBB02081 Shann ***-**-**(b) (6)	1 V01
ACCOUNTING CLASS CODE			TRIP 1	
M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TMC FEE -I-211B TOLLS-211I			42.0 4.0 15.0 15.0 4.0	02 00 00 00
10 5284L000TXY	0.00	0.	00 84.	52
2010^2011^07^5284^^TXY^L000^^				
SPLIT PAY DISBURSEMENTS:				

TOTAL EXPENSES NON-REIMBURSABLE EXPENSES	
TOTAL AMOUNT CLAIMED	65.52
PREV PAYMENTS 0.00 GOV'T ADVANCE OUTSTANDING 0.00 GOV'T ADVANCE APPLIED 0.00	0.00
NEW TO TRAITED (COITS)	==========
NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES - 0.00	65.52
GOV'T CHARGE CARD ATM ADV 0.00	
ADD'L GOV'T CHARGE CARD PYMT 0.00	
======================================	
TOTAL GOV'T CHARGE CARD AMT 0.00	
PAY TO GOV'T CHARGE CARD	

SatoTrave

For:

SHANNON A ESTENOZ GDOIDOOS

To:

NGMSDOI

SHANNON A ESTENOZ

Sales Person:

2A

Locator:

JKETAJ

Customer Number:

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE FEE-USD28.50PP-AIR/RAIL/BUS AGENT INITIATED DOMESTIC

Tuesday February 8, 2011



Delta Airlines

Class of Service: Coach Class L

Depart: FT LAUDERDALE, FL

Arrive: ATLANTA, GA

Total Flight Time:

Equipment: Boeing 757 Meal Service: None

Status: Confirmed

DEP-TERMINAL 2

Flight Number: 2326

Flight Number: 1527

5:15 Pm February 8, 2011

7:10 Pm February 8, 2011

1 Hour 55 Minutes Non-Stop

Confirmation Number: HKTC4P

9:05 Am February 8, 2011

11:00 Am February 8, 2011

1 Hour 55 Minutes Non-Stop

Confirmation Number: HKTC4P

Reserved Seat: ESTENOZ/SHANNON A 42F

ARR-SOUTH TERMINAL

Tuesday February 8, 2011



Delta Airlines

Class of Service: Coach Class L

Depart: ATLANTA, GA

Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 757 Meal Service: None

Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 39F

DEP-SOUTH TERMINAL

ARR-TERMINAL 2

Name	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	<u>Total</u>
		260.46USD	19.54US	7.40ZP	14.00XT	301.40
(b) (6)						
FOP CAXXXXXX						
,				Tot	tal Amount:	301.40

^{**} FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

^{**} GO TO WWW.TSA.GOV **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

ADV THAT FL IS THE CONTRACT CARRIER AND THIS WAS DECLINED FARE IS 301.40

LIMITED USE

For Breeze Card Information and Terms & Conditions: www.itsmarta.com and/or (404) 848-5000 Subject to applicable terms and conditions of use and tariffs. Card must be presented to MARTA officials upon request.

\$4.50 total

CX 09 44 0001 0769 5484 6371 4566

> THANK YOU FOR YOUR VISIT

AUTH. CODE 112225

RATE RC9

VAL \$ 0.00

TRAVEL VOUCHER		RTMENT OR ES EAU DIVISION (2. T	YPE OF TRA TEMPORAL			DUCHER NO		2171	L1 V01
(Read Privacy Act Statement below)	EVE	RGLADES	NP				NT CHANGE	<u></u>	HEDULE N	-	2111	<u> </u>
a. NAME (Last, first, midd	le initial)	Ģ	7 miles	AAMI	b. S	OCIAL SECU	IRITY NO.	6. PE	RIOD OF T	RAVEL		
Estenoz, Sha	nnon A	. 6	25 or 50 kg 100 fr	(0)		*-**-	b) (6)		2/17/		2/18	3/11
11200 SW 8 S	MODEL SEED ALL SEED AND SEED A	oue)			a. O	FFICE TELE			AVEL AUTI- IMBER(S)	-	ATE(S)	
FIU OE Build		om 165			3	05-348	3-1665		(0)	0.10	(0)	
Miami, FL 3	3199			TO THE OWNER OF THE OWNER					ORE7F	HL		
e. PRESENT DUTY STATIC			1915 C - 191	E (City and Sta	5514. 1 8 577					0	2/22	2/11
EVERGLADES N	P		Plant	ation, E	FL			10. C	HECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT	ANNOUS TRAE	****		11. [PAID BY	THE PARTY NAMED IN	***************************************	
a. Outstanding		0 00	a. DATE RECE	EIVED		OUNT RECE	EIVED					
b. Amount to be applied c. Amount due Government		0 100			\$			_				
(Attached Check	Cash)	I	c. PAYEE'S SI	GNATURE								
D. Balance outstanding		i										
				have against any						Tra	veler's i	Initials
REQUESTS, OR TRANSPORTATION TICKETS, IF PUR-	nsportation ch			ed under cash pa	ymen	t procedures	(FPMR 101-7)	- Commentering				
CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF SERVICE				1	POINTS C	F TRAVEL			
	OF TICKET		AND ACCOM-	DATE ISSUED			FROM			то		
show claim on reverse side)	(a)	(b)	MODATIONS (c)	(d)			(e)			(f)		
COMMENTS: Task Force Meet	ing.											
I certify that this voucher is tr received by me. When applie	ue and correc	t to the best of m	y knowledge and	belief, and that	payme	ent or credit h	as not been	d by		1		T
this voucher.	able, per dier	II Clay lied is base	su on the averag	le cost of loughing	incun	ed during the	period covere	а Бу				5000 PS
TRAVELER SIGN HERE					1	DATE 2	23/11	AMOU			91	50
NOTE: Falsification of an item in than \$10,000 or imprison						may result in	a fine of not m	ore	LD			
14. This voucher is approved. Lo					_	17. FOR FIN	NANCE OFFIC	E USE OI	VLY	-		
necessary in the interest of the are included, the approving of			long distance tele ed in writing by t		-		COMPUTA	TION		-		1 1
head of the department or ag	ency to so cer	tify (31 U.S.C. 68	80a).)		8	a. DIFFER- ENCES,	AND THE PERSON NAMED IN COLUMN			\$		
APPROVING Dawn Arme		Evecui	tive As s f	ATFont		IF ANY (Explain	***************************************			1		_
OFFICIAL SIGN HERE	0	L Am	O ASSI	23 11		and show amount)						
15. LAST PRECEDING VOUCHER	N. INDE	P SAME TRAVE	AUTHODIZAT		\dashv			22 X7		-		-
a. VOUCHER NO.	b. D.O. SY			c. MONTH &	\dashv		RIFIED CORR TO APPROPF		2	1	1	
				YEAR		Certifier's i	initials:			\$	j	l
16. THIS VOUCHER IS CERTIFIED AUTHORIZED	CORRECT	AND PROPER F	OR PAYMENT	W	(O TRAVEL AD	VANCE			0	00
CERTIFYING OFFICIAL NHERE	1y		15	DATE	H		MONING COLUMN TO A STATE OF THE			\$		
ACCOUNTING CLASSIFICAT	ION I			N SY T	d	l.	NET TO	TRAVE	LER >	\$	91	30
SEE BLOCK 12				1								

		<u> </u>							_			 				·					
		INSTRUCTIONS TO TRAVELER	(Unliste	d items	s are s	elf exp	lanate	ory)										mplete this ormation	PAGE	<u> </u>	
SCHEDU	JLE	Col. (c) If the voucher includes	Com-		ol. (d)	Sh	ow an	nount ir	ъсигге	d for ea	ch mea	l, including	tax ar	nd tips, and daily to	tal			nnauon nis is a		2	
OF		per diem allowances for	plete	th	ru (g)		al cos											tinuation	OF		
EXPENS	ES	members of employee's Immediate family, show	only for		(h)					ı as: lau ın for m		leaning and	press	ing of clothes, tips	to bellboys,			ef. TRIP		1 PAG	ES
		members' names, ages,	ectual	L	<i>(i)</i>	Co	molet	e for be	er diem	and a	ctual ex	pense trave	el.					VEL AUTHOR	RIZATIO	ON NO.	
AND		and relationships to em-	expens	:e	(j) (m	Sh ISh	ow tot	al subs	istenc	e exper	nse incl	urred for act	ual ex	opense travel. Tavel on actual exp	eneo ebou	ORE7HL					
AMOUN	TS	ployee and marital status	travel		(***	the	lesse	r of the	amou	int from	col. (i)	or maximur	n rate) .			-				
CLAIME	D	of children (unless infor-			(n)	Sh Ion	ow ex	penses	, such	as: tax	i/limous	sine fares, a	ir fare	(if purchased with	cash), local or		TRA	VELER'S LA	ST NAM	Æ	
		mation is shown on the travel authorization.)						nce, etc		io cans	101 30	veriment of	פסווופנ	s, car remai, reigo	adoli Otrier drai	1	E	stenoz			
DATE	TIME	DESCRIPTION				ľ	TEMIZ	ED SL	IBSIS'	TENCE	EXPE	NSES			MILEAGE	Α	MOU	NT CLAIMED			
20_11	(Hour	(Departure/arrival city, per diem	·		N	1EALS					CEL-			TOTAL	RATE: 0.000				$\neg \Gamma$,	
20	and am/pm)	computation, or other explanation of expenses)	BREAK-							SUB	OUS SIS-	LODGI	NG.	SUBSISTENCE	NO. OF	MILEAG	3E	SUBSISTEN	CE	OTHER	
(e)	(b)	(c)	FAST (d)	LUN		DIN		TOT		TEN	CE			EXPENSE	MILES						
(a) 02/17	ω,	D-:RES: Plantation	(4)	ع ا	1	<u>(f)</u>		(S	'	(h	,	(i)	Τ	(i)	(k)	(0)	т-	(m)		(n)	
02/17		A-:NAPLES,FL	ı		l		1	45	I ₇₅		1	155	مما	45.75			i	45	ae	i	
$\frac{02/17}{02/17}$		TMC Fee		+	!		 	13	+,,,	 	! 		100	45.73	 	 	+	*3	15		
02/18 $02/18$ $02/18$		D-:NAPLES,FL			i i	1) (!		1		ļ				!		ŀ	I	
02/18		A:RES: Plantation,	1		i -		<u>. </u>		<u>'</u>	 	i i		i -		-		<u>' </u>	1	-+	<u> </u>	
02/18		Subsistence	1		I		l	45	75		1		i	45.75			i	1		i	
02/18		TAV Fee -I			 	-	 		1		+		+	45.75			 	45	′° +		
,			.		1] 1		!				i I				!] !		ļ	
			i		i	_	i		i	 	<u>:</u>		<u>: </u>		 		i -	<u> </u>		1	
	. •		I		I		l		l		1		I				1	i		ì	
			1	1	 		 		1		1		 				 	!	\neg		
			i		i		i		1		i	·	1				!			1	
			ŀ		I		1		I		1		1				Ī	1		i	
			I		!		l 		!	<u>L</u>	l		1		1		!	!	- 1	i	
			i		l		! !		1	1			1				1				
	*******		1		I		<u> </u>		<u> </u>		i		i				i	i		i	
			1		ļ.		!		!		1		[J	ı		1	
					1		! 		<u> </u>	<u> </u>			 				1	<u> </u>		1	
			i	1	1		i		i		i		i			1	1	i i		1	
				+	<u>. </u>	 	<u>. </u>	<u> </u>	<u>. </u>	<u> </u>	<u> </u>		<u></u>		 		1	ļi		i	
			l I		E I		t 		i 1		1		l I			l	!	!		i	
			- i -	 	i -	_	r		, T	 	i 		i -		-	ļ	<u>'</u> 1	 	-	<u> </u>	
					L	<u> </u>	l	L			1		<u>L</u>				<u> </u>	i		<u>. i</u>	
If addition	al space is r	equired, continue on another 1012-A BACK,	ieaving	the fro	nt bla	nk.								SUBTOTA			100	91		0 K	
In annualisa														TOT	ALS _	0	00	91	50	o t	10
vided: Solid Chap, 57 a E.O, 11609 November	citation of the s implements of July 22, 1 22, 1943, and	Privacy Act of 1974, the following information is information on this form is authorized by 5 Ud by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93 d 26 U.S.C. 6011(b) and 6109. The primary pulation is to determine payment or reimbursement owable travel and/or relocation expenses incursivation and to respect to the privacy and the properties of the privacy and the properties of the privacy and the properties of the privacy and the privacy a	5 pro- I.S.C. 01 7), 97 of rpose			requi emple forma Acco	remen oyee, ince o	t by ti the issi f officia umber	nis ag uance il duty (SSN	ency ir of a se while ir l) is s	conn curity Gover	ection with clearance, o nment servi under the	the or invoice, auti	hiring or firing of estigations of the Your Social Sect nority of the Inte 9397, November on number; disclose relocation allowice	an per- Irity			al of columns (i n item 13 on th			
costs of sur used by off performant	ch reimburse icers and em se of their offi	ation is to determine payment or reimbursemer lowable travel and/or relocation expenses incu- nistrative authorization and to record and mair ments to the Government. The information wi ployees who have a need for the information in cial duties. The information may be disclosed te, local or foreign agencies, when relevant to	ll be the			you S	SN a	nd othe	reau	ested in	nformati	ion is volun	tarv ir	b. 9397, November ion number; disclost relocation allow come. Disclosure all other instance arrows.	9 UI	TOTAL AMOUN CLAIME				91.5	

PAY TO TRAVELER ------

Auth No: SENAPLESFL021711 V01 Estenoz, Shann ***-**-**(6)

91.50

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D M&IE-211D TAV EXP -I-211B TMC FEE -I-211B			155.00 91.50 15.00 4.00
10 5284L000TXY	0.00	0.00	265.50
2010^2011^07^5284^^TXY^L000^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES		174.00	
TOTAL AMOUNT CLAIMED		91.50	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00	0.00	
NET TO TRAVELER (GOVT)		91.50	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT TOTAL GOV'T CHARGE CARD AMT	0.00 0.00		
PAY TO GOV'T CHARGE CARD		0.00	

Name & Address



5111 Tamiami Trail North • Naples, FL 34103 Phone (239) 430-4900 • Fax (239) 430-4901 Reservations www.naples.hilton.com or 1 800 HILTONS

ENOZ, SHANNON

Room Arrival Date Departure Date

AUTHORIZATION

TAXES

TIPS & MISC.

TOTAL AMOUNT

PURCHASES & SERVICES

433/K1T 2/17/2011 2/18/2011

10:17:00AM

Adult/Child Room Rate 1/0 \$155.00

RATE PLAN HH# (b) (6) C-SFE AL BONUS AL CAR

Confirmation: 3420005470

2/18/2011

PAGE

1

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out®

. request an updated statement be mailed to you within two business days. Simply call the Front Desk from your room and tell us when you are ready to

depart. Your account will be automatically checked out and you may use this

Please call the Front Desk if you wish to extend your stay or if you have any

Please review this statement. It is a record of your charges as of late last

+ charge purchases to your account, then stop by the Front Desk for an

statement as your receipt. Feel free to leave your key(s) in the room.

there is no need to stop at the Front Desk to check out.

+ pay at the time of purchase.

ndated statement.

questions about your account.

For any charges after your account was prepared, you may:

INITIAL

0.00





DATE	REFERENCE	DESCRIPTION	AMOUNT
2/17/2011	1485997	GUEST ROOM EXEMPT	\$155.00
		WILL BE SETTLED TO MO(b) (6) EFFECTIVE BALANCE OF	\$155.00 \$0.00
	:	Hillon Hilonor	
			85
		Es	STIMATED CURRENCY TOTAL
		DATEC	F CHARGE FOLIO NO./CHECK NO

TRAVEL VOUCHER		RTMENT OR ES	TABLISHMENT OR OFFICE		2. TY	PE OF TRAVEL TEMPORARY DUTY		UCHER NO.	מרייבי	נטטז	0111 V0
(Read Privacy Act Statement below)	EVE:	RGLADES	NP			PERMANENT CHANGE OF STATION	-	HEDULE NO.	3101	1000	011
a. NAME (Last, first, mi	ddle initial)			en et en met de la companya de la co	h sc	OCIAL SECURITY NO.	6. PE	RIOD OF TRA	VEL		
a. IVAIVIL (Last, mot, mi	adic ilitidiy			IAABA	D. 00	(1.)	a. FR	STATES STATES	b. TC)	
Estenoz, Sh	annon A		al IIII	TRADV	**	(b) (6) * - * * - * >		3/01/11		/03	/11
c. MAILING ADDRESS	(Include ZIP C			WI		FICE TELEPH	E-	VEL AUTHOR			/ 1 1
11200 SW 8	Street						a. NUI	MBER(S)	b. DA	TE(S)	temeson man
FIU OE Buil		om 165			3	05-348-1665				65,0050	
H를 다시하는데 없다고 ^^^ = " " [[- [[- []]]] [- []]	33199	T1010 T007 IT1						ORE6VE			
e. PRESENT DUTY STAT			f. RESIDENCE	(City and Si	tate)		1		02	/22	/11
EVERGLADES	NP		Planta	ation,	FL		10. CH	IECK NO.		/	4
The second control of the second control of	P 4500 000 0		STORM TANDEST STORY CONTROL CONTROL	SUCCESSOR RESERVED IN							
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIP			11. F	AID BY			
a. Outstanding		0 00	a. DATE RECE	EIVED	William Control	OUNT RECEIVED	n H				
b. Amount to be applied		0 100			\$						
c. Amount due Government (Attached Check	Cash)	i	c. PAYEE'S SI	GNATURE							
	Casily										
D. Balance outstanding			<u></u>								
TRANSPORTATION T						s in connection with reimburs procedures (FPMR 101-7)	able	b	► Trav	eler's li	nitials
REQUESTS, OR TRANSPORTATION	transportation on	76.7		ru unuer casir p	ayment	procedures (PPINIK 101-7)					
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF			PO	INTS O	F TRAVEL			
(List by number below	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE							-
and attach passenger coupon; if cash is used	OF HICKET	1 (Initiala)	MODATIONS	ISSUED		FROM			TO		
show claim on reverse side)	(a)	(b)	(c)	(d)		(e)			<i>(f)</i>		
10 5284L000TXY COMMENTS: Attending meet						ca/Deputies	ACC 100	NR-		5	24.13
13. I certify that this voucher is received by me. When ap this voucher. TRAVELER	s true and correct plicable, per dien	to the best of m	y knowledge and ad on the averag	belief, and that e cost of lodging	j incurre	ed during the period covered I			TERESCO INC.		
SIGN HERE		770			I.		LAIM			349.	27
NOTE: Falsification of an item									9-159-4-7/444	***************************************	
than \$10,000 or impris	onment for not m	ore than 5 years	s or both (18 U.S.	C. 287; i.d. 100	1).						
 This voucher is approved. necessary in the interest of 	Particular and Control of the Contro		, are certified as long distance tele	onhono calla		17. FOR FINANCE OFFICE		ILY	approximately the second		
are included, the approving	g official must ha	ve been authoriz	zed in writing by t		F	COMPUTATI	ON		\$	ı I	
head of the department or	agency to so cer	tify (31 U.S.C. 6	80a).)		¹ la	. DIFFER- ————————————————————————————————————			Ψ		
Magazinia Tana Tura ver						IF ANY				-	
APPROVING Dawn Arm	el	Execu	tive Assi	Destant		(Explainand show					
SIGN HERE	R	dimi		4/5/11	1	amount)					SALVA CONTRACTOR OF THE SALVA
15. LAST PRECEDING VOUCH	ER PAID UNDER	R SAME TRAVE	L AUTHORIZAT	ION		. TOTAL VERIFIED CORREC	T EOD				
a. VOUCHER NO.	b. D.O. SYI	MBOL		c. MONTH &	-1	CHARGE TO APPROPRIA				1	
The second secon				YEAR		Certifier's initials:			\$	i	
16. THIS VOUCHER IS CERTIF	IED CORRECT A	AND PROPER F	OR PAYMENT	N:	C	. APPLIED TO TRAVEL ADV	ANCE		- incorrections		
AUTHORIZED			Carpone	The bases		(Appropriation symbol):			\$	0.	00
CERTIFYING OFFICIAL			10	DATE	-						
"GN HERE					d	NET TO T	RAVE	LER 🕨	\$	349.	27
ACCOUNTING CLASSIFIC SEE BLOCK 12				A-30-							

												C	plete this	—		
SCHEDU	H E	INSTRUCTIONS TO TRAVELER	•	_	elf explanate		-1 4		-1 45d -15 4 - 4	•		info	mation	PAGE	⁼ 2	
	ILE	Col. (c) If the voucher includes per diem allowances for	Com-	Col. (d) thru (g)			d for each meal	l, including tax an	d tips, and daily to	al			s is a inuation	OF		
OF		members of employee's	plete only	(h)			as: laundry, cl	eaning and press	ing of clothes, tips	to bellhovs.			""aanon ^{∌t.} TRIP		1 PAG	ES
EXPENS	ES	immediate family, show	for	1	porters,	etc. (other tha	an for meals).			,,	ľ		VEL AUTHO			
AND		members' names, ages,	actual	L 0			n and actual exp	pense travel. Irred for actual ex	nanca travel		ORE6VE					
		and relationships to em-	expense	(m					avel on actual expe	ense, show	, OKEOVE					
AMOUNT		ployee and marital status	travel	/1	the lesse	er of the amo	unt from col. (i)	or maximum rate	(if purchased with		TRAVELER'S LAST NAME					
CLAIME	ָם בּי	of children (unless infor- mation is shown on the		(n)					s, car rental, reloca				stenoz			
		travel authorization.)			subsiste	nce, etc.						E)	SCEIIOZ			
DATE	TIME	DESCRIPTION			ITEM12	ZED SUBSIS	TENCE EXPEN	ISES		MILEAGE RATE:	Al	NOU	IT CLAIMED	,		
20_11	(Hour	(Departure/arrival city, per diem		N	/EALS		MISCEL-		TOTAL	0.190						
20	and am/pm)	computation, or other explanation of expenses)	BREAK-		T .	1	LANEOUS SUBSIS-	LODGING	SUBSISTENCE	NO. OF	MILEAGI	E	SUBSISTEN	1CE	OTHER	
(0)	anupini) (b)		FAST	LUNCH	DINNER	TOTAL	TENCE		EXPENSE	MILES	211		,			
(a) 03/01	(0)	D-:RES: Plantation	(d)	(e)	 ()	(9)	(h)	()	ω	(k)	<i>(0</i>)		(m)		(n)	
03/01		A-:WASHINGTON, DC	ı	i		53 25	i	22.100	F2 25		[i		ا ۾		i	
03/01		POV-Available Govt	Vhc	 	 	33 25	 	211 00	53.25	10.60	 			25	+	
03/01		TMC Fee	ATTE		!	!	1 ! !	!		10.60	[2 (l .		Į.	
03/01		Lodging Tax		1	 	 	ļ				<u> </u>		ļ		<u> </u>	
		Taxi	i	1 ;	1 1	l '		l			li		1		i	
03/01 03/01				-	 	 	i		<u> </u>		i				36 0	
03/01		Baggage Fee	1	1		1	1	ı	1		ı		i	.	25 K)0
03/02		Subsistence	I			71 00	!	211 00	71.00		71 100					
03/02		Lodging Tax	ļ		1 :			!			1 1			.	1	
03/02		Metro Subway		<u> </u>	 		<u> </u>							_	24 0	00_
03/03		D-:WASHINGTON, DC	į	i	i	i		i			i		i		i	
03/03			Vhc		L	<u> </u>	ł		,. <u></u> , ,	10.60	1	2 (1 1		1	
03/03		A:RES: Plantation,	!	!	!	1 !	1 1	·			1				1	
03/03		Subsistence		<u> </u>		53, 25			53.25				53	25	1	
03/03		Parking	i	li	l i	;		i			li				1	
03/03		Baggage Fee	I			1	1	i			1		i	. 1	25 K	00
03/03		TAV Fee -I	I			-	i i	ı			1		1		1	
03/03		Taxi				<u> </u>	!	!			!		!		57 .7	75
			i								,				1	
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	i								
			1	ı		1	ŀ	ł			1		I		1	
			1	<u> </u>	1	l	1	1			1		I		1	
			1	i :			1 : 1	!							- 1	
			·······························		<u>'</u>	·		· · · · · · · · · · · · · · · · · · ·	SUBTOTA	LS 🕨	41	02	177	50	167 7	75
If addition:	al space is re	equired, continue on another 1012-A BACK	, leaving th	he front bla	nk.				TOTA		41	02	177		167	
In complian	ce with the P	rivacy Act of 1974, the following information i	s pro-					· · · · · · · · · · · · · · · · · · ·	•		Catan man			(f) (ma)		
Chap. 57 a	citation of the s implemente	information on this form is authorized by 5 Ltd by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93	J.S.C. 101 7).		requirement employee.	nt by this ag	ency in conn	ection with the l	hiring or firing of estigations of the	an ner-			l of columns : item 13 on t			
E.O. 11609 November	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93	197 of		formance o	of official duty	while in Gover	nment service.	Your Social Section of the Your Social Section of the Inte 1. 9397, November ion number; disclose relocation allows	ırity	this form.			• •		
of the reque	ested informa	126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimburseme lowable travel and/or relocation expenses inconstrative authorization and to record and mai	nt to		Revenue C	Code (26 U.S	C. 6011(b) and	unger the auth d 6109) and E.C	nonty of the Inte). 9397, November	rnai 22,						
under appr	viduais for all opriate admin	iowable travel and/or relocation expenses inclinition and mainstrative authorization and to record and main	urred ntain		1943, for u	se as a tax p TORY on v	ayer and/or em ouchers claimi	ployee identificati	ion number; disclos	ure ance						
costs of suc	ch reimburser	ments to the Government. The information w ployees who have a need for the information is clal duties. The information may be disclose	ill be		expense re	imbursemen	t which is, or m	ay be, taxable in	come. Disclosure	of	TOTAL	_				
performanc	e of their office	cial duties. The information may be disclose	d to		however, i	failure to pro	vide the informati	mation (other tha	come. Disclosure n all other instance an SSN) required	to	AMOUN'	n ►	_		349.2	7
appropriate	r euerai, SIA	te, local or foreign agencies, when relevant to	CIVII,		support the	claim may r	esult in delay or	loss of reimburs	ement.		<u> </u>					· /
											STAND	ARD	FORM 1012	BACK	(10-77)	

GovTrip Travel System

ACCOUNTING DETAIL

GovTrip Travel System

Estenoz, Shann ***-**-**

(6) (6)

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D M&IE-211D MILEAGE-211P OTHER-211I PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B TOLLS-211I			483.20 177.50 4.02 50.00 21.58 15.00 93.75 4.35 24.00
10 5284L000TXY	0.00		873.40
2010^2011^07^5284^^TXY^L000^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES		873.40 524.13	
TOTAL AMOUNT CLAIMED		349.27	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00	0.00	
NET TO TRAVELER (GOVT)	==	349.27	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00		
TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD		0.00	

349.27

PAY TO TRAVELER -----

Sato rave

For:

SHANNON A ESTENOZ GDOIDOOS

To:

NGMSDOI

OFC OF THE EXEC DIRECTOR

SHANNON ESTENOZ 11200 SW 8TH ST MIAMI FL 33199

Sales Person:

52

Locator:

FEOLTA

Customer Number:

Tuesday March 1, 2011

US Airways

Class of Service: Coach Class T

Depart: FT LAUDERDALE, FL Arrive: WASHINGTON/NATL, DC

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 10B

Frequent Flyer Number:

DEP-TERMINAL 3

Flight Number: 986

7:00 Am March 1, 2011 9:25 Am March 1, 2011

2 Hours 25 Minutes Non-Stop

Confirmation Number: C6TY1W

ESTENOZ/SHANNON A

Canceletion # E02W8368516

Tuesday March 1, 2011



WASHINGTON/NATL, DC W WASHINGTON DC 515 15TH STREET

WASHINGTON DC 20004

Phone Number: 202-661-2400 Fax Number: 202-661-2405

Number of Rooms: 1

Rate: 302.00 USD Per Night Check In: Mar 01 2011 Check Out: Mar 02 2011

Confirmation Number C545010777

Cancellation Policy: Cancel 1 day prior

Directions: DIRECTION TO THE PROPERTY FROM DULLES WASHINGTON INT APO

ARR-TERMINAL C

Thursday March 3, 2011



US Airways

Class of Service: Coach Class N Depart: WASHINGTON/NATL,DC

Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Flight Number: 1947

7:25 Pm March 3, 2011 10:02 Pm March 3, 2011

2 Hours 37 Minutes Non-Stop

Confirmation Number: C6TY1W

Page 1 of 2

Reserved Seat: ESTENOZ/SHANNON A 9B

Frequent Flyer Number:

(b) (6) ESTENOZ/SHANNON A

DEP-TERMINAL C

ARR-TERMINAL 3

n <u>e</u>	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	<u>Total</u>
(b) (6) FOP CAxxxxxxxx		545.12USD	40.88US	7.40ZP	14.00XT	607.40
				То	tal Amount:	607.40

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

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

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

^{**} GO TO WWW.TSA.GOV **

U·S AIRWAYS

U·S AIRWAYS

CLXTN2/US 3MAR11 BF0

BFODBCK9

E-TICKET RECEIPT

ARRIVAL

FROM TO EBC FEE

ESTENOZ/SHANNONA
1000A EXCESS BAG EBC US

9957

03MAR

1130A FEE FEE

3/11 Paid 25.00 bag fee with personal credit Card

FARE USD 25.00

DOCUMENT NUMBER 0372422020892

TAX US 0.00

TAX US 0.00

TAX
TOTALUSD 25 00

THANK YOU FOR FLYING

3/3/11 \$25.00 bog fee paid with personal Card lost receipt.

Dawn Armel

From: Bent: To:

'Marriott Hotels & Resorts Reservation' [reservations@marriott.com]

Wednesday, February 16, 2011 2:15 PM

Dawn Armel

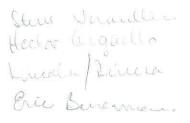
Subject:

Washington Marriott Wardman Park Reservation Confirmation #83854771



Washington Marriott Wardman Park 2660 Woodley Road NW,

Washington, District Of Columbia 20008 USA Phone: 1-202-328-2000 Fax: 1-202-234-0015





Reservation for MS SHANNON ESTENOZ

Confirmation Number: 83854771

Check-in: Tuesday, March 1, 2011 (04:00 PM) Check-out: Thursday, March 3, 2011 (12:00 PM)

View hotel website Modify or Cancel

Driving Directions Maps &

reservation

Transportation

Dear MS SHANNON ESTENOZ,

We are pleased to confirm your reservation with Marriott. Below is a summary of your booking and room information. We look forward to making your stay gratifying and memorable. When you're traveling away from home you can always count on Marriott.

Washington Marriott Wardman Park

Have you been Rewarded?

As a Marriott Rewards member, you could earn 4220 points for this stay. Enroll today to begin earning rewards, and you may also qualify for bonus points. Join Marriott Rewards

Planning Your Trip

- See what's happening in Washington during your stay
- Check out some of Washington's top attractions
- Join Us, Help Save the Rainforest. Learn More and Donate Now
- Book with Hertz: Save up to 20% and Earn 500 Marriott Rewards Points
- Book essentials for your trip get great rates on local tours and attractions, ground transportation and car rentals.

Reservation Details

Confirmation Number: 83854771

- Your hotel: Washington Marriott Wardman Park
- Check-in: Tuesday, March 1, 2011 (04:00 PM)
- Check-out: Thursday, March 3, 2011 (12:00 PM)
- Room type: Guest room, 1 King or 2 Double, Center or Park, Pool access

Number of rooms: 1

- Guests per room: 1
- Guest name: SHANNON ESTENOZ
- Reservation confirmed: Wednesday, February 16, 2011 (19:14:00 GMT)
- Guarantee method: Credit card guarantee, Master Card

Special request(s):

- 1 King Bed Reg Not Gtd, Request Noted
- No ID Needed at Check-In, Request Noted

	mmary of Room Charges	Cost per night per room (USD)
	esday, March 1, 2011 - Thursday, March 3, 2011 (2 nights)	211.00
	vt/military rate, federal government ID required	
Est	imated government taxes and fees	30.60
To	tal for stay (for all rooms)	483.19
9	On-site parking, fee: 17 USD hourly, 32 USD daily Valet parking, fee: 37 USD daily	
,	Changes in taxes or fees implemented after booking will affect the to	otal room price.

You may modify or cancel your reservation online (see details below), or call 1-800-228-9290 in the US and Canada. Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation.

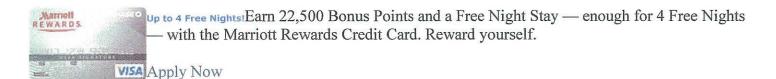
Canceling Your Reservation

You may cancel your reservation for no charge until 06:00 PM hotel time on Tuesday, March 1, 2011.
 Please note that we will assess a fee of 241.59 USD if you must cancel after this deadline.

If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

Modifying Your Reservation

Please note that a change in the length or dates of your reservation may result in a rate change.



Hotel Services & Amenities

- High-speed Internet in guest rooms
- Business center
- Fitness center on-site
- Outdoor pool

For a complete list of services and amenities, download the hotel fact sheet

Travel Alerts

Currently, passport or approved travel document are required for those traveling by air, land or sea to enter/re-enter the U.S.A. from Canada, Mexico, Bermuda, and the Caribbean. Get details

- Please Note: All Marriott hotels in the USA and Canada, are committed to a smoke-free policy.
 Learn more
- The Responsible Tourist and Traveler
 A practical guide to help you make your trip an enriching experience

∠ook No Further

You've received the best possible rate - guaranteed.

Internet Privacy, Authenticity and Opting Out

Your privacy is important to us. Please visit our Privacy Statement for full details.

This email confirmation is an auto-generated message. Replies to automated messages are not monitored. Our Internet Customer Care team is available to assist you 24 hours per day, 7 days per week. Contact Internet Customer Care.

Promotional email unsubscribe

If you provided us with your email address for the first time, we will send you a follow-up email to welcome you. We will also send you periodic emails with information about your account balance, member status, special offers and promotions. An opt-out link will be included in each of these emails so that you can change your mind at any time.

If you would prefer to opt out of such emails from Marriott International, Marriott Rewards or The Ritz-Carlton Rewards, you may do so here. In addition, you may unsubscribe from The Ritz-Carlton email community here

Please note: Should you unsubscribe from promotional email, we will continue to send messages for transactions such as reservation confirmation, point redemption, etc.

If you prefer to unsubscribe by mail, please send your request to the postal address below and be sure to include your name and email address, so that we can process your request.

For The Ritz-Carlton Email Unsubscribe Guest Services - Unsubscribe The Ritz-Carlton Hotel Company, LLC 4445 Willard Avenue, Suite 800 Chevy Chase, Maryland 20815

or Marriott Email Unsubscribe Internet Customer Care - Unsubscribe 1818 North 90 Street Omaha, Nebraska 68114-1315 USA

Marriott does not share email addresses with third parties for their use.

Confirmation Authenticity

We're sending you this confirmation notice electronically for your convenience. Marriott keeps an official record of all electronic reservations. We honor our official record only and will disregard any alterations to this confirmation that may have been made after we sent it to you.

If you have received this email in error, please let us know.

Your privacy is important to us. For details, please visit our Internet Privacy Statement.

Terms of Use::Internet Privacy Statement
@1996-2011 Marriott International, Inc. All rights reserved. Marriott proprietary information.



GUEST FOLIO

2660 Woodley Road NW, Washington, DC 20008 - 202.328.2000 - Marriott.com/WASDT

8010 ZZ/ESTENOZ/SHANNON/ 211.00 03/03/11 12:00 24542 ACCT#

NSDB

Rate

Depart 03/01/11 16:17

^{Type} **243**

MRW#:

Room Clerk Payment Address DATE 03/01 ROOM REFER 03/01 ROOM TAX 03/02 ROOM 03/02 ROOM TAX CHARGES 211.00 BALANCE DUE 1 8010, 30.60 8010, 1 211.00 30.60 8010, 03/03 MC CARD \$483.20

PAYMENT RECEIVED BY: MASTERCARD

CURRENT BALANCE .00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK! SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

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 checkout, you will owe us interest from the checkout 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_

TAXICAB RECEIPT Origin of trip: Destination: Sign: TAXI CAB RECEIPT addition. minim Origin of trip: Sign: **TAXICAB RECEIPT** Time: Date:

Origin of trip:

Personal Card

03/02/11 07:52:13

Woodley Park Washington DC FOR CUSTOMER SERVICE CALL 202-962-5719

2600 B1k. Conn. Ave. NW MEZZANINĖ 7 MACHINE 31

007-31-31133 311357918323 145927

AL.

DEB! "RCHASE

QUANTITY SELECTED: 1

CO

\$9.00 PER

ONI

PASS

S/N: 511330667918330

1 AMOUNT: \$9.00

THANK YOU FOR RIDING METRORAIL

THE FUTURE IS RIDING ON METRO

Personal Card

07:54:00

Wountley Park Washington DC 14% GUS 10MLR SERVICE Co. 202 9G2 5719

-300 Filk. Comm. Ace. NV 30 //AMINE / HACEINE 12

(b) (6)

Did Klain i

SMANIE SHEEDE I

15 515 UH FIR

1 0001 100011

:25Hbb7918437

TUTAL AMOUNT: \$15.00

THANK YOU FUR RIDING METRORATI

DIURE IS ON HEIRO

	(), 1 - N21101 1101-
ASHINGTON TAXI	MHXIII CAB Co.
MERITT CHB Co.	MERITT#13
MERIT#13	. 03/03/11 04:51F
ჟვ/ჵვ 11 - ტვ : 38₽	03/03/11 05:03F
93/93/11 93 :48 F	TRIP # 4717
1616 # 4713	DIST 5.33 mi
2.24 mi	Rate 1 \$ 11.30
\$ 7.25	EXTRAS \$ 4.00
\$ 7.5€	TOTA. \$ 15.00
\$ 14.75	JUPLAINTS CALL
as CALL	202 64 4918
6813	RILESS OF , CA
⊣ ″ī	CALCOS.

TAXI CAB RECEIPT
DATE 3311 TIME 9:00 am
ORIGIN Woodley P. CAB#
DESTINATION DOT
FARE: \$\lambda 8 - SIGNATURE

Taxi Cab Receipt Trip Origin: Destination: Fare: \$ Signature_

Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania Booth A 03/03/11 22:07

Cashier 28 Receipt 011476 Short-term parking tkt

1 - No. 048606 03/01/11 06:01 -03/03/11 22:07 -Period 2d16h7' (PARKNG) \$27.00 Micha 2374 \$(6.75)

Sub Total \$20.25 Tax \$1.33

Total \$21.58

21.58

Payment Received

Type: Swiped

Sub Total \$20.25 FL TAX 6.59% 1.33

All Amounts in USD.

TAX INCLUDED ***Thank You***

Signature



TRAVEL VOUCHER		ARTMENT OR ES				2. TYPE OF TRAVEL 3. VOUCHER NO. SETALLAHASSEE 0 3 1 5 :						
(Read Privacy Act Statement below)	EV	ERGLADES	NP			PERMANENT OF STATION	T CHANGE	Comments Springer	4. SCHEDULE NO.			
	i-(-)(- i)(-)				_	OCIAL SECUR		e pe	RIOD OF TRA	VEI		
a. NAME (Last, first, m	idale initial)				0. 5	JUIAL SECUR	ary NO.	FROM b. TO				
Estenoz, Sh	annon	A.			**	*-**-*	-**-** (b) (6) 03/15/11 03/16/11					
c. MAILING ADDRESS	(Include ZIP				d. O	d. OFFICE TELEPHO						
11200 SW 8					1			a. NU	a. NUMBER(S) b. DATE(S)			
FIU OE Buil	_	oom 165			3	05-348	-1665	1				
Miami, FL e. PRESENT DUTY STA			T F DESIDENCE	CE (City and State)					ORFNRI			
EVERGLADES				ation,				40.01	IEON NO	03/	/08/11	
EVERGLADES	acion,											
8. TRAVEL ADVANCE	8. TRAVEL ADVANCE							11. F	AID BY			
a. Outstanding		0 100	a. DATE RECE	EIVED		OUNT RECEI	VED					
b. Amount to be applied c. Amount due Government		0 00	-		\$			-				
(Attached Check	Cash)	!	c. PAYEE'S SI	GNATURE				ł				
D. Balance outstanding			1									
12. GOVERNMENT TRANSPORTATION		n the United State						sable	h	Travel	ler's Initials	
REQUESTS, OR TRANSPORTATION	transportation	charges described		ed under cash p	aymen	t procedures (F	PMR 101-7)		,			
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF				P	OINTS C	F TRAVEL			
(List by number below and attach passenger	VALUATION OF TICKET	A GROTHER OF	SERVICE AND ACCOM-	DATE		_	2011		то			
coupon; if cash is used show claim on reverse		(Initials)	MODATIONS	77700		F	ROM					
side)	(a)	(b)	(c) (d)			(e)			(f)			
526216056686	347	.40 WN		03/10/	11	FLL-F	ort La	ıder	JAX-J	ackso	onville,	
8											· 2 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	
0310111421PV	4	.35 XD		03/10/	11	FLL-F	ort La	ıder	JAX-J	acksc	onville,	
XS												
ACCOUNTING CLA 10 5284L000TXY	SSIFIC	AT 10N:	E204^^m	***** 000	^^		72	. 02	NR-		671.16	
10 5284L0001A	-2010 .	2011 07	5264 1	L LOUU		Ī	13	. 02	MK-		6/1.16	
COMMENTS:												
Meeting with s	ecreta	ry Vinya	rd.									
 I certify that this voucher received by me. When a 								l hv			Ţ	
this voucher.	Spiloable, tal		od on the averag	jo oost or loaging	ginour	lou during tho					1	
TRAVELER SIGN HERE		20			1	DATE 4		AMOU CLAIM			73.02	
NOTE: Falsification of an item						may result in a	fine of not mo	re				
					1).							
 This voucher is approved necessary in the interest 	•		y, are certified as Flong distance tel			17. FOR FINA	ANCE OFFICE COMPUTA		VLY		1	
are included, the approvir head of the department of				the	ı	a. DIFFER-				\$		
nead of the department of	agency to so t	crany (07 0.0.0. C	,000,,		- 1	ENCES, IF ANY						
APPROVING Dawn Arm	nel	Execu	tive Ass!	DATE ant	- 1	(Explain						
OFFICIAL SIGN HERE	0 10	le m.	0	4/5/11	- 1	and show amount)						
IMM	IER PAID UND	ER SAME TRAVI	EL AUTHORIZAT	TION		b. TOTAL VER	IEIED COPPI	CT FOR				
a. VOUCHER NO.							O APPROPR		*		1	
	YEAR						nitials:			\$	i	
16. THIS VOUCHER IS CERTII	FIED CORREC	T AND PROPER	FOR PAYMENT			c. APPLIED TO (Appropriat	TRAVEL AD ion symbol):	VANCE			0.00	
AUTHORIZED CERTIFYING			11	DATE						\$	1	
OFFICIAL N HERE						d.	NET TO	TRAVE	LER 🕨	\$	73 02	
ACCOUNTING CLASSIFIC	d. NET TO TRAVELER > \$				Ψ							

SEE BLOCK 12 ABOVE

		INCTRICTIONS TO TRAVELED								·····		omplete this		
SCHEDL	11 E	INSTRUCTIONS TO TRAVELER	•	-	elf explanate	• •	l f l	f. IfN		.1	information PAGE 2			
	ILE	Col. (c) If the voucher includes per diem allowances for	Com- plete	Col. (d) thru (g)			i for each meal	i, including tax an	d tips, and daily tot	al	if this is a continuation OF			
OF		members of employee's	only	(h)			as: laundry, cl	eaning and press	ing of clothes, tips	to belibovs.	sheet. TRIP # 1 PAGES			
EXPENS	ES	Immediate family, show	for	''	porters, i	etc. (other tha	n for meals).				TRAVEL AUTHORIZATION NO.			
AND		members' names, ages,	actuel	L (1)	Show tot	e for per diem lal subsistenc	em and actual expense travel. ORFNRI ORFNRI							
AMOUN'	re	and relationships to em-	expense	pense (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show							7101 14101			
		ployee and marital status of children (unless Infor-	travel	(n)	the lesse Show ex	er of the amou benses, such	int from col. (j) as: taxi/limous	or maximum rate line fares, air fare	(if purchased with	cash), local or	TR	AVELER'S LAST N	AME	
CLAIME	U	mation is shown on the travel authorization.)		1.7	long dist subsister	ance telephor	ne calls for Gov	ernment busines	s, car rental, reloca	tion other than	. 1	Estenoz		
DATE	TIME	DESCRIPTION			ITEMIZ	ZED SUBSIS	TENCE EXPEN	ISES		MILEAGE RATE:	АМО	UNT CLAIMED		
20 11	(Hour	(Departure/arrival city, per diem		M	TEALS		MISCEL- LANEOUS		TOTAL	0.190				
20	and am/pm)	computation, or other explanation of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO, OF	MILEAGE	SUBSISTENCE	OTHER	
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE (i)	MILES (k)	(I)	(m)	/m1	
(a) 03/15	197	D-:RES: Plantation	(6)	10/	<u>"</u>	199	1"/1	" 1		[*/	· · · · · · · · · · · · · · · · · · ·	111111111111111111111111111111111111111	(n)	
03/15		Airfare (Non Reimbu	rsabl	e)!		!	!	!			!	!	•	
03/15		A-:TALLAHASSEE,FL				34 50		87 00	34.50			34, 50		
03/15		POV-Available Govt	Vhc	;	l i					10.60	12	'		
03/15		TMC FEE (GOVCC-I)	1	i	ı	1	i	I			i	i	i	
03/15		Rental Car	İ	1	l l	1	1	ı	1			1	l	
03/15		TMC Fee									<u> </u>			
03/16		D-:TALLAHASSEE,FL	i									1 1	1	
03/16		POV-Available Govt	Vht:	 	l i	i	i	i		10.60	i ₂	d ₁	 	
03/16		A:RES: Plantation,	Ī	ı	1	1		1		-0.00	1	1	1	
03/16		Subsistence			!	34 ₁ 50	 		34.50		<u> </u>	34 50	<u> </u>	
03/16		TAV Fee -I	1			34/20		1] 34.50		1 :	34 [30	!	
03/16		Gasoline	i	i	i	i	i	i			i i			
,			1	1	1	1	1	1			1	i	l i	
Y					!			<u> </u>			<u> </u>	!	<u> </u>	
													!	
			i	<u> </u>	i	 		i	<u> </u>		 	- 	<u> </u>	
			1	1	i	1	ı	ı			1	i	i	
					 	!		<u>i</u>				+		
			! !			!		i i			1			
			ı	1	ı	ı	i	l				1	1	
			ı	1	1	1	i	ŀ	<u> </u>		i	i	i	
			I		!	!	!	ľ			1		1	
			<u> </u>		<u> </u>	<u> </u>	L				4102	601.00		
if addition	al space is r	equired, continue on another 1012-A BACK	, leaving th	e front bla	nk.				SUBTOTA		4102		0 100	
In compliar	ce with the P	rivacy Act of 1974, the following information is	s nro-						101/	4L3	4:02	69.00	0 00	
vided: Solid	itation of the	information on this form is authorized by 5 L d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 9 1 26 U.S.C. 6011(b) and 6109. The primary pu	J.S.C.		requiremen	nt by this ag	ency in conn	ection with the	hiring or firing of	an		tal of columns (I), (n in item 13 on the fro		
E.O. 11609	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93	197 of		employee, formance o	tne issuance of official duty	of a security of while in Gover	clearance, or invi nment service.	estigations of the Your Social Secu	per- irity	this form.	in item 13 on the in	ont or	
of the requi	∠∠, 1943, and ested informa	i 26 U.S.C. 6011(b) and 6109. The primary pu ition is to determine payment or reimburseme	rpose nt to		Account N	lumber (SSN ode (26 i s	l) is solicited C. 6011(b) and	under the auti	Your Social Secu- nority of the Inte 9.9397, November on number; disclos relocation allows	mál 22				
eligible indi under appr	viduals for all	tion is to determine payment or reimburseme owable travel and/or relocation expenses inci istrative authorization and to record and mai	urred		1943, for u	se as a tax pa	yer and/or em	ployee identificati	on number; disclos	ure				
costs of su	h reimburse	ments to the Government. The information will be incommunity the information will be incommunity to the information in cial duties. The information may be disclosed.	ill be		exbeuse te	imprisement	which is, or ma	ay be, taxable in:	i biocation allowe come. Disclosure	of	TOTAL			
performanc	e of their office	ployees who have a need for the information in cial duties. The information may be disclose	n≀ne dto		you SSN a however. t	nd other requivalence to bro	ested informati vide the inforr	ion is voluntary ir mation (other the	come. Disclosure all other instances so SSN) required	es; to	AMOUNT	_	F2 00	
appropriate	Federal, Sta	te, local or foreign agencies, when relevant to	civil,		support the	clalm may re	sult in delay or	r loss of reimburs	ement.	.~	CLAIMED	•	73.02	

Auth No: SETALLAHASSEE031511_V01 Estenoz, Shann ***-**-**

0.00

73.02

	•		(b) (d)
ACCOUNTING CLASS CODE			
COM. CARRI-211C GASOLINE-211I LODGING-211D M&IE-211D MILEAGE-211P RENTAL CAR-211R TAV EXP -I-211B TMC FEE -I-211B			347.40 32.85 87.00 69.00 4.02 156.06 15.00 32.85
10 5284L000TXY	0.00	0.00	744.18
2010^2011^07^5284^^TXY^L000^^ SPLIT PAY DISBURSEMENTS: TOTAL EXPENSES		744.18	
NON-REIMBURSABLE EXPENSES		671.16	
TOTAL AMOUNT CLAIMED		73.02	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED		0 0 0 - 0.00	
NET TO TRAVELER (GOVT)		73.02	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.0	0 0	
TOTAL GOV'T CHARGE CARD AMT			

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----



For:

SHANNON A ESTENOZ GDOIFWS

To:

NGMSDOI

OFC OF THE EXEC DIRECTOR

SHANNON ESTENOZ 11200 SW 8TH ST MIAMI FL 33199

Sales Person:

77

Locator:

KOEYJB

HOCACOI.

(b) (6)

Customer Number:

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Tuesday March 15, 2011



Southwest Airlines

Class of Service: Coach Class Y

Depart: FT LAUDERDALE, FL

Arrive: JACKSONVILLE,FL

Total Flight Time: Equipment: 73G Meal Service: None

Status: Confirmed

DEP-TERMINAL 1

Flight Number: 3577

7:40 Am March 15, 2011 8:55 Am March 15, 2011

1 Hour 15 Minutes Non-Stop

Confirmation Number: XK5ELF

<u>Name</u>	Invoice / Ticket / Date	Base	Tax1	Tax2	Tax3	Total
SHANNON A ESTENOZ	370596/5262160734533/11MAR1	151.63	11.37US	3.70ZP	7.00XT	173.70
	1				Trip Fee	28.50

(b) (6) FOP CAXXXXXXXXX

Total Amount: 202.20

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

** GO TO WWW.TSA.GOV **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

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

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

Welcome to Gate Store # 1194 208 N Magnolia Or Tallahassee FL 32381 850:389-8412

Receipt #49655 03/16/2011 13:35

Pump Gallons Price 07 9.308 \$ 3.529 Product: Reg Unlead TOTAL FUEL \$ 32.85

SALE - Card Swiped TOTAL SALE \$ 32.85 (b) (6)

Batch #755 Sequence #1757 Approval #099157

Thank you for your business. Please come again!!



Shannon A Estenoz

Room No.

: 204

Arrival

03-15-11

Departure

: 03-16-11

Page No.

1 of 1

Folio No.

b) (b)

57850010

Conf. No.

Cashier No.

459

Membership No.

A/R Number

INFORMATION INVOICE

Group Code

Company Name

03-16-11

03:41:59 AM

Date	Text					Charges	Credit
03-15-11	Room					87.00	
03-16-11	Mastercard						87.0
Room GST	0.00	Other PST	0.00	Other GST	0.00	Liquor Tax	0.00
Net Amount	87.00	CAD					
				Total		87.00	87.

Balance 0.00

Join goldpoints plus today! Enroll in goldpoints plus at a participating hotel front desk or on line at goldpointsplus.com and start earning Gold Points today!

Thank You For Staying With Us

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

Cugat	Signature		
SUEST	Signature		

Rental Local	tion Out		Vehic	ele Information	Rental Expires On	Rental Agree	Rental Agreement#		
DTG OPERATIONS doe DOLLAR RENT A 2400 YANKEE CLIPPER RD	CAR		Lic.# 507LAV	Cls: CDAR Color RED OULPLUS	3/16/2011 8:00:00 AM	EY09318	EY093185-1		
JACKSONVILLE, FL 32218			Govt Rate: GOVD		Date/Time Out		e In		
866-434-2226	Carrier to the second second second		Fuel Level Out:	FULL	3/15/2011 9:16:00 AM	3/16/2011 1:0	11 1:00:00 PM		
Rental Clo	And the second s		Fuel Level In: Mileage In: Mileage Out:	FULL 6806 6571	** Cl	** Charges**			
, CAPITAL CIRCLE SW			Total Mls	235	Hourly	3 @ 19.00	57.00		
TALLAHASSEE, FL 32310			Driven:		Daily	1 @ 62.00	62.00		
Name of the second seco	Customer Information				Total Time & Mileage		119.00		
ESTENOZ, SHANNON A				DROP	1 @ 68.80/Itm	68.80			
424 FARMINGTON DR					CONFEERECCHG	11.11%	22.20		
PLANTATION, FL 33317					GARS	2 @ 5.00/Day	10.00		
5150 FL 1/15/2019	7863 509	9401			VEH LIC FEE	2 @ 0.59/Day	1.18		
					FLORIDA SURCHARGE	2 @ 2.02/Day	4.04		
Additional Drivers : None					SECURITY FEE	1 @ 2.00/Itm	2.00		
					ENERGY RECOVERY FEE	2 @ 0.45/Day	0.90		
					*				
Credit Card and Cash Payments					Total Charges		228.12		
(b) (6)	156.06/	Pmt/3/16/2011			** Credits	/Payments**			
	72.06/	Pmt/3/16/2011			**************************************		0.00		
			DS		Deposits		228.12		
			LMOSES/239	TRUSSD/249	Net Due		220.12		
			ID: TB2830						
					Payments		-228.12		
					ZERO BALANCE		0.00		

Dawn Armel

From:

Estenoz, Shannon A <Shannon_Estenoz@ios.doi.gov>

Sent:

Tuesday, March 08, 2011 8:03 AM

To:

Dawn Armel

Subject:

travel next week

Dawn,

My meeting with Secretary Vinyard is in Tallahassee at 2 pm on the 15th. Because I do not fly in commuter aircraft , I usually fly directly from Ft. Lauderdale to Jacksonville on Southwest and then rent a car and drive 2.5 hours to Tally. This is also usually cheaper and faster than flights to Tally this time of year anyway.

If you can check on available SW flights on the 15th that would be great. By my calculation, I would have to land in Jax no later than 11 (earlier if possible), and then I could catch an evening flight home (say after 7 pm). As I recall, however, the last flight to Ft. lauderdale from Jax is like 6ish, so I may need to stay overnight in Jax at an airport hampton or hilton and catch the first flight home the morning of the 16th.

S

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE
 Office of the Executive Director, South Florida
 Ecosystem Restoration Task Force

2. VOUCHER NUMBER 528411M10

3. SCHEDULE NUMBER

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

a. NAME (Last, first, middle initial)

Estenoz, Shannon A.

c. MAILING ADDRESS (Include ZIP Code)

11200 SW 8 Street, OE 148 Miami, Florida 33199 FILE COPY

b. SOCIAL SECURITY NO.

(b) (6)

d. OFFICE TELEPHONE NUMBER

305-348-1665

5. PAID BY
TO AOG 5 24/11

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

and the second s		the claimant.)							
DATE	С	Show appropriate code in col. (b):	D. Euparal Hanass	Dotoil	MILEAGE		AMOUNT	CLAIMED	
2011	O D E		D - Funeral Honors E - Specialty Care	Detail	RATE \$.19 €	MILEAGE	FAR		TIPS ANI MISCEL-
			es in specific detail.)		NO. OF MILES		OR TO	OLL SONS	LANEOU
(a)	(b)	(c) FROM	(d)	то	(e)	(f)	(g)	(h)	(i)
04/21/11	A	Plantation, Florida	Vero Beach, Flor	rida	262.36				
								li li	
		v							
							1		
						-	1		
						-			
						-			-
		JUSTIFICATION:	Everglades Resto	oration Program					
			meeting with FW	7S.					
If additional	space	is required continue on the back.	SUBTOTALS CARRIED I	FORWARD FROM THE					
7. AMOUN	NT CI	AIMED (Total of cols. (f), (g) and (i).)	\$ 49.85	TOTALS	49.85				
as neces	sary i	pproved. Long distance telephone calls, if some the interest of the Government. (Note: In the approving official must have been authored edepartment or agency to so certify (31 U.)	f long distance calls rized in writing, by	10. I certify that this belief and that p	payment or cre		een receive		edge and
		Sign Original Only		CLAIMANT	5	C		DATE	24)1
	C		DATE	SIGN HERE		CASH PAYMEN	IT DECEIRT		2011
APPROVING OFFICIAL		Daniel P. Com D.	5/24/11	a. PAYEE (Signature)		LASH PATWE		. DATE RECEIV	ED
9. This clair	m is c	ertified correct and proper for payment.	0/27/11			*	c	. AMOUNT	
AUTHORIZED CERTIFYING OFFICER SIGN HERE			DATES ALL	12. PAYMENT MADE BY CHECK NO.	DIRECT D	EPOSIT		,	
5298-WM		EXY EXY							
		nel 305-348-4024 Frestore.org	l l						
darmel	(Ge	ofrestore.ora							

Dawn Armel

From:

Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]

Sent:

Monday, April 25, 2011 11:24 AM

To: Subject: Dawn Armel Vero trip

Dawn,

The round trip to Vero was 262.36 miles. I left at 6:45 am and got home at 5:30.

S

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

TRAVEL VOUCHER		ARTMENT OR ES			2. T	YPE OF TRAVEL TEMPORARY DUTY		CHER NO.	MBEA0503	-
(Read Privacy Act Statement below)	EVI	ERGLADES	NP			PERMANENT CHANGE OF STATION	Č	EDULE NO.	IDEAU3U3	<u>+</u> vc
a. NAME (Last, first, mid	ddle initial)	A THE COLUMN TWO IS NOT THE OWNER.			h S	OCIAL SECURITY NO.	6. PERI	OD OF TRAVE	L	
a. To the (East, mot, mot	adio imidaly			FAAN	0.0		a. FROM		b. TO	
Estenoz, Sha	annon A	Α.		ELUPY	**	* - * * - * ; (b) (6)	05	/04/11	05/04/1	1
c. MAILING ADDRESS	(Include ZIP				d. O	FFICE TELEPHONE NO.		EL AUTHORIZ		-
11200 SW 8	Street						a. NUME	BER(S)	b. DATE(S)	
FIU OE Build	ding Ro	oom 165			3	05-348-1665				
Miami, FL		MIT		(0):			-	ORIZPX	Andrea esta a Martines esta a Martine	
e. PRESENT DUTY STAT			f. RESIDENCE	TO 18 TO	5%				04/11/1	1
EVERGLADES 1	NP		Planta	ation,	FL		10. CHE	CK NO.		
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11. PA	ID BY		-
a. Outstanding		0.100	a. DATE RECE	EIVED	b. Al	OUNT RECEIVED				
b. Amount to be applied		0 100			\$					
c. Amount due Government			c. PAYEE'S SI	GNATURE	171.5.5					
(Attached Check	Cash)	<u> </u>								
D. Balance outstanding			<u> </u>	MOVERNING AND AND ADDRESS OF THE PARTY AND ADD						
TRANSPORTATION I						es in connection with reimburs t procedures (FPMR 101-7)	able		Traveler's Initial	ls
TRANSPORTATION -	iransportation			ed under cash pa	aymen	t procedures (FPIVIR 101-7)				<u> </u>
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF	20100000000		PC	INTS OF	TRAVEL		
(List by number below and attach passenger	VALUATION OF TICKET		SERVICE AND ACCOM-	DATE				No. of Contract of		 /:
coupon; if cash is used show claim on reverse	7-1	CSC-847	MODATIONS	200		FROM	1	TO		
side)	(a)	(b)	(c)	(d)		(e)		(f))	_
11 5298WM41EXY COMMENTS: WG/SCG Meeting	-2011^^	`07 [^] 5298	^^EXY^WI	141^^ -		70.81	NR-		19.00	
this voucher. TRAVELER SIGN HERE NOTE: Falsification of an item than \$10,000 or impriso	in an expense	em claimed is base account works a for more than 5 years	ed on the average orfeiture of claim or both (18 U.S.	ge cost of lodging (28 U.S.C. 2514 .C. 287; i.d. 1007	incur and	DATE 5 24 11 6	MOUN'		 	_
 This voucher is approved. In necessary in the interest of 			, are certified as long distance tel			17. FOR FINANCE OFFICE COMPUTATI		Y	1	
are included, the approving head of the department or	g official must h	nave been authoriz	red in writing by t				OIA	\$		
nead of the department of	agency to so o	eruly (31 U.S.C. b	oua).)			a. DIFFER- —————— ENCES,	AL ALLEMAN AND AND AND AND AND AND AND AND AND A			
APPROVING Dawn Armo	el a	Execu	tive Assi	DATEant		IF ANY (Explain				
OFFICIAL SIGN HERE	KI	10 200		594 11		and show amount)				_
	C 11. (unus	· AUTHORITA	2/47/11	-				i	-
 LAST PRECEDING VOUCHI VOUCHER NO. 	b. D.O. S			c. MONTH &	_	 b. TOTAL VERIFIED CORRECT CHARGE TO APPROPRIA 			E	
	1	A		YEAR	NAMED DAYS	Certifier's initials:		\$	B	
16. THIS VOUCHER IS CERTIFI	ED CORREC	AND PROMER F	OR PAYMENT	Maria de la companio de la companio de la companio de la companio de la companio de la companio de la companio	1	c. APPLIED TO TRAVEL ADV	ANCE			-
AUTHORIZED CERTIFYING		N/ 11 11 11 11 11 11 11 11 11 11 11 11 11		1		(Appropriation symbol):		\$	0.00	
OFFICIAL N HERE	5	HIIII		20111	The same of the sa				70.81	
	ATION	MANA	11	THALL		. NET TO T	RAVELI	ER ▶ \$	70.81	-
SEE BLOCK 12		INAA								_

		INSTRUCTIONS TO TRAVELER	/I Inlisted	itame are s	elf explanato	ory)	·- ····			<u> </u>			nplete this p	AGE
SCHEDU	ILE	Col. (c) If the voucher includes	Com-	Col. (d)	•	• •	d for each meal	l, including tax an	d tips, and daily to	tal			rmation is is a	2
OF		per diem allowances for	plete	thru (g)	meal cos							cont	tinuation C	F
EXPENS	re .	members of employee's	only	(h)			as: laundry, cl an for meals).	eaning and press	ing of clothes, tips	to bellboys,				1 PAGES
	EÐ	immediate family, show members' names, ages,	for actual	(1)	Complete	for per dien	n and actual ex						VEL AUTHORIZ	ATION NO.
AND		and relationships to em-	expense	– (1)				irred for actual ex	rpense travel. Pavel on actual exp	ense show		01	RIZPX	
AMOUNT	rs	ployee and marital status	trevei	(***	the lesse	r of the amou	int from col. (j)	or maximum rate		·		TDA	VELER'S LAST	MANE
CLAIME	D	of children (unless infor-		(n,	Show ex long dista	penses, such ance telepho	ı as: taxi/timous ne calls for Gov	sine fares, air fare vernment busines	(if purchased with s, car rental, relocated	cash), local or ation other than	,			NAME
		mation is shown on the travel authorization.)			subsister	nce, etc.				MILEAGE		L	stenoz	
DATE	TIME	DESCRIPTION			ITEMIZ	ED SUBSIS	TENCE EXPEN	NSES	7	RATE:	AI	MOU	NT CLAIMED	
20_11_	(Hour and	(Departure/arrival city, per diem computation, or other explanation		N	MEALS		MISCEL- LANEOUS		TOTAL	0.190	MILEAG	F	SUBSISTENC	OTHER
20	am/pm)	of expenses)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING	SUBSISTENCE EXPENSE	NO, OF MILES	141100710	_	00000121101	- Onner
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	()	(k)	(1)		(m)	(n)
(a) 05/04		D-:RES: Plantation	,	ļ .	T !								1	
05/04 05/04		A-:WEST PALM BEACH	-	<u> </u>	↓ ;	53 25	;		53.25			\ 	53, 2	5
05/04		D-:WEST PALM BEACH	1	i		i	i	i				1	1	i
05/04		A:RES: Plantation,	1	<u> </u>	<u> </u>	<u> </u>	ļ	1					l l	ļ!
05/04 05/04 05/04			Vht	l ;	¦	¦	1	;		46.20		1 8 7 I	8	<u> </u>
05/04		POV-Available Govt	vnc	 	 	i	i -	- -	<u> </u>	46.20		8	8	i
05/04 05/04		TMC Fee	1	!	1	!	1	1	İ		1		!	i i
05/04		TAV Fee -I	<u> </u>	<u> </u>	 	<u> </u>	l	<u></u> !				l	1	ļ
			i	i	1	i	1	i			j		i	i
					 	ļ	 				f			
							1	!			!	! !		
			i	i	 	 	i	<u>'</u>	 	 		<u> </u>	i	
			Į.	!	!!	1	1	!			!	!	!	
					1									
			i	l i	_ i	l i	j	i				İ	i	i
			!	1	1 !			!						
	·····				<u> </u>				ļ	<u> </u>		 		
			Ī	i	i	l i	i	i				i	i	i
				1	++-	<u> </u>		<u>!</u>	1			L	<u> </u>	
] ;	1 ¦			l ;			ľ	! !	. ;	
	······································		1	1	 	 			 	1		_		- - i
			_	<u> </u>					SUBTOTA	10	17]	l E C	531 2	5 0 100
If addition	al space is r	equired, continue on another 1012-A BACK	, leaving ti	he front bla	ınk.				TOT		17		53 2	
In complian	nce with the F	Privacy Act of 1974, the following information is	s pro-		* *				1 101	ALO			·	
vided: Solid Chap, 57 a	citation of the	information on this form is authorized by 5 Led by the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93	J.S.C. In1 7)			the learness			hiring or firing of estigations of the				il of columns (i), n item 13 on the	
E.O. 11609	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93 1 26 U.S.C. 6011(b) and 6109. The primary pu	97 of		formance of	of official duty	while in Gover	nment service.	Your Social Sec	urity	this form.			
of the requi	ested informa	ition is to determine payment or reimburseme	nt to		Revenue C	ode (26 U.S	is solicited i.C. 6011(b) an	under the aut d 6109) and E.C	estigations of the Your Social Sec hority of the Into 2.9397, Novembe ion number; disclo relocation allow	r 22,			·	
under appr	opriate admir	lowable travel and/or relocation expenses including instrative authorization and to record and mail	ntain		is MANDA	se as a tax p TORY on v	ayer and/or em ouchers, claimi	ipioyee identificat ng travel and/or	ion number; disclo relocation allow	sure ance	TOTAL			
used by off	co reimburse icers and em	ments to the Government. The information wiployees who have a need for the information in	ill be n the		expense re you SSN a	elmbursemen nd other real	t which is, or m rested informat	iay be, taxable in ion is voluntary i	come. Disclosure n all other instan- an SSN) required	e of ces;	AMOUN	Т		
performant appropriate	e of their offi Federal, Sta	cial duties. The information may be disclose tte, local or foreign agencies, when relevant to	d to civil,		however, i support the	failure to pro claim may r	ovide the infor esult in delay o	mation (other the r loss of relmburs	an SSN) required sement.	d to	CLAIME		•	70.81

	r						
,	05/24/11	ACCOUNTING	DETAIL	Auth No:	SEWEST	PALMBEA0503	11 VO
	GovTrip Travel	System		Estenoz,	Shann	***-**-**(b)	(6)
	==============	=======================================					

ACCOUNTING CLASS CODE	·		TRIP 1
M&IE-211D MILEAGE-211P TAV EXP -I-211B TMC FEE -I-211B			53.25 17.56 15.00 4.00
	0.00		
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		19.00	
TOTAL AMOUNT CLAIMED		70.81	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
NET TO TRAVELER (GOVT)		70.81	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD		0.00	

70.81

PAY TO TRAVELER -----

TRAVEL VOUCHER		RTMENT OR EST		•		F TRAVEL		CHER NO.	T MID TO A	0517	
(Dood Drives y Ast		ERGLADES			DEC	IPORARY DUTY MANENT CHANGE		DULE NO.		10517	<u>1</u> 1_V0
(Read Privacy Act Statement below)	EVE	RGLIADES	ME			STATION	4. 36/1	DOLL NO.	3		
a. NAME (Last, first, mid	dle initial)	[=		AABI	b. SOCIAI	SECURITY NO.	6. PERI	OD OF TRA	VEL		
		£	Mary ISI DE GROSS	MODV		(b) (6)	a. FROM		b. TO		
Estenoz, Sha			libb	WII	***-	* * _ * . <mark>(b) (6</mark>)		/17/1		17/1	1
c. MAILING ADDRESS	(Include ZIP	Code)			d. OFFICE	TELEPH	A STATE OF THE STA	EL AUTHO	-		
11200 SW 8 S							a. NUME	BER(S)	b. DATE	:(S)	
FIU OE Build		om 165			305	-348-1665					
Miami, FL 3			4 DECIDENCE	E (City and St	into)			ORNCLR	- M	00/1	_
e. PRESENT DUTY STATI			Land					Shall was a result	05/	23/1	1
EVERGLADES 1	1P		Plant	ation,	F.T		10. CHE	CK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT	Г		11. PA	ID BY		-	C C
a. Outstanding		0.100	a. DATE RECI	EIVED	b. AMOUN	T RECEIVED					
b. Amount to be applied		0.10.0			\$						
c. Amount due Government			c. PAYEE'S SI	IGNATURE		······································					
(Attached L Check	Cash)										
D. Balance outstanding								TELS IN TELL AND THE	S Aller Strategics in		
						connection with rein		b	Travele	er's Initia	Is
REQUESTS, OR TRANSPORTATION	ransportation o			ed under cash pa	ayment proc	edures (FPMR 101-	-7)				
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF				POINTS OF	TRAVEL			
(List by number below	VALUATION	RIER	SERVICE AND ACCOM-	DATE							
and attach passenger coupon; if cash is used	OF TICKET		MODATIONS	ISSUED	1	FROM			TO		
show claim on reverse side)	(a)	(b)	(c)	(d)		(e)			<i>(f)</i>		
ACCOUNTING CLAS	SSIFICA -2011^^	ATION: `07^52981	^^EXY^W	M41^^ -		70.81	NR-		19	.00	
COMMENTS: CISRERP Meeting	Ð										
13. I certify that this voucher is	true and corre	ct to the best of m	y knowledge an	d belief, and that	t payment or	credit has not beer	n ered by			П	
received by me. When app this voucher.	olicable, per die	em claimed is base	ed on the averag	ge cost of loaging	g incurred di	uring the period cov	erea by			!	3.0
TRAVELER	3	8			DATE	5/24/11	AMOUN			70. ! 81	
NOTE: Falsification of an item	in an expense	The same of the sa	orfeiture of clain	1 (28 U.S.C. 251	4) and may	result in a fine of no	CLAIME t more	D		70.01	
than \$10,000 or impriso	nment for not	more than 5 years	or both (18 U.S	S.C. 287; i.d. 100	1).						
14. This voucher is approved. I					17.	FOR FINANCE OF	FICE USE ONL	Υ		T	
necessary in the interest of are included, the approving			long distance te red in writing by			COMPL	ITATION		•	1	
head of the department or						IFFER-			\$	<u>i</u>	molected
						NCES, ANY					-
APPROVING Dawn Armo	el 🔿	Execu	tive Ass	Dateant		Explain nd show					- *
OFFICIAL SIGN HERE	1 K	leme	V	5/24/11	ar	nount)					-
15. LAST PRECEDING VOUCH	R PAID UND	ER SAME TRAVE	L AUTHORIZA	TION	b TO	TAL VERIFIED CO	RRECT FOR				-
a. VOUCHER NO.	b. D.O. S	YMBOL		c. MONTH & YEAR		HARGE TO APPRO				100	
		0		TEAN		ertifier's initials:			\$		
16. THIS VOUCHER IS CERTIFI	ED CORRECT	AND PROPER F	OR PAYMENT	7		PLIED TO TRAVEL Appropriation symbo				0.00	
AUTHORIZED CERTIFYING			1	DATE					\$	0100	
OFFICIAL ON HERE	MI			5211		Filmer or	O TO ALC:	ED -		70.81	
ACCOUNTING CLASSIFICA	TION WOLL	111	1	U LAO	d.	NEII	O TRAVEL	EK 🏲	\$		_
SEE BLOCK 12	ABOVE				19						
ender auseich von der der der Schaufen (2006) der 16				V							

									···				
		INSTRUCTIONS TO TRAVELER	(Unlisted	d Items are s	elf explanate	ory)						mplete this PAC	Œ
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (d)			i for each mea	ıl, including tax ar	nd tips, and daily to	tal		nisisa —	2
OF		per diem allowances for	plete	thru (g							cor	tinuation OF	
EVENIO		members of employee's	only	(h) Show ex	penses, such	as: laundry, c	leaning and press	sing of clothes, tips	to beliboys,		et TRIP #	1 PAGES
EXPENS	ES	immediate family, show	for	0		etc. (other tha	in for meals). I and actual ex	mense travel.			TRA	VEL AUTHORIZA	TION NO.
AND		members' names, ages, and relationships to em-	actual	_ <i>(i)</i>	Show to	al subsistenc	e expense inc	urred for actual ex	kpense travel.		0	RNCLR	
AMOUNT	rs	ployee and marital status	expense travel	* (n) Show pe	r diem amour	nt, limited to m	aximum rate, or to or maximum rate	ravel on actual exp	ense, show			·
CLAIME		of children (unless infor-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(n	Show ex	penses, such	as: taxi/limous	sine fares, air fare	(if purchased with	cash), local or		VELER'S LAST N	AME
CLAIME	,	mation is shown on the			long dist subsiste		ne calls for Go	vernment busines	ss, car rental, reloca	ation other than	' E	stenoz	
1		travel authorization.)			Subsiste	nce, etc.				T = 4 ==	,		
DATE	TIME	DESCRIPTION			ITEMIZ	ZED SUBSIS	TENCE EXPE	NSES		MILEAGE RATE:	AMOU	NT CLAIMED	
20_11	(Hour	(Departure/errival city, per diem		1	//EALS		MISCEL- LANEOUS	Marketan	TOTAL	0.190		0110010751105	071:55
20	and am/pm)	computation, or other explanation of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO, OF	MILEAGE	SUBSISTENCE	OTHER
(e)	(b)	(0)	FAST (d)	LUNCH	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE	MILES (k)	(I)	(m)	(n)
(a) 05/17	10/	D-:RES: Plantation	[4/		 ''	19/	""	17	 	177	<u>"1</u>	(m)	(n)
05/17		A-:WEST PALM BEACH	- 1			53 25			53.25		ι	53, 25	
05/17 05/17			Vhc	1 !	1 !	1	 	<u> </u>	73.23	46.20	8	78	
05/17			Vhp		!] [46.20		1° 78	
05/17 05/17		D-:WEST PALM BEACH	1 A **P	1 -	+ +	1 1	 			40.40	18	0 I	1
05/17		A:RES: Plantation,	i	i	l i	i	i	ł i			i	i	i
$\frac{05/17}{05/17}$		TAV Fee -I			+ +		 					 	
05/17		TMC Fee	l !		!		1	!			ļ ļ		
05/1/		IMC Fee	<u> </u>	 			<u> </u>	<u> </u>		ļ	l l	!	
1			;	1 :	1 :	1		l i			1	1 :	1
			<u> </u>	 	 	<u> </u>	ļi.	<u> </u>			<u> </u>		ļ
]			ı	1	1	1	1	1			. 1	1	1
				<u> </u>	 	1	1	<u> </u>			<u> </u>	<u> </u>	<u> </u>
						,					1		
				1	<u> </u>	ļ	<u> </u>			ļ			<u> </u>
			i	l i	li	i	i	i			i	i	l i
			1	1		1	1	l l			1		1
			!	1 !	!!	!		!	1		!	1	!
						<u> </u>	[<u> </u>			1		!
			i	1 i	1 i	i		¦ ;		1			1 :
			<u> </u>	<u> </u>	 	<u> </u>	i	ļi		<u> </u>		i	<u> i </u>
			1		!		1	1			1	i	1
											1		l l
						'	1 1				1		
······································					1 1	<u> </u>	L	I	SUBTOTA	LS	17 56	53 25	0 100
If additiona	al space is n	equired, continue on another 1012-A BACK	i, leaving (he front bla	ink.				тот		17 56	53 25	0 00
and of made Committee	74 . 47	rivacy Act of 1974, the following information information on this form is authorized by 5 to by the Federal Travel Regulations (FPMR 9971, E.O. 11012 of March 27, 1962, E.O. 911012 of March 27, 1962, E.O. 91101 of March 27, 1963, E.O. 91101 of the primary pution is to determine payment or reimburseme lowable travel and/or relocation expenses incitative authorization and to record and maintains and maintai			requirement employee, formance of Account N	nt by this ag the issuance of official duty lumber (SSN	ency in conr of a security while in Gove I) is solicited	nection with the clearance, or invitation of the control of the co	hiring or firing of restigations of the	an per-	Enter grand total	al of columns (i), (m in item 13 on the fro	and
costs of suc used by offi performance	ch reimburse icers and em e of their offi	ation is to determine payment or reimburseme owable travel and/or relocation expenses inco istrative authorization and to record and mai ments to the Government. The information w ployees who have a need for the information is cial duties. The information may be disclose te, local or foreign agencies, when relevant to	ill be n the		Revenue C 1943, for u is MANDA expense re you SSN a however, support the	Code (26 U.S) se as a tax por TORY on vote imbursement and other required to pro- ce claim may re-	.C. 6011(b) an ayer and/or en outhers claim; which is, or mested informativide the inforesult in delay of	id 6109) and E.C aployee identificating travel and/or nay be, taxable in tion is voluntary i mation (other the or loss of reimburs	Your Social Section into James Into James Into James Into James Into James Into James Into James Into James Into James International Section Into James International Inte	z 22, sure ance o of ces; I to	TOTAL AMOUNT CLAIMED	>	70.81

Auth No: SEWESTPALMBEA051711 V01 Estenoz, Shann ***-**-(b) (6)

70.81

ACCOUNTING CLASS CODE			TRIP 1
A&IE-211D MILEAGE-211P TAV EXP -I-211B TMC FEE -I-211B			53.25 17.56 15.00 4.00
			89.81
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES		19.00	
TOTAL AMOUNT CLAIMED		70.81	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00	0.00	
NET TO TRAVELER (GOVT)		70.81	
GOV'T CHARGE CARD EXPENSES GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PY	0.00 MT 0.00		
PAY TO GOV'T CHARGE CARD		0.00	

PAY TO TRAVELER -----

LIMIT I CAICAN Lugo Lori

Meeting Information

Project Title:

Independent Scientific Review of Everglades Restoration Progress

PIN:

WSTB-U-03-04-A

Major Unit:

Division on Earth and Life Studies

Sub Unit:

Water Science and Technology Board

RSO:

Johnson, Stephanie

Subject/Focus Area: Earth Sciences; Engineering and Technology; Environment and Environmental Studies; Policy for Science

and Technology

Independent Scientific Review of Everglades Restoration Progress

May 16, 2011 - May 18, 2011

Crowne Plaza West Palm Beach Hotel

West Palm Beach, Florida

If you would like to attend the sessions of this meeting that are open to the public or need more information please contact:

Contact Name: Sarah Brennan Email: sbrennan@nas.edu Phone: (202) 334-3856 Fax: (202)-334-1961

Agenda:

Monday, May 16th OPEN SESSION

***Spaces for guests are limited during the helicopter tour over the Everglades. Please contact Sarah Brennan at sbrennan@nas.edu or 202-334-3856 by April 29th to register for the field trip. Allocation of available spaces will be determined on a first-come, first-serve basis.

7:45 am Meet in the hotel lobby

8:00 am - 5:00 pm Field Trip (half-day helicopter tour over the Everglades and a tour of the South Florida Water Management District operations facility)

Tuesday, May 17th OPEN SESSION

Draft Agenda will soon be posted.

Closed Session Summary Posted After the Meeting

The following committee members were present at the closed sessions of the meeting:

The following topics were discussed in the closed sessions:

The following materials (written documents) were made available to the committee in the closed sessions:

Date of posting of Closed Session Summary:

© Copyright 2011 The National Academies. All rights reserved. Tel: 202.334.2000 Fax: 202.334.1800 Email: info@nas.edu

TRAVEL VOUCHER		RTMENT OR ES				PE OF TRAVE		3. VOUCHER		ET.OF	3111 VO
(Read Privacy Act Statement below)	EVE	RGLADES	NP			PERMANENT OF STATION		4. SCHEDULE	The San Parks of the Land of t	<u> </u>	3111_
a. NAME (Last, first, m	iddle initial)	5		MAAN	b. SO	CIAL SECURI	TY NO.	6. PERIOD OF	Assessment	W	
	19/2	Ē	THE	WIT	l	(t	o) (6)	a. FROM	b. 7		
Estenoz, Sh	lannon A					- * * - *		05/31 '. TRAVEL AU		6/01	./11
11200 SW 8		code)			u. OF	ICE I ELEI		a. NUMBER(S)		DATE(S)	
FIU OE Buil		om 165			3.0	5-348-	1665			–(-)	
Miami, FL								ORN	R81		
e. PRESENT DUTY STA	TION	7	f. RESIDENCE	THE PROPERTY OF THE PARTY OF TH	100 (C. 100 a)				0	5/26	/11
EVERGLADES	NP		Planta	ation,	FL			10. CHECK NO).		
8. TRAVEL ADVANCE	weeks		9. CASH PAY	MENT RECEIPT	T T			11. PAID B	Y		
a. Outstanding		0.100	a. DATE RECE	EIVED	b. AMC	OUNT RECEIV	/ED				
b. Amount to be applied		0 100			\$						
c. Amount due Government (Attached Check	Cash)	1	c. PAYEE'S SI	GNATURE							
	Casily										
D. Balance outstanding 12. GOVERNMENT	I boughy againn	the United States	L	hous assinat an	u podios	in connection	with relative	able	T	aveler's	
TRANSPORTATION REQUESTS, OR		harges described						able	I	aveiers	niuais
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF				PO	INTS OF TRAVE			produced pulsarious
(List by number below	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE							
and attach passenger coupon; if cash is used		(Initials)	MODATIONS			FF	ROM		ТО		
show claim on reverse side)	(a)	(b)	(c)	(d)			(e)		(1)	ndinatavana defastanzara	Marine Marine and
COMMENTS: Gulf Coast Tas	k Force	Meeting	3								
13. I certify that this voucher received by me. When a this voucher.					g incurre	d during the p	eriod covered l			,	
SIGN HERE					l ^D	ATE		MOUNT LAIMED		73	02
NOTE: Falsification of an item than \$10,000 or impri						ay result in a	fine of not mon	9			
14. This voucher is approved						7 FOR FINA	NCE OFFICE	ICE ONLY	_		
necessary in the interest	of the Governme	nt. (NOTE: If	long distance tele	ephone calls		7. FOR FINA	COMPUTATI				
are included, the approvia head of the department o				urie	a.				\$		
	^					ENCES, IF ANY			-		
APPROVING Pawn Arr	nel	Execu	tive Assi	De Teant	- 1	(Explain _ and show _		CATHOLOGICAL SACRET	-		
SIGN HERE	LK. U	umel		62111		amount) =		· · · · · · · · · · · · · · · · · · ·			
15. LAST PRECEDING VOUCE					b.		FIED CORREC				
a. VOUCHER NO.	b. D.O. S	MBOL		c. MONTH & YEAR			O APPROPRIA 	TION			
16. THIS VOUCHER IS CERT/	FIED CORRECT	AND PROPER F	OR PAYMENT		C.		TRAVEL ADV	ANCE	\$		
AUTHORIZED	1 Mal		100 April 100 Ap	1 1		(Appropriation	on symbol):		\$	0	00
CERTIFYING OFFICIAL SN HERE				HAD//	d.		NET TO T	RAVELER		73	02
SEE BLOCK 12				11							

							-	 	· · · · · · · · · · · · · · · · · · ·						_		
		INSTRUCTIONS TO TRAVELER	(Unlisted	i <u>tem</u> s are s	self explana	ory)								nplete this rmation	PAGE	_	
SCHEDU	JLE	Col. (c) If the voucher includes	Com-	Col. (d			red for	each mea	l, including tax ar	nd tips, and dally to	tal			is is a		_2	_
OF		per dlem allowances for	plete	thru (g										tinuation	OF		
EXPENS	EC	members of employee's	only	(h		rpenses, si etc. (other			leaning and press	sing of clothes, tips	to bellboys,			et. TRIP		1 PAGES	<u>}</u>
	EÐ	immediate family, show	for actual	0	Comple	e for per di	iem and	l actual ex	pense travel.					VEL AUTHOR	RIZATIC	N NO.	
AND		members' names, ages, and relationships to em-	expense	- (i)	Show to	tai subsiste	nce ex	pense inc	irred for actual ex	rpense travel. avel on actual expe			01	RNR81			
AMOUN'	TS	ployee and marital status	travel	' (n	the less	er olem am er of the an	ount, iii nount fr	om col. (i)	or maximum rate, or tr	avei on actual expe i,	ense, snow		-				
CLAIME	D	of children (unless infor-		(n) Show e	(penses, st	ıch as:	taxi/limous	sine fares, air fare	(if purchased with			TRA	VELER'S LA	ST NAM	IE	
		mation is shown on the travel authorization.)				nce, etc.	none ca	ilis for GD	vernment busines	s, car rental, reloca	ition other than	•	E	stenoz			
DATE	TIME	DESCRIPTION			ITEM	ZED SUBS	ISTEN	CE EXPE	NSES		MILEAGE RATE:	Α	MOU	NT CLAIMED			_
20 11	(Hour	(Departure/arrival city, per dlem			MEALS			IISCEL-		TOTAL	0.190				\top		
20	and	computation, or other explanation	BREAK-	T	ſ	I		NEOUS UBSIS-	LODGING	SUBSISTENCE	NO, OF	MILEAG	ŝΕ	SUBSISTEN	CE	OTHER	
, ,	am/pm)	or expenses)	FAST	LUNCH	DINNER	TOTAL		ENCE		EXPENSE	MILES			İ			
(a) 05/31	(b)	D-:RES: Plantation	(d)	(e)		(g)		(h)	(i)		(k)	(1)	1	(m)	\dashv	<u>(n)</u>	
05/31		A-: PENSACOLA, FL	1	i	li	1		i					i	li		i İ	
05/31 05/31		Rental Car			 	34 50	' -		103 00	34.50			-	34	50		
05/31		POV-Available Govt	T 73a	1	!	!		I	l		1000	l	i	l i		1	
05/31 05/31				 	 	+ +		<u> </u>	<u> </u>		10.60	ļ	12 (1		<u> </u>	
05/31		Airfare (Reimbursab	Tei	l i	¦	;		1					!		1	1	
05/31		TMC Fee		<u> </u>	 	 		<u> </u>	i	ļ		ļ	.	ļ	\dashv	<u> </u>	
06/01		D-: PENSACOLA, FL	, I] 1	1	1		ŧ	ŧ		ا د د د ا		l	ı		1	
06/01			Vhc	1	1 !	<u> </u>		<u> </u>	!	ļ	10.60		12 (1			
06/01		A:RES: Plantation,	-]]	¦			l F					l r	! !	1	!	
06/01		Subsistence			 '	34 5	<u> </u>			34.50			! 	34	50		
06/01		TAV Fee -I	ì	i	i	i		i	i	ŀ			i	i	- 1	i	
06/01		Gasoline		1	1		_		I	ļ			1	1			
06/01		Parking	!	!	1 !	!	ŀ	Į,	1			l	!	!	1	1	
				ļ <u>†</u>	_			<u> </u>	!				 	<u> </u>		<u> </u>	
			i	i	i	i	Ì	i	i			İ	i	l i		i	
						1		l	<u></u>				1	ı		<u> i </u>	
			ļ	!!	1 !	1 !		!	!				1]		1	
			! 					<u> </u>	ļ				ļ	. !			
			i	;	l i	1 i		i.	l i				<u>'</u>	l ;			
			1			ļ			1				<u>. </u>	<u> </u>		i_	
			[!	1 !	!		1	1	1			l	ı		I	
			<u> </u>		 	<u> </u>		-	1				l	ļ			
			i	li	1 1	1 i		i					i I			1	
										SUBTOTA	LS	4	102	69	00	0 00	
If addition	al space is n	equired, continue on another 1012-A BACK	leaving ti	he front bla	nk.					TOTA			02	69		0 00	
In compliar vided: Solid Chap. 57 a E.O. 11608 November of the requi-	nce with the Poitation of the simplemente of July 22, 1 22, 1943, and ested informationals for all the poitages of the siduals for all the poitages of the siduals for all the poitages of the siduals for all the poitages of the siduals for all the poitages of the siduals for all the poitages of the siduals for all the siduals for all the poitages of the siduals for all the poitages of the siduals for all	rivacy Act of 1974, the following information is information on this form is authorized by 5 U d by the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93 126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimbursement owable travel and/or relocation expenses inclustrative authorization and to record and main the following the supports to the Government. The information with	s pro- .S.C. 01 7), 97 of rpose nt to		requireme employee formance Account I Revenue	nt by this the issuan of official d lumber (S Code (26 L	agency ice of a uty whil SSN) is J.S.C. 6	/ in conr security e in Gove solicited i011(b) an	nection with the clearance, or inv mment service. under the aut d 6109) and E.C	hiring or firing of estigations of the Your Social Sectohority of the Inte D. 9397, November ion number; discoss relocation allowicome. Disclosuren all other instancian SSN) required icoment	an per- urity mai 22,			ni of columns (n item 13 on ti			
used by off	icers and em	owanie travet and/or relocation expenses inci istrative authorization and to record and main nents to the Government. The information will object the formation may be disclose to local or foreign agencies, when relevant to	the		1943, for the is MAND, expense record you SSN and however, support the	ise as a tax TORY on simbursem and other re failure to e claim ma	c payer vouch ent whit equeste provide y result	and/or emers claimich is, or mod informat the informatin delay o	iployee identificating travel and/or and/or and/or in travel in its voluntary in mation (other the loss of reimburs	ion number; disclos relocation allowa come. Disclosure n all other instand an SSN) required rement.	sure ance of es; I to	TOTAL AMOUN CLAIME	IT ED)	•		73.02	2

Auth No: SEPENSACOLAFL053111 V01 Estenoz, Shann ***-**-(b) (6) _______

73.02

ACCOUNTING CLASS CODE			TRIP 1
COM. CARRR-211C GASOLINE-211I LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I RENTAL CAR-211R TAV EXP -I-211B TMC FEE -I-211B			643.90 46.38 103.00 69.00 4.02 28.02 84.03 15.00 28.50
11 5298WM41EXY	0.00	0.00	1,021.85
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES			
TOTAL AMOUNT CLAIMED		73.02	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED		0.00	
NET TO TRAVELER (GOVT)		73.02	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
TOTAL GOV'T CHARGE CARD AMT			
PAY TO GOV'T CHARGE CARD		0.00	

PAY TO TRAVELER -----

#LOUISIANA EXCISE TAX

GOVT ADMIN SURCHARGE

CUST FACILITY CHG ENERGY RECOVERY FEE GAS

Thanks For Shopping Store #8096 1290 Airport Blvd Pensacola 32594 Term: 000380350960 Appr: 092043 Unld_Regular PUMP 03 VOLUME 4.980 PRICE/G \$3.679 GAS TOTAL \$18.32 \$0.00 \$18.32 TAX TOTAL MastercardFleet

I agree to pay the above Total Amount according to Card Issuer Agreement.

72011 13:06:37

967t

Thumbs Up For Tom Thumb! VISIT US

.GAS

GUICK & EASY DELI&GR 701 AIRLINE DR GRETNA, LA 70056 504-469-0903

TERMINAL ID.:

002

*

891CH: 000301 DATE: Jun 01 - 11 INU: 000047 TIME: 15:52

AUTH:091687

LOTAL

\$28.06

THAIK YOU FUR Your Bustness:

SatoTravel*

For:

SHANNON A ESTENOZ GDOIDOOS

To:

NGMSDOI

OFC OF THE EXEC DIRECTOR

SHANNON ESTENOZ 11200 SW 8TH ST MIAMI FL 33199

Sales Person:

8D

Locator:

DGBVWE

Customer Number:

b) (6'

Tuesday May 31, 2011



Southwest Airlines

Class of Service: Coach Class Y

Depart: FT LAUDERDALE, FL

Arrive: NEW ORLEANS, LA

Total Flight Time: Equipment: 73G

Meal Service: None

Status: Confirmed

DEP-TERMINAL 1

Flight Number: 1656

7:40 Am May 31, 2011

8:45 Am May 31, 2011

2 Hours 5 Minutes Non-Stop

Confirmation Number: W7HCJW

Tuesday May 31, 2011



BUDGET

Pick Up: May 31, 2011 8:45 Am

Intermediate Car

Location: NEW ORLEANS, LA

NEW ORLEANS, LA

Return: June 1, 2011 6:55 Pm

Daily Rate: 22.00 USD Unlimited Free Miles

Extra Days: 22.00 Extra Hours: 17.00

Approximate Total: 84.74 2Days OHours 41.00Mandatory Charge

Confirmation Number: 32749105US4

Wednesday June 1, 2011



Southwest Airlines

Class of Service: Coach Class Y

Depart: NEW ORLEANS, LA

Arrive: FT LAUDERDALE, FL Total Flight Time:

Equipment: 73G
Meal Service: None
Status: Confirmed

ARR-TERMINAL 1

Flight Number: 131

6:55 Pm June 1, 2011 9:45 Pm June 1, 2011

1 Hour 50 Minutes Non-Stop

Confirmation Number: W7HCJW

Page 1 of 2

<u>Name</u>	Invoice / Ticket / Date	Base	Tax1	<u>Tax2</u>	Tax3	Total
SHANNON A ESTENOZ	397668/5262176700332/26MAY1	552.56	41.44US	7.40ZP	14.00XT	615.40
	•				Trip Fee	28.50
				То	tal Amount:	643.90

^{**} FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

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

^{**} GO TO WWW.TSA.GOV **

Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania

Booth B 06/01/11 23:02 Cashier 28 Receipt 048565

Parking Ticket 1 - No. 070673 05/31/11 06:43 -06/01/11 23:02 -Period 1d16h20' (PARKNG) \$20.00

Sub Total \$20.00 [Fees + Tax] \$3.02

Total \$23.02

Payment Received MC ______\$23.02

(b) (6)
Type: Swiped

Sub Total \$20.00 FLLFee 8% 1.60 FL Tax 6.59% 1.42

Earn FREE PARKING today Go to www.pnf.com Go to www.pnf.com

Sign-

KC PARITAL PAID 85.00 6-1-11



111 06-01-11

Shannon Estenoz Folio No. Room No. : 0901 11200 S W 8th St A/R Number Arrival 05-31-11 Miami FL 33199 Group Code Departure : 06-01-11 US Company Conf. No. : 64956341 Membership No.: Rate Code: IMGOV Invoice No. Page No. : 1 of 1

Date		Description		Charges	Credits
05-31-11	*Accommodation			103.00	
			Total	103.00	0.00
			Balance	103.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. 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 associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



TRAVEL VOUCHER	RAVEL VOUCHER 1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE					2. TYPE OF TRAVEL 3. VOUCHER NO. SEOKEECHOBEEF 0 6							
(Read Privacy Act	EV	ERGLADES	NP			PERMANENT CHANGE	-	HEDULE NO.	ODERFO	03011			
Statement below)		er gester desemble, of the first			世	OF STATION							
a. NAME (Last, first, n	niddle initial)				b. S	OCIAL SECURITY NO.	6. PER	RIOD OF TRA	b. TO	720000000			
Estenoz, Sh	hannon	Α.			**	(b) (6) *-**-		06/30/11 06/30/11					
c. MAILING ADDRESS	(Include ZIF	CHECKER SHEET AND AND AND AND AND AND AND AND AND AND	THE STATE OF THE S		d. O	FFICE TELEPHONE NO.	7. TR/	AVEL AUTHO		0/			
11200 SW 8							1	MBER(S)	b. DATE(S)				
FIU OE Buil Miami, FL		oom 165			3	05-348-1665	ı						
e. PRESENT DUTY STA	ATION		f. RESIDENC	E (City and St	ate)	reconstruction and an entire control of the second		ORNCTL	05/23	3/11			
EVERGLADES	NP		Plant	ation,	FL		10. CH	ECK NO.	03/23				
I. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT	Γ		11. P	AID BY					
a. Outstanding		0 100	a. DATE RECI	EIVED	b. Al	OUNT RECEIVED							
. Amount due Government					\$								
c. Amount due Government (Attached Check Cash)			c. PAYEE'S SI	IGNATURE									
D. Balance outstanding													
. GOVERNMENT	I hereby assig	n the United State	es any right I may	have against an	v parti	es in connection with reim	hursable		Traveler's	Initiale			
TRANSPORTATION REQUESTS, OR	transportation	charges describe	d below, purchase	ed under cash pa	aymen	t procedures (FPMR 101-	7)		> Traveler S	iiidais			
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF				POINTS O	F TRAVEL	100 W				
(List by number below and attach passenger	VALUATION OF TICKET		SERVICE AND ACCOM-	DATE ISSUED		FROM	NIEME SOUPERENCE CONTRACTOR		то	***************************************			
coupon; if cash is used show claim on reverse side)	(a)	(Initials)	MODATIONS (c)	(d)		(e)			(f)				
OMMENTS: eeting with I	lykes B	ros. Inc											
eeting with I 3. I certify that this voucher received by me. When a this voucher.	is true and corn	ect to the best of r	ny knowledge and			ent or credit has not been ted during the period cove	red by			<u> </u>			
eting with I Teerlify that this voucher received by me. When a this voucher.	is true and corn	ect to the best of r	ny knowledge and		incur				34	 !50			
eeting with I I certify that this voucher received by me. When a this voucher. AVELER AVELER	is true and corresponded to the corresponding to th	ect to the best of riem claimed is base	my knowledge and sed on the average for feiture of claims	ge cost of lodging	incur incur	ed during the period cover	AMOUI		34	 50			
Leeting with I I certify that this voucher received by me. When a this voucher. RAVELER OTE: Falsification of an iteration \$10,000 or impri	is true and corrapplicable, per d	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an	ny knowledge and seed on the average forfeiture of claims or both (18 U.S.)	ge cost of lodging a (28 U.S.C. 251- .C. 287; i.d. 100	incur incur	DATE may result in a fine of not 17. FOR FINANCE OFF	AMOUI CLAIM more	ED ▶	34	!50			
. I certify that this voucher received by me. When a this voucher. AVELER OTE: Falsification of an iter. than \$10,000 or impri. This voucher is approved necessary in the interest are included, the approvi	is true and corrapplicable, per d m in an expense isonment for not d. Long distance of the Governm ing official must	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: have been author.	my knowledge and sed on the average forfeiture of claims or both (18 U.S.), are certified as a flong distance telized in writing by	ge cost of lodging (28 U.S.C. 251- C. 287; i.d. 100	incur incur	ped during the period cover DATE may result in a fine of not 17. FOR FINANCE OFF COMPU	AMOUI CLAIM more	ED ▶		 50			
. I certify that this voucher received by me. When a this voucher. AVELER SN HERE OTE: Falsification of an item than \$10,000 or impri- This voucher is approved necessary in the interest	is true and corrapplicable, per d m in an expense isonment for not d. Long distance of the Governm ing official must	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: have been author.	my knowledge and sed on the average forfeiture of claims or both (18 U.S.), are certified as a flong distance telized in writing by	ge cost of lodging (28 U.S.C. 251- C. 287; i.d. 100	g incur 4) and 1).	DATE may result in a fine of not 17. FOR FINANCE OFF COMPU	AMOUI CLAIM more	ED ▶	34	50			
Lecting with I I certify that this voucher received by me. When a this voucher. AVELER OTE: Falsification of an iteration \$10,000 or impring the interest are included, the approvinced of the department of the department of the province	is true and corresponding in an expense isonment for not it. Long distance of the Governming official must or agency to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to the corresponding	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: It have been authoricertify (31 U.S.C.)	ny knowledge and sed on the average forfeiture of claims to r both (18 U.S.) y, are certified as f long distance telized in writing by \$880a).)	ge cost of lodging (28 U.S.C. 251) C. 287; i.d. 100 (ephone calls the	g incur 4) and 1).	DATE may result in a fine of not 17. FOR FINANCE OFF COMPU a. DIFFER- ENCES, IF ANY (Explain	AMOUI CLAIM more	ED ▶		 50			
. I certify that this voucher received by me. When a this voucher. AVELER OTE: Falsification of an iter than \$10,000 or impri. This voucher is approved necessary in the interest are included, the approvinhead of the department of the department of the proving	is true and corresponding in an expense isonment for not it. Long distance of the Governming official must or agency to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to so of the corresponding to the corresponding	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: It have been authoricertify (31 U.S.C.)	my knowledge and sed on the average forfeiture of claims or both (18 U.S.), are certified as a flong distance telized in writing by	ge cost of lodging (28 U.S.C. 251) C. 287; i.d. 100 (ephone calls the	g incur 4) and 1).	DATE may result in a fine of not 17. FOR FINANCE OFF COMPU a. DIFFER- ENCES, IF ANY	AMOUI CLAIM more	ED ▶		! !50			
Eeting with I I. Icerlify that this voucher received by me. When a this voucher. RAVELER OTE: Falsification of an iteration \$10,000 or impring them \$10,000 or impring the interest are included, the approving head of the department of the depart	is true and corrapplicable, per d	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an lent. (NOTE: It have been authoricertify (31 U.S.C.)	ny knowledge and sed on the average forfeiture of claims sor both (18 U.S.) y, are certified as if long distance telized in writing by (580a).)	(28 U.S.C. 251- .C. 287; i.d. 100 lephone calls the	4) and	DATE may result in a fine of not 17. FOR FINANCE OFF COMPU a. DIFFER- ENCES, IF ANY (Explain and show amount)	AMOUI CLAIM more	LY		 50			
B. I certify that this voucher received by me. When a this voucher. RAVELER GN HERE DTE: Falsification of an iterathan \$10,000 or imprible. This voucher is approved necessary in the interest are included, the approvimend of the department of th	is true and corrapplicable, per d	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an lent. (NOTE: li have been authoricertify (31 U.S.C.) EXECUTE: IN THE PROPERTY (NOTE: III)	ny knowledge and sed on the average forfeiture of claims or both (18 U.S.) y, are certified as flong distance telized in writing by (580a).) Itive Assi	(28 U.S.C. 251- .C. 287; i.d. 100 lephone calls the	4) and	DATE may result in a fine of not 17. FOR FINANCE OFF COMPU a. DIFFER- ENCES, IF ANY (Explain and show	AMOUI CLAIMI more ICE USE ON TATION	LY		 			
B. I certify that this voucher received by me. When a this voucher. RAVELER GN HERE OTE: Falsification of an iterathan \$10,000 or impridencessary in the interest are included, the approvious head of the department of the depar	is true and corresponding in an expense isonment for not in the Government for agency to so th	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: It have been authoricertify (31 U.S.C.) EXECUTER SAME TRANSYMBOL	ny knowledge and sed on the average forfeiture of claims or both (18 U.S.) y, are certified as f long distance telized in writing by 1880a).) ative Assi	(28 U.S.C. 251- C. 287; i.d. 100 lephone calls the	4) and 1).	TOTAL VERIFIED COFCHARGE TO APPROL	AMOUI CLAIM more ICE USE ON TATION	LY		50			
B. I certify that this voucher received by me. When a this voucher. RAVELER GN HERE OTE: Falsification of an iterathan \$10,000 or imprible. This voucher is approved necessary in the interest are included, the approvince of the department of the	is true and corresponding in an expense isonment for not in the Government for agency to so th	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: It have been authoricertify (31 U.S.C.) EXECUTER SAME TRANSYMBOL	forfeiture of claims or both (18 U.S y, are certified as f long distance telized in writing by 1880a).) TIVE ASSI	(28 U.S.C. 251- C. 287; i.d. 100 lephone calls the	4) and 1).	The during the period cover the period c	AMOUI CLAIM more ICE USE ON TATION RRECT FOR PRIATION	LY	\$ \$	50			
Eeting with I I. Icertify that this voucher received by me. When a this voucher. RAYELER SIN HERE OTE: Falsification of an iter than \$10,000 or impriner. This voucher is approved necessary in the interest are included, the approvimend of the department of the	is true and corresponding in an expense isonment for not in the Government for agency to so th	ect to the best of riem claimed is base account works at more than 5 years phone calls, if an ent. (NOTE: It have been authoricertify (31 U.S.C.) EXECUTER SAME TRANSYMBOL	forfeiture of claims or both (18 U.S y, are certified as f long distance telized in writing by 1880a).) TIVE ASSI	(28 U.S.C. 251- C. 287; i.d. 100 lephone calls the	4) and 1).	The during the period cover the period c	AMOUI CLAIM more ICE USE ON TATION RRECT FOR PRIATION	ILY	\$ \$ \$	100			

		INSTRUCTIONS TO TRAVELER	(Unlisted	items are s	elf expla	anatoi	ry)								nplete this PA	3E _	
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (d)		w amo	ount incurre	d for ea	ch mea	l, including tax ar	nd tips, and daily to	tal			mation is is a	2	
OF		per diem allowances for	plete	thru (g) mea	l cost	•								tinuation OF		
EVDENO:		members of employee's	only	(h)						eaning and press	ing of clothes, tips	to bellboys,			et TRIP #	1 PAGES	
EXPENS	E5	immediate family, show	for	0			tc. (other the for per dien			pense travel,			TRAVEL AUTHORIZATION NO.				
AND		members' names, ages, and relationships to em-	actual	- Ü	Shor	w tota	ıl subsistend	е өхреі	nse incl	irred for actual ex				ORNCTL			
AMOUNT	·s	ployee and marital status	expense travel	(m						aximum rate, or tr or maximum rate	avel on actual exp	ense, show					
CLAIME	١	of children (unless infor-		(n) Sho	w exp	enses, such	as: tax	i/limous	sine fares, air fare	(if purchased with			TRA	VELER'S LAST N	AME	
VERINE	•	mation is shown on the						ne calis	for Gov	vernment busines	s, car rental, reloca	ation other than	İ	E	stenoz		
		travel authorization.)		subsistence, etc.						MILEAGE							
DATE	TIME	DESCRIPTION	RATE:							^	MOU	NT CLAIMED	T				
20_11	(Hour and	(Departure/arrival city, per diem computation, or other explanation		M	MEALS				CEL-		TOTAL	0.000	MILEAC	26	SUBSISTENCE	OTHER	
20	am/pm)	of expenses)	BREAK-		1			SUB	SIS-	LODGING	SUBSISTENCE	NO. OF MILES	WILLEAG	JE	30B3I3TENCE	OTHER	
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNE	ᄧᆝ	TOTAL (g)	TEN		(i)	EXPENSE (i)	(k)	(1)		(m)	(n)	
06/30	,-,-	(c) D-:RES: Plantation	<u>, , -, -, -, -, -, -, -, -, -, -, -, -, </u>		1		- 18 <i>7</i>	1	Τ	17 1	1	1 117		T	12		
(e) 06/30 06/30 06/30 06/30		A-:OKEECHOBEE,FL	!	!	!	- }	34 50		I	!	34.50	•		!	34, 50	1	
06/30		D-:OKEECHOBEE,FL		1					i					1		1	
06/30		A:RES: Plantation,	i		1 1		i		i	i		1		i	l i	i·	
06/30		TAV Fee -I	ı	ı	1		I		Ī	I				ı	ı	ı	
06/30		TMC Fee	<u> </u>	!	!		l I		1	!				1	!!	!	
			i				I			1				1	i		
			i	li	li		i		i	i				i	i i	l i	
			ı	1	1		ı		I	Ī	1			i	1		
			l .	!	1 !	- 1	!		1	!				!	!	!	
									1					1			
			i		;	1	i		i	li				i	<u> </u>	1	
			i	1	1		Ī		Ī	l				ı	Ī	i	
				!	!!		!		!	!				ı	!	!	
			,				1		i	-				1			
			i		1 ;	- 1	ì		1	l i				i	} ;		
			ı	1	1		Ī		I	ı				1	1	i	
			!	!	!		ļ		!	l !				1] !		
									1					1			
				<u> </u>	<u>Li</u>		<u> </u>		<u>.</u>	<u> </u>				<u> </u>	<u> </u>		
			i	ı			I		1	ı				E	1	1	
					<u> </u>		<u> </u>		1	l				1	1	1	
			;				1		1	i i				1			
			<u> </u>	1	.l.,l.,	1		<u></u>		<u> </u>	SUBTOTA	LS	0	100	341 50	0 00	
if additions	il space is r	equired, continue on another 1012-A BACK	, leaving ti	he front bla	ınk.						ТОТ			100	34 50	0 00	
wided: Solic	itation of the	Privacy Act of 1974, the following information is information on this form is authorized by 5 U ad by the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93 d 26 U.S.C. 6011(b) and 6109. The primary put ation is to determine payment or retimburseme lowable travel and/or relocation expenses incidential.	160	, , , , , , , , , , , , , , , , , , ,							hiring or firing of estigations of the	an per-	Enter grai	nd tote	al of columns (I), (n n item 13 on the fr	n) and	
costs of suc used by offi performanc	th reimburse cers and em e of their offi	ation is to determine payment or reimburseme lowable travel and/or relocation expenses inci nistrative authorization and to record and mai ments to the Government. The information wi ployees who have a need for the information in cial duties. The information may be disclose the, local or foreign agencies, when relevant to	ntain ill be n the ed to		you SS	SN an er, fa	id other required to pro-	ested i	nformat ne infor	ion is voluntary i	rour Social Sechority of the Inte 5. 9397, Novembe ion number; disclos- relocation allow come. Disclosure n all other instant an SSN) required	es:	TOTAL AMOUN CLAIMI	T	•	34.50	

ADD'L GOV'T CHARGE CARD PYMT

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

TOTAL GOV'T CHARGE CARD AMT

Estenoz, Shann ***-**-**(b) (6) ________ ACCOUNTING CLASS CODE TRIP 1 __________ M&IE-211D TAV EXP -I-211B 15.00 TMC FEE -I-211B 4.00 11 5298WM41EXY 0.00 0.00 2011^^07^5298^^EXY^WM41^^ SPLIT PAY DISBURSEMENTS: TOTAL EXPENSES -----53.50 NON-REIMBURSABLE EXPENSES ------19.00 _____ TOTAL AMOUNT CLAIMED -------34.50 PREV PAYMENTS 0.00 GOV'T ADVANCE OUTSTANDING --0.00 GOV'T ADVANCE APPLIED -----0.00 0.00 ______ NET TO TRAVELER (GOVT) -----34.50 GOV'T CHARGE CARD EXPENSES -GOV'T CHARGE CARD ATM ADV --0.00

==============

Auth No: SEOKEECHOBEEF063011 V01

0.00

34.50

TRAVEL VOUCHER 1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE				1	PE OF TRAVEL TEMPORARY DUT		OUCHER NO.	TTOND 7	1011 77			
(Read Privacy Act Statement below)	EV	ERGLADES		'ARV		PERMANENT CHA OF STATION	- Commence	CHEDULE NO.	310ND07	TOTT _ ^/		
a. NAME (Last, first, n	niddle initial)		FILE			CIAL SECURITY N	O. 6. F	PERIOD OF TRAN	VEL	organism statement		
D-1 G1		-	a seem A		l	(b) (6	V. 1.00 (A. V.)	ROM	b. TO			
Estenoz, Si c. MAILING ADDRESS	lannon (Include ZIF		-		1	FICE TELEPTIONS	7. T	07/18/11 RAVEL AUTHOR		<u>/11</u>		
11200 SW 8	45	,			0.01	, ioe recei noive		UMBER(S)	b. DATE(S)			
FIU OE Buil		oom 165			3(05-348-16	65					
Miami, FL e. PRESENT DUTY STA			f. RESIDENCE	E (City and S	tate)	770		ORSN8X	122			
EVERGLADES				ation,	0.00			07/13/1				
8. TRAVEL ADVANCE				•								
a. Outstanding		0 -00	a. DATE RECE	MENT RECEIPT	_	OUNT RECEIVED		PAID BY				
p. Amount to be applied				-11 -12	\$	JOHN NEOLIVES						
c. Amount due Government (Attached Check	Cash)		c. PAYEE'S SI	GNATURE	***							
D. Balance outstanding	Cushy											
12. GOVERNMENT	I hereby assign	n the United States	any right I may	have against an	v parties	s in connection with	reimbursable		Traveler's In	nitiale		
TRANSPORTATION REQUESTS, OR TRANSPORTATION	transportation	charges described	below, purchase	ed under cash p	ayment	procedures (FPMR	101-7)		> Traveler S III	nuais		
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S		MODE CLASS OF				POINTS	OF TRAVEL				
(List by number below and attach passenger	VALUATION OF TICKET	1000000	SERVICE AND ACCOM-	DATE ISSUED		FROM	· · · · · · · · · · · · · · · · · · ·	1	**			
coupon; if cash is used show claim on reverse	(a)	(Initials)	MODATIONS (c)	(d)		(e)			ro <i>(f</i>)			
side)				100			· · · · · · · · · · · · · · · · · · ·					
0713111306PT HRUH	4	.35 XD		07/15/	11							
037866782120	439	.40 US	07/15/11			FLL-Fort	Lander	r DCA-Wa	shinata	on DC		
				, , ,						J11, DC		
∴CCOUNTING CL2 11 5298WM41EXY			~ ^ 	4444		7.45	20 377			_		
II 3230MM41EV;	-2011	0/1 5298	EAY WI	141 -		147.	32 NR	-	663.00)		
COMMENTS:												
Meetings in D(-											
13. I certify that this voucher	is true and corre	ect to the best of m	v knowledge and	helief and that	navme	of or credit has not h	leen	1				
received by me. When a this voucher.	pplicable, per di	em claimed is base	ed on the averag	e cost of lodging	j incurre	d during the period	covered by		1			
TRAVELER SIGN HERE					l D	ATE O 13	AMO		147	20		
NOTE: Falsification of an item	n in an expense	account works a fe	orfeiture of claim	(28 U.S.C. 2514	4) and m	nay result in a fine of	F not more	MED P	147.	34		
than \$10,000 or impris				C. 287; i.d. 100	1).							
 This voucher is approved necessary in the interest 	of the Governme	ent. (NOTE: If	long distance tele		1	7. FOR FINANCE (OFFICE USE O	DNLY				
are included, the approvir head of the department o				the	a.	**************************************			\$!			
		_				ENCES, IF ANY			<u> </u>			
APPROVING Dawn Arn	nel	Execu	tive Ass			(Explain and show						
SIGN HERE NOWY K- Wemel 8/12						amount)						
 LAST PRECEDING VOUCH a. VOUCHER NO. 	ON MONTH &	b.	TOTAL VERIFIED O		R	1						
. Al				YEAR		Certifier's initials:			\$ I			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR			OR PAYMENT	1	C.	APPLIED TO TRAV (Appropriation sym			0.0	0.0		
AUTHORIZED CERTIFYING		19	ATE, I	r spropridatori symbol).				\$ 1				
OFFICIAL IGN HERE			6	1/12/11	d.	NET	TO TRAV	ELER > S	147.3	32		
AS ACCOUNTING CLASSIFICATION SEE BLOCK 1/2 ABOVE				1/ [The Constitution of the Co		
Wa	1-50	1/		1								

		INSTRUCTIONS TO TRAVELER	(Unlisted	items are s	self explana	tory)							nplete this rmetion	PAGE	_	
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (d)) Show a	mount Incurre	d for each mea	al, including tax ar	nd tips, and daily to	tal			rmauon is is a		2	
OF		per diem allowances for	plete	thru (g) meal co	ost.								OF		
EVEENO	-	members of employee's	only	(h				leaning and press	sing of clothes, tips	to bellboys,		sheet TRIP # 1 PAGES				ES
EXPENS	E8	immediate family, show	for	0)		, etc. (other tha	an tor meals). n and actual ex	rnense travel			TRAVEL AUTHORIZATION NO.					
AND		members' names, ages, and relationships to em-	actual	— Ö	Show to	otal subsistenc	e expense inc	urred for actual ex	cpense travel.		ORSN8X					
AMOUNT	s	ployee and marital status	expense travei	(m				iaximum rate, or tr) or maximum rate	avel on actual expe	ense, show						
CLAIMEI	1	of children (unless infor-		(n)) Show e	xoenses, such	ı as: taxi/limou	sine fares, air fare	(if purchased with	cash), local or		TRA	VELER'S LAS	TNAME		
OLI-MINIE	•	mation is shown on the					ne calls for Go	vernment busines	s, car rental, reloca	ition other than	1	E	stenoz			
	2016 A 4100	travel authorization.)	subsistence, etc.						MILEAGE							
DATE	TIME	DESCRIPTION	RATE:							AMOUNT CLAIMED						
20 11	(Hour and	(Departure/arrival city, per diem computation, or other explanation		N	//EALS		MISCEL- LANEOUS		TOTAL	0.510	MILEAC	20	SUBSISTEN	<u></u>	OTHER	
20—	am/pm)	of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO. OF MILES	WILEAC	3 E	2002121	´Ē	OTHER	
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE	(k)	(1)		(m)		(n)	
07/18		D-:RES: Plantation		1-1	'1	"	177	1 1	[117	"	T	1/			
07/18		TMC FEE (GOVCC-I)	l ·	1			1		-			l	1		1	
07/18		Airfare (Non Reimbu	rsabl	e);				1		<u> </u>		+				_
07/18		A-:WASHINGTON,DC	i			53 125	1 1	196 [25	53.25			1	53i	25	1	
07/18		POV-NO GVT VHC AVL	AIRPO	RTI	<u> </u>	1	i	i	33,23	10.60	1	1 ₅ 4	1 1		- i	
07/18		Taxi	I	ı		1	i	1			1	1	<u> </u>	ŀ	30 O	١0
07/18		Parking										 	!	\dashv	<u>_</u>	
07/19		D-:WASHINGTON,DC	; ;	¦				1 1			•	:		ĺ		
07/19		POV-No Gvt Vhc Avl/	Aikpo	rti	l i	 	i	i	<u> </u>	10.60	 	15 4	1 1	-		
07/19		A:RES: Plantation,	i i		1	1	l l] i	1	10.00	1	1	i	l	i	
07/19		Subsistence	1	!	 ! 	53 25	!		53,25			1				
07/19		TAV Fee -I	1		1 !	33,23			53,25				53 2	5	ŀ	
<u> </u>		411, 100 1	- i		 		 	 	 		 	1	1			
		+	1	i	i	i	i	i				i	i		i	
	*****		1	<u> </u>			 					1				
-			1					!			1	1			1	
-			- i -	- 	 	 	 	<u> </u>				1				
			ı	1	i	1	i	İ				i	i	ŀ	i	
·			- 	- 	<u> </u>	+ !	 	1				1				
			1	1] !	!						!	!	- 1	i	
			ı	i	i	1 i	1					1	<u> </u>	1	<u>_</u>	
			ŀ	i	i	li	ı	l i				i	i	- 1	i I	
			Ţ	!		!	ļ ļ	!			 	1	1		<u>_</u>	
1				LL			<u> </u>	<u> </u>	01107074		10	100	1			
if additions	il space is n	equired, continue on another 1012-A BACK	, leaving th	e front bla	nk.				SUBTOTA			182 1 ₈₂	106		30 10	
în complian	ce with the P	rivacy Act of 1974, the following information is	s nro-						1017	41.3	10	82	106;	30	30 0	U
vided: Solic	tation of the	information on this form is authorized by 5 L d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93	J.S.C.		requireme	ent by this ag	jency in conf	nection with the	hiring or firing of	an			of columns (I			
E.O. 11609	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93	101 /), 197 of		employee formance	, the issuance of official duty	of a security while in Gove	clearance, or invented or inve	hiring or firing of estigations of the Your Social Secu	per- irity	this form.	ang ir	item 13 on th	e mont of		
of the reque	22, 1943, and sted informa	1 26 U.S.C. 6011(b) and 6109. The primary put tion is to determine payment or relimbursement owable travel and/or relocation expenses inci-	rpose nt to		Account Revenue	Number (SSI Code (2611 S	V) is solicited	under the aut	hority of the Inte	mal				· · · · · · · · · · · · · · · · · · ·		
					1943, for	use as a tax p	ayer and/or en	ployee identificati	hority of the Inte 0.9397, November ion number; disclos relocation allows	ure						
costs of suc	h reimburser	ments to the Government. The information will	ll be		exbeuse i	elmbursement	ouchers cialm twhich is, or π	ing travel and/or tay be, taxable in	relocation allows come. Disclosure all other instance	of	TOTAL					
performance	of their office	ments to the Government. The information will ployees who have a need for the information is plat duties. The information may be disclose	n ine d to		you SSN however.	and other required to bro	iested informal	tion is voluntary in mation (other the	n all other instand an SSN) required	es; to	AMOUN			-		_
appropriate	Federal, Sta	te, local or foreign agencles, when relevant to	civil,		support th	e claim may r	esult in delay o	r loss of reimburs	ement.		CLAIME	ED 🕨	•]	L47.3	2

	SEWASHINGTOND071811 Shann ***-**-**(b) (6)	
== == ====		

	=== === ======		== = ===
ACCOUNTING CLASS CODE			TRIP 1
COM. CARRI-211C LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			439.40 196.25 106.50 10.82 8.00 15.00 30.00 4.35
11 5298WM41EXY		0.00	810.32
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS: TOTAL EXPENSES NON-REIMBURSABLE EXPENSES			
TOTAL AMOUNT CLAIMED	·	147.32	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00	0.00	
NET TO TRAVELER (GOVT)		147 22	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00 0.00	147.32	

0.00 147.32

PAY TO GOV'T CHARGE CARD------PAY TO TRAVELER ------

SatoTravel*

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

CT

Locator:

PTHRUE

Customer Number:

(b) (6)

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE :-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Monday July 18, 2011

+

US Airways

Flight Number: 986

7:00 Am July 18, 2011

9:26 Am July 18, 2011

2 Hours 26 Minutes Non-Stop

Confirmation Number: BW4FZ6

Class of Service: Coach Class T

Depart: FT LAUDERDALE, FL

Arrive: WASHINGTON/NATL,DC

Arrive: WASHINGTON/NATL,DC Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None

Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 23F

Frequent Flyer Number:

(b) (6)

ESTENOZ/SHANNON A

DEP-TERMINAL 3

ARR-TERMINAL

Monday July 18, 2011



WASHINGTON/NATL,DC

HILTON GARDENS HILTON GARDEN INN DC DOWNTOWN

815 14TH STREET NW WASHINGTON DC 20005

Phone Number: 1-202-783-7800 Fax Number: 1-202-783-7801

Number of Rooms: 1

Rate: 196.25 USD Per Night Check In: Jul 18, 2011 Check Out: Jul 19, 2011

Confirmation Number: 3439121300

Cancellation Policy: Cancel 1 day prior

Directions: - REAGAN NATIONAL AIRPORT.....4.0MI / 6.4KM

Page 1 of 2

Tuesday July 19, 2011



US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 22D

Frequent Flyer Number:

DEP-TERMINAL C

Flight Number: 1703

8:30 Am July 19, 2011 11:02 Am July 19, 2011

2 Hours 32 Minutes Non-Stop

Confirmation Number: BW4FZ6

STENOZ/SHANNON A

ARR-TERMINAL 3

<u>Name</u>	Invoice / Ticket / Date	<u>Base</u>	<u>Tax1</u>	Tax2	<u>Tax3</u>	<u>Total</u>
ESTENOZ SHANNON A	415635/0378667821201/15JUL11	388.84	29.16US	7.40ZP	14.00XT	439.40
					Trip Fee	4.35
				To	tal Amount:	443.75

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ******* UO6C*******

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS

TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

+*************

TRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED.

PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE

ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT. IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN

PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE

PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.



Name & Address

ENOZ, SHANNON

815 14th Street NW • Washington, DC 20005 Phone (202) 783-7800 • Fax (202) 783-7801 Reservations www.hiltongardeninn.com or 1 800 STAY HGI

Room Arrival Date 712/K1 7/18/2011 7/19/2011

5:57:00PM

Adult/Child Room Rate

Departure Date

1/0 196.25

RATE PLAN HH# (b) (b AL: BONUS AL:

CAR:

CONFIRMATION NUMBER: 3439121300

7/19/2011

PAGE

2

REFERENCE	DESCRIPTION	AMOUNT
2971232	GUEST ROOM EXEMPT	\$196.25
	WILL BE SETTLED TO MO(D) (6) EFFECTIVE BALANGE OF	\$196.25 \$0.00
	EXPENSE REPORT SUMMARY	
TAL	\$196.25 \$196.25	
	2971232 1	2971232 GUEST ROOM EXEMPT WILL BE SETTLED TO MC (b) (6) EFFECTIVE BALANCE OF EXPENSE REPORT SUMMARY 11 00:00:00 STAY TOTAL \$196.25 \$196.25

Zip-Out Check-Out®

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

- Please review this statement. It is a record of your charges as of late last
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an dated statement.

request an updated statement be mailed to you within two business days.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

T	DATE OF CHARGE	e of charge folio no./c					
		545694	В				
)	AUTHORIZATION		INITIAL				
	PURCHASES & SERV	ICES					
	TAXES						
	TIPS & MISC.						
	TOTAL AMOUNT	0,	00				







Dawn Armel

From:

Estenoz, Shannon A [Shannon Estenoz@ios.doi.gov]

Sent:

Thursday, August 11, 2011 2:30 PM

To:

Dawn Armel

Subject:

RE: 7/18/11 - 7/19/11 Travel to Washington, DC

Parking was \$8.00 and 2 cab rides were \$30.

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

From: Dawn Armel [darmel@sfrestore.org] Sent: Thursday, August 11, 2011 2:29 PM

To: Estenoz, Shannon A

Subject: RE: 7/18/11 - 7/19/11 Travel to Washington, DC

OK. Can you just send me an email saying you misplaced them and give the amounts for the parking and taxi/metro. I can attach the email as a receipt.

Thanks,

D

Dawn Armel South Florida Ecosystem Restoration Task Force 11200 SW 8 Street, OE Bldg. Room 165 Miami, FL 33199

Phone: 305-348-6027 Fax: 305-348-1667

From: Estenoz, Shannon A [mailto:Shannon Estenoz@ios.doi.gov]

Sent: Thursday, August 11, 2011 2:27 PM

To: Dawn Armel

Subject: RE: 7/18/11 - 7/19/11 Travel to Washington, DC

I know. I can't find them. I think they got swept away in all my last minute vacation packing that Tuesday night!

Shannon Estenoz Director, Everglades Restoration Initiatives United States Department of the Interior c/o South Florida Ecosystem Restoration Task Force Florida International University 11200 SW 8th Street, OE 165 Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401 Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

From: Dawn Armel [darmel@sfrestore.org] Sent: Thursday, August 11, 2011 2:17 PM

To: Estenoz, Shannon A

Subject: FW: 7/18/11 - 7/19/11 Travel to Washington, DC

Hi Shannon:

Don't forget these receipts.

Thanks.

D

Dawn Armel South Florida Ecosystem Restoration Task Force 11200 SW 8 Street, OE Bldg. Room 165 Miami, FL 33199

Phone: 305-348-6027 Fax: 305-348-1667

From: Dawn Armel

Sent: Tuesday, August 09, 2011 3:01 PM

To: 'shannon estenoz'

Subject: 7/18/11 - 7/19/11 Travel to Washington, DC

Shannon:

I need the cab or shuttle receipts and parking receipt to complete the travel voucher for the above listed travel.

Thanks,

D

Dawn Armel South Florida Ecosystem Restoration Task Force 11200 SW 8 Street, OE Bldg. Room 165 Miami, FL 33199

Phone: 305-348-6027 Fax: 305-348-1667

updates parking charge to \$20.7. 1. DEPARTMENT OR ESTABLISHMENT 2. TYPE OF TRAVEL 3. VOUCHER NO. TRAVEL VOUCHER **BUREAU DIVISION OR OFFICE** TEMPORARY DUTY SEWASHINGTOND071811 EVERGLADES NP (Read Privacy Act PERMANENT CHANGE 4. SCHEDULE NO. Statement below) OF STATION 6. PERIOD OF TRAVEL a. NAME (Last, first, middle initial) b. SOCIAL SECURITY NO. FROM b. TO Estenoz, Shannon A. ***-**-* 07/18/11 07/19/11 c. MAILING ADDRESS (Include ZIP Code) d. OFFICE TELEPH TRAVEL AUTHORIZATION 11200 SW 8 Street a. NUMBER(S) b. DATE(S) FIU OE Building Room 165 305-348-1665 Miami, FL 33199 ORSNAX e. PRESENT DUTY STATION f. RESIDENCE (City and State) 07/13/11 EVERGLADES NP Plantation, 10. CHECK NO. 8. TRAVEL ADVANCE 9. CASH PAYMENT RECEIPT 11. PAID BY a. Outstanding a. DATE RECEIVED b. AMOUNT RECEIVED b. Amount to be applied \$ 100 c. Amount due Government c. PAYEE'S SIGNATURE Check (Attached Cash) D. Balance outstanding 12. GOVERNMENT I hereby assign the United States any right I may have against any parties in connection with reimbursable Traveler's Initials TRANSPORTATION REQUESTS, OR TRANSPORTATION transportation charges described below, purchased under cash payment procedures (FPMR 101-7) MODE TICKETS, IF PUR-CHASED WITH CASH POINTS OF TRAVEL AGENT'S CAR-**CLASS OF** VALUATION OF TICKET SERVICE (List by number below RIER DATE AND ACCOMand attach passenger ISSUED FROM (Initials) TO coupon; if cash is used MODATIONS show claim on reverse (a) (b) (c) (d) (e) (f) side) 0713111306PT 4.35 XD 07/15/11 HRUH 037866782120 439.40US 07/15/11 FLL-Fort Lauder DCA-Washington, DC ... COUNTING CLASSIFICATION: 11 5298WM41EX\\ -2011^^07 `EXY^WM41^^ 5298 147.32 NR-675.72 COMMENTS: Meetings in D¢ 13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER **AMOUNT** DATE 7 SIGN HERE 147.32 CLAIMED NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001). 14. This voucher is approved. Long distance phone calls, if any, are certified as 17. FOR FINANCE OFFICE USE ONLY necessary in the interest of the Government. (NOTE: If long distance telephone calls COMPUTATION are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) DIFFER-ENCES. IF ANY APPROVING (Explain and show Dawn Armel Executive Assportant OFFICIAL amount) SIGN HERE D 15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR Certifier's initials: 16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): AUTHORIZED 0.00 \$ CERTIFYING DATE OFFICIAL N HERE 147.32 NET TO TRAVELER \$ ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE

																
		INSTRUCTIONS TO TRAVELER	(Unlisted	items are	self explana	tory)							mplete this	PAGI	E	
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (ed for each mea	al, including tax an	nd tips, and daily tot	al			rmation nis is a		_2	
OF		per diem allowances for	plete	thru (•								itinuation	OF		
EXPENS	EQ	members of employee's	only	(ch as: laundry, d nan for meals).	cleaning and press	sing of clothes, tips	to bellboys,		she	et TRIP	<u>, #</u>	<u>1 PAC</u>	3ES
	E3	immediate family, show members' names, ages,	for actual	0) Comple	te for per die	ian ior meals). m and actual ex	xpense travel.			TRAVEL AUTHORIZATION NO.					
AND		and relationships to em-	expense		Show to	otal subsister	ice expense inc	urred for actual ex	opense travel. ravel on actual expe	t	ORSN8X					
AMOUNT	rs	ployee and marital status	travel	(1	the less	er of the amo	ount from col. (i)) or maximum rate).							
CLAIME	כ	of children (unless infor-		(n) Showe	xpenses, suc	h as: taxi/limou	sine fares, air fare	(if purchased with	cash), local or		TRA	VELER'S LA	IST NA	ME.	
		mation is shown on the				nance telepai ence, etc.	one calls for Go	vernment busines	s, car rental, reloca	ition other than	l	E	stenoz	1		
DATE	TIME	travel authorization.) DESCRIPTION			ITEM	ZED SUBSI	STENCE EXPE	NSES		MILEAGE	<i>,</i>	AMOUNT CLAIMED				
77	(Hour	(Departure/arrival city, per diem			MEALS		MISCEL-		70741	RATE: 0.510			T			
20	and	computation, or other explanation	BREAK-		1	T	LANEOUS SUBSIS-	LODGING	TOTAL SUBSISTENCE	NO. OF	MILEAC	AGE SUBSISTE		NCE	OTHER	
(-)	am/pm)	of expenses)	FAST	LUNCH	DINNER	TOTAL	TENCE		EXPENSE	MILES			l			
07/18	(b)	D-:RES: Plantation	(d)	<u>(θ)</u>	(1)	(g)	(h)	(i)	()	(k)	(1)		(m)		(n)	
07/18		TMC FEE (GOVCC-I)	1	i	i	i	i	i				i		i I	, I	;
(a) 07/18 07/18 07/18		Airfare (Non Reimbu	reabl	- 1	 		 	 	<u> </u>			+ -	ļ		<u> </u>	
07/18		A-: WASHINGTON, DC	T SED 1	1°'!			!	1 105105				!	.'		1	İ
07/18 07/18		POV-NO GVT VHC AVL/	ATDDC	ו די	1 1	53 25		196 25	53.25	10.60		<u> </u>		1 25		
07/18		Taxi	TILL	[Ki	i	1 i	- i	i		10.60		15 A	41 ¦	i		,
07/18 07/18		Parking			+ +	1	+	 	· · · · · · · · · · · · · · · · · · ·			+-	 		30	00
07/19		D-:WASHINGTON,DC			!	1 !	!					!	!	!	1	
07/19 07/19 07/19		POV-No Gvt Vhc Avl/	Aikno	rt I	<u> </u>	1 1	 	<u> </u>		10.60		1	ļ			
07/19		A:RES: Plantation.	71.50	i i	li		i	· i		10.00		1 ₅ ,	1	<u> </u>	Ī	
07/19		Subsistence			+	 		 				+				
07/19		TAV Fee -I		!	!	53 25	1	!	53.25			!	53	25		
0//±		1110 100 1	 	 	 	 	+					! 	<u> </u>	┼─┼		
			i	i	i	i	i	i				i		i l	,	
			<u> </u>	!	+ +	 	+ + -	 				 	 		 -	
] ;				!	!	!		
			<u> </u>	 	 	 	 	1				!		-		
			ı	i	1	i	+ i	i				i	,	i	,	
			<u> </u>	 	+ +	1 !-	 	 				+	 		i	
				;	!		1 !					1] !	!	I	
			ı	i	1		i	1				1		;	I	
			i	1	1			i				i	i	.	i	
			Ī		T !			!				1				
	- ·· ·-				<u></u>				01107074		10	Lea	100			2.2
If additiona	al space is re	equired, continue on another 1012-A BACK	, leaving ti	ne front bl	ank.				SUBTOTA			182 1 ₈₂	106		30	
In complian	ce with the P	rivacy Act of 1974, the following information i	s pro-			· · · · · ·			1017	ILO P	10	:82	106	50	30	00
vided: Solic Chap, 57 as	itation of the	information on this form is authorized by 5 Ld by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93	J.S.C.		requireme	nt by this a	gency in conf	nection with the	hiring or firing of estigations of the	an			al of columns : n item 13 on t			
E.O. 11609 November 3	of July 22, 1	971, E.O. 11012 of March 27, 1962, E.O. 93	97 of		formance	of official dut	y while in Gove	rnment service.	estigations of the Your Social Secu- hority of the Inte 0. 9397, November ion number; disclos relocation allows	per- irity	this form.	and n	10 0// [and HOII	LOF	
of the reque	sted informa	tion is to determine payment or reimburseme	nt to		Revenue	vumber (SS Code (26 U.)	S.C. 6011(b) an	under the auth d 6109) and E.C	nority of the Inte), 9397, November	rnal 22,						
nuder abbro	priate admin	971, E.O. 11012 of March 27, 1982, E.O. 93 I 26 U.S.C. 6011(b) and 6109. The primary put ition is to determine payment or reimburseme owable travel and/or relocation expenses inci istrative authorization and to record and mai nepte to the Government. The information	urred ntain		1943, for u	use as a tax i ATORY on v	payer and/or en Jouchers claim	nployee Identificati	ion number; disclos	ure ince						
costs of suc used by office	n reimburser cers and emi	ments to the Government. The information will be a supplying the information in the information in the information in the information in the information in the information in the information in the information in the information in the information in the information in the information in the information in the information in the information in the information will be information with the information will be information with the information will be information with the information will be information with the information will be information with the information will be information in the information will be information in the information in the information will be information in the information in the information will be information in the infor	ill be		expense r	eimbursemei	nt which is, or m	nay be, taxable in	come. Disclosure	of	TOTAL					
opposite Federal Office Institute and Individual Individual Constitution (Constitution of Cons				nowever,	ratture to pr	ovide the intol	rmation (other tha	an SSN) required	to	AMOUN				147.3	2.2	
appropriate	, cucial, old	ie, iocai di Toreigni agencies, when relevant to	GIVII,		support th	e claim may	result in delay o	or loss of reimburs	ement.		CEWINIC	-U 🏓	~		14/.J	24

10/03/11 ACCOUNTING GovTrip Travel System	DETAIL		SEWASHINGTOND07 Shann ***-**-*	
ACCOUNTING CLASS CODE			TRIP	1
COM. CARRI-211C LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			1 1	39.40 96.25 06.50 10.82 20.72 15.00 30.00 4.35
11 5298WM41EXY	0.00	0	.00 8	23.04
2011^^07^5298^^EXY^WM41^^				
SPLIT PAY DISBURSEMENTS:				
TOTAL EXPENSES NON-REIMBURSABLE EXPENSE TOTAL AMOUNT CLAIMED	S		675.72 ======	
PREV PAYMENTS GOV'T ADVANCE OUTSTAND GOV'T ADVANCE APPLIED				

NET TO TRAVELER (GOVT) ------

ADD'L GOV'T CHARGE CARD PYMT 0.00

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

GOV'T CHARGE CARD EXPENSES -

GOV'T CHARGE CARD ATM ADV --

TOTAL GOV'T CHARGE CARD AMT

0.00

0.00

0.00

0.00

147.32

0.00 147.32 Lost parking receipt. Correct parking charge is \$ 20.72.

Satolhavel

For: SHANNON A ESTENOZ GDOINPS

To: NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION

Sales Person:

Locator:

PTHRUH

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY DOMESTIC 28.50USD INTERNATIONAL 37.75USD CAR/HOTEL ONLY 17.75USD GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

"onday July 18, 2011

US Airways

Class of Service: Coach Class T

Depart: FT LAUDERDALE, FL Arrive: WASHINGTON/NATL,DC

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None

Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 23F Frequent Flyer Number:

DEP-TERMINAL 3

ARR-TERMINAL

Flight Number: 986

7:00 Am July 18, 2011

9:26 Am July 18, 2011

2 Hours 26 Minutes Non-Stop

Confirmation Number: BW4FZ6

ESTENOZ/SHANNON A

Monday July 18, 2011



WASHINGTON/NATL,DC

HILTON GARDENS HILTON GARDEN INN DC DOWNTOWN

815 14TH STREET NW WASHINGTON DC 20005

Phone Number: 1-202-783-7800 Fax Number: 1-202-783-7801

Number of Rooms: 1

Rate: 196.25 USD Per Night Check In: Jul 18, 2011 Check Out: Jul 19, 2011

Confirmation Number: 3439121300

Cancellation Policy: Cancel 1 day prior

Directions: - REAGAN NATIONAL AIRPORT......4.0MI / 6.4KM

ruesday July 19, 2011

US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 22D

Frequent Flyer Number:

DEP-TERMINAL C

Flight Number: 1703

8:30 Am July 19, 2011 11:02 Am July 19, 2011

2 Hours 32 Minutes Non-Stop

Confirmation Number: BW4FZ6

STENOZ/SHANNON A

ARR-TERMINAL 3

Name ' Invoice / Ticket / Date <u>Base</u> <u>Tax1</u> Tax2 Tax3 **Total** 388.84USD 29.16US 7.40ZP 14.00XT 439.40

Total Amount:

439.40

GO TO WWW.TSA.GOV YOUR LOCAL OFFICE IS ***** UO6C****** FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE "ND ARE NOT GUARANTEED UNTIL TICKETED.

EASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT. IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

			XPENDITURES	Office of the Executive		orida	528411M11						
			FICIAL BUSINESS	Ecosystem Restoration	Task Force		3. SCHEDULE NUMBER						
			Read the Privacy Act S	itatement on the back of th	is form.		5. PAI	D BY					
	a. NAM	E (Last,	first, middle initial)		b. SOCIAL SECURITY	Y NO.	17	N	100				
CLAIMANT			annon A.		(b) (6)				oc				
₹	c. MAIL	ING ADI	DRESS (Include ZIP Code)		d. OFFICE TELEPHON	VE NUMBER	١٩						
ਠ	FIU				205.240		[
4			8 Street, OE 148 rida 33199		305-348-	1002							
6.	EXPEN	DITUR	RES (If fare claimed in col. (g) the claimant.)	exceeds charge for one pe	rson, show in col. (h) the numb	er of ac	dition	al persor	s wh	ich ac	comp	anied
	DATE	С	Show appropriate code in col. (b):	D C	D	MILEAGE		А	MOUNT	CLA	MED		
:	2011	O D E	A - Local travelB - Telephone or telegraph,C - Other expenses <i>litemize</i>		Detail	8.51 é	MILEAGE		FARI		ADD PER-		AND
		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	(Explain e	xpenditures in specific detail.)		NO. OF MILES			OR TO	LL.	SONS	LANE	EOUS
	(a)	(b)	(c) FROM	(d)	то	(0)	(1)		(g)		(h)		(i)
08	/03/11	A	Plantation, Florida	West Palm Beacl	ı, Florida	94	47.	94					
08	/04/11	A	Plantation, Florida	West Palm Beach	ı, Florida	94	47	94					
			JUSTIFICATION:	Meetings with G	overning Board								
				members at the S	outh Florida								
				Water Manageme	ent District.								i
If a	dditional	space	is required continue on the back.	SUBTOTALS CARRIED F	ORWARD FROM THE								
7.	AMOU	NT CL	AIMED (Total of cols. (f), (g)	and (i).) >\$	TOTALS	95.88	95	88					
8.	as neces	ssary ir ided, ti	proved. Long distance telephone the interest of the Government, he approving official must have be a department or agency to so cen	(Note: If long distance calls sen authorized in writing, by	10. I certify that this belief and that p	payment or cr		not bee	en receive			dge ar	nd
			Sign Original Only		CLAIMANT	3	\$2	>		D	ATE (, /e	
		ſ	\ \	DATE	SIGN HERE		<u> </u>				8	11	<u> </u>
	י מוויים	_ \		1 DATE	a. PAYEE (Signature)		CASH PAY	MENT		DATE	RECEIVE		
APPROVING OFFICIAL SIGN HERE			Lawy K. Sum	w 8 9	a. TATEL Joigintary								
9. This claim is certified correct and proper for payment. AUTHORIZED Sign Gridinal Chiy			10-5		·		···		\$95.				
CERTIFYING OFFICER SIGN HERE			179///	12. PAYMENT MADE BY CHECK NO.	DIRECT I	DEPOS!	T						
5298-WM41-EXY													
darmal Refrencia Lara 205-348-1					027								

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE | 2. VOUCHER NUMBER

Dawn Armel

From:

Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]

Bent:

Tuesday, August 09, 2011 12:08 PM

To:

Dawn Armel

Subject:

Mileage

Dawn,

I traveled 94 miles on Wed and then again on Thursday of last week between my home and the SFWMD for meetings with Governing Board members. So that is a total of 188 miles.

Thanks!

Shannon

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

TRAVEL VOUCHER			STABLISHMENT OR OFFICE			PE OF TRAVEL TEMPORARY DUTY		UCHER NO.	ACCEEUS	91511 WO	
(Read Privacy Act Statement below)	EVER	GLADES	NP			PERMANENT CHANGE OF STATION	Samuel	TALLAHASSEE081511_V0 HEDULE NO.			
a. NAME (Last, first, m	niddle initial)			CANV	b. SC	CIAL SECURITY NO.		RIOD OF TRAV			
Estanos Cl	7	5		WII	**.	(b) (6)	a. FR		b. TO	7/11	
Estenoz, Si	(Include ZIP Cod	e)				FICE TELEPI		8/15/11 EVEL AUTHOR		// 11	
11200 SW 8						A CONTROL AND A		VBER(S)	b. DATE(S)	The state of the s	
FIU OE Buil		n 165			3 (05-348-1665					
Miami, FL	33199				<u> </u>	Server and the server process of the server and the	1	0RVO1I			
e. PRESENT DUTY STA			f. RESIDENCE	-					08/09	9/11	
EVERGLADES	NP		Planta	ation, I	FL		10. CF	IECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11. F	AID BY			
a. Outstanding		0 100	a. DATE RECE	IVED	b. AM	DUNT RECEIVED					
b. Amount to be applied		0 00			\$						
c. Amount due Government (Attached Check	Cash)	i	c. PAYEE'S SI	GNATURE							
D. Balance outstanding	Cusin		-								
12. GOVERNMENT	I bereby assign the	United State	a any right I may	hove against an	, podio	in connection with releasure	- Labla		Tennalaria	In Maria	
TRANSPORTATION REQUESTS, OR TRANSPORTATION		jes described	d below, purchase			s in connection with reimburs procedures (FPMR 101-7)	able		Traveler's	miuais	
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF			PC	O STAIL	F TRAVEL	The second secon		
(List by number below and attach passenger	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE ISSUED		FROM			то		
coupon; if cash is used show claim on reverse	(a)	(Initials) (b)	MODATIONS (c)	(d)		(e)			(f)		
side)	(3)	127	(V)	(0)		100			(7)	Opposition of the Constant	
526219323506 4	188.70	MN		08/12/	L1	FLL-Fort Lau	der	JAX-Ja	ıcksonv	ville,	
037867439890	569.60	US		08/12/3	L1	FLL-Fort Lau	der	JAX-Ja	ıcksonv	ville,	
COUNTING CLA	SSIFICAT	ON:									
11 5298WM41EX			^^EXY^W	141^^ -	Ä	212.57	NR-	1	,191.5	54	
COMMENTS:											
8/15/11 Lake (in	Tallahassee.	8/:	L6/11 M	Meeting	gs in W	
ashington. 8/1	.7/11 Meet	ings	in Wash:	ington.	i i						
- "											
70 74				Challes and that							
	pplicable, per diem o	the pest of relaimed is bas	ny knowledge and sed on the averag	e cost of lodging	incurre	nt or credit has not been ad during the period covered	by			1	
this voucher. TRAVELER	9/2				- 1	DATE O LIZIU A	MOU	MT		i	
SIGN HERE	A)					9/12/11	LAIM		212	.57	
NOTE: Falsification of an iter than \$10,000 or impri	n in an expense acco	ount works a than 5 vear	forfeiture of claim s or both (18 U.S.	(28 U.S.C. 2514 C. 287: i.d. 1001) and r	nay result ih a fine of not mor	e				
14. This voucher is approved		151			•	7 FOR FINANCE OFFICE	1105.01	11.74			
necessary in the interest	of the Government.	(NOTE: If	long distance tele			17. FOR FINANCE OFFICE COMPUTAT		ILY		İ	
are included, the approvi head of the department of				he	а	DIFFER-			\$		
	-					ENCES, IF ANY					
APPROVING Dawn Art	mel (Execu	tive Assi	Stant	- 1	(Explain				 	
SIGN HERE	on K. U	umi		9 9 11		amount)		-			
15. LAST PRECEDING VOUC	HER PAID UNDER S	AME TRAV	EL AUTHORIZAT	ION	b	. TOTAL VERIFIED CORRE	CT FOR		**************************************	 	
a. VOUCHER NO.	b. D.O. SYME	OL		. MONTH & YEAR		CHARGE TO APPROPRIA	NOITA			i	
16. THIS VOUCHER IS CERTI	FIED CORRECT AN	D PROPER I	FOR PAYMENT			Certifier's initials: APPLIED TO TRAVEL ADV	ANCE		\$	<u> </u>	
AUTHORIZED	1100	/ NOFEK	SULT WENT		1	(Appropriation symbol):	ANOE	I	0	100	
CERTIFYING /	/ (1/1/11)		1,5	DATE /	-	THE PARTY OF THE P				<u>. </u>	
OFFICIAL NUMBER	1111		P	1/13/1/	d	NET TO T	RAVE	LER 🕨	\$ 212	57	
SEE BLOCK 12			1/	77							
SEE DLUCK IZ	. ADOVE		/	1							

	:	INSTRUCTIONS TO TRAVELER	(Unliste	d items are	self explanate	ory)							plete this P	AGE	
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (c			d for each meal	l, including tax an	d tips, and daily to	al			mation ''	2	
OF		per diem allowances for	plete	thru (g	g) meal cos	it.							inuation Ol	.	
EXPENS	Ee	members of employee's	only	(1				eaning and press	ing of clothes, tips	to bellboys,	sheet TRIP # 1 PAGES				
	EO	immediate family, show	for	a a		etc. (other tha e for per diem	in for meals). I and actual ex	pense travel.			TRAVEL AUTHORIZATION NO.				
AND		members' names, ages, and relationships to em-	actual expens	, –) Show to	tal subsistenc	e expense incl	irred for actual ex	pense travel.	.	ORVO1I				
AMOUNT	rs	ployee and marital status	travei	,	the lesse	er of the amou	int from col. (i)	or maximum rate	avel on actual expe	•					
CLAIME)	of children (unless infor-		(1	n) Show ex	penses, such	as: taxi/limous	ine fares, air fare	(if purchased with	cash), local or		TRA	ELER'S LAST	NAME	
	-	mation is shown on the			iong alst subsiste		16 calls for Gov	ernment busines	s, car rental, reloca	tion other than	!	Es	stenoz		
DATE	TIME	travel authorization.) DESCRIPTION			ITEMI	ZED SUBSIST	TENCE EXPEN	ISES		MILEAGE		AMOUNT CLAIMED			
71	(Hour	(Departure/arrival city, per diem			MEALS		MISCEL-		T	RATE:]	
20-11	and	computation, or other explanation	BREAK-	LANEOUS TOTAL U.51				0.510 NO. OF	MILEAG	BE .	SUBSISTENCE	OTHER			
1	am/pm)	of expenses)	FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING SUBSISTENCE EXPENSE		MILES					
(e) 08/15	(b)	(c) D-:RES: Plantation	(d)	(e)	(0)	(g)	(h)	(i)	(i)	(k)	(1)	,	(m)	(n)	
00/15					1 1			1		1		: 1	i 1	1	
08/15		Airfare (Non Reimbu	rsab	<u> 4е);</u>		 	i	i	ļ				i	<u> </u>	
08/15		A-:TALLAHASSEE, FL	1	المال	1	34 50		82 00	34.50			ı	34, 50	1	
08/15 08/15		POV-NO GVT VHC AVL/	AIRP	QRT'I	1 !		l l	!		10.60	ļ	154	<u> 1 </u>	<u> </u>	
08/15		RENTAL CAR	i :	¦				;					i i		
08/15		Lodging Tax	i	 i		<u> </u>	i	<u>_</u>			·	-		<u> </u>	
08/16		D-:TALLAHASSEE,FL	I	1 1	1	1		i				ı	I	ı	
08/16		Airfare (Non Reimbu	rsab	<u> 4е) і</u>	 	<u> </u>	!		<u> </u>			!	!	<u> </u>	
08/16		A-:WASHINGTON, DC		1 :		71 00		157 [[] 00	71.00			;	71 00	1	
08/16		Taxi	- i-	 	 	ļi			ļ			-		43 00	
08/16		Gasoline	ı		ı	1	1	1				1	1	i	
08/17		D-:WASHINGTON, DC		 	 	 			ļ			!		<u> </u>	
08/17 08/17		POV-NO GVT VHC AVL	ATKP	YRT!		;		1	1	10.60		¦ 5 4	1 !		
08/17		A:RES: Plantation, Subsistence		 	- 	 		i						 	
08/17			ł	!!	1 !	53 25		ı	53.25			!	53 25] 1	
$\frac{08/17}{08/17}$		TAV Fee -I TMC Fee	1	 	 	 						<u>! </u>	<u> </u>	<u> </u>	
08/17		Parking	i	1 i	'i	l ;		i				;	i		
00/1/		Parking	-1-	+	+	 		i	 			-	i	<u> </u>	
			1	!!		!	!!	Į.				1	1	1	
				1	+							. 		+	
-			i	i	i	i		ı I				;	1		
				 	1		 	i		<u>:</u>		.	i	- 	
				1	<u> </u>	<u> </u>		L		L			<u> </u>	1	
If additiona	ıl space iş re	equired, continue on another 1012-A BACK	. leaving	the front bi	ank.				SUBTOTA			182	158 75	-}	
									<u> </u>	\LS	10	82	158 75	43 00	
Chap. 57 as E.O. 11609	itation of the implemente of July 22 1	rivacy Act of 1974, the following information is information on this form is authorized by 5 L d by the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93, 26 U.S.C. 6011(b) and 6109. The primary pu	J.S.C. 101 7), 97 of		requiremer employee, formance of Account N	nt by this ag the issuance of official duty lumber (SSN	ency in connot a security of while in Governity is solicited.	ection with the licearance, or invented in the service.	hiring or firing of estigations of the Your Social Secu- nority of the Inte b. 9397, November on number; disclos relocation allows	an per- rity			of columns (i), (item 13 on the f		
costs of suc used by offi performance	phale admin th reimburser cers and emple of their office	126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimburseme owable travel and/or relocation expenses incuistrative authorization and to record and mainents to the Government. The information wildoyees who have a need for the information is laid duties. The information may be disclose te, local or foreign agencies, when relevant to	ntain II be n the d to		you SSN a however, 1	nd other requialine to pro	ested informati vide the Inform	ay be, taxable iti on is voluntary ir	n all other instance an SSN) regulred	01	TOTAL AMOUN CLAIME			212.57	

GOV'T CHARGE CARD ATM ADV --

TOTAL GOV'T CHARGE CARD AMT

ADD'L GOV'T CHARGE CARD PYMT

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

Estenoz, Shann ***-**-**(b) (6) ACCOUNTING CLASS CODE TRIP 1 ----------COM. CARR.-I-211C 758.30 GASOLINE-211I 70.78 LODGING-211D 272.43 M&IE-211D 158.75 MILEAGE-211P 10.82 PARKING-211I 31.08 RENTAL CAR-211R 39.60 TAV EXP -I-211B 15.00 TAXI-211T 43.00 TMC FEE -I-211B 4.35 11 5298WM41EXY 0.00 0.00 1,404.11 2011^^07^5298^^EXY^WM41^^ SPLIT PAY DISBURSEMENTS: TOTAL EXPENSES ------1,404.11 NON-REIMBURSABLE EXPENSES -----1,191.54 ======**===**= TOTAL AMOUNT CLAIMED -----212.57 PREV PAYMENTS 0.00 GOV'T ADVANCE OUTSTANDING --GOV'T ADVANCE APPLIED -----0.00 0.00 0.00 **======**======= NET TO TRAVELER (GOVT) -----212.57 GOV'T CHARGE CARD EXPENSES -0.00

0.00

0.00

Auth No: SETALLAHASSEE081511 V01

0.00

212.57

SatoTravel

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

Locator:

NCPEUG

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY

DOMESTIC

28.50USD

INTERNATIONAL 37.75USD

CAR/HOTEL ONLY 17.75USD

GOVTRIP AIR

4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

nday August 15, 2011



Southwest Airlines

Class of Service: Coach Class Y

Depart: FT LAUDERDALE, FL

Arrive: JACKSONVILLE, FL

Total Flight Time:

Equipment: 73G Meal Service: None

Status: Confirmed

DEP-TERMINAL 1

Flight Number: 2500

8:15 Am August 15, 2011

9:25 Am August 15, 2011

1 Hour 10 Minutes Non-Stop

Confirmation Number: WS7P9T

Monday August 15, 2011



ENTERPRISE

Pick Up: August 15, 2011 9:30 Am

Compact

Location: JACKSONVILLE, FL

JACKSONVILLE, FL 904-741-6390

Return: August 16, 2011 5:00 Pm

Daily Rate: 24.00 USD

Extra Days: 24.00 Extra Hours: 4.00

Unlimited Free Miles

Approximate Total: 77.06 2Days OHours 29.06Mandatory Charge

Confirmation Number: 986086832COUNT

Monday August 15, 2011



JACKSONVILLE, FL

HILTON GARDENS HILTON GRDN INN JACKSONVILLE

13503 RANCH ROAD

JACKSONVILLE FL 32229

Phone Number: 1-904-421-2700

Fax Number: 1-904-421-2701

Number of Rooms: 1

Rate: 82.00 USD Per Night Check In: Aug 15, 2011 Check Out: Aug 16, 2011

Confirmation Number: 3438517852 Cancellation Policy: Cancel by 4PM

Directions: - JACKSONVILLE INTL AIRPORT.....2.0MI / 3.2KM

Tuesday August 16, 2011



WASHINGTON/NATL, DC

HILTON/CONRAD HOTELS WASHINGTON HILTON

1919 CONNECTICUT AVE NW

WASHINGTON DC 20009

Phone Number: 1-202-483-3000 Fax Number: 1-202-232-0438

Number of Rooms: 1

Rate: 157.00 USD Per Night Check In: Aug 16, 2011 Check Out: Aug 17, 2011

Confirmation Number: 3442527762 Cancellation Policy: Cancel by 4PM

Directions: - REAGAN NATIONAL AIRPORT......6.0MI / 9.7KM

 Name
 Invoice / Ticket / Date
 Base
 Tax1
 Tax2
 Tax3
 Total

 SHANNON A ESTENOZ
 425018/5262193235064/12AUG1
 165.58
 12.42US
 3.70ZP
 7.00XT
 188.70

FOP CAxxxxxxxxx

Total Amount:

188.70

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ***** UO6C******

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL

THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS

TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE

NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE

ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE

AND ARE NOT GUARANTEED UNTIL TICKETED.

PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE

ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.

IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN

PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE

PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

SatoTravel

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

Locator:

IZCYQF

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY 28.50USD

DOMESTIC

INTERNATIONAL 37.75USD

CAR/HOTEL ONLY 17.75USD

4.35USD GOVTRIP AIR

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE E-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Tuesday August 16, 2011



US Airways

Class of Service: Coach Class T

Depart: JACKSONVILLE, FL Arrive: WASHINGTON/NATL, DC

Total Flight Time: Equipment: 319 Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 20A

Frequent Flyer Number:

ARR-TERMINAL C

Flight Number: 1252

7:30 Am August 16, 2011 9:16 Am August 16, 2011 1 Hour 46 Minutes Non-Stop

Confirmation Number: AVELE6

ESTENOZ/SHANNON A

Wednesday August 17, 2011



US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC

Arrive: CHARLOTTE, NC Total Flight Time: Equipment: 319 Meal Service: None Status: Confirmed Frequent Flyer Number:

DEP-TERMINAL C

Flight Number: 1047

5:25 Pm August 17, 2011 6:51 Pm August 17, 2011 1 Hour 26 Minutes Non-Stop

Confirmation Number: AVELE 6

ESTENOZ/SHANNON A

..ednesday August 17, 2011



US Airways

Class of Service: Coach Class T

Depart: CHARLOTTE, NC Arrive: FT LAUDERDALE, FL

Total Flight Time: Equipment: 321 Meal Service: None Status: Confirmed Frequent Flyer Number:

ARR-TERMINAL 3

Flight Number: 1687

8:15 Pm August 17, 2011 10:14 Pm August 17, 2011 1 Hour 59 Minutes Non-Stop

Confirmation Number: AVELE6
(b) (6) STENOZ/SHANNON A

<u>Name</u>	Invoice / Ticket / Date	<u>Base</u>	<u>Tax1</u>	Tax2	<u>Tax3</u>	<u>Total</u>
ESTENOZ SHANNON A	425019/0378674398904/12AUG1	504.19	37.81US	11.10ZP	16.50XT	569.60
	1				Trip Fee	4,35

FOP CAxxxxxxx

Total Amount: 573.95

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ****** UO6C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

'LL OTHER FARES MAY REQUIRE ADVANCE PURCHASE

(D ARE NOT GUARANTEED UNTIL TICKETED.

PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE

ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.

IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN

PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE

PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

Name & Address



13503 Ranch Road . Jacksonville, FL 32218 Phone (904) 421-2700 • Fax (904) 421-2701 Reservations

www.hiltongardeninn.com or 1 877 STAY HG

ENOZ, SHANNON A

Room Arrival Date Departure Date 221/K1 8/15/2011 8/16/2011 7:09:00PM

Adult/Child Room Rate 1/0 \$82.00

RATE PLAN HH#

L-FJ

AL BONUS AL

CAR

Confirmation: 3438517852

8/16/2011

PAGE

1









DATE REFERENCE DESCRIPTION AMOUNT 8/15/2011 1078835 **GUEST ROOM** \$82.00 8/15/2011 1078835 STATE SALES TAX \$5.74 8/15/2011 1078835 OCCUPANCY TAX \$4.92 WILL BE SETTLED TO MO \$92.66 EFFECTIVE BALANCE \$0.00 Iillon Illonors Hink Chike ESTIMATED CURRENCY TOTAL

Zip-Out Check-Out®

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

- Please review this statement. It is a record of your charges as of late last
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an pdated statement.
- or request an updated statement be mailed to you within two business days. If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

	DATE OF CHARGE	FOLIO NO./CH	ECK NO.
		295401	Α
0	AUTHORIZATION		INITIAL
	PURCHASES & SERVI	CES	
	TAXES		
	TIPS & MISC.		
	TOTAL AMOUNT	0.0	00

Lost receipt for Enterprise Rent A Car \$39.60

Lost receipt for Enterprise Rent A Car \$39.60

Lost receipt for fuel \$1.24 fuel tax
\$38.46 fuel

\$31.08 fuel

TAXICAB RECEIPT

	Time: Date: S 16
Origin of trip: DCA	
Destination:	
Fare: 1506	Sign:

TAX	CICAB RECEIPT
0	Time:
Origin of trip:	-
Destination: EPA	
Fare: 1309	Sign:

TA	XICAB RECEIPT
0	Time: Date: 8 17
Origin of trip:	I
Destination: DCA	
Fare: 1503	_ Sign:

\$27.00

Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania

Booth A 08/17/11 23:24 Cashier 28 Receipt 07- 077334

Parking Ticket 1 - No. 088727 08/15/11 07:13 -08/17/11 23:24 -Period 2d16h12'

(PARKNG)

Sub Total \$27.00 [Fees + Tax] \$4.08

Total \$31.08

Payment Received

MC \$31,08 (b) (6)

Type: Swiped

 Sub Total
 \$27.00

 FLLFee 8%
 2.16

 FL Tax 6.59%
 1.92

Tell us how we are doing For a chance to win \$1000 Info at www.pnfcares.com No Purchase Necessary

Signature

c ^t x	g: a		9	LECO	W			
TRAVEL VOUCHER		ARTMENT OR ES				PE OF TRAVEL	3. VOUCHER NO.	
(Read Privacy Act		ERGLADES				TEMPORARY DUTY PERMANENT CHANGE	SEFTMYEI	RSFL082611_V01 D.
Statement below)	:-(-#;-0					OF STATION	6. PERIOD OF TR	AVE
a. NAME (Last, first, m	idale initial)				b. SC	CIAL SECURITY NO.	a. FROM	b. TO
Estenoz, Sh	nannon i					(b) (6) * - * * - * * FICE TELEPHONE NO.	ner encounternosse	11 08/26/11
11200 SW 8	The state of the s	Oode)			u. Or	FICE TELEFHONE NO.	a. NUMBER(S)	b. DATE(S)
FIU OE Buil		oom 165			30	05-348-1665		
Miami, FL	33199		,				ORVPC	0
e. PRESENT DUTY STA			f. RESIDENC					08/09/11
EVERGLADES	NP		Plant	ation, 1	FL		10. CHECK NO.	
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT		Service of the servic	11. PAID BY	
a. Outstanding		0.100	a. DATE RECI	EIVED	b. AM	OUNT RECEIVED		
b. Amount to be applied	· F	0 00			\$			
c. Amount due Government (Attached Check	Cash)	į	c. PAYEE'S SI	IGNATURE				
D. Balance outstanding			1	PR-ANI-VALIDAM COMPANIA		Secretaria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos		
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION		charges described	d below, purchase			s in connection with reimbur procedures (FPMR 101-7)	sable	Traveler's Initials
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S		MODE CLASS OF			P	OINTS OF TRAVEL	
(List by number below and attach passenger	VALUATION OF TICKET		SERVICE AND ACCOM-	DATE		FROM		то
coupon; if cash is used show claim on reverse	(a)	(Initials) (b)	MODATIONS (c)	(d)		(e)		(f)
side)	(4)	(2)	(9)	(6)		19		17
COMMENTS: Meeting with (overni	ng Board	Member	Mr. Del	Lis:	i.		
I certify that this voucher received by me. When a this voucher. TRAVELER	is true and correpplicable, per d	ect to the best of n	ny knowledge an sed on the averaເ	d belief, and that ge cost of lodging		DATE	AMOUNT	
SIGN HERE NOTE: Falsification of an item	n in an expense	account works a	forfeiture of claim	n (28 U.S.C. 2514	l) and i	may result in a fine of hot mo	CLAIMED Pre	76 27
than \$10,000 or impri	sonment for not	t more than 5 year	s or both (18 U.S	S.C. 287; i.d. 100:	1).		4600	A CONTRACTOR OF THE PARTY OF TH
 This voucher is approved necessary in the interest 			y, are certified as flong distance te			17. FOR FINANCE OFFICE COMPUTA		
are included, the approvi	ng official must	have been authori	ized in writing by				non	\$!
head of the department of	r agency to so t	ceruiy (31 U.S.C. t	000a).)		a	ENCES,		
APPROVING Dawn Art	mel (Execu	utive Ass	Dat ant	- 1	IF ANY (Explain		
OFFICIAL SIGN HERE	x Q \	li mal	National Committee Committ	10/3/11		and show amount)		
5. LAST PRECEDING VOUC	HER PAID UND	DER SAME TRAVI	EL AUTHORIZA	1111	٦,	. TOTAL VERIFIED CORRE	CT FOR	
a. VOUCHER NO.	b. D.O. S			c. MONTH &	1	CHARGE TO APPROPRI		
				YEAR	_	Certifier's initials:	WHO E	\$ 1
6. THIS VOUCHER IS CERTI	FIED CORREC	T AND PROPER	FOR PAYMENT	V	C	. APPLIED TO TRAVEL AD (Appropriation symbol):	VANCE	0,00
AUTHORIZED CERTIFYING	VAYYY		13	DATE	-		ornia de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	\$ 1
N HERE	MIII			0/12/11	d	NET TO	TRAVELER >	\$ 76.27
SEE BLOCK 12		/		17		STATE OF THE STATE		and hand to be seen and the second of the se
	1.1	1						

		MOTOMOTION TO TO AVELED										Complete this			
SCHEDU		INSTRUCTIONS TO TRAVELER	•		elf explanato		1.5				i	information			
	ILE	Col. (c) If the voucher includes per diem allowances for	Com- plete	Col. (d) thru (g)			o for each mea	, including tax an	id tips, and daily to	lai		if this is a continuation	OF.		
OF		members of employee's	only	only (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to beliboys,									[P #	1 PAC	3ES
EXPENS	ES	immediate family, show	for	porters, etc. (other than for meals).									HORIZAT	ION NO.	
AND		members' names, ages,	actual		Show tot	al subsistend	e expense incu	rred for actual ex	pense travel.			ORVPCO)		
AMOUN'	rs	and relationships to em- ployee and marital status	expense travel	(m				aximum rate, or tr or maximum rate	avel on actual exp	ense, show	_				
CLAIME		of children (unless infor-	0210.	(n)	Show ex	penses, such	as: taxi/limous	sine fares, air fare	(if purchased with			RAVELER'S	LAST NA	ME	
		mation is shown on the travel authorization.)			subsister	nce, etc.			s, car rental, reloca			Estend)Z		
DATE	TIME	DESCRIPTION			ITEMIZ	ED SUBSIS	TENCE EXPE	VSES		MILEAGE RATE:	AM	OUNT CLAIM	IED T		
20 11	(Hour	(Departure/arrival city, per diem	,	N	LANEOUS				0.000	MUEAGE	SUBSIST		OTHER		
20	and am/pm)	computation, or other explanation of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO. OF MILES	MILEAGE	508515	ENCE	OTHER	
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE (i)	(k)	(I)	(m	,,	(n)	
(a) 08/26		D-:RES: Plantation	_	1	!			<u> </u>			1				
08/26		A-:FT. MYERS,FL	. I	l	1	42 00	İ	. 1	42.00		ļ		42,00		j L
08/26		RENTAL CAR	I	ı	li		1	i					i	ı	i
08/26		D-:FT. MYERS,FL	ı	Į.	<u> </u>	ı	1	l	<u> </u>		1				
08/26		A:RES: Plantation,	Į.	!	!	!	1	!			!	1	! 1	!	1
08/26		Tolls			 	<u> </u>									·
08/26		TAV Fee -I	i	Ì	i	i	1	Ì			i		- i -	Ī	1
08/26		TMC Fee	!	1	!		<u> </u>	<u></u> !		ļ					<u>!</u>
08/26		Gasoline	! 1	1	!	1		l l			1		-	34 l	27
				1				 			1		+		, I
			1			<u> </u>		<u> </u>			!				<u> </u>
									-] ! 1			I	i I
			- i	 	 	<u> </u>	 	i			<u> </u>		-i	i	
		•	1	ı	1	!!	!	!			!		!	1	i
			<u> </u>	<u> </u>	1 1	 	<u> </u>	<u>-</u>			<u> </u>	+			
				į		i	j	i			į		i	į	i
			I	i	ı	1	-	ı			ı		l	1	i i
				1		1	1			1			+		! !
			1	1	1	l l	1	l		ļ	l l		1	i	<u> </u>
			i	li	<u> </u>	i		i			i		i		<u>i </u>
								•	SUBTOTA	LS	010		42100	34	27
If addition	al space is r	equired, continue on another 1012-A BACK	, leaving ti	ne front bla	ink.				тот	ALS 📐	0.0	(0)	42 00	34	27
vided: Solid Chap. 57 a	citation of the as implemented a of July 22, 1	Privacy Act of 1974, the following information in information on this form is authorized by 5 to add the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 3011) and 6109. The primary but 126 U.S. C. 6011(b) and 6109. The primary but 126 U.S. C. 6011(b) and 6109. The primary but 126 U.S. C. 6011(b) and 6109.	J.S.C. 101 7), 197 of		employee, formance of	the issuance of official duty	of a security while in Gove	clearance, or inv mment service.	hiring or firing of restigations of the Your Social Sec	per- urity		totel of colum nd in item 13 (
eligible ind under appr costs of su used by of performant	ividuals for all ropriate admir ich reimburse ficers and em ce of their offi	d 26 U.S.C. 6011(b) and 6109. The primary pu- alion is to determine payment or reimburseme lowable travel and/or relocation expenses indi- listrative authorization and to record and mal ments to the Government. The information w ployees who have a need for the information in ctal duties. The Information may be disclose the local or foreign agencies, when relevant to	urred Intain ill be In the ed to		is MANDA expense re you SSN a however,	ise as a tax p TORY on v aimbursement and other requifallure to pri	ayer and/or en ouchers claimi it which is, or m rested informat ovide the infor	iployee identificating travel and/or may be, taxable in tion is voluntary i	thority of the Into D. 9397, Novembe tion number; disco- relocation allow acome. Disclosure in all other instan- an SSN) required sement.	sure ance e of ces:	TOTAL AMOUNT CLAIMED			76.2	27

	1				
10/03/11	ACCOUNTING	DETAIL	Auth No	: SEFTMY	ERSFL082611
GovTrip Travel	System		Estenoz	, Shann	***-**-** (b)

			=======
ACCOUNTING CLASS CODE			TRIP 1
GASOLINE-211I M&IE-211D RENTAL CAR-211R TAV EXP -I-211B TMC FEE -I-211B TOLLS-211I			34.27 42.00 83.07 15.00 4.00 5.00
11 5298WM41EXY	0.00	0.00	183.34
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES		183.34 107.07	
TOTAL AMOUNT CLAIMED		76.27	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
NET TO TRAVELER (GOVT)		76.27	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD PAY TO TRAVELER		0.00 76.27	

Lost Kental Car Receipt \$ 83.07 Avis Rent A Car

Avis Rent A Car tolls \$5.00

Debit/ATM Sale
#XXXXXXXXXXXXXX5085
Auth. # 194832
Inv. # 0403659
1425974
Date 08/26/1: : 45
BIZAMBOU, INC
PLANTATI FI
Pump # 4 Regular
Gallons ... 8.500
Price/Gal ..\$ 3.579
Fuel Sale ..\$ 31.27

THANK YOU FOR THE ING MOBIL HAVE A NICE DAY LEE COUNTY 2ND ST
FT MYERS FL
2ND ST
RCPT# 2596
08/26/11 12:46 L# 1 A# 7 Txn# 16944
08/26/11 10:51 In 08/26/11 12:46 Dut
Tkt# 015553
Fee 1 \$ 3.00
Total Fee \$ 3.00
CASH PAID \$ 3.00Cash Tender \$ 3.00
Change Due \$ 0.00
THANK YOU

TRAVEL VOUCHER			ESTABLISHMENT ON OR OFFICE			/PE OF TRAVEL	1	UCHER NO.	ZEIONEO (00611 176	
(Read Privacy Act	EVE	ERGLADE	S NP			TEMPORARY DUTY PERMANENT CHANGE		WASHING	3TONDU	90611_V	
Statement below)						OF STATION				3	
a. NAME (Last, first, n	niddle initial)	Γ		COM	b. So	OCIAL SECURITY NO.	6. PE	RIOD OF TRAY	VEL b. TO		
Estenoz, Sh	nannon A	<i>A</i> .		LUPY	**	* - * * - * * (b) (6)		9/06/11	1	7/11	
c. MAILING ADDRESS	(Include ZIP	Code)	NAME OF TAXABLE PARTY O		d. Ol	FICE TELEPHONE NO.	7. TR	AVEL AUTHOR			
11200 SW 8 FIU OE Buil		.cm 16E				05 240 1665	a. NU	MBER(S)	b. DATE(S)		
Miami, FL		JOIII 165			3	05-348-1665	200	0RY597			
e. PRESENT DUTY STA			f. RESIDENC	E (City and S	tate)			08/31/11			
EVERGLADES	NP		Plant	ation,	FL		10. CI	HECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIP	r		11. F	PAID BY			
a. Outstanding		0 0	a. DATE RECI	EIVED	b. AM	OUNT RECEIVED					
b. Amount to be applied c. Amount due Government					\$		4				
(Attached Check	Cash)	i	c. PAYEE'S SI	IGNATURE							
D. Balance outstanding											
12. GOVERNMENT TRANSPORTATION						es in connection with reimbur	sable	A	Traveler's	Initials	
REQUESTS, OR TRANSPORTATION TICKETS, IF PUR-	transportation o	ISSUING		ed under cash p	ayment	procedures (FPMR 101-7)					
CHASED WITH CASH (List by number below	AGENT'S VALUATION	CAR-	CLASS OF SERVICE	DATE	35	Р	OINTS O	F TRAVEL	100 - 100 -		
and attach passenger coupon; if cash is used	OF TICKET	(Initials)	AND ACCOM- MODATIONS	ISSUED		FROM			то		
show claim on reverse side)	(a)	(b)	(c)	(d)		(e)			<i>(1)</i>		
0902111104HD	1	35 XD		09/02/	1 1				THE REPORT OF THE PARTY OF THE	AMERICAN STREET, STREE	
JLLK	1.	34 40		09/02/	T T						
037867900438	721.	60 US		09/02/	11	FLL-Fort La	ıder	DCA-Wa	shingt	on, DC	
.CCOUNTING CLA	CCTETCA	TTON.									
11 5298WM41EXY	7-2011^^	07^529	8^^EXY^W	W41^^ -		160.32	NR-		998.6	55	
								27.	,,,,,,		
COMMENTS:	10.7										
Meeting with I	iPA.										
13. I certify that this voucher	is true and corre	ct to the best o	f my knowledge and	l d belief, and that	payme	ent or credit has not been		<u> </u>	Name of the second State of the	T	
this voucher.	policable, per die	em claimed is b	ased on the averag	je cost of lodging	g incurr	ed during the period covered	by	l		1	
TRAVELER SIGN HERE	A						AMOU		160	!32	
NOTE: Falsification of an iten than \$10,000 or impri						may result in a firle of not mo	re	EDP		1	
14. This voucher is approved		N711	35/)						and the second second		
necessary in the interest	of the Governme	nt. (NOTE	: If long distance tel	ephone calls		17. FOR FINANCE OFFICE COMPUTAT		ILY		9	
are included, the approvious head of the department o				the	a	. DIFFER-			\$	-	
						ENCES, IF ANY					
APPROVING Dawn Arr	mel ()	Exec	cutive Assi	01-1		(Explainand show					
SIGN HERE AW	XK.	umi	1	9[9]11		amount)			***************************************	 	
15. LAST PRECEDING VOUCE a. VOUCHER NO.	Ib. D.O. S			C. MONTH &	t	 TOTAL VERIFIED CORRE CHARGE TO APPROPRI 	CT FOR	o and		! 	
				YEAR		Certifier's initials:	NI PERIODE NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER O		\$		
16. THIS VOUCHER IS CERTII	FIED CORRECT	AND PROPE	R FOR PAYMENT	V. 11 10 10 10 10 10 10 10 10 10 10 10 10	C	: APPLIED TO TRAVEL ADV (Appropriation symbol):	ANCE		Trin. to the second or the second	loo	
AUTHORIZED CERTIFYING	Mans		10	DATE / /	L	, , , , , , , , , , , , , , , , , , , ,			CC .	100	
OFFICIAL ON HERE	11111	/		9/13/11	d	NET TO 1	RAVE	LER >	s 160	32	
SEE BLOCK 12			- /	17					· Marian Company	Вентиновия	
SEE DIOCK 12	ADUVE		/								

-		INSTRUCTIONS TO TRAVELER	// f = 10 - 4 1		P. 1 .							Con	nplete this			
SCHEDL	II F	Col. (c) If the voucher includes		Col. (d)	elf explanate		d for onch	l transcriber a days		1-1		info	rmation	PAGE	2	
OF	,,,,	per dlem allowances for	Com- plete	thru (g)	meal cos		d for each mea	i, including tax an	d tips, and daily to	lai			is is a linuation	OF		
		members of employee's	only	(h)		penses, such	n as: laundry, cl	eaning and press	ing of clothes, tips	to belibovs.			et TRIP		1 PAC	GES
EXPENS	ES	immediate family, show	for	1 ''	porters, a	etc. (other th	an for meals).	• •	mig or oronico, upo	10 001100701			VEL AUTHO			
AND		members' names, ages,	actual	L 0	Show to	e tor per dien al subsistenc	n and actual ex se expense incl	pense travel. Irred for actual ex	roense travel			ı	RY597	1000	, IT ITO.	
AMOUN'	re	and relationships to em-	expense	(m) Show pe	r diem amou	nt, limited to ma	aximum rate, or tr	avel on actual expe	ense, show		"	(1391			
	-	ployee and marital status of children (unless infor-	travel	(n)	the lesse Show ex	or of the amor	unt from col. (j) 1 as: tavi/limous	or maximum rate	(if purchased with	cash) local or		TRA	VELER'S LA	ST NAN	AE	
CLAIME	ט	mation is shown on the		1.7	long dist	ance telepho	ne calls for Gov	ernment busines	s, car rental, reloca	ation other than	1		stenoz		-	
		travel authorization.)			subsiste	nce, etc.						E	CCHOZ			
DATE	TIME	DESCRIPTION			ITEMIZ	ED SUBSIS	TENCE EXPE	ISES		MILEAGE RATE:	A	MOU	NT CLAIMED			
20_11	(Hour	(Departure/arrival city, per diam		N	1EALS		MISCEL-		TOTAL	0.510				$\neg \Gamma$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20	and am/pm)	computation, or other explanation of expenses)	BREAK-				LANEOUS SUBSIS-	LODGING	SUBSISTENCE	NO. OF	MILEAG	SE	SUBSISTEN	CE	OTHER	
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(1)	EXPENSE (i)	MILES (k)	m		/mal		(-1	
(e) 09/06	15/	D-:RES: Plantation	10/	17	 " 	19/	1777	17/		(K)		1	(m) 1	\dashv	(n)	
09/06		TMC FEE (GOVCC-I)	l l	1	l I	1	1	I				i	i	- 1	į	i
09/06		Airfare (Non Reimbu	rsabl	e);		 						!	 +	_		
09/06		A-:WASHINGTON, DC		- /		53 125		211 [00	53.25			1	53!	25] ;	i i
09/06		POV-NO GVT VHC AVL/	AIRPO	RTI	i	i	i	1	33.23	10.60		154	1			
09/06		Parking	1	I	1		1	1			1	ו ו	<u> </u>		i	ĺ
09/06		Taxi										-		十	43	
09/06		Lodging Tax		1	;	ì		;			i	!	l I		#3	lοο
09/07		D-:WASHINGTON, DC		i	i	i	i	i				<u> </u>	1			
09/07		POV-NO GVT VHC AVL	AIRPO	RT!	ı	1	1	ı	ŀ	10.60		5 4	, i		j	l
09/07		A:RES: Plantation,								10.00		1		\rightarrow		
09/07		Subsistence				53 25		1	53.25			:	53 l:	<u>ر ا</u>	1	í •
09/07		TAV Fee -I	1	İ	i	1	i	<u>'</u>	35.25			'	231.	**	<u>'</u>	<u></u>
			1	l i	1	1	1	I				ı	1		i	i
					<u> </u>							!		+		
				1		l ;		i 1				:			ļ	j B
				ı	I	1	i	i		· · · · · · · · · · · · · · · · · · ·		i	1	_	<u> </u>	
			l	l ·	!	1	!!	!				1	1		1	1
				i				1				:				
				i	<u>i_</u>	<u> </u>		<u>i</u>					<u> </u>		i	
			1	1	1	1		1			Ì	ı	ı		ŀ	,
					!	l		<u> </u>				<u> </u>	l			i
			_ i	i	i	i		i				!	1			
if addition.							· · · · · · · · · · · · · · · · · · ·		SUBTOTAL	LS	10	82	106	50	43 K	00
		quired, continue on another 1012-A BACK		e front blai	nk.				TOTA		10	82	106		43	
In complian vided: Solic Chap. 57 as E.O. 11609 November:	ce with the Printer itation of the is implementer of July 22, 1922, 1943, and	ivacy Act of 1974, the following information information on this form is authorized by 5 Ud by the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93 26 U.S.C. 6011(b) and 6109. The primary purion is to determine payment or reimburseme	s pro- I.S.C. 01 7), 97 of rpose		requirement employee, formance of Account N	it by this ag the Issuance f official duty umber (SSI)	ency in connot of a security of white in Govern	ection with the halestern with the halestern with the halestern the author the author the section with the s	niring or firing of estigations of the Your Social Secu- nority of the Inte . 9397, November on number; disclos relocation allowe	an per- rity mal			of columns (i item 13 on tř		nd	
under appro costs of suc used by offi performance	ppriate admini th reimbursen cers and emp	ion is to determine payment or reimburseme, wable travel and/or relocation expenses inco- strative authorization and to record and mai- ients to the Government. The information wi- loyees who have a need for the information in ial duties. The information may be disclose e, local or foreign agencies, when relevant to	arred htain II be I the		you SSN ar	nd other requ	ested informati	f 6109) and E.O. ployee identifications travel and/or any be, taxable income is voluntary in nation (other that loss of reimburse	all other instances	22, ure ince of es; to	TOTAL AMOUN CLAIME	T D	•		160.3	32

TOTAL GOV'T CHARGE CARD AMT

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

Auth No: SEWASHINGTOND090611 V01 Estenoz, Shann ***-**-**(b) (6)

0.00

160.32

A GGOTPHITTING OF A GODP			
ACCOUNTING CLASS CODE			TRIP 1
COM. CARRI-211C LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			721.60 241.60 106.50 10.82 16.10 15.00 43.00 4.35
11 5298WM41EXY	0.00	0.00	1,158.97
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		998.65	
TOTAL AMOUNT CLAIMED		160.32	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
NET TO TRAVELER (GOVT)		160.32	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		

0.00

SatoTrave

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

GT

Locator:

HDULLK

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY DOMESTIC 28.50USD INTERNATIONAL 37.75USD CAR/HOTEL ONLY 17.75USD GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

esday September 6, 2011

US Airways

Flight Number: 986

7:00 Am September 6, 2011

9:26 Am September 6, 2011 2 Hours 26 Minutes Non-Stop

Confirmation Number: EP74XY

STENOZ/SHANNON A

Class of Service: Coach Class Y

Depart: FT LAUDERDALE, FL Arrive: WASHINGTON/NATL, DC

Total Flight Time:

Equipment: Boeing 737-400 Meal Service: None

Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 7B

Frequent Flyer Number:

DEP-TERMINAL 3

ARR-TERMINAL C

Tuesday September 6, 2011



WASHINGTON/NATL, DC

HILTON/CONRAD HOTELS WASHINGTON HILTON

1919 CONNECTICUT AVE NW WASHINGTON DC 20009

Phone Number: 1-202-483-3000 Fax Number: 1-202-232-0438

Number of Rooms: 1

Rate: 211.00 USD Per Night Check In: Sep 06, 2011 Check Out: Sep 07, 2011

Confirmation Number: 3436357205 Cancellation Policy: Cancel by 4PM

Directions: - REAGAN NATIONAL AIRPORT.....6.0MI / 9.7KM

Wednesday September 7, 2011

US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC Arrive: FT LAUDERDALE, FL

Total Flight Time: Equipment: 319 Meal Service: None Status: Confirmed Frequent Flyer Number:

DEP-TERMINAL C

Flight Number: 1703

8:30 Am September 7, 2011 11:04 Am September 7, 2011 2 Hours 34 Minutes Non-Stop

Confirmation Number: EP74XY

ESTENOZ/SHANNON A

ARR-TERMINAL 3

<u>Name</u>	Invoice / Ticket / Date	<u>Base</u>	Tax1	Tax2	Tax3	<u>Total</u>
ESTENOZ SHANNON A	431449/0378679004387/01SEP1	642.79	78.81			721.60
(b) (6)	1				Trip Fee	4.35
FOP CAxxxxxxx						

Total Amount:

725,95

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ***** UO6C****** FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE VANCE PURCHASE

_L OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED. PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT. IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN. Notes:

DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS

ALEXANDRIA UNION CAB (703)683-1200 - 24 Hr. Dispatch Service

(700)000 1200 - 24 III. Dispatch Sci vice	
FROM DOI (OPM) TO Hilton (1919 Comment) DATE 9/10/11 FARES 11.00	Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania
DRIVER'S NAMECAB#	Booth A 09/07/11 11:31 Cashier 64 Receipt 07- 084160
Each Cab Independently Owned & Operated	Parking Ticket 1 - No. 093534 09/06/11 05:46 - 09/07/11 11:31 - Period 1d5h46' (PARKNE) \$20.00
TAXICAB RECEIPT	SJRN 5582 \$(6.02)
Time: 10100	Sub Total \$13.98 [Fees + Tax] \$2.12
Date: 9110 11	Total \$16.10
Origin of trip: DCA Destination: DCI Fare: 15 C Sign: Sign:	Payment Received MC \$16.10 (b) (6) Type: Swiped
TAXICAB RECEIPT	Sub Total \$13.98 FLLFee 8% 1.12 FL Tax 6.59% 1.00
Time: 10.45 cm Date: 697711	Tell us how we are doing For a chance to win \$1000 Info at www.pnfcares.com No Purchase Necessary
Origin of trip: (+())	Signature
Destination: DCA	

Washington Hilton

1919 Connecticut Ave. NW • Washington, DC 20009 Phone (202) 483-3000 • Fax (202) 232-0438 Reservations www.hilton.com or 1 800 HILTONS

Name & Address

ENOZ, SHANNON A

Room

6104/K1RRC

Arrival Date Departure Date

9/6/2011 9/7/2011 5:51:00PM 6:40:00AM

Adult/Child Room Rate 1/0 211.00

RATE PLAN

L-FJ

HH# AL: CAR: Fosio

CONFIRMATION NUMBER: 3436357205

9/7/2011

PAGE 1

DATE	DESCRIF	PTION	ID.	REF. NO	CHARGES	CREDITS	BALANCE	
9/6/2011	GUEST ROOM		IYEMANE	7776906	\$211.00			
9/6/2011	ROOM TAX		IYEMANE	7776906	\$30.60			
9/7/2011	MC *5368		AWARIT	7777482		\$241.60		
	BALANCE		1				\$0.00	TheHiltonFamil
								The Hilton Famil
	[EXPEN	SE REPOR	RT SUMMARY			(4)
								Hilton
		09/06/11 ST						
ROOM & TAX	<u>*</u>	\$241.60	\$241.60					
DAILY T	OTAL	\$241.60	\$241.60					CONRAD
<u> </u>								
								(P)
								DoubleTres
								BUTELS*
								OfampicaD.
				ŀ				(Sel Hillon
								Hillon Garden Inn
						·		
								æ.
ACCOUNT NO.						DATE OF CHARGE	FOLIO NO./CHECK NO.	Hilton Grand Vacations Club
					**	A LITTLODICATION	1004500 A INITIAL	-
^{CA} (b) (6)						09/06/11 5:51:00F	PM 1304569 A	HOMEWOOD SUITES
				HOLDER FOR DAVIS	CAPT	DUDCHACES & SEI	DVICES	III tom,
ESTABLISHMENT	NO. & LOCATION	ESTABLISHMENT ACREI	ES TO TRANSMIT TO CARD	NULDER FOR PAYME	avi (PURCHASES & SEI	(v 1 (E3)	
ESTENOZ	Z, SHANNON A					033513 TAXES		
						IANES		11 8 A
						TIPS & MISC.		ÖÖÖ
						Tirs & Misc.		00.
								Official Sponsor
						TOTAL AMOUNT		
MERCHANDISE AND/OR SE	RVICES PURCHASED ON THE	S CARD SHALL NOT BE	RESOLD OR RETURNE	D FOR A CASH REF	TUND.	PAYMEN'	r due upon receipt	I

TRAVEL VOUCHER		ARTMENT OR ES			1	PE OF TRAVI			UCHER NO.	CTIONID	00121	1 771
(Read Privacy Act		ERGLADES				TEMPORARY PERMANENT			WASHIN		19131	
Statement below)				PARI		OF STATION				Market and the		
a. NAME (Last, first, m	niddle initial)	0	FILL	CUPY	b. So	OCIAL SECUR	ITY NO.		RIOD OF TRA	and the second		
Dataman Ol			a see any	4014		*-**-*	(b) (6)	a. FR		b. TO	F /22	
Estenoz, Sh	lannon I				_	FICE TELEPH			9/13/1 AVEL AUTHO		15/11	
11200 SW 8		oode)			u. 0,	TIOL TELLET			MBER(S)	b. DATE(S	3)	
FIU OE Buil		oom 165			3	05-348	-1665					
Miami, FL	33199								0RY5RZ	1		
e. PRESENT DUTY STA				(City and Si						08/3	31/11	
EVERGLADES	NP		Planta	ation,	FL			10. CI	ECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIP	Γ			11. F	AID BY			
a. Outstanding		0,100	a. DATE RECE	EIVED	b. AM	OUNT RECEI	VED	1				
b. Amount to be applied		0 00			\$							
c. Amount due Government (Attached Check	Cash)	i	c. PAYEE'S SI	GNATURE								
	Oddiny		1									
D. Balance outstanding 12. GOVERNMENT	I harabu asalar	n the United States	L	have essinet es		- in	a with a last or			Townston	la Inidiala	
TRANSPORTATION REQUESTS, OR		charges described						sable		> I raveier	's Initials	
TRANSPORTATION TICKETS, IF PUR-	ACENTIC	ISSUING	MODE				Р	OINTS O	F TRAVEL			
CHASED WITH CASH (List by number below	AGENT'S VALUATION	RIER	CLASS OF SERVICE	DATE				00	1 110.0022			
and attach passenger coupon; if cash is used	OF TICKET		AND ACCOM- MODATIONS	ISSUED		F	ROM			TO		
show claim on reverse side)	(a)	(b)	(c)	(d)			(e)			<i>(f)</i>		
0909111552GC	1	.35 XD		09/09/	11							
JVKI	4	ا مم ود.		09/09/	ΤŢ							
037868119565	721	.60 US		09/09/	11	FLL-F	ort Lai	ıder	DCA-W	ashino	ton,	DC
COUNTING CLA	SSIFICA	ATION:										
11 5298WM41EXY	-2011^^	07/5298	^^EXY^WI	141^^ -		24	46.32	NR-	1	1,238.	23	
COMMENTS:												
Principals Mee	tina											
rrinorparb nec	701119					1			ľ			
13. I certify that this voucher										Γ	$\overline{}$	
received by me. When a this voucher.	pplicable, per di	em claimed is bas	ed on the averag	ge cost of lodging	g incurr	ed during the p	period covered	l by			Ī	
TRAVELER	3				1	DATE ()		AMOU		24	6.32	
NOTE: Falsification of an iter	n in an expense	account works a f	forfeiture of claim	(28 U.S.C. 251	4) and	may result in a	fine of not mo	CLAIM re	ED		0.32	
than \$10,000 or impri												
14. This voucher is approved						17. FOR FINA			VLY		Ţ	
necessary in the interest are included, the approvi	ng official must l	have been authoriz			ŀ		COMPUTA	TION		\$	i	
head of the department of	or agency to so o	certify (31 U.S.C. 6	i80a).)		18	a. DIFFER ENCES.						
APPROVING Dawn Arr	mol (Fyecu	tive Assi	nATE nt		(Explain		to the start				
OFFICIAL \	0	Execu	() ASSI		İ	ànd show amount)						
SIGN HERE	JK 18. 1	umi	L AUTHODIZAT	4/20/11	\dashv						-	
a. VOUCHER NO.	b. D.O. S			c. MONTH &		b. TOTAL VER CHARGE T	IFIED CORRE O APPROPRI				!	
1				YEAR		Certifier's in	nitials:			\$	i	
16. THIS VOUCHER IS CERTI	FED CORREC	T AND PROPER F	OR PAYMENT		-	. APPLIED TO		VANCE				
AUTHORIZED CERTIFYING	/11/11/		1.0	DATE .		(, .ppгорнац	on Opinioon,			\$	0.00	
OFFICIAL N HERE	CVINU	\ /	6	19211		ı.	NET TO	TD AVE	I ED	e 24	6!32	
ACCOUNTING CLASSIFIC	CATION	\	ľ	100/1	10		NET TO	KAVE	LEK	\$ 22	1	
SEE BLOCK 12	BOVE			1								

(e) (b) (c) (d) (e) (f) (h) (g) (h) (g) (h) (g) (h) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	SCHEDU OF EXPENS AND AMOUNT CLAIMEI	ES TS	INSTRUCTIONS TO TRAVELER Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to em- ployee and marital status of children (unless infor- mation is shown on the travel authorization.) DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expanses)	Com- plete only for actual expense travel	thru (g) meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to beliboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (ii) Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (i) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc. ITEMIZED SUBSISTENCE EXPENSES MEALS MISCEL- LANEOUS TOTAL Continuation OF sheet. TRIP # 1 TRAVEL AUTHORIZATION NO. ORY5RZ TRAVELER'S LAST NAME Estenoz MILEAGE RATE: 0.510 MILEAGE SUBSISTENCE SUBSISTENCE OTIONAL										2 1 PA FION NO.	GES			
09/13	(a)		(' '	FAST	LUNCH	DINNER	TOTAL	TEN	CE			EXPENSE	MILES	m		(m)		(n)	
09/13	09/13	<u>. (4)</u>	D-:RES: Plantation	10)	19	"/	19/	- - " "	T	" 1	-		17	17.	Г			(11)	1
09/13 A-:WASHINGTON,DC 53 125 233 10 53.25 53 25	09/13		1	1	!	!	!	1	!	!]			i		!]		1
09/13 A-:WASHINGTON,DC 53 125 233 10 53.25 53 25	09/13			rsabl	e);				l	1					,				1
10 10 10 10 10 10 10 10	09/13			i		li	53 I2	5	i	233 1	10	53.25			i	53	25		i
10 10 10 10 10 10 10 10	09/13		POV-NO GVT VHC AVL	AIRPO	RTI	I	T		I	ī			10.60		154	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
1	09/13			I	[[[[Į.	1	[!							!	31	,00 <u>.</u>
09/14 Subsistence 71 00 233 10 71.00 71 00 109/15 11 109/15 10.60 11 10.60 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 11 10 1	09/13								 						f		1		1
11 00 09/15 D-:WASHINGTON, DC	09/14			1	{ ;	1	7117		<u>'</u>	2331	10	71 00			: 	1			1
09/15 D-:WASHINGTON, DC	09/14				 	i i	1	~ -	i			,,,,,,			i	- /	1	11	hn.
10.60 5 41 10.60 5 41 10.60				1	1	1	i i]	1	i		1			į.	1	1		Ĭ
09/15 A:RES: Plantation,	$\frac{09/\pm 3}{15}$			X T D DC	- 1 ₀₇₀	 	 		+	 		 	70.60		 		-		
09/15 Subsistence	09/15			HIKEC	1 ²² !	!			!	!			10.00		154	1	!		1
09/15 TAV Fee -I	09/15			<u> </u>	 	 - 	 		<u>! </u>	<u> </u>					1				
09/15 TAV Fee -I	09/15			1	;		53 2	:5	! 	<u> </u>		53.25	•		, 	53	'25 I		i
Substotals 10182 1771 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 58 60 10182 1775 50 10182	09/15			<u>i</u>	 	 	 		-	<u> </u>		<u> </u>			_		\vdash	16_	00
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00	03/12	,	TAV Fee -1	ı	1	1			1	1		ļ	ļ		ı	ļ	ı	,	l
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00				!	<u> </u>	 	 !		<u> </u>	<u> </u>			<u> </u>		!		<u> </u>		<u>!</u>
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00	}			; 		} ;	1 ;	1	!!	! ! '		1			l . 1		<u>'</u>		1
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00					 	 	 		. —	 		 	<u> </u>		· -		<u> </u>		.
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00				1	1	1	1	İ	i	ĺ					ı	1	ı İ	ı	I
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00					 	 	 		<u> </u>			 			<u> </u>	ļ			<u> </u>
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00				į į					1	!					i				1
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00				- 	}	} 	}		-	<u> </u>		<u> </u>			<u>'</u>		<u>'</u>		' -
If additional space is required, continue on another 1012-A BACK, leaving the front blank. TOTALS 10 82 177 50 58 00					L. i				<u>.</u>	li		[<u> </u>				i		Ĺ
10/ALS 10/82 17/50 58/00	W 1 444	.,										SUBTOTA	LS	10	82	1.77	I 50		<u> </u>
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109, The primary purpose of the requested information is to determine payment or reimbursement to Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, and 26 U.S.C. 6011(b) and 6109 and 61	if addition	al space is n	equired, continue on another 1012-A BACK	, leaving ti	he front bla	nk.						TOTA	ALS -	10	82	177	50	58	00
under appropriate administrative authorization and to record and maintain is MANDATORY on vouchers claiming fravel and/or relocation allowance costs of such reimbursements to the Government. The information will be expense reimbursement which is, or may be, taxable income. Disclosure of vouchers claiming fravel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of vouchers claiming fravel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of vouchers claiming the information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to	vided: Solid Chap. 57 a E.O. 11609 November of the requireligible indi- under appro-	citation of the is implemented of July 22, 1 22, 1943, and ested informatividuals for all contrals admits	information on this form is authorized by 5 to ed by the Federal Travel Regulations (FPMR 9 1971, E.O. 11012 of March 27, 1962, E.O. 9 d 26 U.S.C. 6011(b) and 6109. The primary putation is to determine payment or reimburseme lowable travel and/or relocation expenses incontractions and maintained and maint	J.S.C. 101 7), 197 of Irpose Int to Irred		requirement employee, formance of Account N Revenue C 1943, for units MANDA expense re you SSN a	nt by this the issua of official of lumber (code (26) se as a ta TORY of imbursen nd other i	agency ince of a secuty while in SSN) is sure. S.C. 601 to your an your an your which equested in	n conrecurity n Gover olicited 1(b) an d/or em claimi is, or m	nection with clearance, o rmment service i under the id 6109) and aployee identifing travel an any be, taxab tion is volunt	the r invite. auti E.O ficati d/or le inv	hiring or firing of estigations of the Your Social Secu- nority of the Inte . 9397, November on number; disclos relocation allows come. Disclosure n all other instanc	an per- irity rnal 22, ure ance of	(n), below this form.	and ii				
performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, support the claim may result in delay or loss of reimbursement.	performant	ce of their offi e Federal, Sta	icial duties. The information may be disclose	d to civil.		however, t	failure to	provide the	e Infor	mation (other	r the	an SSN) required	to			•		246.	32
STANDARD FORM 1012 BACK (10-77)	арр. орган	<u></u>	The state of the s	, J. 7 11 ₇		Support III	, oranti ille	it teanif ist	uciay U	i inga ni teliti	vuis	ement.		L			BACK		

O9/20/11 ACCOUNTING DETAIL Auth No: SEWASHINGTONDO91311 V01
GovTrip Travel System Estenoz, Shann ***-**-(b) (6)

ACCOUNTING CLASS CODE			TRIP 1
COM. CARRI-211C LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			721.60 466.20 177.50 10.82 31.08 15.00 58.00 4.35
11 5298WM41EXY	0.00	0.00	1,484.55
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES		1,484.55 1,238.23	
TOTAL AMOUNT CLAIMED			
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00		
		0.00	
NET TO TRAVELER (GOVT)		246.32	
	0.00 0.00 ==========		
TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD PAY TO TRAVELER		0.00 246.32	

SatoTravel

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

GT

Locator:

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY DOMESTIC

28,50USD

INTERNATIONAL 37.75USD

CAR/HOTEL ONLY 17.75USD

GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE

E-USD28.50PP-AIR/RAIL/BUS AGENT ASSISTED

.**********EXCHANGE TICKET INFORMATION***********

EXCHANGED TKT 0378680820861 RESIDUAL VALUE

NEW TICKET 0378681195656

TOTAL VALUE

ADDITIONAL AMOUNT CHARGED......0.00

REFUND DUE....-282.20

Tuesday September 13, 2011



US Airways

Class of Service: Coach Class T

Depart: FT LAUDERDALE, FL

Arrive: WASHINGTON/NATL,DC

Total Flight Time:

Equipment: Boeing 737-400

Meal Service: None Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 6B

Frequent Flyer Number:

DEP-TERMINAL 3

Flight Number: 986

7:00 Am September 13, 2011

9:23 Am September 13, 2011

2 Hours 23 Minutes Non-Stop

Confirmation Number: EPQ5FZ

ARR-TER

ESTENOZ/SHANNON A

Tuesday September 13, 2011



WASHINGTON/NATL,DC

HILTON/CONRAD HOTELS WASHINGTON HILTON

1919 CONNECTICUT AVE NW

WASHINGTON DC 20009

Phone Number: 1-202-483-3000 Fax Number: 1-202-232-0438

Number of Rooms: 1

Rate: 233.10 USD Per Night Check In: Sep 13, 2011 Check Out: Sep 15, 2011

Confirmation Number: 3440822820

Cancellation Policy: Cancel 1 day prior

Directions: - REAGAN NATIONAL AIRPORT.....6.0MI / 9.7KM

Thursday September 15, 2011

本

US Airways

Class of Service: Coach Class T

Depart: WASHINGTON/NATL,DC Arrive: FT LAUDERDALE, FL

Total Flight Time: Equipment: 319

Meal Service: None Status: Confirmed Frequent Flyer Number:

DEP-TERMINAL C

Flight Number: 1703

8:30 Am September 15, 2011 11:04 Am September 15, 2011 2 Hours 34 Minutes Non-Stop

Confirmation Number: EPQ5FZ
(b) (6) ESTENOZ/SHANNON A

ARR-TERMINAL 3

<u>Name</u>	invoice / Ticket / Date	<u>Base</u>	<u>Tax1</u>	Tax2	Tax3	<u>Total</u>
ESTENOZ SHANNON A	435168/0378681195656/09SEP1 1	0.00				0.00
					Trip Fee	28.50
ESTENOZ SHANNON A	434414/0378680820861/08SEP1 1	642.79	48.21US	11.10ZP	19.50XT	721.60
(b) (6) FOP CAxxxxxxxx					ge Ticket: ,	-E-0378680

O TO WWW.TSA.GOV

_JUR LOCAL OFFICE IS ****** U06C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL

THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED.

PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE

ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT. IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN

PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE

PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

Notes:

DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS

h	(B)
Ų٧,	U,

02/11 - 02/14 SHANNON A ESTENOZ TAX EXEMPT ID 140001849

SIGN HERE

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

QTY. CLASS	DESC	RIPTION		PRICE	AMO	UNT
					27	00
					Ų	20
DATE	AUTH	IORIZATIO	N	SUB TOTAL		
REFERENCE NO.			SERVER	TAX		
ID-FOLIO/CHECK NO./Liv	C. NO. STATE	REG./DEPT.	CLERK	TIP MISC.		
	b) (6)			TOTAL	31	08

CUSTOMER: RETAIN THIS COPY FOR YOUR RECORDS

TAXICAB RECEIPT Time: 9.45 Date: 13 Origin of trip: DCA Destination: Sign:

Transpire of the state of the s	TAXICAB RECEIPT
0	Time: 9:30
Origin of trip:	iltan
Destination:)OI
Fare: 100	Sign:

A Carrent Market	TAXICAB	RECEIPT
5	Time:	9 16:30
10	Date:	-913
Origin of trip:	E Capita	V
Destination:	tilton	
Fare: 169	Sign:	

ALEXANDRIA UNION CAB (703)683-1200 - 24 Hr. Dispatch Service

FROM_	Histon		
то	DCA		
DATE_	glueli	FARE\$	le ceo
DRIVE	R'S NAME	***************************************	CAB#

By Request, We Accept









Each Cab Independently Owned & Operated

Washington Hilton

1919 Connecticut Ave. NW • Washington, DC 20009 Phone (202) 483-3000 • Fax (202) 232-0438 Reservations

www.hilton.com or 1 800 HILTONS

Name & Address

Room

7112/D2

Arrival Date Departure Date

9/13/2011 9/15/2011

7:49:00PM

Adult/Child Room Rate 1/0

233.10

RATE PLAN

L-G3

HH# 209208059 SILVER

CAR:

· Fosic

9/15/2011

PAGE 1

CONFIRMATION NUMBER: 3440822820

DATE DESCRIPTION REF. NO CHARGES **CREDITS** BALANCE **GUEST ROOM IYEMANE** 7793552 9/13/2011 \$233.10 **IYEMANE** 7796599 \$233.10 9/14/2011 **GUEST ROOM BALANCE** \$466.20 The Hilton Fami EXPENSE REPORT SUMMARY (H) 09/13/11 09/14/11 STAY TOTAL Hilton ROOM & TAX \$233.10 \$233.10 \$466.20 DAILY TOTAL \$233.10 \$466.20 \$233.10 CONRAD You have earned approximately 5555 Hilton HHonors points for this stay. Visit HHonors.com to check your point balance from stays at any of the 3,700 hotels within the Hilton Worldwide portfolio. Thank you for choosing Hilton! Book your next stay at hilton.com and take advantage of our internet-only Advance Purchase Rates and limited-time special offers! Hilton Garden Inn DATE OF CHARGE FOLIO NO./CHECK NO. ACCOUNT NO. INITIAL CARD MEMBER NAME AUTHORIZATION 1304633 A ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT PURCHASES & SERVICES TAXES TIPS & MISC. Official Sponsor TOTAL AMOUNT MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND. PAYMENT DUE UPON RECEIPT

1/2 * *	EV		9 11	E FAM					11/20	
TRAVEL VOUCHER	1. DEPART	MENT OR E	STABLISHINE IN	6 VY		PE OF TRAVEL		UCHER NO.		
(Read Privacy Act Statement below)	50000000 200000000000000000000000000000	GLADES				PERMANENT CHA		WASHIN HEDULE NO.	GTOND09271	1_V
a. NAME (Last, first, mid	Idle initial)			***************************************	b. SC	CIAL SECURITY N	IO 6. PE	RIOD OF TRA	AVEL	
a. W WIL (Edot, mot, mo	alo il iliany				0.00	(b) (6)			b. TO	
Estenoz, Sha	annon A.	de)				* _ * * -		9/27/1 AVEL AUTHO		
11200 SW 8 S	Street	5-					a. NU	MBER(S)	b. DATE(S)	
FIU OE Builo Miami, FL 3	33199	m 165				05-348-16	565	0RY6B7		
e. PRESENT DUTY STATI			f. RESIDENCE	8 621	16			The state of the s	08/31/11	
EVERGLADES 1	NP		Planta	ation,	FL		10. CI	ECK NO.		
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT	-		11. F	AID BY	No. of the last of	
a. Outstanding		0 00	a. DATE RECE	IVED	b. AM	OUNT RECEIVED				
b. Amount to be applied		0 100			\$	·, · · · · · · · · · · · · · · · · · ·				
c. Amount due Government (Attached Check	Cash)	i	c. PAYEE'S SI	GNATURE						
D. Balance outstanding						and the same of th		Has was in the ex-		
		ges describe	d below, purchase			s in connection with procedures (FPMR		ı	Traveler's Initials	
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF				POINTS O	F TRAVEL		
(List by number below and attach passenger	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE		FROM			то	
coupon; if cash is used show claim on reverse	(a)	(Initials) (b)	MODATIONS (c)	(d)		(e)			(f)	
side) 0831111531GI	4.3		19	09/27/	 11	(0)				
UYXI				27 276						
001868433634	601.4	d AA		09/27/	11	MIA-Mian	ni, FL	DCA-W	ashington,	DC
CCOUNTING CLASS 11 5298WM41EXY- COMMENTS: Civil Works Revo	-2011^^0 view Boa	7^5298			Вау	132. Coasal W		Final	650.75 Project In	npl
13. I certify that this voucher is received by me. When app this voucher. TRAVELER SIGN HERE NOTE: Falsification of an item is than \$10,000 or impriso	olicable, per diem	claimed is based	sed on the averag	e cost of lodging	incurr (4) and	DATE 10 N	AMOU		132 ! 45	
 This voucher is approved. I necessary in the interest of are included, the approving head of the department or a 	the Government. official must have	(NOTE: I been author	f long distance tell ized in writing by		ŀ	ı. DIFFER- ——— ENCES,	OFFICE USE OF	ILY	\$	
APPROVING Dawn Arme DEFICIAL BIGN HERE	R. Qu	Execu	ative Assi	Osteant		IF ANY (Explain and show amount)				
5. LAST PRECEDING VOUCHE		Commission of the Commission o			t	. TOTAL VERIFIED				
a. VOUCHER NO.	b. D.O. SYM	ROF		c. MONTH & YEAR		CHARGE TO AF			i	
6. THIS VOUCHER IS CERTIFII	ED CORRECT AL	ND PROPER	FOR PAYMENT			Certifier's initials: : APPLIED TO TRA			\$	
AUTHORIZED /	no/ Yla /			1		(Appropriation sy			0.00	
CERTIFYING OFFICIAL 3N HERE				IOI2	d	. NE	T TO TRAVE	LER >	\$ 132.45	
s. ACCOUNTING CLASSIFICA SEE BLOCK 12			<u> </u>	101	,L	October 1980 State of				

		INSTRUCTIONS TO TRAVELER	(Unlisted	items are s	self explanate	ory)							nplete this PA mation	GE _
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (d			d for each mea	l, including tax an	id tips, and dally tot	al			isisa —	2
OF		per diem allowances for	plete	thru (g									inuation OF	•
EXPENS	rc .	members of employee's	only	(h		penses, such etc. (other tha		eaning and press	ing of clothes, tips	to bellboys,		-	ot. TRIP #	1 PAGES
	E9	immediate family, show	for	(0)		etc. (other tha e for per dien	in for meals). I and actual ex	pense travel.				1	VEL AUTHORIZA	TION NO.
AND		members' names, ages, and relationships to em-	expense	(f) Show total subsistence expense incurred for actual expense travel.								OI	RY6B7	
AMOUNT	rs	ployee and marital status	travel	t (n				or maximum rate		suse, snow				
CLAIME)	of children (unless infor-		(n) Show ex	penses, such	as: taxi/limous	ine fares, air fare	(if purchased with	cash), local or		TRA	VELER'S LAST N	IAME
Q 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	mation is shown on the			iong aist		ne calls for Gov	vernment busines	s, car rental, reloca	illon other than		Es	stenoz	
DATE	TIME	travel authorization.) DESCRIPTION			ITEMI	ZED GIIDGIG	TENCE EXPE	VCEC		MILEAGE		MOUS	IT CLAIMED	
- 1						ED 300313	MISCEL-	102.0		RATE:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T OCALINED	7
20_11	(Hour and	(Departure/arrival city, per diem computation, or other explanation		· · · · · · · · · · · · · · · · · · ·	MEALS	T	LANEOUS		TOTAL	0.510 NO. OF	MILEAG	SE.	SUBSISTENCE	OTHER
	am/pm)	of expenses)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS- TENCE	LODGING	SUBSISTENCE EXPENSE	MILES				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)	(i)	(k)	(1)		(m)	(n)
09/27		D-:RES: Plantation						I i				! ; !	1	
(a) 09/27 09/27 09/27		TMC FEE (GOVCC-I)		<u> </u>	 	<u> </u>	ļ		ļ			<u> </u>	<u> </u>	
09/27		A-:WASHINGTON, DC	l.	i	i	53 25	i	t	53.25			ı	53 25	1
09/27		Airfare (Non Reimbu			<u> </u>	1	ļļ	l l	ļ <u></u>			!	!	!!
09/27		POV-NO GVT VHC AVL/	AIRPO	RT!						120.00		61 2	0 !	
09/27		D-:WASHINGTON, DC		1	 	<u> </u>	 					·		
09/27		A:RES: Plantation,	1	ı	ı	1	1	I				l	ı	l I
09/27		Parking		1		<u> </u>	ļ ļ	<u> </u>				<u> </u>	1	<u> </u>
09/27		Taxi	!	!	!] !			ļ			[18 00
09/27		TAV Fee -I		<u> </u>	 	<u> </u>	ļ	<u> </u>	<u> </u>			<u> </u>		
			i	i	i	i	i	i	the state of the s			l	Ì	1
				!		ļ <u>.</u>	ļ <u>ļ</u>	1				<u> </u>	<u> </u>	ļ
						!		1				[! !	!
			<u> </u>	<u> </u>	 	<u> </u>	 					! 		ļ <u>.</u>
			i	i	i	i	ì	i				1	1	i
			<u>. l</u>	!			!					1	<u> </u>	11
į							1					1		
			<u> </u>	 	 	 	ļ					<u>'</u>		<u> </u>
1			I	i	i		ı	i		1	İ	i	l	Ï
					+	 	 		 			<u> </u>		
1			li	¦	1 ;		1					1	1 :	
			T	1	 	 	1					1	1	<u> </u>
							<u> </u>					1	1	100
if addition:	al space is r	equired, continue on another 1012-A BACK	, leaving t	he front bl	ank.				SUBTOTA			120	53 25 53 25	18 00
		Privacy Act of 1974, the following information in							TOTA	ALS P	91	20	53; 25	18,00
vided: Solic	ritation of the	information on this form is authorized by S. I.	180		requireme	nt by this ag	gency in conf	nection with the	hiring or firing of	an			i of columns (i), (i	
E.O. 11609	s implements of July 22, 1	ed by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93	101 7), 397 of		employee, formance	the issuance of official duty	of a security while in Gove	clearance, or inv mment service.	hiring or firing of restigations of the Your Social Sect	per- urity	this form.	anu II	item 13 on the fr	Ont Of
November: of the reque	22, 1943, an ested informa	d 26 U.S.C. 6011(b) and 6109. The primary pu ation is to determine payment or reimburseme lowable travel and/or relocation expenses inc	rpose int to		Account N Revenue (lumber (SSI Code (26 U.S	N) is solicited	under the aut	hority of the Inte D. 9397, November tion number; disclost relocation allow	mal 22.				
under appre	opriate admii	distrative authorization and to record and mai	ntain		1943, for u	ise as a tax p	ayer and/or en	ployee Identification	ion number; disclos	SUITE BIDGE	l			
costs of sur	ch reimburse	ments to the Government. The information w	ill be		expense re	eimbursemen	t which is, or m	nay be, taxable in	reiocation allow come. Disclosure n all other instant	of	TOTAL			
performanc	e of their offi	ments to the Government. The information w ployees who have a need for the information i ctal duties. The information may be disclose	n the		nowever,	failure to pro	ovide the infor	mation (other th	an SSN) required	es; I to	AMOUN			132.45
appropriate	Federal, Sta	ite, local or foreign agencies, when relevant to	civil,		support the	e claim may r	esult in delay o	r loss of reimburs	sement.		CLAIM	-U	•	134.45

Ovilip itaver pyscem	12000	onea, onem	() ()
ACCOUNTING CLASS CODE			TRIP 1
COM. CARRI-211C			601.40 53.25
M&IE-211D			53.25 61.20
MILEAGE-211P PARKING-211I			30.00
PARKING-2111 TAV EXP -I-211B			15.00
TAXI-211T			18.00
TMC FEE -I-211B			4.35
11 5298WM41EXY 0	.00	0.00	783.20
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS: TOTAL EXPENSES		783 20	
NON-REIMBURSABLE EXPENSES		650.75	
TOTAL AMOUNT CLAIMED			
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING	0.00		
GOV'T ADVANCE OUTSTANDING	0.00		
GOV'T ADVANCE APPLIED	0.00		
		0.00	
NET TO TRAVELER (GOVT)		132.45	
GOV'T CHARGE CARD EXPENSES -	0.00		
GOV'T CHARGE CARD ATM ADV	0.00		
GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
TOTAL GOV'T CHARGE CARD AMT			
PAY TO GOV'T CHARGE CARD		0.00 132.45	
PAY TO TRAVELER		132.45	

SatoTrave

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION

Sales Person:

Locator:

GIHXYU

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY DOMESTIC

28.50USD

INTERNATIONAL 37.75USD

CAR/HOTEL ONLY 17.75USD

GOVTRIP AIR

4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

resday September 27, 2011



American Airlines

Class of Service: Coach Class G

Depart: MIAMI, FL

Arrive: WASHINGTON/NATL,DC

Total Flight Time:

Equipment: Boeing 737-800 Meal Service: Food For Purchase

Status: Confirmed ARR-TERMINAL B

ONEWORLD

Flight Number: 1156

9:35 Am September 27, 2011 11:55 Am September 27, 2011 2 Hours 20 Minutes Non-Stop

Confirmation Number: GIHXYU

Tuesday September 27, 2011



WASHINGTON/NATL, DC

HYATT HOTELS GRAND HYATT WASHINGTON

1000 H ST

WASHINGTON DC 20001

Phone Number: 1-202-5821234 Fax Number: 1-202-637 4781

Number of Rooms: 1

Rate: 211.00 USD Per Night Check In: Sep 27, 2011 Check Out: Sep 28, 2011

Confirmation Number: HY0060346125 Cancellation Policy: Cancel by 4PM

Directions: -FROM REAGAN NATIONAL AIRPORT -DCA

dnesday September 28, 2011



American Airlines

Class of Service: Coach Class G

Depart: WASHINGTON/NATL,DC

Arrive: MIAMI, FL Total Flight Time:

Equipment: Boeing 737-800

Meal Service: Food For Purchase

Status: Confirmed DEP-TERMINAL B ONEWORLD

7:05 Am September 28, 2011

Flight Number: 1269

9:40 Am September 28, 2011 2 Hours 35 Minutes Non-Stop

Confirmation Number: GIHXYU

<u>Name</u>	Invoice / Ticket / Date	<u>Base</u>	<u> Tax1</u>	Tax2	Tax3	<u>Total</u>
		539.54USD	40.46US	7.40ZP	14.00XT	601.40
(b) (6)						
FOP CAxxxxxxxxx						

FOP CAXXXXXXX

Total Amount:

601.40

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ***** U06C***** FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED.

EASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT. IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN. Notes:

DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS

TAXI CAB RECEIPT
DATE 9/27/11 TIME
ORIGIN DCA CAB#
DESTINATION COPS FARE: \$ 1800 SIGNATURE
FARE: \$ 18 SIGNATURE

Parking machine was broken and not printing receipts. Parking charge was \$30.00.

Dawn Armel

From:

Estenoz, Shannon A <Shannon Estenoz@ios.doi.gov>

Sent:

Thursday, September 29, 2011 5:11 PM

To:

Dawn Armel

Subject:

Re: Travel Receipts

Oh, I guess I do have one 18 dollar cab ride receipt (but I shared a cab back to the airport with the district and they paid). Parking was 30 dollars.

From: Dawn Armel [mailto:darmel@sfrestore.org] Sent: Thursday, September 29, 2011 04:38 PM

To: Estenoz, Shannon A Subject: RE: Travel Receipts

Do you have any taxi receipts? How much was the parking?

Thanks

From: Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]

Sent: Thursday, September 29, 2011 4:36 PM

To: Dawn Armel

Subject: Re: Travel Receipts

I don't have any. The parking machine was broken and not printing receipts. I didn't stay overnight.

From: Dawn Armel [mailto:darmel@sfrestore.org]
Sent: Thursday, September 29, 2011 04:20 PM

To: Estenoz, Shannon A Subject: Travel Receipts

Hi Shannon:

Don't forget your travel receipts tomorrow.

Thanks,

D

TRAVEL VOUCHER		ARTMENT OR ES		•	2. T	YPE OF TRAVEL TEMPORARY DUTY		DUCHER NO.	TOND10051	= -1 T/O
(Read Privacy Act Statement below)	EV	ERGLADES	NP			PERMANENT CHANGE OF STATION	Security and the second	HEDULE NO.	110110110031	<u>-</u>
a. NAME (Last, first, r	niddle initial)	1 2 2	10 200	0.041	b.S	OCIAL SECURITY NO.	6. PE	RIOD OF TRAV	EL	•
(,	1 1				(b) (6)	a. FR		b. TO	-
Estenoz, Si	hannon i	A. 📮	THEV	VII	**	*-**-*:	1	0/05/11	10/06/11	
c. MAILING ADDRESS	(Include ZIP			Harden and American and American	d. O	FFICE TELEPHONE NO.		AVEL AUTHOR		
11200 SW 8	Street						a. NU	MBER(S)	b. DATE(S)	•
FIU OE Bui		oom 165			3	05-348-1665	1			
Miami, FL					<u>L_</u>			0S1HRW		
e. PRESENT DUTY STA			f. RESIDENCI	THE STREET STREET STREET					10/04/11	
EVERGLADES	NP		Plant	ation, 1	FL		10. CI	HECK NO.		
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT	discountering.		11 0	PAID BY		•
a. Outstanding	<u> </u>	0.10.0	a. DATE RECE		-	MOUNT RECEIVED	- 11	AIDDI		
b. Amount to be applied		0 00			\$					
c. Amount due Government			c. PAYEE'S SI	GNATURE	er de la companya de la companya de la companya de la companya de la companya de la companya de la companya de					
(Attached Check	Cash)									
D. Balance outstanding										
12. GOVERNMENT TRANSPORTATION REQUESTS, OR						es in connection with reimb t procedures (FPMR 101-7		>	Traveler's Initials	
TRANSPORTATION TICKETS, IF PUR-	AGENT'S	ISSUING CAR-	MODE CLASS OF				POINTS C	OF TRAVEL		69
CHASED WITH CASH (List by number below	VALUATION	RIER	SERVICE	DATE				T		46
and attach passenger coupon; if cash is used	OF TICKET		AND ACCOM- MODATIONS	ISSUED		FROM		Т	0	
show claim on reverse side)	(a)	(b)	(c)	(d)		(e)			(f)	
1004111359KP	4	.35 XD		10/04/1	L1					6
ZNUP 001868727232	762	.40 AA		10/04/1	L1	MIA-Miami,	FL	DCA-Wa	shington,	DC
COUNTING CLA 11 5298WM41EXY COMMENTS: DOI Meetings			^^EXY [^] WI	141^^ -		168.10	NR-	1	,103.02	
TRAVELER SIGN HERE NOTE: Falsification of an iter than \$10,000 or impn	m in an expense	account works a fi	ed on the average orfeiture of claim or both (18 U.S.	e cost of lodging (28 U.S.C. 2514 C. 287; i.d. 1001	incur	Ped during the period cover	AMOU		 	
 This voucher is approved necessary in the interest are included, the approvi head of the department of 	of the Government of the Gover	ent. (NOTE: If	long distance tele ed in writing by t	ephone calls	8	17. FOR FINANCE OFFIC COMPUTA a. DIFFER-ENCES, IF ANY		VLY 5	j	
APPROVING Dawn Arr	mel R. (Execu	tive Assi	2 11	CARTINITIES IN THE CASE OF THE	(Explain and show amount)	**************************************			
15. LAST PRECEDING VOUC	HER PAID UND	ER SAME TRAVE	L AUTHORIZAT		1	. TOTAL VERIFIED CORF	PECT FOR		<u>-</u> -	
a. VOUCHER NO.	b. D.O. S	YMBOL		c. MONTH & YEAR	1	CHARGE TO APPROP			. !	
16. THIS VOUCHER IS CERTI AUTHORIZED CERTIFYING OFFICIAL "3N HERE	FIED CORRECT	FAND PROPER F		DATE		c. APPLIED TO TRAVEL A (Appropriation symbol):	DVANCE	\$	0.00	
ACCOUNTING CLASSIFICE SEE BLOCK 12		7		417/	c	NET TO	TRAVE	LER ▶ \$	168.10	
				L						

									_										
		INSTRUCTIONS TO TRAVELER	(Unliste	d iten	is are s	elf expl	lanato	ory)								mplete this	PAG	E	
SCHEDU	ILE	Col. (c) If the voucher includes	Com-		ol. (d				d for ea	ch mea	ıl, including tax an	d tips, and daily to	tal			ormation his is a		_2	
OF		per diem allowances for	plete	ti	hru (g		al cos									ntinuation	OF		
EXPENS	ES	members of employee's	only		(h						leaning and press	ing of clothes, tips	to beliboys,			et TRIE			GES
		immediate family, show members' names, ages,	for actual	(i) Complete for per diem and actual expense travel.									TRA	VEL AUTHO)RIZAT	ION NO.			
AND		and relationships to em-	expens	(I) Show total subsistence expense incurred for actual expense travel									0:	S1HRW					
AMOUN	rs	ployee and marital status	travel		411	the	lesse	r of the amo	unt from	col. (j)	or maximum rate	avei on actual expe	ense, snow		-				
CLAIME	D	of children (unless infor-			(n,) Sho	w exp	penses, suci	as: tax	d/limous	sine fares, air fare	(if purchased with s, car rental, reloca	cash), local or	•	TRA	VELER'S LA	AST NA	ME	
		mation is shown on the travel authorization.)				sub	a uisten sisten	ance telepho ice, etc.	ne cans	TOT GO	vemment busines:	s, car rental, reloca	ition other thai	ו	E	stenoz	Z		
DATE	TIME	DESCRIPTION		ITEMIZED SUBSISTENCE EXPENSES MILEAGE AN							MOR	MOUNT CLAIMED							
20_11	(Hour	(Departure/arrival city, per diem			N	//EALS				CEL-		l	RATE: 0.510			T			
20	and am/pm)	computation, or other explanation	BREAK-	T		T			LANE	SUO.	LODGING	TOTAL SUBSISTENCE	NO OF	MILEAG	3E	SUBSISTE	NCE	OTHER	
(n)	anupni) (b)	of expenses)	FAST		NCH	DINN	ER	TOTAL	TEN	CE		EXPENSE	MILES				1		
(e) 10/05	(D)	D-:RES: Plantation	(d)	+-	e)	1 0		(g)	(h) 	(i)	(i)	(k)	(1)	т	(m)		(n)	
10/05		TMC FEE (GOVCC-I)	ı		i	l i		i		i	i	ļ		1	i	1	: 1	l I	I
10/05 10/05		Airfare (Non Reimbu	reah	107	+	╀─┼			-	1		<u> </u>				 	+		·
10/05		A-:WASHINGTON, DC	ropu	751	!	!				!	1		İ	1	I		1	ŗ	i
10/05 10/05		POV-NO GVT VHC AVL/	ATDD	407	1			53 l25	-	+ +	226 100	53.25	20.00	<u> </u>	<u>. </u>	+	125		<u>!</u>
10/05		TMC Fee	HIKE	٩ĸ.	i	li		i	1	il			30.00	ł	15 3	30	1	1	i I
10/05	A	Taxi		┿	-	+ +			 	-}				<u> </u>		<u> </u>	$\overset{\dots}{\longmapsto}$		
10/06		D-:WASHINGTON, DC	1	l	[!		į į		1	1	1		•	I		1	23	00
10/06		POV-NO GVT VHC AVL/	7 T D D	den	1 71	1 1		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	1			20.00		<u>!</u>	ļ	! 		<u>!</u>
10/06		A:RES: Plantation,	HIKE	YK.	i	i		i		i	i		30.00		հ <u>5</u> 3	30	: I		i I
10/06		Subsistence		+-	+					-	· · · · · · · · ·				.	 	┅		-
10/06		Lodging Tax	ı	1	l] !	- 1	53 25		!	1	53.25			1	53	25	Ī	1
10/06		Parking	<u> </u>	╫	<u> </u>	+ +				!					<u>!</u>		╧		<u> </u>
10/06		TAV Fee -I	1	1	i	l ;				;	1	1			!		: 1		į
10/06		Taxi		╂	+	-	-		-	i l	· · · · · · · · ·					<u> </u>			<u> </u>
10,00		IGAL	1		!	!	ļ	Į.		!	. !				I	ŀ	1	8 1	00
				+	<u> </u>			1	ļ						[<u></u>
					i	li	- 1	i		¦	;	 		•	!		!	i	1
				+-	+	+		- -		-	 i				-				
			Į.		!	!	ı	l	ŀ	!	I				ŀ	ĺ	1	Ī	i
			- 	1	1			l	<u> </u>	+ 1						 	┼─┼		<u> </u>
			i	}	i	i	1	i		il	i				1	!	:]		1
			ı		T			1		1	ı					ļ			
				<u> </u>					<u> </u>						<u> </u>		<u> </u>		<u> </u>
if additiona	l space is n	equired, continue on another 1012-A BACK	, leaving (the fro	nt bla	nk.						SUBTOTAL			160	106	150	31 k	00
In complian	ce with the P	rivery Act of 1974, the following information is										TOTA	LS	30	60	106	50	31 (00
Chap. 57 as E.O. 11609 November 2	itation of the implemente of July 22, 1 22, 1943, and isted informa	information on this form is authorized by 5 U d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93 126 U.S.C. 6011(b) and 6109. The primary pu	I.S.C. 01 7), 97 of rpose			require employ formar Account Reven	ement yee, the nce of nt Nu lue Co	t by this ag he issuance f official duty imber (SSN ode (26 U.S	ency ir of a se while ir i) is si .C. 601	connicurity of Govern	ection with the holearance, or invented in the control of the cont	niring or firing of a stigations of the p Your Social Secur cority of the Inter 9397 November	an per- rity mal 22	Enter gran (n), below this form.	d total and in	ni of columns n item 13 on t	(l), (m) the fron	and t of	
under appro costs of suc used by office performance	priate admin h reimburser cers and emp e of their office	travel and/or relocation expenses inct istrative authorization and to record and main nents to the Government. The information wi ployees who have a need for the information in itsial duties. The information may be disclose be, local or foreign agencies, when relevant to	irred ntain II be i the			you SS nowey	SN an	d other reau	ested in	iformati e Inforr	on is voluntary in nation (other tha	Your Social Secu- cority of the Inter- 9397, November on number; disclosi relocation allowa come. Disclosure all other instance in SSN) required	10	TOTAL AMOUN				160 1	1.0

11/02/11	ACCOUNTING	DETAIL	Auth	No:	SEWASH	HINGTON	ND10051	1 V01
GovTrip Travel	System		Ester	noz,	Shann	***_**	r = * * <mark>(b) (</mark>	5)

GovTrip Travel System ==== ====		Estenoz, Shann *:	* * _ * * _ * * <mark>(b) (6)</mark> =======
ACCOUNTING CLASS CODE			TRIP 1
COM. CARRI-211C LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			762.40 258.77 106.50 30.60 34.00 15.00 31.00 32.85
11 5298WM41EXY	0.00	0.00	1,271.12
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		1,271.12 1,103.02	
TOTAL AMOUNT CLAIMED		168.10	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.0 0.0	0 0 - 0.00	
NET TO TRAVELER (GOVT)		168.10	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.0	0 0	
TOTAL GOV'T CHARGE CARD AMT			
PAY TO GOV'T CHARGE CARD		0.00	

PAY TO TRAVELER -----

168.10

Sato rave

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

GT

Locator:

KPZNUP

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY DOMESTIC 28.50USD INTERNATIONAL 37.75USD CAR/HOTEL ONLY 17.75USD GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE E-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Wednesday October 5, 2011

American Airlines

Class of Service: Coach Class G

Depart: MIAMI, FL

Arrive: WASHINGTON/NATL,DC

Total Flight Time:

Equipment: Boeing 737-800 Meal Service: Food For Purchase

Status: Confirmed ARR-TERMINAL B

ONEWORLD

Flight Number: 1054

8:10 Am October 5, 2011 10:30 Am October 5, 2011 2 Hours 20 Minutes Non-Stop

Confirmation Number: KPZNUP

Thursday October 6, 2011



American Airlines

Class of Service: Coach Class Y

Depart: WASHINGTON/NATL,DC

Arrive: MIAMI, FL Total Flight Time:

Equipment: Boeing 737-800 Meal Service: Food For Purchase

Status: Confirmed

Reserved Seat: ESTENOZ/SHANNON A 14C

DEP-TERMINAL B

ONE WORLD

Flight Number: 1990

12:45 Pm October 6, 2011 3:20 Pm October 6, 2011 2 Hours 35 Minutes Non-Stop

Confirmation Number: KPZNUP

Name	Invoice / Ticket / Date	<u>Base</u>	Tax1	<u> </u>	<u>Tax3</u>	<u>Totai</u>
ESTENOZ SHANNON A	442245/0018687272323/04OCT1	689.31	51.69US	7.40ZP	14.00XT	762.40
	ı				Trip Fee	4.35
FOP CAxxxxxxxxx				To	tal Amount:	766.75

GO TO WWW.TSA.GOV
YOUR LOCAL OFFICE IS ****** UO6C******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE
AND ARE NOT GUARANTEED UNTIL TICKETED.
PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.
Notes:

CWTSATOTRAVEL CAN BOOK YOUR HOTEL ACCOMODATIONS. WE CAN ASSIST IN KEEPING COSTS WITHIN PER DIEM AT A FEMA APPROVED PROPERTY, GUARANTEE YOUR RESERVATION FOR LATE ARRIVAL, AND EVEN CHECK FOR A ROOM AT YOUR FAVORITE HOTEL AT LOW FEDROOM CWTSATOTRAVEL GOVERNMENT RATES. ALL YOUR RESERVATIONS INCLUDED ON ONE __INERARY--AIR, CAR, AND HOTEL.

THANKS FROM YOUR CWTSATOTRAVEL TEAM!!!

TAXICAB RECEIPT
Time:
Date: 10 5 11
Origin of trip: DOT
Destination: TWM
Fare: Sign:

TAX	ICAB RECEIPT
Origin of trip:	Time:
Destination:	
Fare: (500	Sign:

TAX	ICAB RECEIPT
	Time:
Mcsh TM	Date: 10 6 11
Origin of trip:	V]
Destination: DOJ	
Fare: Sign	

MIAMI AIRPORT

Customer Service Number: 305-876-7598

Card Account (b) (6)
Card Type : |
Authorization

Cashier: 0 Seq # 13049 License Plate: EL48P

Ent: 06:28 10/05/11 Lane 76 Exit: 15:38 10/06/11 Lane 66 Duration: 1D(s) 9H(s) 10M(s)

Rate Code: 84

FEE \$ 34,00
AMOUNT TEND \$ 34,00
CASH \$ 0,00
CREDIT CARD \$ 34,00
CHECK \$ 0,00
CHANGE CALC \$ 0,00
PAID AT CT \$ 34,00
Taxes Included

*** Thank You ***

LUSI ItOtel Receipt.

Dawn Armel

From:

'JW Marriott Hotels & Resorts Reservation' <reservations@jwmarriott.com>

Sent:

Tuesday, October 04, 2011 2:32 PM

To:

Dawn Armel

Subject:

Reminder: Your stay at JW Marriott Washington, DC begins Wednesday, October 5, 2011





JW Marriott Washington, DC 1331 Pennsylvania Avenue NW,

Washington, District Of Columbia 20004 USA Phone: 1-202-393-2000 Fax: 1-202-626-6991



Reservation for SHANNON ESTENOZ

- Confirmation Number: 81080597
- Check-in: Wednesday, October 5, 2011 (04:00 PM)
- Check-out: Thursday, October 6, 2011 (12:00 PM)

View hotel website Modify or Cancel reservation Driving Directions
Maps & Transportation

Dear SHANNON ESTENOZ,

Your reservation #81080597 at the JW Marriott Washington, DC begins soon. We're excited you'll be visiting and are preparing for your stay.

JW Marriott Washington, DC

Not a Rewards member? See what you are missing.

There's still time to be rewarded for your upcoming stay! As a Marriott Rewards member, you could earn 2260 points for this stay. Enroll today to begin earning rewards, and you may also qualify for bonus points. Join Marriott Rewards

About Your Hotel

Services & Amenities

- High-speed Internet in guest rooms Business center
 Fitness center on-site
- Indoor pool

For a complete list of services and amenities, download the hotel fact sheet

- Book with Hertz: Save up to 35% and Earn 500 Rewards Points
- Book Cars, Tours & More get great rates on local tours and attractions
 Join Us, Help Save the Rainforest. Learn More and Donate Now

About Your Destination



As reported October 3 05:03 PM

October 5 Sunny Hi: 73F/22C

Hi: 73F/22C Low: 51F/10C

October 6 Sunny
Hi: 65F/18C

Hi: 65F/18C Low: 49F/9C

October 7 Sunny Hi: 69F/20C

Hi: 69F/20C Low: 51F/10C

View a 10-day forecast

Go Your Own Way

Find everything you need to make your stay go smoothly with local restaurant recommendations, itinerary planning, local maps, weather and travel information.

What's happening in Washington?

You know what you like. We know where you can find it in Washington. Use the links below, proudly provided by wCities, to find things to do and see in Washington.



- Cîty Insider
- Top Pick
- Dining
- Bars & Nightlife
- Things to do
- Business Essentials
- Shopping
- Practical Information

Reservation Details

- Confirmation Number: 81080597
- Your hotel: JW Marriott Washington, DC
- Check-in: Wednesday, October 5, 2011 (04:00 PM)
- Check-out: Thursday, October 6, 2011 (12:00 PM)

Room type: Guest room, 1 King or 2 Double

- Number of rooms: 1
- Guests per room: 1
- Guest name: SHANNON ESTENOZ
- Reservation confirmed: Tuesday, October 4, 2011 (18:30:00 GMT)
- Guarantee method: Credit card guarantee, Master Card

Special request(s):

•1 King Bed, Guaranteed

226.00				
				
32.77				
258.77				

You may modify or cancel your reservation online (see details below), or call 1-800-228-9290 in the US and Canada. Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation.

Canceling Your Reservation

- You may cancel your reservation for no charge until 06:00 PM hotel time on Wednesday, October 5, 2011.
- Please note that we will assess a fee of 258.77 USD if you must cancel after this deadline.

If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

Modifying Your Reservation

Please note that a change in the length or dates of your reservation may result in a rate change.

New! Up to 6 Free Nights

Earn 30,000 Bonus Points and 2 Free Night Stays - enough for up to 6 Free Nights - with the VISA Marriott Rewards Credit Card. Reward yourself.

Learn More

Travel Alerts

- There is very limited parking at the hotel. Accessible rooms are sold out for the dates of May 11-17, 2012. Introducing the NEW, FREE Marriott Mobile App. Download Today!
- Please Note: All Marriott hotels in the USA and Canada, are committed to a smoke-free policy. Learn more

The Responsible Tourist and Traveler
 A practical guide to help you make your trip an enriching experience

Look No Further

You've received the best possible rate - quaranteed.

Privacy, Authenticity and Opting Out

Your privacy is important to us. Please visit our Privacy Statement for full details.

This email confirmation is an auto-generated message. Replies to automated messages are not monitored. Our Internet Customer Care team is available to assist you 24 hours per day, 7 days per week. Contact Internet Customer Care.

Promotional email unsubscribe

If you provided us with your email address for the first time, we will send you a follow-up email to welcome you. We will also send you periodic emails with information about your account balance, member status, special offers and promotions. An opt-out link will be included in each of these emails so that you can change your mind at any time. If you would prefer to opt out of such emails from Marriott International, Marriott Rewards or The Ritz-Carlton Rewards, you may do so here. In addition, you may unsubscribe from The Ritz-Carlton email community here

Please note: Should you unsubscribe from promotional email, we will continue to send messages for transactions such as reservation confirmation, point redemption, etc.

Confirmation Authenticity

We're sending you this confirmation notice electronically for your convenience. Marriott keeps an official record of all electronic reservations. We honor our official record only and will disregard any alterations to this confirmation that may have been made after we sent it to you.

If you have received this email in error, please let us know.

Terms of Use::Internet Privacy Statement ©1996-2011 Marriott International, Inc. All rights reserved. Marriott proprietary information.

Dawn Armel

From:

Dawn Armel

Sent:

Monday, October 24, 2011 5:05 PM

To:

'mbs.folio@marriott.com'

Cc: Subject: Shannon Estenoz (Shannon Estenoz@ios.doi.gov)

Copy of bill for confirmation number 81080597

To Whom It May Concern:

I am processing the travel reimbursement for Shannon Estenoz and need a copy of the bill for her stay October 5-6, 2011. The confirmation number is 81080597.

Thanks for your help.

Dawn

Dawn Armel
Department of Interior
South Florida Ecosystem Restoration Task Force
11200 SW 8 Street, OE Bldg. Room 165
Miami, FL 33199

Phone: 305-348-6027 Fax: 305-348-1667

i i	= 2			ABII							
TRAVEL VOUCHER	1. DEF	PARTMEN OR	STABLISHMENT	- All 60 All 50 All 50	2. TY	PE OF TRAVEL		OUCHER NO		in the same	
		UREAU DIVISION			X	TEMPORARY DUT	/ SI	EWASHI	NGTOND101	111_7	
(Read Privacy Act EVERGLADES NP Statement below)						PERMANENT CHAN OF STATION	IGE 4. S	CHEDULE N	10.		
a. NAME (Last, first, middle initial)					b. SO	CIAL SECURITY NO	ALCO TO THE PERSON OF THE PERS	ERIOD OF T	RAVEL		
Estenoz, S	hannon	Α.			**>	(b) (ROM 0/12/	b. TO 11 10/14/:	11	
c. MAILING ADDRESS	(Include ZIF	Code)				FICE TELEPHONE.			HORIZATION	<u>_</u>	
11200 SW 8 FIU OE Bui				1	a. NUMBER(S) b. DATE(S)						
Miami, FL		.00111 1100			3 ()5-348-166	5	0RZBX	VH.		
e. PRESENT DUTY ST				E (City and Sta	58			09/12/11			
EVERGLADES	NP		Plant	ation, F	L		10. C	HECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11.	PAID BY	N-744		
a. Outstanding b. Amount to be applied		0 100	a. DATE RECE	EIVED	b. AMC	DUNT RECEIVED					
c. Amount due Government		0 00	c. PAYEE'S SI	GNATURE	Φ						
(Attached L Check	Cash)		1	OI WITOTILE							
D. Balance outstanding 12. GOVERNMENT			<u> </u>			communication of the communic					
TRANSPORTATION REQUESTS, OR	I hereby assig transportation	in the United State charges describe	es any right I may d below, purchase	have against any ed under cash pay	parties ment	in connection with rorocedures (FPMR 1	eimbursable 01-7)		Traveler's Initia	als	
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF		T	THE RESERVE OF THE PARTY OF THE	POINTS	OF TRAVEL			
(List by number below and attach passenger	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE	Ì	10.000.000.000		T	W. A		
coupon; if cash is used show claim on reverse	(a)	(Initials)	MODATIONS (c)	(d)		FROM (e)			TO		
side)	(5)	(2)	(6)	(0)	\dashv	(e)	- I may		<i>(f)</i>	шин	
.007111541MC	4	.35 XD		10/11/1	1						
MWD 01871571320	762	.40 AA		10/11/1	,	MIA-Miami	ET.	DCN-I	Washingtor	DC	
				10/11/1	-	min midmi	.,	DCA	wasiiiiigcoi	1, DC	
CCOUNTING CLA 1 5298WM41EX			^^		1				8 9		
1 5298WM41EA	-2011	0/15298	EXY WI	141 -	1	345.1	.9 NR-		1,313.25		
COMMENTS:											
ask Force Pr	ncipal	s Meetin	g and SI	S Brief	ind	•					
13. I certify that this voucher	is true and corre	ect to the best of r	ny knowledge and	belief, and that p	avmer	t or credit has not be	en			the state of the s	
received by me. When a this voucher.	pplicable, per di	iem claimed is bas	sed on the averag	e cost of lodging in	ncurre	d during the period of	overed by				
FRAVELER SIGN HERE	1				ID	ATE DOUL	AMOU		345.11		
IOTE: Falsification of an iter	n in an expense	account works a	forfeiture of claim	(28 U.S.C. 2514)	and m	ay result in a fine of i	CLAIN not more	IED	343,113		
than \$10,000 or impri				C. 287; I.d. 1001).	B			To the second se		=====	
necessary in the interest	of the Governm	ent. (NOTE: If	long distance tele	ephone calls	17. FOR FINANCE OFFICE USE ONLY COMPUTATION			NLY	1		
are included, the approvi head of the department o				he	a. DIFFER-			\$	_		
2220/41/2	. ^	240				ENCES, IF ANY		Ann in the state of	 	Nillean	
PPROVING Dawn Art	mel (Execu	tive Assi	1 1		(Explain and show amount)			+		
IGN HERE LAW	C D.	mer		0/20/11	4					_	
5. LAST PRECEDING VOUCI VOUCHER NO.	b. D.O. S			. MONTH &	b.	TOTAL VERIFIED C CHARGE TO APPE		t	1 i		
THO VOUSIER IS A		- AND		YEAR		Certifier's initials:	Y		\$	-240	
6. THIS VOUCHER IS CERTI .UTHORIZED	HED CORRECT	AND PROPER I	OR PAYMENT		C.	APPLIED TO TRAVE (Appropriation symb			0.00		
ERTIFYING		10 /	D	ATE	-	Market and the second s	BIOLINA NAMED WAS ASSESSED.		\$ 0,000	and and and and and and and and and and	
OFFICIAL SN HERE	MIV	11/		10/25/11	d.	NET	TO TRAVE	LER >	\$ 345 19	8	
SEE BLOCK 12		V /	An investment of the Charles and the Charles a						The second secon		
				1							
1012.16			ION 7540 00 004							NOTE OF THE PARTY	

															
INSTRUCTIONS TO TRAVELE		(Unlisted	litems are s	self explanat	ory)							nplete this PAG	E		
SCHEDULE		Col. (c) If the voucher includes	Com- Col. (d) Show amount incurred for each meal, including tax and tips, and daily total									mellon is is e			
OF		per diem allowances for	plete	plete thru (g) meal cost. continuation OF											
		members of employee's	_	only (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to beliboys, porters, etc. (other than for meals).								shee	et. TRIP #	1 PAGES	
	LO	immediate family, show members' names, ages,	for actual	(1)	Complet	e for per dien	in ior meals). I and actual ex	pense travel.				TRAV	VEL AUTHORIZAT	ION NO.	
AND		and relationships to em-	expense	, –	Show to	tal subsistenc	e expense inc	urred for actual e	xpense travel.			OF	RZBXH		
AMOUN'	rs	ployee and marital status	travel	(m) Show per distributing institute to maximum rate, or travel on actual expense, show											
CLAIME	D	of children (unless infor-		(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than								TRAVELER'S LAST NAME			
		mation is shown on the			iong dist subsiste		ne calls for Go	vernment busine:	ss, car rental, reloca	ition other than)	Εs	stenoz		
DATE	TIME	travel authorization.)								MILEAGE	1				
1	TIME	DESCRIPTION			1(EMI	ZED SUBSIS	TENCE EXPE	NSES		RATE:	AMOUNT CLAIMED				
20 11	(Hour and	(Departure/arrival city, per diem computation, or other explanation			MEALS	EALS		MISCEL- LANEOUS		0.510		_	aunojozzuan	OTHER	
	am/pm)	of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO. OF MILES	MILEAG	-	SUBSISTENCE	OTHER	
(e)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE	(k)	Ø	- 1	(m)	(n)	
(e) 10/12		D-:RES: Plantation		1			1		<u> </u>	1.7	<u>"</u>		1"7	177	
10/12		TMC FEE (GOVCC-I)		!				ļ ļ			İ	! !	!!	l l	
$\frac{10/12}{10/12}$		Airfare (Non Reimbu	rsabl	e)											
10/12		A-: WASHINGTON, DC	i	li	lí	53 25	i	226 100	53.25				531 25	ì	
$\frac{10/12}{10/12}$		POV-NO GVT VHC AVL/	AIRPO	RTI	1		ı	ı		30.00		15 3		i	
10/12		Misc Expenses	1	1	!	<u> </u>	1				!		1	32 .09	
10/12		Taxi	1											35 00	
10/12		TMC Fee	i	l i	1 1	li		i i		1	1	. 1	, ; [1	
$\frac{10/12}{10/13}$		Subsistence	ı	1	ı	71 00	ı	226 00	71.00				71 00	i	
10/13		Taxi		!	!	1	1	1			i i	.		20 00	
10/14		D-:WASHINGTON, DC	1					1							
10/14		POV-NO GVT VHC AVL/	AIRPO	RT	Li	;				30.00		1.5 3	. 1	i 1	
10/14		A:RES: Plantation,	1	1	ı	I	ı	ı					i	i i	
10/14		Subsistence	_ !	!	!	53, 25	!!	Į.	53.25		!	.]	53 25	1	
10/14		Data Services	1											12 00	
10/14		Parking	L. i	i	i	li	i	i				. 1		p-	
10/14		TAV Fee -I	ı	ı	1		1	1			ı		i		
10/14		Taxi			!	!		1			ı	.]	1	38 00	
														30,00	
			<u> </u>	<u> </u>	<u> </u>	<u> </u>						1			
			-	1	!	ı	ı	I			1		1	1	
					<u> </u>		ı	<u> </u>					1	i	
			i			1 '							!]		
							<u> </u>	<u> </u>	SUBTOTA	s	301	60	177 50	137 09	
If additions	al space is re	equired, continue on another 1012-A BACK	, leaving th	e front bla	nk.				тот		301		177 50	137 09	
In complian	ce with the P	rivacy Act of 1974, the following information is	s pro-	*********									I	· · · · · · · · · · · · · · · · · · ·	
Chap. 57 as															
E.O. 11609 November 2	Video: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 1017), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain is MANDATORY on vouchers claiming travel and/or relocation allowance TOTAL Tequirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or relocation authorized by this form. Whistory of the information is the performance of official duty while in Government to formance of official duty while in Government to social Security of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or relocation allowance is MANDATORY on vouchers claiming travel and/or relocation allowance.							107							
of the reque	of the requested information is to determine payment or reimbursement to Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397. November 22.														
under appro	priate admin	istrative authorization and to record and mail	urrea ntain		is MANDA	se as a tax pa TORY on vo	yer and/or em ouchers claimin	ployee identificat	ion number; disclos	ure ince					
used by offi	cers and ewi	nents to the Government. The information will be a covernment to the information will be a covernment to the information will be a covernment to the information may be disclosed to the covernment of the information may be disclosed to the covernment.	ill be In the		expense re	imbursement	which is, or me	ay be, taxable in	come. Disclosure	of	TOTAL	т			
performano appropriate	e of their offic Federal, Stat	ial duties. The information may be disclose te, local or foreign agencies, when relevant to	d to		however, f	allure to pro	vide the infor	mation (other th	an SSN) required	to	AMOUN'	n N		345.19	
	wij with	-, or loreign agencies, when televant to	GIVII,		subbou ine	ciaim may re	suit in delay of	r loss of reimburs	ement.			_	*	フォン・エフ	

10/20/11 ACCOUNTING DETAIL Auth No: SEWASHINGTOND101111 V01
GovTrip Travel System Estenoz, Shann ***-**-** (b) (6)

ACCOUNTING CLASS CODE			TRIP 1
COM. CARRI-211C LODGING-211D M&IE-211D MILEAGE-211P OTHER-211I PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			762.40 452.00 177.50 30.60 44.09 51.00 15.00 93.00 32.85
11 5298WM41EXY	0.00	0.00	1,658.44
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES		1,658.44 1,313.25	
TOTAL AMOUNT CLAIMED			
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00	0.00	
NET TO TRAVELER (GOVT)		345.19	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
TOTAL GOV'T CHARGE CARD AMT			
PAY TO GOV'T CHARGE CARD		0.00	

345.19

PAY TO TRAVELER -----

SatoTravel*

For

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION AUTOMATION

Sales Person:

GT

Locator:

MCMMWD

Customer Number:

(b) (6)

Cab comer namer.

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY
DOMESTIC 28.50USD
INTERNATIONAL 37.75USD
CAR/HOTEL ONLY 17.75USD
GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

2S TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE FEE-USD4.35PP-AIR/RAIL/BUS UNASSISTED

Wednesday October 12, 2011



American Airlines

Class of Service: Coach Class G

Depart: MIAMI, FL

Arrive: WASHINGTON/NATL,DC

Total Flight Time:

Equipment: Boeing 737-800

Meal Service: Food For Purchase

Status: Confirmed
ARR-TERMINAL B

ONEWORLD

Flight Number: 1054

8:10 Am October 12, 2011 10:30 Am October 12, 2011 2 Hours 20 Minutes Non-Stop

Confirmation Number: MCMMWD

Wednesday October 12, 2011



WASHINGTON/NATL,DC

WORLD HOTELS AND RESORTS ST

2033 M STREET NW

WASHINGTON DC 20036-3305 Phone Number: 202-530-3600 Fax Number: 202-466-7354

Number of Rooms: 1

Rate: 226.00 USD Per Night Check In: Oct 12, 2011 Check Out: Oct 14, 2011

Confirmation Number: 56064437

Cancellation Policy: Cancel 24 hours prior

Directions: DIRECTION TO THE PROPERTY FROM EAST - TAKE 95 SOUTH TO THE BALTIMORE WASHINGTON PARKWAY EXIT CONTINUE TO THEWASHINGTON EXIT NEW YORK AVENUE . STAY ON NEW YORK AVENUE WHICH WILL BECOME M STREET STAY ON M STREET UNTIL 21ST AND M. ADDRESS 2033 M STREET, NW WDC

iday October 14, 2011

American Airlines

Class of Service: Coach Class Y

Depart: WASHINGTON/NATL,DC

Arrive: MIAMI, FL Total Flight Time:

Equipment: Boeing 737-800

Meal Service: Food For Purchase

Status: Confirmed DEP-TERMINAL B

ONEWORLD

Flight Number: 735

6:00 Pm October 14, 2011 8:35 Pm October 14, 2011

2 Hours 35 Minutes Non-Stop

Confirmation Number: MCMMWD

766.75

Total Amount:

<u>Name</u>	Invoice / Ticket / Date	<u>Base</u>	<u>Tax1</u>	Tax2	Tax3	<u>Total</u>
ESTENOZ SHANNON A	444163/0018715713201/11OCT1	689.31	51.69US	7.40ZP	14.00XT	762.40
	l				Trip Fee	4.35
SHANNON A ESTENOZ	443243/FEE9999999999/06OCT1	0.00				0.00
	ľ					
FOP CAxxxxxxxxxxxxx5368						

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ***** UO6C******

REPORT NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL

LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED.

PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE

ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.

IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN

PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE

PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

Notes:

^{***}DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**



LUXURY

HOTILE & SUITES

"ALWAYS WORKING TOWARD YOURNEXT VISIT"

2033 MSTREET NW = WASHINGTON, DC 20036

200530-3600 = FAX 20246-6770=1-800829-5034

Member

WORLDHOTELS ?

ESTENOZ, SHANNON A

DEPARTMENT OF INTERIOR

Room Number: 512

Daily Rate: 226.00

Room Type: DDSP

No. of Guests: 1 / 0

ARRIVAL	DEPARTUR	RE CREDIT CARD		RATE PLAN	CATEGORY	Y ACCOUNT
10/12/2011	10/14/2011	XXXXXXXXXX	X5368	GOVT	GOVT	20330288677
DATE	ROOM NO.	DESCRIPTION		REFERENCE		AMOUN
10/12/2011	512	ROOM CHARGE		#512 ESTENOZ, SHANNON A		\$226.00
10/13/2011	512	ROOM CHARGE		#512 ESTENOZ, SHANNON A		\$226.00
10/14/2011	512	MASTERCARD		MASTERCARD		(\$452.00

TOTAL DUE:	\$0.00

Signature:



LUXURY
HOTEL & SUITES
"ALWAYS WORKING TOWARD YOURNEXT VISIT"

2013 MSTREET NW #WASHINGTON, DC 20036

202530-3600 #FAX 202466-6770 #I-800829-5034

Member

WORLDHOTELS ?

ESTENOZ, SHANNON A

(DEPARTMENT OF INTERIOR

Room Number: 512

Daily Rate: 226.00

Room Type: DDSP

No. of Guests: 1/0

ARRIVAL	DEPARTUR	RE CREDIT CARD	e de gar	RATE PLAN	CATEGORY	ACCOUNT
10/12/201	1 10/14/2011	XXXXXXXXXXXXXXX	(6)	GOVT	GOVT	20330288677
DATE	ROOM NO.	DESCRIPTION		REFERENCE		AMOUNT
10/12/2011	512	HIGH SPEED INTERNET		512/1/18:08/HIGH SPEED	INTERNET	\$12.00
10/14/2011	512	VISA		VISA		(\$12.00)

	
TOTAL DUE	\$0.00

TAXICAB RECEIPT Date: __ Origin of trip: Sign: TAXICAB RECEIPT Date: Origin of trip: Destination: Fare: -TAXICAB RECEIPT-DATE 10 12 REC'D FROM FARE AMOUNT \$ TRIP FROM_

CAB NO.

TAG NO.

ASSN.

I.D. NO.

SIGNATURE

TAXICAB RECEIPT

	Time: 10 13 10 Date: 8:00 am
well	Date: 8:00 am
Origin of trip:	xecury
Destination: Rayald	Regan Blog.
Fare: 10	_ Sign:

TAXICAB RECEIPT

Carlo Carlo	
	Time: 10/13/10 Date: 7130pm
	Date: 71300m
Origin of trip: Ronal	
Destination: St. Cr	
Fare:10	Sign:

Taxi Cab Receipt
DATE: 10 14 11 TIME: 8:30 am
ORIGIN St. Gregory CAB#
DESTINATION: Royald Reger.
FARE: \$ O SIGNATURE

TAXICAB RECEIPT Time: \$2:30 Date: 10|14|11 Origin of trip: Recemble Blds. Destination: Sign:

	TAXICAB RECEIPT
Sold of the second	Time: 4:30 Date: 10 14 14
Origin of trip:	- Annaham and an annaham an an an an an an an an an an an an an
Destination: DC	A (3 passengers)

MIAMI AIRPORT

Customer Service Number: 305-876-7598

Card Account Card Type : MA Authorization

Cashier: 0 Seg # 14486 License Plate : FEL40P

Ent: 06:25 10/12/11 Lane 76 Exit: 21:04 10/14/11 Lane 66 Duration: 2D(s) 14H(s) 39M(s)

Rate Code: 84

FEE \$ 51.00 AMOUNT TEND \$ 51,00 CASH \$ 0,00 CREDIT CARD \$ 51,00 CHECK \$ 0,00 CHANGE CALC \$ 0.00 PAID AT CT \$ 51,00

Taxes Included

*** Thank You ***



October 12, 2011

Trans No. 39020

Sales Person Yasmile

Slip No 4010035486 Location Scundbalance (MIA-SB1)

Soundbalance (MIA-SB1)Phone No. 305-526-5301

Miami Intil Airport North Ter 420 NW 21 St Street

Miami, FL 32827

No.	Description	Qty.	Unit Price	Amount
888063138030	D*BUD 3.5MM 83XX/8130/	1	29 99	29 99
	Subtota	ıí		29.99
	Sales Ta	ЭX		2.10
	Total		32.09	
Visa	**** **** 5	085		32.09
	Swiped			



Signature

RETURN POLICY

Retail merchandise may be returned for a period of thirty days (30) from the date of durchase, provided it is accompanies by the original transaction receipt, and the original packaging is complete. Movies, CD missic and games must be unopened. Non-refundable items include prepaid cell phones is missing cards phone cards, all chargers, batteries and memory cards/sticks

TRAVEL VOUCHER		ARTMENT OR ES				YPE OF TRAN	1980 y Christoper Street	3. VOUCHER NO		0101	1 7707			
(Read Privacy Act Statement below)	EVI	ERGLADES	NP			PERMANEN OF STATION	IT CHANGE	-	SEMIAMIFL101911_V01 4. SCHEDULE NO.					
a. NAME (Last, first, mides) Estenoz, Sh. c. MAILING ADDRESS 11200 SW 8 FIU OE Built Miami, FL e. PRESENT DUTY STATE EVERGLADES 8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached	Plant		d. Of	*-**-* FFICE TELEP 05-348	(b) (6) HONE NO. -1665	6. PERIOD OF TRAVEL a. FROM 10/19/11 10/20/1: 7. TRAVEL AUTHORIZATION a. NUMBER(S) 0S2H3S 10/13/1: 10. CHECK NO.								
12. GOVERNMENT TRANSPORTATION REQUESTS, OR	hereby assign	the United States	any right I may below, purchase	have against any ed under cash pa	y partie	es in connections procedures (I	on with reimbur	sable	▶ T	raveler's	Initials			
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH (List by number below	AGENT'S VALUATION	ISSUING CAR- RIER	MODE CLASS OF SERVICE	DATE				DINTS OF TRAVEL						
and attach passenger coupon; if cash is used show claim on reverse side)	OF TICKET		AND ACCOM- MODATIONS (c)	ISSUED (d)		F	FROM (e)		TO (f)					
ACCOUNTING CLAS 11 5298WM41EXY COMMENTS: Society of Envi NOTATING THE	ronmen	107^5298 1tal Jour 1005E fo	rnalists	s Confer	9	ce (50	gcs)	NR-		A5	00			
13. I certify that this voucher is received by me. When app this voucher. TRAVELER SIGN HERE	licable, per die	mclaimed is base	ed on the averag	e cost of lodging	incurr	ed during the p	period covered	AMOUNT		129				
NOTE: Falsification of an item i than \$10,000 or impriso	nment for not r	more than 5 years	or both (18 U.S.	(28 U.S.C. 2514) C. 287; i.d. 1001) and r).	nay result in a	fine of not mor	е		uosantijus sam	·			
 This voucher is approved. L necessary in the interest of are included, the approving head of the department or a 	the Governme official must ha	nt. (NOTE: If I ave been authorize	ong distance tele ed in writing by t	ephone calls he	-	DIFFER- ENCES, IF ANY	ANCE OFFICE COMPUTAT		\$					
APPROVING Dawn Arme	LR.	lemel		0 25 11		(Explain and show amount)								
15. LAST PRECEDING VOUCHE a. VOUCHER NO. 16. THIS VOUCHER IS CERTIFIE	b. D.O. SY	/MBOL	C	ON: MONTH & YEAR		CHARGE T	IFIED CORRECTO APPROPRIA itials: TRAVEL ADV	ATION	\$					
AUTHORIZED CERTIFYING OFFICIAL N HERE	MM	/	D	ATE //2/11	d.	(Appropriati	ion symbol):	RAVELER >	\$	0 129	60			
SEE BLOCK 12			/	77"	recome of the con	, and	TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWN	and the second s						

											_									_	
		INSTRUCTIONS TO TRAVELER	· · · · · · · · · · · · · · · · · · ·									Complete this PAGE information			_						
SCHEDULE Col. (c) If the voucher includes			Com- Col. (d) Show amount incurred for ea thru (g) meal cost.						ch mea	ıl, including tax a	and	tips, and daily tota	sl .			is is a		2			
OF		per diem allowances for	pie.		tnru			eal cost.											tinuation	OF	
EXPENS	ES	members of employee's immediate family, show	oni	-		(h)					ı as: lau ın for m		leaning and pres	ssin	g of clothes, tips t	o bellboys,		-	et TRIP	_#	1 PAGES
		members' names, ages,	for act			(i)	Con	nplete	o for pe	r dien	and ac	tual ex	opense travel.					TRA	VEL AUTHOR	IZATIO	N NO.
AND		and relationships to em-		oense	_	0	Sho	w tota	al subs	istenc	e exper	se inc	urred for actual e	ехре	ense travel.			08	S2H3S		
AMOUN'	TS	ployee and marital status	tra			(m)	the	w per lesse:	raiem rofthe	amou	nt, iimite int form	a to m	axımum rate, or : ı or maximum rat	trav Lo	vel on actual exper	nse, show		<u></u>			
CLAIME	ם	of children (unless Infor-				(n)	Sho	w ext	penses	, such	as: tax	/limous	sine fares, air far	re (i	if purchased with o	ash), local or		TRA	VELER'S LAS	T NAMI	Ē
·,_	-	mation is shown on the					iong	ı dista ciston	ance te 1ce. etc	lepho:	ne calls	for Go	vernment busine	9SS,	car rental, relocat	ion other than	1	E	stenoz		
		travel authorization.)														144 54 05					
DATE	TIME	DESCRIPTION					17	EMIZ	ED SU	BSIS	TENCE		NSES			MILEAGE RATE:	^	MOU	NT CLAIMED		
20_11	(Hour and	(Departure/arrival city, per diem				. М	EALS				LANE			-	TOTAL	0.510				_	
20-	am/pm)	computation, or other explanation of expenses)	BREA								SUB	SIS-	LODGING		SUBSISTENCE	NO. OF	MILEAG	E	SUBSISTEN	Œ	OTHER
(a)	(b)	(c)	FAS		LUNC (e)		DINN (f)	ER	TOT (g		TEN((i)		EXPENSE	MILES (k)	a		l		4.1
(a) 10/19		D-:RES: Plantation			17				19	í ·	111/	T		+	U)			T	<u>(m)</u>	_	(n)
10/19		A-:MIAMI,FL	ı		i		ı		49	150		1	229 00		49.50			ı	49	.	i
10/19		POV-NO GVT VHC AVL/	AΙ	RPC	RТ					-		! 		+	*3.30	30.00		15 3		30	
10/19		TMC Fee	- 1							i F		1	1	1		50.00		μο :	, I		
10/20		D-:MIAMI,FL	- i		i		-			<u>. </u>				+				1 .	1		<u> </u>
10/20		POV-NO GVT VHC AVL	ΔT	b ad	ابترو		1			l		i	i			20.00		L	l i		i
10/20		A:RES: Plantation,	17. I	<u> </u>	+	_				 		1		┿		30.00		<u>15 3</u>	0		
10/20		Subsistence	Į.		!	- 1	l i			1		1	l l					1	ı		1
10/20		Parking			i i	_	- 1		49	50	<u> </u>	1			49.50			<u> </u>	49 5	0	<u> </u>
10/20		TAV Fee -I	i		ľ		ŀ			: 1		1	1 1					l t	l	- [į.
10/20		TAV FEE -I	- i									·	<u> </u>	+				-			1
			I	·	I		1	I		Ī		l :	1					i	1	- 1	i
										<u> </u>			!	- -				1	1	ļ	
			1		1			- 1		! !		1	l i					1	1	1	ļ.
			i		 i							<u>'</u>		4							
			1		1		1	ı		ı		1	i	1					i		i
			!							<u> </u>		1	1					I	I		
ŀ					i i			ı		!			!	1				1	!		1
			i							<u>.</u>		l 									
j			1	ı	ì		1	Į		i	Ì	i	i		-			;	1		
							1	\dashv		L		L		_					<u> </u>		<u>i</u>
1		}	1	۱ ا	1	- 1	. !	- 1		!		!	ļ ļ					·	I		ŧ
										 				_					I		1
			i	1	i		i	l				,	1	1				:	. 1		1
66 t-114t-							··········							1	SUBTOTAL	s	30	60	991 (00	0 00
If additions	al space is re	quired, continue on another 1012-A BACK,	leavi	ing th	e front	blan	ık.							┢	TOTAL		30		اوو	_	0 00
In complian	ce with the P	rivacy Act of 1974, the following information is	pro-																		
Chap. 57 as	station of the simplemente	information on this form is authorized by 5 Ud by the Federal Travel Regulations (FPMR 1 371, E.O. 11012 of March 27, 1962, E.O. 93	.S.C. 01 7).				require	ment	t by th	is ag	ency in	conn	ection with the	hiri	ing or firing of a	n			of columns (i) item 13 on the		
E.O. 11609 November :	of July 22, 19 22, 1943, and	271, E.O. 11012 of March 27, 1962, E.O. 93	97 of	Ī			formar	ice of	fofficia	duty	while in	Gover	nment service.	Yesi Ye	ing or tiring of a tigations of the p our Social Security of the Intern 3397, November number, disclosu elocation allowar	ity _.	this form.	III	non room an	J HOIR O	
of the reque	sted informat	26 U.S.C. 6011(b) and 6109. The primary pur lion is to determine payment or reimbursement owable travel and/or relocation expenses incu- istrative authorization and to record and main	it to				Reven	ue Co	ode (2	(55N 6 U.S	C. 6011	(b) an	under the aut d 6109) and E.C	ithor O. 9	nty of the intern 3397, November	na! 22,			· , <u>.</u>	· · ·	
under appro	priate admin	istrative authorization and to record and mair	rred tain				1943, is MA	IOF US NDAT	e as a	tax pa	yer and uchers	/or em	ployee identificating travel and/or	tion	number; disclosu	re					
used by offi	n reimbursen cers and em <u>r</u>	islative authorization and to record and main nents to the Government. The information will ployees who have a need for the information in ial duties. The information may be disclosed	l be the				expens	se rei	mburse	ment	which is	s, or m	ay be, taxable in	ncoi	me Disclosure all other instance SSN) required	of	TOTAL	_			
performanc appropriate	e of their office Federal, Stat	lal duties. The information may be disclosed te, local or foreign agencies, when relevant to	d to				howev	er, fa	allure t	o pro	vide the	infon	mation (other th	nan	SSN) required	s; to	AMOUN CI AIME		_		129 60

10/25/11	ACCOUNTING	DETAIL
GovTrip Travel	. System	

Auth No: SEMIAMIFL101911 V01 Estenoz, Shann ***-**-**

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D M&IE-211D MILEAGE-211P PARKING-211I TAV EXP -I-211B TMC FEE -I-211B			229.00 99.00 30.60 36.00 15.00 4.00
11 5298WM41EXY	0.00	0.00	413.60
2011^^07^5298^^EXY^WM41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		413.60 284.00	
TOTAL AMOUNT CLAIMED		129.60	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
NET TO TRAVELER (GOVT)		=======================================	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
TOTAL GOV'T CHARGE CARD AMT			
PAY TO GOV'T CHARGE CARD PAY TO TRAVELER		0.00 129.60	



100 Chopin Plaza, Miami, Florida 33131-2305 USA
Tel: (305) 577-1000 Fax: (305) 577-0384 www.icmiamihotel.com • miami@interconti.com

10-20-11

Shannon Estenoz (b) (6)	Folio No. A/R Number	: 918 574 :	Room No. : 1823 Arrival : 10-19-11
	Group Code	:	Departure : 10-20-11
	Company	:	Conf. No. : 65277337
	Membership No.	:	Rate Code: LOS
	Invoice No.	:	Page No. : 1 of 1

Date		Description		Charges	Credits
10-19-11	*Accomodation			229.00	
10-19-11	State Tax			16.03	
10-19-11	City Tax			13.74	
10-20-11	Parking	Transfered from Donald Jodret		36.00	
10-20-11	State Tax - Adj	tax exempt		-16.03	
10-20-11	City Tax - Adj	tax exempt	•	-13.74	
10-20-11	Mastercard	(b) (6)			265.00
			Total	265.00	265.00
			Balance	0.00	

Guest Signature:		

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.



U.S. Department of the Interior Office of the Secretary South Florida Ecosystem Restoration Task Force

October 11, 2011

Memorandum

To:

Pam Haze

Deputy Assistant Secretary for Budget, Finance, Performance

and Acquisition

Through:

Acting Assistant Secretary for Fish and Wildlife and Parks

From:

Shannon Estenoz Shannon

Director, Everglades Restoration Initiatives

Subject:

Request for TDY authorization in Miami, FL on October 19-20, 2011 for

Date: 10-12-11

travel that is less than 50 miles from office and residence

I have recently been requested to provide executive staff support to Secretary Salazar on his upcoming October 19-20, 2011 trip to Miami, Florida. I will be accompanying and driving the Secretary to various locations which will require me to remain present in Miami both very early in the morning and until very late in the evening. As such I would like to request your authorization for overnight travel and TDY status either in or in close proximity to the Miami area hotel where the Secretary will be overnighting during his stay.

Thank you for your kind consideration in this matter.

Approved:

Deputy A/S for Budge, Finance, Performance

and Acquisition



UNITED STATES DEPARTMENT OF THE INTERIOR DAS-Budget, Finance, Performance and Acquisition

October 12, 2011

NOTE

TO:

Shannon Esenoz

c/o Roslyn Gray

SUBJECT:

TDY Authorization

I am approving the attached waiver for the following reasons. According to the Department's Travel Management Policy (347 DM 301-11: DOI FTR Implementing Instructions), section 301-11.1 states the following:

"You will not receive per diem if your temporary duty is within 50 miles of your duty station or your residence, unless the travel conditions are so severe returning to your residence would endanger your health and safety or you are attending a conference. If your travel involves severe conditions or you are attending training or a conference, the official designated by your bureau may approve per diem for duty in excess of 12 hours that is at least 30 miles from both the residence and permanent duty station. Per diem will not be paid for TDY performed, training or conference attendance within 30 miles of your permanent duty station or residence."

Considering that the everglades coordinator will be required to travel with the Secretary during extended work hours (early in the mornings and late into the evenings), approval of an overnight stay would be reasonable to ensure her safety & that of the Secretary's as she escorts him during his visit in Miami. Since, she is only request lodging allowance, & not meals, she is not asking for full per diem. She should, however, attach the approved memo to her travel voucher & notate the purpose for her lodging charges on her travel authorization & travel voucher as well.

Attachments

1 am Hore

	FOR I	R REIMBURSEMENT EXPENDITURES FICIAL BUSINESS	Office of the Executive Ecosystem Restoration	Director, South Fl		3. SCHEDULE I	LT5284N0	0001		
Variable Control of the Control of t		Read the Privacy Act S	tatement on the back of th	is form.		5. PAID BY				
a. NA	ME (Last,	first, middle initial)		b. SOCIAL SECURITY	Y NO.	The	1-	10	1 1	
Ester	noz, Sł	nannon A.		(b) (6)			HOC 12	1/4	-	
₹ c. MA	ILING AD	DRESS (Include ZIP Code)		d. OFFICE TELEFITOR	VE NOWIDER					
₹ 1120		8 Street, OE 148		305-348-	1665					
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO ADDRESS OF THE PERSON NAMED IN COLUMN TO ADDRESS	rida 33199 RES (If fare claimed in col. (g) the claimant.)	exceeds charge for one pe	rson, show in col. ((h) the numb	per of addition	aal persons w	hich ac	comp	anied
DATE	T	Show appropriate code in col. (b):		PLANT WAR	MILEAGE		AMOUNT CLA	IMED		
2011	CODE	A - Local travel B - Telephone or telegraph, C - Other expenses (itemize)	D - Funeral Honors or E - Specialty Care d)	s Detail	RATE \$.51 6	MILEAGE	FARE	ADD PER-	TIPS	
	-	(Explain e	xpenditures in specific detail.)		NO. OF MILES	STATE OF THE STATE	OR TOLL	SONS	LANE	ous
(a)	(6)	(c) FROM	(d)	то	(e)	(f)	(g)	(h)	(i)
10/21/1	A	Plantation, Florida	Miami, Florida						10	.00
									9	
										XXX
	-									
				-						
	+								j	
· · · · · · · · · · · · · · · · · · ·	-									
		JUSTIFICATION:	Parking while at	meeting with						
			Acting Assistant	Secretary for						
			Fish, Wildlife an	d Parks.						
If addition	al space	is required continue on the back.	SUBTOTALS CARRIED I	FORWARD FROM THE						Maria and a second
7. AMO	UNT CL	AIMED (Total of cols. (f), (g)	and (i).) > \$ 10.00	TOTALS	10.00				10.	00
as nec	essary ir luded, tl	proved. Long distance telephone in the interest of the Government. the approving official must have be to department or agency to so cert	(Note: If long distance calls seen authorized in writing, by	10. I certify that this belief and that p	payment or cre		en received by		dge an	d
	70	Sign Original Only		CLAIMANT SIGN HERE	To the second	0		DATE		
APPROVING OFFICIAL SIGN HERE		Dayx R. Ou	mu) 11 15 11	11. a. PAYEE (Signature)		ÇASH PAYMENT	b. DATI	E RECEIV	ED	-10-3-1110-1
9. This of		ertified correct and proper for pay Sign Original Only	ment.				c. AMO	UNT		GAZ-MA
CERTIFYING OFFICER SIGN HERE		CLASSIFICATION	DATE	12. PAYMENT MADE BY CHECK NO.	DIRECT D	DEPOSIT			7.77	
5298-W										

Marrioll

Marriott Hanbor Beach 3030 Hliday Drive Ft. Laudendale, FL 33316 954-525-4000

Full Statement

P/S #01 A Payment No. 00000033
T/D #02 Ticket No. 009030
Entry Time 10/21/2011 (Fri) 13:23
Exit Time 10/21/2011 (Fri) 15:35
Parking Time 2:12
Parking Fee Rate A \$10.00

Account # ********

Slip #
Authority #
Credit Card Amount \$10.00

Cash Amount \$0.00

Total \$10.00 Thank You for Your Visit

TRAVEL VOUCHER		ARTMENT OR ES				YPE OF TRAVEL TEMPORARY DUTY		UCHER NO.	TFL1023	11 7701
(Read Privacy Act Statement below)	EV	ERGLADES	NP			PERMANENT CHANGE OF STATION	-	HEDULE NO.	1711023	<u> </u>
a. NAME (Last, first, m	iddle initial)		All		b. S	OCIAL SECURITY NO.	6. PE	RIOD OF TRA	VEL	
						(b) (6)	FR	ОМ	b. TO	
Estenoz, Sh	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAME				* _ * *		0/22/1		<u>/11</u>
c. MAILING ADDRESS	(Include ZIP	Code)			d. O	FFICE TELEPHONE NO.		AVEL AUTHO		Marian Constitution of the
11200 SW 8 FIU OE Buil		00m 16E			,	OF 240 166F	1	MBER(S)	b. DATE(S)	
Miami, FL		00111 165			د	05-348-1665	1	000000		
e. PRESENT DUTY STA		- Wo - Wo - W - HAVE	f. RESIDENCE	(City and St	ate)			0S30K7	10/18	/11
EVERGLADES	NP		Planta	ation,	FL		10. CI	HECK NO.	10/10	/
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11. F	PAID BY		
a. Outstanding		0.00	a. DATE RECE	EIVED	b. AN	IOUNT RECEIVED				
b. Amount to be applied		0 00			\$					
c. Amount due Government (Attached Check	Cash)	1	c. PAYEE'S SI	GNATURE						
	- July						l			
D. Balance outstanding 12. GOVERNMENT										
TRANSPORTATION REQUESTS, OR TRANSPORTATION	transportation	charges described	below, purchase	have against an ed under cash pa	y partie nymen	es in connection with reim t procedures (FPMR 101-	oursable 7)		Traveler's In	nitials
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	- PARTON N	MODE CLASS OF				POINTS C	F TRAVEL		
(List by number below and attach passenger	VALUATION OF TICKET		SERVICE AND ACCOM-	DATE						HORN BALL MAIN
coupon; if cash is used show claim on reverse		(Initials)	MODATIONS			FROM			ТО	
side)	(a)	(b)	(c)	(d)		(e)			(f)	
11 5298WM41EXY COMMENTS: Fort Jefferson			DAT WI	1.4.1		356.15	OPY		34.00	J
13. I certify that this voucher received by me. When a this voucher.										
TRAVELER SIGN HERE		XO			I	DATE	AMOU		356.	15
NOTE: Falsification of an item than \$10,000 or impris						may result in a fine of not		EDP		
14. This voucher is approved			And the second section of the section of t		T	17. FOR FINANCE OFFI		VLY	1	in (10°)
necessary in the interest of are included, the approvir			long distance tele ed in writing by t		ŀ	COMPUT	ATION		\$	
head of the department of	r agency to so o	certify (31 U.S.C. 6	80a).)		ā	a. DIFFER- ———— ENCES,			1	
ADDDOVING 6		5 - MADAGACC SERVENCE	and the reason and another the			IF ANY (Explain				
APPROVING Dawn Arm	nel C	Execu	tive Assi	etant		and show	www.prince.com			
SIGN HERE	ak.	lemel		6 25 11		amount)				
15. LAST PRECEDING VOUCH						. TOTAL VERIFIED COR			i	
a. VOUCHER NO.	b. D.O. S	YMBOL	(: MONTH & YEAR	1	CHARGE TO APPROF	RIATION		i	
16. THIS VOUCHER IS CERTIF	IED CORRECT	T AND PROPER F	OR PAYMENT		-	Certifier's initials: c. APPLIED TO TRAVEL A	DVANCE		\$ 1	-
AUTHORIZED				1 .	ľ	(Appropriation symbol)		1	010	00
CERTIFYING OFFICIAL	IM		l D	DATE	-				\$ 1	P21112 N
ACCOUNTING CLASSIFIC	ATION	er en en en en en en en en en en en en en		11/2/11	d	. NET TO	TRAVE	LER 🕨	\$ 356	15
SEE BLOCK 12				111						
	,			1 /						

····		Y												
		INSTRUCTIONS TO TRAVELER	(Unlisted	items are	self explanat	ory)						Complete this information	PAG≝	2
SCHEDU	ILE	Col. (c) If the voucher includes	Com-	Col. (d			d for each mea	l, Including tax ar	nd tips, and daily tot	al		if this is a		
OF		per diem allowances for	plete	thru (g								continuation	OF	
EXPENS	FS	members of employee's immediate family, show	only for	(1	norters	(penses, such etc. (other tha	ı as: laundry, c ın for meals)	leaning and pres	sing of clothes, tips	to beliboys,	<u> </u>	sheet. TRI		1 PAGES
		members' names, ages,	actual) Complet	ie for per dien	n and actual ex				זן	RAVEL AUTHO	DRIZATION	i NO.
AND		and relationships to em-	expense	— <i>q</i>				urred for actual ex	xpense travel. ravel on actual expe	nee ehow		0S30K7		
AMOUN'	rs	ployee and marital status	travel	,,				or maximum rate		71130; 3110W	<u> </u>	·		
CLAIME	D	of children (unless infor-		(I					e (if purchased with ss. car rental, reloca		. 1	RAVELER'S L		Ė
		mation is shown on the travel authorization.)				nce, etc.	ne cans ior Go	verment busine:	ss, car rental, reloca	MON OWNER MAI	' l	Esteno	Z	
DATE	TIME	DESCRIPTION			ITEMI	ZED SUBSIS	TENCE EXPE	NSES		MILEAGE	AM	OUNT CLAIME	D	
20_11	(Hour	(Departure/arrival city, per diem			MEALS		MISCEL- LANEOUS		TOTAL	RATE: 0.510				
20	and am/pm)	computation, or other explanation of expenses)	BREAK-		<u> </u>		SUBSIS-	LODGING	SUBSISTENCE	NO. OF	MILEAGE	SUBSISTE	:NCE	OTHER
(e)	(b)	(c)	FAST	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	(i)	EXPENSE	MILES (k)	(I)	(50)		(n)
(e) 10/22		D-:RES: Plantation	(0)	1 1		19/	"/	- "	1//	17/	"T	(m)	- -	(n)
10/22		A-:KEY WEST, FL	1	1	1	53 25	ı	ı	53.25		1	5:	3. 25	1
$\frac{10/22}{10/22}$	• • • • • • • • • • • • • • • • • • • •	POV-NO GVT VHC AVL/	AIRPO	RT	+ !-	1 20	 		33.23	162.00	ß		+=-	
10/22		Parking	1			']		<u> </u>	;	Į į
10/23		Subsistence	i	li-	i	71 00	i		71.00	 	<u> </u>	71	100	1
10/23		TMC Fee	1	1	ı	1 "1"	1	1	72.00		ı	/*	ı ı ı	ŧ
10/24		POV-NO GVT VHC AVL/	ATRPO	RT.	!	 				188.30		6 (3	! 	
10/24		D-:KEY WEST, FL	i			1 :						֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	;	j i
$\frac{10/24}{10/24}$		A:RES: Plantation,	i	i	 	1		 			i		╁	i
10/24		Subsistence	ŧ	t	I	53, 25	ı	1	53,25		ı	52	125	1
10/24		TAV Fee -I	- 	-	1 :	1 3 4 4 5			33.23				***	
,			l l					1			1	1	!	1
			i	i	 	<u> </u>	i	i			1		++-	i
			l	ı	1	1	1	1			i		i	i
				!!	 	 	 							i
			l L					!			1		!	!
			i	 	 			- 			1		+	<u></u>
1			1	ı	1	1	ı	Ī			i		i	i
			- 	!	1 !	 	!!				1			
			1										!	ļ
			1	i	i	1	1	i			1			<u> </u>
			1	1	1	i	i	i]	l i		i	i
				!	!		! !						! 	
	· · · · · · · · · · · · · · · · · · ·			<u></u>			L		D1107074		178 6	E 155	7] 50	0 100
if addition	al space is r	equired, continue on another 1012-A BACK	, leaving th	e front bl	ank.				SUBTOTA		17816		7 50	0 00
in complian	ce with the F	Privacy Act of 1974, the following information in	E DEO-	<u>.</u>					1017	ILO P			1	1
vided: Solk	itation of the	information on this form is authorized by 5 L	J.Ś.C.		requireme	nt by this ag	rency in conf	ection with the	hiring or firing of	ลก		total of columns		
E.O. 11609	of July 22, 1	1971, E.O. 11012 of March 27, 1962, E.O. 93	101 /), 197 of		employee, formance	the Issuance of official duty	of a security while in Gove	clearance, or inv mment service.	estigations of the Your Social Secu	per- irity	this form.	nd in item 13 on	tne tront of	f
November of the requi	22, 1943, and ested informa	rivacy Act of 1974, the following information: information on this form is authorized by 5 ted by the Federal Travel Regulations (FPMR 9971, E.O. 11012 of March 27, 1962, E.O. 93 d 2, U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimburseme lowable travel and/or relocation expenses inclustrative authorization and to record and maintain the Government. The information is	rpose		Account N	lumber (SSN	() is solicited	under the aut	rining or tiring or vestigations of the Your Social Secutiority of the Inte D. 9397, November tion number; disclose relocation allows	mal		<u> </u>		<u></u>
eligible indi under appr	viduals for al	lowable travel and/or relocation expenses inc	urred		1943, for u	ise as a tax p	ayer and/or em	ployee identificat	tion number; disclos	ure				
costs of suc	ch reimburse	ments to the Government. The information w ployees who have a need for the information in clair duties. The Information may be disclose	ll be		expense n	elmbursement	which is, or m	ng traver and/or lay be, taxable in	relocation allowa icome. Disclosure	of	TOTAL			
performand	e of their offi	ployees who have a need for the information is cial duties. The Information may be disclose the local or foreign agencies when relevant to	id to		you SSN a however,	ing other requifations of the contract of the	ested informativide the infor	ion is voluntary i mation (other th	ncome. Disclosure in all other instanc ian SSN) required	es; to	AMOUNT CLAIMED			356.15
appropriate	: Federal, Sta	ite. local of foreign agencies, when relevant to	s civil		cupport the	a alaim mair s	anult in dalawa	- 1000 -6 1			I GLAIMED	J -		335.15

Auth No: SEKEYWESTFL102311 V01 Estenoz, Shann ***-**-**(b) (6) _______

0.00

356.15

		TRIP 1
		177.50 178.65 15.00 15.00 4.00
0.00	0.00	390.15
	34.00	
0.00 0.00 0.00	0.00	
==	356.15	
0.00 0.00 0.00 0.00		
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 356.15

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

Volled Sed, Sed

685901308073 INTERCONTMIAHIHOTELU73 100 CHOPIN PLAZA MIAMI. FL 33131 (305) 372-4422

Term 10: 002

Ref #: 001

Sale MASTERCARD Entry Method: Swiped

10/22/11 10:24:56 Appr Code: 064935 Inv #: 000001

Approd: Online Batch#: 295001

Total: 15.00

Customer Copy

, 1				0.		FCODY				
TRAVEL VOUCHER	BUREA	U DIVISION		٠	2. 1	PE OF TRAVEL TEMPORARY DUTY	3. VOUCHER NO SEWESTPA	ALME	BEA1)2711_V
(Read Privacy Act Statement below)	EVER	GLADES	NP			PERMANENT CHANGE OF STATION	4. SCHEDULE NO	О.		
a. NAME (Last, first, mid	ddle initial)				b. S0	OCIAL SECURITY NO.	6. PERIOD OF TR			
Estenoz, Sh	annon A.	le)				* _ * * _ * * (b) (6)	a. FROM 10/27/2 7. TRAVEL AUTH	11 1		3/11
11200 SW 8 FIU OE Buil Miami, FL	Street ding Room					05-348-1665	a. NUMBER(S)	b. 1	DATE(S)	
e. PRESENT DUTY STAT			f. RESIDENCE	E (City and Sta	ite)		0S2DJ		10/12	/11
EVERGLADES	NP		Planta	ation, I	7L		10. CHECK NO.			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11. PAID BY			
a. Outstanding		0 00	a. DATE RECE	EIVED	and the second	OUNT RECEIVED				
b. Amount to be applied c. Amount due Government		0 00			\$					
(Attached Check	Cash)	I I	c. PAYEE'S SI	GNATURE						
D. Balance outstanding			1							
REQUESTS, OR		ges described	below, purchase			es in connection with reimburse procedures (FPMR 101-7)	able	▶ ^T	raveler's	Initials
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF			PO	INTS OF TRAVEL			
(List by number below and attach passenger	OF TICKET	(Initials)	SERVICE AND ACCOM-	DATE		FROM		то	134111	3-13-1-11
coupon; if cash is used show claim on reverse side)	(a)	(b)	MODATIONS (c)	(d)		(e)		(f)		
COMMENTS: Cask Force Mee	ting									
13. I certify that this voucher is received by me. When ap this voucher. TRAVELER SIGN HERE NOTE: Falsification of an item than \$10,000 or impris	plicable, per diem of the per	claimed is bas	ed on the averag	ge cost of lodging	incum	DATE 12 17 11 A	MOUNT LAIMED		155	 56
14. This voucher is approved. necessary in the interest o are included, the approving head of the department or	f the Government. g official must have	(NOTE: If been authori.	long distance tel zed in writing by	lephone calls		17. FOR FINANCE OFFICE COMPUTATION. DIFFER-ENCES.		s		<u>-</u>
APPROVING Dawn Arm OFFICIAL SIGN HERE	el YL R. U	Execu	trive Assi	2 7		(Explain and show amount)				
15. LAST PRECEDING VOUCH a. VOUCHER NO.	b. D.O. SYME			c. MONTH & YEAR		D. TOTAL VERIFIED CORRECT CHARGE TO APPROPRIA Certifier's initials:		s		
16. THIS VOUCHER IS CERTIF AUTHORIZED CERTIFYING	ED CORRECT AN	D PROPER I		DATE	-	certailer's initials. APPLIED TO TRAVEL ADV. (Appropriation symbol):	ANCE	\$	0 .	00
OFFICIAL ACCOUNTING CLASSIFIC				18/18/1		NET TO T	RAVELER >	\$	155	56
SEE BLOCK 12	ABOVE									

SCHEDU OF EXPENS AND AMOUNT CLAIME	ES rs	INSTRUCTIONS TO TRAVELER Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to em- ployee and marital status of children (unless infor- mation is shown on the travel authorization.) DESCRIPTION (Departure/emival city, per diem	Con plet only for act	m- te y uai sanse		t) Sh h) Sh po) Co) Sh the the ior su	ow ame all cos ow expenses ow total cow per elesses ow expenses of expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses ow expenses of	penses, such etc. (other that for per diem all subsistence of diem amour r of the amou penses, such ance telephorace, etc.	as: laundry, cl in for meals), and actual ex- e expense incu- it, limited to ma int from col. (j) as: taxi/limous e calls for Gov	eaning and press pense travel. urred for actual ex eximum rate, or tr or maximum rate sine fares, alr fare vernment busines	avel on actual expe (if purchased with s, car rental, reloca	to bellboys, ense, show cash), local or	infi if ii coi she TRA O	mplete this parmation of the control	1 PAGES
20	and am/pm)	computation, or other explanation of expenses)	BRE/		Γ	T	.,	~~~	LANEOUS SUBSIS-	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
(e) 10/27	(b)	, (c)	FAS (d)		LUNCH (e)	DINI (f)		TOTAL (g)	TENCE (h)	(i)	()	(k)	(0)	(m)	(n)
10/27		D-:RES: Plantation] •					i [
10/27 10/27		A-:WEST PALM BEACH POV-NO GVT VHC AVL	7 7	777	Dm.	╃—	i	53 25	i	82 00	53.25	48.10		53, 25	
10/27		TMC Fee	1	r C		ł	1	1				40.10	24	3	
10/27 10/28		D-:WEST PALM BEACH	 		 	1	i	i	 	i			i	 	
10/28		POV-NO GVT VHC AVL	AI	R.P.C	RT!		1			I		48.10	24	93	!
10/28		A:RES: Plantation,	[]		i	T	1		i				i		
10/28	·	Subsistence	<u> </u> _		1		<u> </u>	53 25	!		53.25			53 125	
10/28		TAV Fee -I				1	; [! ! }	<u> </u>		 		1 ;
					 	+	<u> </u>							 	
] !		1	!	1]				1 !] ;
			1		 	 	i	i		i			Ī	i	i
							1	1					1	l l	!
			;		1		i	i		1			i	i	
			<u> </u>		<u> </u>		<u> </u>	1	!!	<u> </u>	ļ			!!	
				! 	1	1	İ	1					l I		
)			 	+	!		-		 			 	
							! 								
Ì			ļ	1	1		!	1		1			ļ ļ	ļ ļ	1
						+	<u> </u>	[ļ					 	
<u></u>					<u> </u>		<u>i </u>	ــــــــــــــــــــــــــــــــــــــ		<u> </u>			i	<u> </u>	<u>i </u>
if addition	al space is n	equired, continue on another 1012-A BACK	C. leav	ina ti	he front h	ank.					SUBTOTA		49106	106 50	
							·····				TOTA	ALS -	49,06	106, 50	0 00
Chap. 57 a E.O. 11609	citation of the is implemente of July 22, 1	Privacy Act of 1974, the following information information on this form is authorized by 5 that of the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93 the following the primary button is to determine payment or reimbursement.	J.S.C. 101 7) 397 of	,		emp	loyee, ance c	the issuance of official duty	of a security	clearance, or invi	hiring or firing of estigations of the Your Social Secu hority of the Inte	per-		al of columns (l), (i in item 13 on the fi	
eligible indi under appr costs of su used by off performant	ividuals for all opriate admir ch reimbursel īcers and em ce of their offi	ation is to determine payment or relimburseme lowable travel and/or relocation expenses inci- listrative authorization and to record and mai ments to the Government. The information w ployees who have a need for the information is cial duties. The Information may be disclose te, local or foreign agencies, when relevant to	urred intain ill be n the			you s	inse re SSN a ever, f	ombursement and other requiralities to pro- fallure to pro-	t which is, or m lested informat wide the infor	iay be, taxable in ion is voluntarv ir	hority of the Inte 0,9397, November Ion number; disclos- relocation allow come. Disclosure n all other Instance an SSN) required ement.	of l	TOTAL AMOUNT CLAIMED	>	155.56

155.56

ACCOUNTING CLASS CODE			TRIP 1
LODGING-211D M&IE-211D MILEAGE-211P TAV EXP -I-211B TMC FEE -I-211B			82.00 106.50 49.06 15.00 4.00
11 5298WM41EXY	0.00	0.00	256.56
2012^^07^5298^^EXY^WN41^^^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES		101.00	
TOTAL AMOUNT CLAIMED		155.56	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
		* * - *	
NET TO TRAVELER (GOVT)		155.56	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT TOTAL GOV'T CHARGE CARD AMT	0.00 0.00		
PAY TO GOV'T CHARGE CARD		0.00	

PAY TO TRAVELER -----

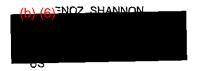


1611 Worthington Road • West Palm Beach, FL 33405 Phone (561) 472-5956 • Fax (561) 472-5957 Reservations

6:27:00PM

www.StayHGI.com or 1 877 STAY HGI

Name & Address



Room Arrival Date

119/K1RRU1

10/27/2011 Departure Date 10/28/2011

Adult/Child Room Rate

1/0 82.00

RATE PLAN C-DOI HH# BONUS AL: CAR:

CONFIRMATION NUMBER: 3449711837

10/28/2011 PAGE

This Hotel is A 100% Smoke-Free Facility

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANC	E	****
	IGUEST ROOM EXEMPT	JLLABRES JLLABRES	472383 472385	\$82.00	\$82.00		; ;	WALDORF ASTORIA'
	BALANCE						\$0.00	CONRAD
	You have earned appro Visit HHonors.com to c 3,700 hotels within the	heck your poir	t balance fi	nors points for this som stays at any of t	stay. he			(II) Hilton
	Hilton Garden Inn is op Canada, Costa Rica, G United Kingdom and th	ening location ermany, India	s all over the Italy, Mexic	o, Saudi Arabia, Tu	in rkey,			Q DoubleTree
				1				EM BASSY SUITES
				:				Hillon Garden Inn
	•			ļ				Hampton
				į				HOMEWOOD SUITES
ACCOUNT NO. MC *5368					DATE OF CHARGE 10/27/2011	FOLIO NO./CH 108634 A		4
CARD MEMBER NA					AUTHORIZATION		INITIAL	HOME
ESTENOZ ESTABLISHMENT N	, SHANNON 10. & LOCATION ESTABLISHMENT AGREES	TO TRANSMIT TO CARD H	IOLDER FOR PAYMENT		018262 PURCHASES & SER	VICES		
					TAXES			(II) Hillon Grand Vacations
				F I	TIPS & MISC.			
CARD MEMBER'S S					TOTAL AMOUNT			
	VICES PURCHASED ON THIS CARD SHALL NOT BE I	RESOLD OR RETURNED	FOR A CASH REFUI	ND.	PAYMENT	DUE UPON RECEIPT		

TRAVEL VOUCHER		ARTMENT OR ES			2. TY	PE OF TRAVEL TEMPORARY D	Contraction of the Contraction o	3. VOUCHER NO. SENAPLESFL101711 V01					
(Read Privacy Act Statement below)	NP	P B CAR		PERMANENT C OF STATION									
a. NAME (Last, first, m	iddle initial)				b. SC	CIAL SECURITY	NO.	6. PERIOD OF TRAVEL					
	in it can bear		(b) (6)	FROM	THE CONTRACT OF THE CONTRACT O							
Estenoz, Sh			* - * * - * ;			/11 11/17/11							
c. MAILING ADDRESS		a. OF	FICE TELEPHO		a. NUMBER(S)	b. DATE(S)							
	11200 SW 8 Street FIU OE Building Room 165							a. HOMBER(O)	J. DATE(O)				
Miami, FL						05-348-1		0S2J	TBS				
e. PRESENT DUTY STA	TION			(City and St				×100,500.00	10/13/11				
EVERGLADES	NP		Planta	ation,	FL			10. CHECK NO.					
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT				11. PAID BY					
a. Outstanding		000	a. DATE RECE	EIVED	Mark Control	OUNT RECEIVE	D						
b. Amount to be applied c. Amount due Government		0.00			\$								
(Attached Check	Cash)	1	c. PAYEE'S SI	GNATURE									
D. Balance outstanding			1										
12. GOVERNMENT TRANSPORTATION		the United State						ole	Traveler's Initials				
REQUESTS, OR TRANSPORTATION	transportation	charges described		ed under cash pa	ayment	procedures (FPN	//R 101-7)						
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	STATE OF THE PARTY	MODE CLASS OF				POI	POINTS OF TRAVEL					
(List by number below and attach passenger	OF TICKET		SERVICE AND ACCOM-	DATE ISSUED		FRO	M		то				
coupon; if cash is used show claim on reverse	(a)	(h)	MODATIONS (c)	(d)	(e)			i	(f)				
side)													
11 5298WM41EXY COMMENTS: Everglades Fou				141 -		236	5.35 N	IR-	172.67				
13. I certify that this voucher received by me. When any this voucher. TRAVELER SIGN HERE NOTE: Falsification of an item than \$10,000 or imprise.	pplicable, per di	em claimed is bas	sed on the averag	e cost of lodging	incum d) and i	DATE 12 7	iod covered by	MOUNT AIMED	236 35				
14. This voucher is approved					Т	17. FOR FINANC	CE OFFICE U	SE ONLY	 				
necessary in the interest of are included, the approving	ng official must l	have been authori			H		COMPUTATIO	N	- $+$ $+$				
head of the department of	r agency to so o	certify (31 U.S.C. 6	680a).)		a	. DIFFER- — ENCES,			 				
APPROVING Dawn Arn	101	Progr	itive As s i	ATEant		IF ANY (Explain							
OFFICIAL SIGN HERE	0	A. Exelle	ICIVE ADDI		- 1	and show amount)							
15. LAST PRECEDING VOUCH	K K. C	me me	EL AUTHODIZAT	12 7 11	-								
a. VOUCHER NO.	b. D.O. S			c. MONTH &	—	CHARGE TO			!				
				YEAR		Certifier's initia	ls:		\$				
16. THIS VOUCHER IS CERTIF	ED CORREC	T AND PROPER I	FOR PAYMENT		C	APPLIED TO TI (Appropriation		NCE	0,00				
AUTHORIZED CERTIFYING	1/ man	Λ	10	DATE I					\$ 0,000				
OFFICIAL NHERE	1111	M		12/12/11	d		VET TO TP	AVELER >	\$ 236 35				
SEE BLOCK 12				10/10/1	19	•		e ex maintail i	ı v				

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to em- ployee and marital status of children (unless infor- mation is shown on the travel authorization.)	(Unlisted Com- plete only for actual expense travel	items are s Col. (d) thru (g) (h) (i) (m) (n)	meal cos Show ex porters, e Complete Show tot Show pe the lesse Show ex long dista subsister	penses, such etc. (other that a for per diem al subsistence or diem amour or of the amou penses, such ance telephor nce, etc.	as: laundry, cl n for meals). and actual ex; e expense incu it, limited to ma nt from col. (j) as: taxi/limous le calls for Gov	eaning and press pense travel. Irred for actual ex eximum rate, or tr or maximum rate ine fares, air fare emment busines	avel on actual expe	to bellboys, onse, show cash), local or tion other than					
DATE	TIME	DESCRIPTION			ITEMIZ	ED SUBSIS	ENCE EXPEN	ISES		MILEAGE RATE:	AMO	UNT CLAIMED			
20	(Hour and am/pm) (b)	Ur experises)	BREAK- FAST (d)	LUNCH	DINNER	TOTAL	MISCEL- LANEOUS SUBSIS- TENCE (h)	LODGING	TOTAL SUBSISTENCE EXPENSE (i)	O.OOO NO.OF MILES	MILEAGE	SUBSISTEN	CE	OTHER	i
(a) 11/16	(0)	D-:RES: Plantation	(0)	(e)	"	(g)	107	- " 	1	(2)	'″ ₁	1 1117	_	(1)	T
11/16		A-:NAPLES,FL	1	ı		45 75	!	109 00	154.75		1	154	75		!
11/16		Lodging Tax Gasoline	ı]					j		25	90
11/16 11/16		Data Services	- 	- 	 	 	 	i			i	 	_	9	95
11/17		RENTAL CAR	. !		!	!	! !		}		! !	!]_		Ï
11/17		D-:NAPLES,FL								,					
11/17		A:RES: Plantation,	_ i	i	<u> </u>	<u> </u> _ i	{ _ i_ }	i			i	<u> </u>			<u>i</u>
11/17		Subsistence		I	!	45 75	!	Ţ.	45.75		Ī	45!	75		1
11/17		TAV Fee -I		1					<u></u>						<u> </u>
11/17		TMC Fee	i	i	i	i		i			i	i			i
				!	!	!	<u> </u>	!_	 		<u> </u>	 !			<u> </u>
								!				1			l i
			_	 i	 			i			<u> </u>	 			
] [!	!	!	!	Ì]	!	!	1		!
					 			<u>l</u>	 		<u> </u>	 -	-+-		
				;	i	i	i	i	1		i	i	- 1		i
			-						 			 			
			1								1				i .i
	-		1	1	[]	ı	i i	1			, 1	1			ī
				1		!	1				1				<u> </u>
				;				1			i i				1
					<u> </u>		<u></u>		SUBTOTA	LS	0100	2001	50	35	85
If addition	al space is r	equired, continue on another 1012-A BACK	, leaving th	e front bla	nk.			··	тот	ALS 🕨	0 00	200	50	35	85
vided: Solk Chap. 57 a E.O. 11609 November of the requeligible indi under appr	citation of the s implements of July 22, 1 22, 1943, and ested informatividuals for all opriate admir	Privacy Act of 1974, the following information in information on this form is authorized by 5 to do by the Federal Travel Regulations (FPMR 1971, E.O. 11012 of March 27, 1962, E.O. 93 d 26 U.S.C. 6011(b) and 6109. The primary pusition is to determine payment or reimburseme lowable travel and/or relocation expenses inconstrative authorization and to record and mainments to the Government. The information will ployees who have a need for the information is claif duties. The information may be disclose	J.S.C. 101 7), 197 of Irpose nt to urred ntain		Revenue C 1943, for u is MANDA	umber (SSN ode (26 U.S se as a tax pa TORY on vo	l) is solicited .C. 6011(b) and syer and/or em suchers claimi	under the aut d 6109) and E.C ployee identificat no travel and/or	hiring or firing of estigations of the Your Social Sect hority of the Inte J. 9397, November ion number; disclos relocation allows come. Disclosure n all other instanc an SSN) required	mal 22, ure ence		tal of columns (in item 13 on ti			·
performant appropriate	e of their offi Federal, Sta	cial duties. The information may be disclose ite, local or foreign agencies, when relevant to	d to civil,		however, f	allure to pro	vide the infor	mation (other the r loss of relmburs	an SSN) required ement.	to	CLAIMED	>		236.	35

12/07/11 GovTrip Travel S	-	}	Estenoz,	Shann ***	
ACCOUNTING CLAS				=======	TRIP 1
JASOLINE-211I LODGING-211D M&IE-211D OTHER-211I RENTAL CAR-211F TAV EXP -I-211F TMC FEE -I-211F	3				38.18 134.90 91.50 9.95 115.49 15.00 4.00
11 5298WM41EXY		0.00	0		409.02
SPLIT PAY DISBUTOTAL EXPENSION-REIMBURS	JRSEMENTS: SES SABLE EXPENSES			409.02 172.67	
.,				=======	
TOTAL AMOUNT	CLAIMED			236.35	
GOV'T ADV	ENTS - ANCE OUTSTANDING - ANCE APPLIED	- 0.0	0	0.00	
				0.00	
NET TO TRAVE	ELER (GOVT)				
GOV'T CHAP GOV'T CHAP	RGE CARD EXPENSES				

0.00

0.00

236.35

TOTAL GOV'T CHARGE CARD AMT

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

>>Return<< RA Document 264077015 Rate 2A/C 1 DY 17 HR RESERVATION # 22348152-US-1C 17 MI @ .00 CAR# 5 7 0 7 1 1 2 5Car Group B /C BLK DODG AVEN 4DR FL 374JPN 38.25 = 47.99 = 233.95 = O HR @ O MK 6 5 DA 6 95.98 ESTENDZ, SHANNON 2A/C 300FM TIME & MILEAGE \$.60/DY ERF 95.98 WIZ# = 1JL26S AWD# = B163422 + = 1.20 \$ 2.00/DY SSU ** 8.00% FEE + = 4.00 Out PLANTATION In PLANTATION 16NOV11/1611 7.77 + = 18NDV11/0855 Subtotal = 108.95 Miles-Out 179 Miles Driven 317 Miles-In 496 6.54 115.49 Tax 6.000% + = Total Charges =
AMDUNT DUE CV USD =
ENERGY RCOVERY FEE
\$ 2.00/DY SSU
**CONCESSION RECOVERY FEE Fuel In 8/8 Method of pay = CLUB Mastercard XXXXXXXXX 115.49

The amount that appears in "Amount Due" has been billed to your Master Card. All charges are subject to audit and change if any errors are found. For local inquiries call 954-916-9511. Thank you for renting from Avis.

SDE4/8AF9/11322/08:55/0



Ms. Shannon Estenoz 11200 Sw 8th St Miami, FL 33199 2516 Room Number:

0706

Arrival Date:

11/16/11 11/17/11

Departure Date: CRS Number:

b) (6)

Rewards No: Page No:

1 of 1

INVOICE

Folio No: 313251

11/17/11

Date	Description		Charges	Credits
11/16/11	Guest Tek	INTERNET	9.95	
11/16/11	In Room Dining Dinner	CHECK# 5558	31.97	
11/16/11	Group Room Charge		259.00	
11/16/11	Florida Tax 6%		15.54	
11/16/11	Collier Tax 4%		10.36	
11/17/11	In Room Dining Brkfst	CHECK# 5570	15.10	
11/17/11	In Room Dining Bkfst Grats	CHECK# 5580	1.75	
11/17/11	Visa	XXXXXXXXXXXX5085 XX/XX		343.67
		Total	343.67	343.67
		Balance	0.00	

Your rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online statement for updates activity.

Room at Ritz was broked by nistake (good rate was not available) See attached e-mail strong), and could not be cancelled without forfully the charge. Therefore, to minimize the cost of this error to the good, I paid \$150.00 out of my pocked toward the hotel Room Charge (See Voucher).

THANK YOU FOR CHOOSING CHEVRON

Dawn Armel

From: Sent:

GovTrip.eTravel.System@etsproext01.govtrip.com

Sent:

Friday, December 23, 2011 8:56 AM

Subject:

shannon_estenoz@ios.doi.gov; Dawn Armel GovTrip Travel - PAID DOCUMENT

PAID.LTR

12/23/11
Shannon A Estenoz
GDOINPS
shannon estenoz@ios.doi.gov

Voucher SENAPLESFL101711_V01 for 0S2JBS has just been marked PAYMENT SUBMITTED THIS PAID VOUCHER FOR YOUR OFFICIAL TRAVEL FROM 11/16/11 to 11/17/11 WILL BE PROCESSED BY YOUR FINANCE OFFICE AND FORWARDED TO TREASURY FOR A DIRECT DEPOSIT

OF 236.35 TO YOUR BANK ACCOUNT RECORDED IN THE FINANCIAL SYSTEM.

YOUR FINANCIAL INSTITUTION SHOULD

RECEIVE THE ELECTRONIC FUNDS TRANSFER (EFT) WITHIN 3 TO 4 BUSINESS DAYS AFTER THE PROCESSED DATE INDICATED ABOVE. PLEASE UNDERSTAND THAT A FEDERAL OR BANKING HOLIDAY COULD EXTEND THE LENGTH OF TIME INVOLVED IN MAKING YOUR DEPOSIT. IF YOU HAVE NOT PROVIDED YOUR DIRECT DEPOSIT INFORMATION TO YOUR FINANCE OFFICE, PAYMENT WILL BE DELAYED BY SEVERAL BUSINESS DAYS.

You may access GovTrip @ http://www.govtrip.com/govtrip/site/index.jsp

Note: If this payment is for an amended voucher the amount above represents the cumulative total of all payments, to date, that have been made for this trip.

Date Wednesday, November 16, 2011 11:46:25 AM

From Dawn Armel

To Estenoz, Shannon A

Cc

Subject RE: Naples today

The Everglades Foundation group rate is \$259.00 a night.

From: Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]

Sent: Wednesday, November 16, 2011 10:18 AM

To: Dawn Armel **Cc:** Burger, Kevin

Subject: RE: Naples today

Ok great. What is the rate?

Shannon Estenoz

Director, Everglades Restoration Initiatives United States Department of the Interior c/o South Florida Ecosystem Restoration Task Force

Florida International University

11200 SW 8th Street, OE 165 Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

From: Dawn Armel [darmel@sfrestore.org]
Sent: Wednesday, November 16, 2011 9:43 AM

To: Estenoz, Shannon A **Cc:** Burger, Kevin

Subject: RE: Naples today

Shannon:

You have a reservation at the Ritz Carlton. I was able to book you at the Everglades Foundation group rate. There will also be a \$25.00 parking charge. You can use your government credit card to pay for the parking. The confirmation number is 81738887. The confirmation email should be coming through shortly. I'll forward it when it comes in.

D

From: Estenoz, Shannon A [Shannon_Estenoz@ios.doi.gov]

Sent: Wednesday, November 16, 2011 8:51 AM

To: Dawn Armel
Cc: Burger, Kevin
Subject: Naples today

Dawn.

I need to be in Naples tonight no later than 8 pm, and stay over night. I have a 9:30 pm meeting tonight and a 7:30 am meeting and then 10 am presentation tomorrow. I will need to change my rental car to a 4 pm pick up today (in case I decide to try to drive over before dark), and I need a room in Naples.

The 7:30 am meeting and 10 am presentation are at the Ritz Carlton - I suppose we could see if there is a government rate there. The other option is a place called "Pelican Bay" or something like that. Let's see if they have a government rate. Bottom line is that I want to try to stay as close to the Ritz as possible. Thanks!

S

Shannon Estenoz
Director, Everglades Restoration Initiatives
United States Department of the Interior
c/o South Florida Ecosystem Restoration Task Force
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401 Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

™ Naples Hotels

From

Dawn Armel

Date Wednesday, November 16, 2011 2:34:33 PM

То

Estenoz, Shannon A

Cc

Subject Naples Hotels

Hi Shannon:

Prices for three hotels within 5 to 7 miles of Ritz Carlton, Vanderbilt Beach Road are Ritz Carlton Golf Resort at \$599.00 a night, LaPlaya Beach Resort at \$269.00 a night, and Naples Beach Hotel at \$254.00 a night. Would you like me to check farther out for other hotels?

IIN CONTRACTOR	STEMPS OF STREET	SAME AND PERSONS LABOR.	PROTESTAL CONTRACTOR OF THE PROTESTAL CONTRACTOR OT THE PROTESTAL CONTRACTOR OF THE PROTESTAL CONTRACTOR OF THE PR	1. DEPARTMENT OR ESTABLISH	C VOLICIED MUMPED											
3	CLAIN	/ FO	R REIMBURSEMENT	TO STATE OF THE PROPERTY OF TH	Executive Director, South Florida				2. VOUCHER NUMBER LT5284N0006							
			XPENDITURES			3. SCHEDULE NUMBER										
	ON	OFF	ICIAL BUSINESS	Ecosystem Restoration	Task Force		S. SCHEDGE ROMBER									
	THE RESERVE THE PROPERTY OF THE PERSONS NAMED IN		Read the Privacy Act S	l tatement on the back of t	his form		5. PAID BY									
1	a. NAME	(Last,	first, middle initial)	Taranta an ina paon or in	b. SOCIAL SECURITY	Y NO.	TO AOC 12/12/11									
5	Estano	7 Ch	annon A.		(b) (6)		10	176	News 92	-11-111						
MAN																
CLAIMANT	c. MAILI	NG AD	DRESS (Include ZIP Code)		d. OFFICE TELEPHON	NE NOMBER										
	FIU				205.240	1665										
			8 Street, OE 148		305-348-	1665										
-			rida 33199									-				
6.	EXPENI	DITUE	IES (If fare claimed in col. (g) the claimant.)	exceeds charge for one p	erson, show in col. ((h) the numb	er of ac	ldition	nal person	s which a	ccomp	anied				
	DATE		Show appropriate code in col. (b):	A CONTRACTOR OF THE CONTRACTOR		MILEAGE			AMOUNT	CLAIMED						
		CO	A - Local travel B - Telephone or telegraph,	D - Funeral Honor		RATE										
2	011	D E	C - Other expenses (itemized		•	\$.51 6	MILEA	AGE	FARE	ADD PER-		AND CEL-				
		_	(Explain e	xpenditures in specific detail.)	K	NO. OF MILES			OR TO			EOUS				
	(a)	(b)	(c) FROM	(d	то то	(e)	(f)		(g)	(h)		(i)				
12/	05/11	Α	Plantation, Florida	Miami Lakes, F	lorida	48	24	48								
												1				
-21-20																
					The state of the s	 			 	_	-	1				
												1				
					- 31 - 53 - 54 - 54 - 54 - 54 - 54 - 54 - 54											
					une of the same of the color of the land o							I L				
	-	-			~ - managed a blood of the property of											
Z SCHOOL											3346					
						Annual Control of the	- Property of			_	ke-t-ux					
									1			ľ				
			HICTICATION.	M4::41 C-	Meeting with Senator Graham.											
			JUSTIFICATION:	Meeting with Se	enator Graham.							1				
	***************************************		MICHIEWASSAN DIRECTOR PROPERTY HEREITA HEREITA CONTRACTOR PROPERTY AND CONTRACTOR PROPERTY OF THE PROPERTY OF	SUBTOTALS CARRIED	CODMAND FROM THE					_	-					
If ac	dditional	space	is required continue on the back.	BACK	PORWARD FROM THE											
7	ABAOLIA	UT OI	AIRACD (T-4-1-4-1-46) (4) (-1		TOTALO	24.40			a a							
			AIMED (Total of cols. (f), (g)		TOTALS	24.48										
			proved. Long distance telephone the interest of the Government.		10. I certify that this belief and that p					3008 AS	edge a	nd				
ě	are inclu	ded, th	ne approving official must have be department or agency to so cert	een authorized in writing, by	announce to the second		gn Origi			V 2000 100 100 100 100 100 100 100 100 10						
	ine nedd	Oi tile	department or agency to so cert	117 (07 0.0.0. 0000).7	essentations of the second of			1								
			Sign Original Only			5	5		5	DATE	i .					
APPROVING OFFICIAL DATE					CLAIMANT SIGN HERE		20		3	12	171	11				
					11.	ALL MILESON STREET	CASH PAY	MENT	RECEIPT	market enteresses	-					
					a. PAYEE (Signature)				b.	DATE RECEIV	/ED					
SIGN	HERE	A	Lawr K. Wim	et 12711												
9.	This clair	II IS CO	M	nent.					c.	AMOUNT						
	HORIZED		Sign Original Only	DATE		antesig are			١٩							
OFF				118118111	12. PAYMENT MADE BY CHECK NO.	DIRECT D	EPOSI	T								
	COUNT	ING C	LASSIFICATION	11-11-11-11	1		XX. 1817 - 70 CONTROL									
529	8-WN	41-E	XY (
			V													

TRAVEL VOUCHER	2	100000000000000000000000000000000000000	PE OF TRAVEL TEMPORARY DUTY		. VOUCHER NO.								
(Read Privacy Act	IREAU DIVISION ERGLADES			DEDMANENT CHANGE		SEKEYLARGOFL120811 4. SCHEDULE NO.					- _{AOT}		
Statement below)	EVI	EKGLADES	IVE		OF STATION			L. SONESSEE NO.					
a. NAME (Last, first, mi	iddle initial)			b. SC	CIAL SECURITY NO.	6. PEF	OD OF TR	AVEL					
2004		(b) (6)	FRO		b. T								
Estenoz, Sh						* _ * * _ * * *		2/08/1		2/08	/11		
c. MAILING ADDRESS	(Include ZIP	(Code)			d. OF	FICE TELEPHOI		VEL AUTHO					
11200 SW 8		00m 1CF			2	25 240 1665	a. NUN	MBER(S)	D. L	ATE(S)			
FIU OE Buil Miami, FL	33199	30111 165			3	05-348-1665		o a cmon	.				
e. PRESENT DUTY STA			f. RESIDENCE	(City and St	ate)			0S6T27	- 4	2/07	/11		
EVERGLADES	NP		Planta	ation,	FL		10. CH	ECK NO.		2707	/ + +	61	
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11. P	AID BY					
a. Outstanding		0 00	a. DATE RECE	EIVED	b. AM	OUNT RECEIVED							
b. Amount to be applied		0 100			\$								
c. Amount due Government (Attached Check	Cash)	i	c. PAYEE'S SI	GNATURE									
	Casn)		-										
D. Balance outstanding			1						***************************************				
12. GOVERNMENT TRANSPORTATION REQUESTS, OR						s in connection with reimbursa procedures (FPMR 101-7)	able		► Tra	aveler's l	nitials		
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF		2011:	PO	INTS O	TRAVEL					
(List by number below	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE									
and aftach passenger coupon; if cash is used	OF HUKET	(Initials)	MODATIONS	ISSUED		FROM			ТО				
show claim on reverse side)	(a)	(b)	(c)	(d)		(e)	(f)						
1207111117MD	4	.00 XD		12/07/	11								
FFGQ		.09 112		12/0//									
ACCOUNTING CLA	SSIFICA	: NOITA											
5298WN41EXY	-2012^	^07 [^] 5298	^^EXY^WI	741^^ -		71.74	NR- 91.09						
COMMENTS:		. 1			0.0.	HELECOPY							
Climate Change	Summi				13	LIFFALL							
					San and San								
I certify that this voucher is received by me. When ag						nt or credit has not been ed during the period covered b	ру						
this voucher.	7	50				1 1					I		
SIGN HERE	-	P			I		MOUN			71.	74		
NOTE: Falsification of an item													
than \$10,000 or impris					1).								
 This voucher is approved. necessary in the interest of 			y, are certified as Flong distance tel			17. FOR FINANCE OFFICE U		LY			l		
are included, the approvin	g official must l	have been authori	ized in writing by		F	TATIONAL STREET	OIN		\$	j	i		
head of the department or	agency to so t	eruny (31 U.S.C. t	560a).)		a	. DIFFER- —————— ENCES,					_		
APPROVING Dawn Arm	nel (Execu	ıtive As s i	DATEant)		IF ANY (Explain							
OFFICIAL SIGN HERE	0			2 22 11		and show amount)							
1 Caro	X K.	umer	EL AUTUODIZA		+		Went -		-				
15. LAST PRECEDING VOUCH a. VOUCHER NO.	b. D.O. S			c. MONTH &	t	. TOTAL VERIFIED CORRECT CHARGE TO APPROPRIA				1			
1				YEAR	- 1	Certifier's initials:			\$				
16. THIS VOUCHER IS CERTIF	IED CORREC	T AND PROPER I	FOR PAYMENT		C	. APPLIED TO TRAVEL ADV	ANCE		-				
AUTHORIZED	0	0.7	875			(Appropriation symbol):			\$	0.	00		
OFFICIAL OFFICIAL	MMM		10	DATE	1					1			
3N HERE	Mill on	#		11716	d	NET TO TE	RAVE	LER >	\$	71.	/4		
SEE BLOCK 12													
		V	21	100									
	6												

		INSTRUCTIONS TO TRAVELER	(Unlisted	(Unlisted items are self explanatory)							Complete this PAGE information							
SCHEDU	LE	Col. (c) If the voucher includes	Com-	Col. (d) Sh	ow an	nount incurre	d for eac	h mea	l, including tax an	d tips, and daily to	al			rmauon is is a		_2	
OF		per diem allowances for	plete	thru (g	g) me	eal cos	st.								tinuation	OF		
EXPENS	Ee	members of employee's	only	0			penses, such etc. (other the			leaning and press	ing of clothes, tips	to beliboys,			et. TRIP			GES
	E3	immediate family, show	for	1 0) Co	rters, e implete	etc. (other this e for per dien	in for me and ac	eais). tual ex	pense travel.				TRA	VEL AUTHO	RIZATI	ON NO.	
AND		members' names, ages, and relationships to em-	actual expense	- 0) Sh	ow tot	tal subsistenc	e expan	se incl	urred for actual ex	pense travel.			0.	S6T2T			
AMOUN1	rs	ployee and marital status	travel	avel the lesser of the amount from col. (i) or maximum rate.							<u></u>							
CLAIME	כ	of children (unless infor-		(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than							TRAVELER'S LAST NAME							
• · · · · · · · · · · · · · · · · · · ·	-	mation is shown on the					ance telepno nce, etc.	ne calls	tor Go	vernment busines	s, car rental, reloca	ition other than		E	stenoz	ı		
DATE	TIME	travel authorization.) DESCRIPTION					ZED SUBSIS	TENCE	EXPE	NSES		MILEAGE	A	AMOUNT CLAIMED				
	(Hour	(Departure/errival city, per diem			MEALS	:		MISC	CEL-			RATE: 0.000			T			
20_11	and	computation, or other explanation	BREAK-	ı	1			LANE		LODOING	TOTAL SUBSISTENCE	NO, OF	MILEAC	GE SUBSISTENCE		OTHER		
	am/pm)	of expenses)	FAST	LUNCH	DIN	NER	TOTAL	SUBS		LODGING	EXPENSE	MILES						
(a) 12/08	(b)	D-:RES: Plantation	(d)	(e)	(f)	1	(g)	(h)	,	()	()	(k)	(1)		(m)		(n)	
12/00		TMC FEE (GOVCC-I)	l ı	l i		i	l i		i					1				! !
12/00		A-:KEY LARGO, FL		 		1	 					ļ	<u> </u>	-				<u> </u>
12/00		RENTAL CAR	!	!		1	53 25		ļ	l l	53.25			ı	53	25		ı
12/00		D-:KEY LARGO, FL		<u> </u>	_	1	 	-	<u> </u>	<u> </u>				<u> </u>				<u>! </u>
12/08 12/08 12/08 12/08 12/08 12/08		A:RES: Plantation,	i	li		!	l i		i					l	1 :			i
12/08		Gasoline	- 1 -			 	 		1					1	ļi			
12/08		TAV Fee -I	!	!		!	!	ł	!	1				Į.] !		18	r 49
12/00		TAV FEE -1		J 		<u> </u>	<u> </u>		<u> </u>	<u> </u>				! _				<u> </u>
				li		I	l ;	1	i	i				i				1
			 	 		1	 	-	+				·	 				<u> </u>
] !			!	!		!	l .				[!			!
				1	+			 	l	1				<u> </u>				<u> </u>
	:		li	i		i	i		j	i	1			i				i
						 	 		 					1	 			
				!		l .	!		!					1				!
						<u> </u>	 	 	1	I				1				<u> </u>
			i	i		i	i		j	j.				i	i		,	i
					+	+			 						 	${ m o}$		
						!]	ļ]		1	!		!	!
			i i			i			<u> </u>]								<u> </u>
			i	ì	1	i	l i		Ì	i				i	ŀi	.		i
				!]								1	1	一十		
				<u> </u>		<u> </u>	L. L	L	L					100				1
If additions	al space is r	equired, continue on another 1012-A BACK	, leaving th	e front bi	ank.						SUBTOTA			100 1 ₀₀		25	18	
In complian	ce with the F	rivacy Act of 1974, the following information i	s nro-								101/	4L3		:00] 53;	25	18	49
vided: Solic	itation of the	information on this form is authorized by E. I.	100		requ	iremer	nt by this ag	eņcy in	conr	ection with the	hiring or firing of estigations of the	an			il of columns n item 13 on i			
E.O. 11609	of July 22, 1	d by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93	397 of		tarm	ጋክሶል ሶ	of official dilby	tubile in	(20 /A)	mmant candaa	Value Canial Can	rmiës r	this form.	ano n	i kami is om	ne non	101	
of the reque	sted informa	126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimburseme owable travel and/or relocation expenses included in the control of t	irpose int to		Acco Reve	unt N enue C	iumber (SSI Code (26 U.S	l) is so .C. 6011	olicited I(b) an	under the auth d 6109) and E.C	nority of the Inte 0.9397, November	rnal 22,						—
eiigible indi under appro	viduais for all opriate admir	owable travel and/or relocation expenses inc distrative authorization and to record and mai	urred intain		1943 is M	, for u	se as a tax p	ayer and	i/or em	ployee identificati	nority of the Inte 1. 9397, November Ion number; disclos relocation allows	ure						
costs of suc used by offi	th reimburser cers and em	owable travel and/or relocation expenses inc istrative authorization and to record and mai ments to the Government. The information we ployees who have a need for the information is call duties. The information may be disclose	ill be n the		expe	nse re	ambursemen	. Which I	s. or m	av be, taxable in	come. Disclosure	ເດf I	TOTAL					
performano	e of their office	cial duties. The information may be disclose te, local or foreign agencies, when relevant to	ed to		nowe	ever, t	failure to pro	vide thi	e infor	mation (other tha	an SSN) required	to	AMOUN				71.	74
pp p. 1010		est issue at throught ademoical intent televalit fo	J 1911,		եսքի	or me	o Gainn may r	ssun in c	ленду О	r loss of relmburs	ement.				-		•	

Auth No: SEKEYLARGOFL120811 V01 Estenoz, Shann ***-**-**

0.00

71.74

ACCOUNTING CLASS CODE			TRIP 1
JASOLINE-211I M&IE-211D RENTAL CAR-211R TAV EXP -I-211B TMC FEE -I-211B			18.49 53.25 72.09 15.00 4.00
12 5298WN41EXY	0.00	0.00	162.83
2012^^07^5298^^EXY^WN41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		91.09	
TOTAL AMOUNT CLAIMED		71.74	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00	0.00	
NET TO TRAVELER (GOVT)	=	71.74	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT TOTAL GOV'T CHARGE CARD AMT	0.00 0.00		

PAY TO GOV'T CHARGE CARD-----PAY TO TRAVELER -----

12/09/11

09:01:58

E/VISA XXXXXXXXXXXX Invoice# Auth#

Pump#: 4 5.284G @ \$3.499/G UNLE/Self \$18.49

Total

\$ 18.49

Earn 10 cents/gal fuel credits with the Chevron and Texaco Visa Card! Call 1.800.373.3277

THANK YOU FOR CHOOSING CHEVRON Personal Crodit

```
>>Return<< RA Document 296015215
RESERVATION # 28121607-US-3C
CAR# 5 2 4 5 3 4 6 1 Car Group B
BLU NISS SENT 4DR FL 323JPL
ESTENDZ, SHANNON A
```

AWD# = A555500

08DEC11/1125 Out PLANTATION 09DEC11/0912 Miles-In 27424 In FLANTATION

Miles-Dut 27246 Miles Driven 178 Fu Method of pay = CLUB Mastercard XXXXXXXXXXXXX Fuel In 8/8

```
Rate 8D/B
                   0 DY 22 HR
         28 MI @
                               .00
                          43.50
57.99
289.95
         22 HR @
0 DY @
0 WK @
MIN 1DY/8D/B
Discount 5.0%
TIME & MILEAGE
                                                   57.99
                          150FM
                                      =
                                                   2.90
55.09
                                    -=
                                       =
$ .60/DY ERF
$ 5.00/DY GARS
$ 2.00/DY SSU
$ .02/DY TBS
$ .78/DY VLF
                                                     .60
5.00
                                    + =
                                    + =
                                    + =
                                                     2.00
                                                      .02
                                    + =
                                                     .78
4.52
                                    + =
** 8.00% FEE
                                    + =
                                      =
                                                    48.01
Subtotal
                                                     4.08
                                    + =
Tax 6.000%
Total Charges
AMOUNT DUE CV
ENERGY ROOVERY FEE
                                                    72.09
                                       ≖
                                                    72.09
                             USD
$ 5.00 /DY GARS
$ 2.00/DY SSU
$ .02/DY TBS
$ .78/DY VEH LIC FEE
 **CONCESSION RECOVERY FEE
```

The amount that appears in "Amount Due" has been billed to your Master Card. All charges are subject to audit and change if any errors are found. For local inquiries call 954-916-9511. Thank you for renting from Avis.

SDE4/BAF9/11343/09:12/0

The state of the s	Name and Address of the Owner, where						7	-		District Commission of the Com	eyil exclusive and a state of	M/HTHUMPORES	
CLA	IM FO	R REIMBURSEMENT			ENT, BUREAU, DIVISION	2. VOUCHER NUMBER LT5284N0007							
7.77		EXPENDITURES			Director, South Fl	orida				10007			
(ON OF	FICIAL BUSINESS	Ecosystem Resto	oration I	ask Pulle		3. SCH	EDULE N	IUNBEK				
	AND DESCRIPTION OF THE PARTY OF	Read the Privacy Act :	Statement on the ba	ack of this	s form.		5. PA	ID BY		i.			
a. N	AME (Last,	first, middle initial)			b. SOCIAL SECURITY NO. (b) (6) TO AOC 125 13								
Este	enoz, Sl	nannon A.			(b) (6)								
C. M	AILING AD	DRESS (Include ZIP Code)		The state of the s	d. OFFICE TELEPHONE NUMBER								
리 FIU	Г												
₹ 112	00 SW	8 Street, OE 148			305-348-1665								
	-	rida 33199					L.	E-FORTE EMPERATE E	No. 16 continues to the second		a distance de la constance de		
	ENDITU	RES (If fare claimed in col. (g. the claimant.)	exceeds charge fo	r one pers	son, show in col. (i	h) the numb	er of ac	ddition	al persons	which ac	comp	anied	
DATE	С	Show appropriate code in col. (b): A - Local travel	D - Funera	al Honors	Detail	MILEAGE RATE		Δ	MOUNT C				
2011	0	B - Telephone or telegraph, C - Other expenses (itemize	or E - Specia			NECESSARIAN AND STREET			ADD		AND		
2011	(Explain expenditures in specific detail.)			c detail.)		\$.51 6 NO. OF	MILE	AGE	FARE OR TOLL	PER- SONS		CEL-	
(a)	(6)	(c) FROM		(d) T	70	MILES (e)	(f,	,	(g)	(h)	6	i)	
12/16/1	1 A	Plantation, Florida	West Pal	m Beach	Florida	92.6		22					
	11	Tantation, Florida	W CSt 1 att	m Deach,	, i iorida	72.0	4/	124					
	_										1	Š	
	-									-			
											1	b	
KONSIII SA WALLAND													
	-												
	+									+			
	_	JUSTIFICATION:	Central E	verglade	s Planning				4		j		
								Standard Labor					
			Project W	Vorkshop	•			il			1		
							E				7	///	
-	1		CONTRACTOR OF STREET			#1000 D#10000000111111111111111111111111					***************************************		
If addition	nal space	is required continue on the back	SUBTOTALS BACK	CARRIED FO	RWARD FROM THE								
7. AMC	OUNT C	AIMED (Total of cols. (f), (g)	and (i).) >\$ 47.	22	TOTALS	92.6	47	22					
		oproved. Long distance telephon in the interest of the Government.			I certify that this belief and that p						dge ar	id	
		he approving official must have be department or agency to so cer					gn Orig			(0.0050)			
LIC III	Jua 07 177	sucparament of agoney to so so	ary 107 0.0.0. 0000,,	´									
		Sign Original Only				5	5/	, ,		DATE	4		
	-				CLAIMANT SIGN HERE		4	/		113	3/1	2	
			DATE	-	11.		CASH PA	YMENT I		•	•		
APPROVIN OFFICIAL		Lour R le	mal 12/22	11 1	a. PAYEE (Signature)				b. DA	TE RECEIVI	ED		
9. This claim is certified correct and proper for payment.								c. AN	IOUNT				
AUTHORIZED Sign Qriginal Only					THE STATE OF THE S				\$				
DATE				12. PAYMENT MADE	DIRECT D	EPOS	T						
SIGN HERE		CKASSIFICATION	11/0/	101	BY CHECK NO.		2. 00						
5298-W													
3270-VV	14-1-E	77.1											

TRAVEL VOUCHER		ARTMENT OR ES			2. TY	PE OF TRAVEL TEMPORARY DUTY		ICHER NO.	ONFL122011	
(Read Privacy Act Statement below)	EV	ERGLADES		A A man		PERMANENT CHANGE OF STATION	4. SCHEDULE NO.			
a. NAME (Last, first, m.	iddle initial)				b. SC	OCIAL SECURITY NO.	6. PER	OD OF TRAV	EL	
			J I likk	LALI		(b) (6)	. FRO	M	b. TO	
Estenoz, Sh						* - * *	12	2/20/11	12/20/11	
c. MAILING ADDRESS	(Include ZIP	Code)			d. OF	FICE TELLFHONL NO.		TRAVEL AUTHORIZATION		
11200 SW 8		1.65					a. NUMBER(S) b. DATE(S)			
FIU OE Buil		OOM 165			3	05-348-1665		0.0000000000000000000000000000000000000		
Miami, FL e. PRESENT DUTY STA		2.216	f. RESIDENCE	(City and St	ate)		1	0S7AXQ	12/15/11	
EVERGLADES	NP		THE RESERVE AND ADDRESS OF THE PARTY OF THE	ation,						
8. TRAVEL ADVANCE		3	9. CASH PAY	MENT RECEIPT	-		11. P	AID BY		
a. Outstanding		0 100	a. DATE RECE	EIVED	b. AM	OUNT RECEIVED		(MEANING) (MEANING)		
b. Amount to be applied					\$					
c. Amount due Government	C. PAYEE'S SIGNATURE					3.0.37-30-30-30-30-30-30-30-30-30-30-30-30-30-				
	(Attached Check Cash)									
D. Balance outstanding										
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION		charges described				s in connection with reimburs procedures (FPMR 101-7)	able	•	Traveler's Initials	
TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF			PO	INTS OF	TRAVEL		
(List by number below and attach passenger	VALUATION OF TICKET	RIER	SERVICE AND ACCOM-	DATE ISSUED			T			
coupon; if cash is used	OF HORE	(Initials)	MODATIONS	ISSUED		FROM	1	T	0	
show claim on reverse side)	(a)	(b)	(c)	(d)		(e)		((f)	
1215111405KQ XEUQ ACCOUNTING CLA 5298WN41EXY	SSIFIC		^^EXY [^] WI	12/15/: 141^^ -	LL	121.20	NR-		19.00	
NRCS/DOI/The I									-	
received by me. When a this voucher. TRAVELER					incum	ed during the period covered b	y MOUN	п		
SIGN HERE	300			(00.11.0.0.054)		9/2/14 c	LAIME		121.20	
NOTE: Falsification of an iten than \$10,000 or impris						may result in a tine of not more	9			
14. This voucher is approved necessary in the interest			, are certified as		T	17. FOR FINANCE OFFICE (LY	<u> </u>	
are included, the approvi				the	F		OIN	\$	i	
head of the department o	r agency to so c	eruly (31 U.S.C. t	080a).)		а	ENCES,				
APPROVING Dawn Arr	nel C	Evecu	tive Assi	ATFant		IF ANY (Explain				
OFFICIAL SIGN HERE	0			3 30 12		and show amount)	3111.05× 01110.11			
· Maco I	Ch.	umi			_	<u> </u>				
 LAST PRECEDING VOUCH a. VOUCHER NO. 	b. D.O. S			C. MONTH &	b	TOTAL VERIFIED CORRECT CHARGE TO APPROPRIA			î	
	3.0.0			YEAR		Certifier's initials:	M-900-ASS		, I	
16. THIS VOUCHER IS CERTII	FIED CORRECT	T AND PROPER F	OR PAYMENT		c	. APPLIED TO TRAVEL ADV	ANCE	\$	·	
AUTHORIZED CERTIFYING OFFICIAL "GN HERE	AM		15	DATE	-	(Appropriation symbol):		\$	A STATE OF THE STA	
ACCOUNTING CLASSIFIC		1		110/10	d	NET TO TI	RAVEL	.ER ▶ \$	121.20	
SEE BLOCK 12	ABOVE			. [

1012-16

<u></u>		INSTRUCTIONS TO TRAVELER	/I Inlinted	lioma om	self explan	otoni)				·			Con	nplete this		
SCHEDL	ILE	Col. (c) If the voucher includes	Com-	Col. (c	•	**	currec	i for each mea	ıl. İncludina tax aı	nd tips, and daily to	tal		information 2			
OF		per diem allowances for	plete	thru (g				. 101 00011 11100	iii iiiaaaaiiig tex ei	no tipo, and daily to			cont	tinuation Ol	=	
		members of employee's	only	(4					leaning and pres	sing of clothes, tips	to beliboys,		shee	et TRIP #	1 PAGES	
EXPENS	ES	immediate family, show	for	1 0				in for meals). I and actual ex	rnance travel				TRA	VEL AUTHORIZ	ATION NO.	
AND		members' names, ages,	actual	— (/) Show	total subsi	stenc	e expense inc	urred for actual e	xpense travel.			0S7AXQ			
AMOUN'	TS	and relationships to em- ployee and marital status	expense travel	(/	n) Show	per diem a	mour	nt, limited to m	aximum rate, or t or maximum rate	ravel on actual exp	ense, show					
CLAIME		of children (unless infor-	0000	(4) Show	expenses,	such	as: taxi/limou:	sine fares, air fare	e (if purchased with			TRA	VELER'S LAST	NAME	
CLAINE		mation is shown on the travel authorization.)				stance tel tence, etc		ne calls for Go	vernment busines	ss, car rental, reloc	ation other than	1	Estenoz			
DATE	TIME	DESCRIPTION			ITEA	IIZED SU	BSIS	TENCE EXPE	NSES		MILEAGE RATE:	Α	MOU	NT CLAIMED	,	
20 11	(Hour	(Departure/arrival city, per diem			MEALS			MISCEL- LANEOUS		TOTAL	0.510	MILEAG		SUBSISTENCE	OTHER	
20	and am/pm)	computation, or other explanation of expenses)	BREAK-					SUBSIS-	LODGING	SUBSISTENCE	NO. OF MILES	MILEAG	3C	SUBSISTENCE	OTHER	
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER	TOTA		TENCE (h)	(1)	EXPENSE	(k)	(I)		(m)	(n)	
(a) 12/19	1-7	No Lodge Record Fou		197	1 1/1	1.59		1.7		- W	1 (2	- "	T	1		
,		Please Check Per Di		!	1 !	!		!	!				ļ .	!		
12/20		D-:RES: Plantation											i	i		
12/20		A-:CLEWISTON,FL	ì	i	i	34	50	;	i	34.50			i	34150	1 ;	
$\frac{12/20}{12/20}$		POV-NO GVT VHC AVL/	AIRPO	RTI	T			ı	1		170.00		l ₈₆ 7	o 1	Ī	
12/20		D-:CLEWISTON,FL	1	 	1		l 	1	1				[l !	ļ !	
12/20		A:RES: Plantation,	1	i				i					T	i		
12/20		TAV Fee -I	i	i	i	1 1	l	i					i	i	i	
			1	Ī				1	ı				l	1		
								<u> </u>					[!	<u> </u>	
			i	i	i			i					i	İ		
			1	1			<u> </u>	l					<u> </u>	1	Ţ	
			1	!				!	!	1			l .	!	!	
			 	<u>'</u>			ļ						! +			
			i	i	i	l i	1	i	i				i	i	i	
			1	<u>!</u>	<u> </u>			<u> </u>	<u> </u>				<u> </u>		1	
			1	i	!		l I				1		1			
			_ - -	<u> </u>	-			 					<u> </u>			
			ı	1	ı		l	1	ı				J	j		
					 		L							<u> </u>	 !	
			i .		;		! 						1	1		
					+			 	i i				1	i i	 i	
				<u> </u>				L1	<u> </u>				<u> </u>	<u> </u>	<u> </u>	
If addition	al space is r	equired, continue on another 1012-A BACK,	, leaving ti	e front bi	ank.					SUBTOTA	<u> </u>		170	34 50		
		Privacy Act of 1974, the following information is								тот	ALS -	86	70	34 50	0 00	
Chap. 57 a	citation of the s implements of July 22 1	information on this form is authorized by 5 Used by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93 d 26 U.S.C. 6011(b) and 6109. The primary putation is to determine payment or reimbursement lowable travel and/or relocation expenses incu	l.S.C. 01 7), 97 of		amniaua	o tho icei	SDOA	of a constitut	Alaaranaa arim	hiring or firing of vestigations of the Your Social Sec thority of the Inte D. 9397, Novembe tion number; disclo- r relocation allow				l of columns (l), (n item 13 on the l		
under appr costs of su used by off performant	opriate admir ch reimburse icers and em e of their offi	lowable travel and/or relocation expenses incuistrative authorization and to record and mainments to the Government. The information wiployees who have a need for the information in cial duties. The information may be disclosed the local or foreign agencies, when relevant to	ntain II be I the Id to		you SSN however	and othe	r requ	ested informativide the information	ployee identificating travel and/or inay be, taxable inton is voluntary into the control of the	in all other instand an SSN) required	sure ance of ces; i to	TOTAL AMOUN	JT.		121.20	

03/30/12	ACCOUNTING		SECLEWISTONFL1220	
GovTrip Travel	System	Estenoz,	Shann ***-**-***(b)	(6)
=======================================		 		

	'		
.4&IE-211D MILEAGE-211P TAV EXP -I-211B TMC FEE -I-211B			34.50 86.70 15.00 4.00
	0.00		
2012^^07^5298^^EXY^WN41^^			
SPLIT PAY DISBURSEMENTS:			·
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		140.20 19.00	
TOTAL AMOUNT CLAIMED		121.20	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00		
		0.00	
NET TO TRAVELER (GOVT)		121.20	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00 0.00		
TOTAL GOV'T CHARGE CARD AMT			
PAY TO GOV'T CHARGE CARD		0.00	

121.20

PAY TO TRAVELER -----

TRAVEL VOUCHER		REAU DIVISIO				TEMPORARY DUTY	SEHUTCH		ONT 01	0512 V	
(Read Privacy Act Statement below)	EVE	ERGLADE	S NP	I B dam.		PERMANENT CHANGE OF STATION	4. SCHEDULE NO.				
a. NAME (Last, first, midd	lle initial)	H		FIGURE	b. SO	CIAL SECURITY NO.	6. PERIOD OF T	RAVEL			
		- Company		PALI		(b) (6)	a. FROM b. TO				
Estenoz, Sha	nnon A			- vi - vi - 5427 (655)		-**-*	01/05/12 01/08/12 7. TRAVEL AUTHORIZATION				
c. MAILING ADDRESS 11200 SW 8 S	48	Code)			a. OFF	FICE TELEPHONE NO.	a. NUMBER(S) b. DATE(S)				
FIU OE Build		om 165			30	5-348-1665	a. NONBEN(O)	0.	DATE(0)		
Miami, FL 3		JOIN 105				3 310 1003	0S5F	BZ			
e. PRESENT DUTY STATIO			f. RESID	ENCE (City and S	State)			R	11/15	/11	
EVERGLADES N	ΙP		Pla	ntation,	FL		10. CHECK NO.				
8. TRAVEL ADVANCE			9. CASH	PAYMENT RECEIP	Τ	***************************************	11. PAID BY				
a. Outstanding		0.00	a. DATE I	RECEIVED	TARE I	OUNT RECEIVED					
b. Amount to be applied c. Amount due Government		0 100	S I	esumova Vice and pro-	\$						
(Attached Check	C. PAYEES SIGNATURE						1				
D. Balance outstanding											
12. GOVERNMENT	nereby assign	the United Sta	tes any right I	may have against a	ny parties	in connection with reimbur	sable	7	raveler's l	nitials	
KEQUESTS, OK	ansportation o	charges describ	ed below, pur	chased under cash p	payment p	procedures (FPMR 101-7)					
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS C	OF .		P	OINTS OF TRAVEL				
(List by number below and attach passenger	VALUATION OF TICKET	RIER	SERVICE AND ACCO	E DATE				025-78-000	100.21		
coupon; if cash is used show claim on reverse		(Initials)	MODATIO	NS	'	FROM		TO			
side)	(a)	(b)	(c)	(d)		(e)		(f)			
COMMENTS: 2011 Everglades	Coali	tion C	onfere	nce							
13. I certify that this voucher is t received by me. When appl							by			_	
this voucher. TRAVELER SIGN HERE	5	1		-	I ^{D.}	ATE	AMOUNT CLAIMED		161	00	
NOTE: Falsification of an item in than \$10,000 or imprisor	an expense a	account works more than 5 ve	a forfeiture of ars or both (18	claim (28 U.S.C. 251 8 U.S.C. 287; i.d. 100	14) and m 01).	ay result in a fine of not mo	re		The second		
14. This voucher is approved. Lo		D) 55	2.2		1	7. FOR FINANCE OFFICE		+			
necessary in the interest of t are included, the approving				ce telephone calls g by the	F	COMPUTA	rion	- \$			
head of the department or a	gency to so ce	ertify (31 U.S.C	. 680a).)		a.	DIFFER- ————————————————————————————————————		╅			
APPROVING Dawn Arme	7	- Evoc		s s D&T ant		IF ANY (Explain		\top			
OFFICIAL	0 1	Exec	O A			and show amount)					
SIGN HERE	(B.1	um	WELL ALLEMAN	12/17/12				_			
15. LAST PRECEDING VOUCHE a. VOUCHER NO.	b. D.O. S		VEL AUTHOR	c. MONTH & YEAR	b.	TOTAL VERIFIED CORRE CHARGE TO APPROPRI					
16. THIS VOUCHER IS CERTIFIE	D CORRECT	AND PROPER	R FOR PAYM			Certifier's initials: APPLIED TO TRAVEL AD	/ANCE	\$			
AUTHORIZED CERTIFYING				DATE		(Appropriation symbol):		\$		00	
OFFICIAL NHERE					d.	NET TO	RAVELER >	\$	161	00	
SEE BLOCK 12			1110	orden orden			,				
							(41)				

				·											
		INSTRUCTIONS TO TRAVELER	(Unlisted	Unlisted items are self explanatory)								Complete this PAGE information			
SCHEDL	ILE	Col. (c) If the voucher includes	Com-	Col. (d)			l for each mea	l, including tax a	nd tips, and dally tot	al		his is a —			
OF		per diem allowances for	plete	thru (g)								ntinuation OF			
EXPENS	ES	members of employee's immediate family, show	only for	(h)	porters, e	tc. (other tha	n for meals).		sing of clothes, tips	to bellboys,		et TRIP #	1 PAGES		
AND		members' names, ages.	actual	L 0	Complete	o for per diem	and actual ex	pense travel.			1	TRAVEL AUTHORIZATION NO.			
		and relationships to em-	expense	(i)	Show tot	al subsistenc r diem amour	e expense incu at .!imited to ma	irred for actual e	xpense travel. travel on actual expe	ance chow	0	S5FBZ			
AMOUN'	rs	ployee and marital status	travel	• •	the lesse	r of the amou	int from col. (i)	or maximum rate	ė.	•					
CLAIME	ם כו	of children (unless Infor-		(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than							TRAVELER'S LAST NAME				
		mation is shown on the travel authorization.)			subsister		ie cans ioi Gu	emment busine	ss, car remai, reloca	mon other man	' E	stenoz			
DATE	TIME	DESCRIPTION			ITCMY	CD CHECK	TENCE EXPEN	ICEC		MILEAGE					
	i	¦				ED SOBSIS		1959		RATE:	AMOU	NT CLAIMED	T		
20 12	(Hour and	(Departure/arrival city, per diem computation, or other explanation		M	EALS		MISCEL- LANEOUS		TOTAL	0.000	MILEAGE	SUBSISTENCE	OTHER		
	am/pm)	of expenses)	BREAK- FAST	LUNCH	DINNER	TOTAL	SUBSIS-	LODGING	SUBSISTENCE EXPENSE	NO. OF MILES	WILLAGE	3003151ENCE	OTHER		
(a)	(b)	(c)	(d)	(θ)	(f)	(g)	TENCE (h)	(I)	(I)	(k)	(I)	(m)	(n)		
01/05		D-:RES: Plantation	_			I					1	1	I T		
01/05		A-:HUTCHINSON ISLA		!	[34 50		119 00	34.50		!	34, 50	!		
01/05 01/05		RENTAL CAR	1		1										
01/05 01/05		Gasoline	i	;	¦	i		l I			1				
01/05		TMC Fee	1	1	i	I	i				i	i	 		
01/06		Subsistence	l	Ţ	1	46,00	1	119, 00	46.00		1	46 .00	1		
01/07		Subsistence		1		46 00		119 00				46 00			
		D-:HUTCHINSON ISLA	1			1			10.00		1	10,00			
01/08 01/08		A:RES: Plantation,	ì	l i	i	<u> </u>		<u> </u>			<u> </u>		1		
01/08		Subsistence	t	ı	i	34, 50		i	34.50		Ì	34,50	l i		
01/08		TAV Fee -I	 		- 1	34,30	 	t	34.50			34 50	1		
01/00		1144 1.66 a.1	ſ	!	!	!	!	!			!	į į	!		
			I				 	<u></u>			<u> </u>				
	ł		i	i	i	i	i	i			İ	l i	i		
			-	 			1	 1			 	 	<u> </u>		
			!	!	ļ	1	!	Į.			1	ļ !	1		
			I	l	1	1		<u> </u>					<u> </u>		
]	1		i	i				1			l :		1 ¦		
				i	 i	- i		i				 	 		
			1	!	ı	I	ļ ļ	1			1	l l	l I		
				<u> </u>		,									
			<u> </u>			1		ł ł]		1 1		
			- i -		 	<u> </u>		· · ·	-						
											<u> </u>	<u> </u>	1		
if nddillan	al enace le r	oruland continue on another 1012 A BACK	Innestra 46	na duant bla	tr				SUBTOTA	LS	0100	161 00	0 (00		
n audition	ui space is re	equired, continue on another 1012-A BACK,	reaving th	ie iront blai	ır.				тоти	ALS 🕨	0 00	161 00	0 00		
vided: Solid Chap. 57 a E.O. 11609	In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Play 3, and 26 U.S.C. 6011(h) and 6109. The primary purpose Account Number (2.5N) is solicited under the authority of the Internal														
November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain is MANDATORY on vouchers claiming travel and/or relocation allowance costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duttes. The Information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, support the claim may result in delay or loss of reimbursement.							161.00								

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

			=======================================
ACCOUNTING CLASS CODE			TRIP 1
JASOLINE-211I LODGING-211D M&IE-211D RENTAL CAR-211R TAV EXP -I-211B TMC FEE -I-211B			23.60 357.00 161.00 166.23 15.00 4.00
12 5298WN41EXY	0.00	0.00	726.83
2012^^07^5298^^EXY^WN41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES NON-REIMBURSABLE EXPENSES		726.83 565.83	
TOTAL AMOUNT CLAIMED			
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
NET TO TRAVELER (GOVT)		161.00	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT			
TOTAL GOV'T CHARGE CARD AMT	0.00		

0.00

161.00

1236 ESTENOZ/SHANNON/MRS 119.00 01/08/12 10:20 9938 13660 ACCT# GROUP

NSKG DEPARTMENT OF INTERI

017/05/12 15.23

T6 11200 SW 8 STREET OE BUILDING ROOM 165 MIAMI FL 33199

MRW#:

Room Clerk	Address		Payment		
0.94/0.5	ROOM REVERE	NCE 1236, 1	119900	CREDITS	BALANCE DUE
01/05	STATETAX	1236, 1	7.14		
01/05	LOCALTAX	1236, 1	4.76		
01/06	ROOM REV	1236, 1	119.00		
01/06	STATETAX	1236, 1	7.14		
01/06	LOCALTAX	1236, 1	4.76	5272 Next	
01/07	STATETAX	TAXEXEMP		21.42	AD
01/07	LOCALTAX	TAXEXEMP		14.28	AD
01/07	ROOM REV	1236, 1	119.00		
01/07	STATETAX	1236, 1	7.14		
01/07	LOCALTAX	1236, 1	4.76	257 00	(1) (0)
01/08	CCARD-MC	MACTE	DCADD	357.00	(b) (6)
2E11	TLED TO:	MASTE	RCARD	XXXXXXXXX	\ \ \
	2				2 ~ 010

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:
DARMEL@SFRESTORE.ORG
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

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 checkout, you will owe us interest from the checkout 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

Rate M /C 1 DY 7 HR	
204 Ml e .00	Elipsia Trimer
0 HR e 43.50	No. of Control of Cont
2 DY 6 57.99	= 115.98
0 WK 6 289.95	leads.) "Society
TIME & MILEAGE	= 115.98
\$.60/DY ERF +	= 1.20
\$ 2.00/DY SSU +	= 4.00
S .WZ/DY TBS +	= .04
\$.78/DY VLF +	1.56
** 8.00% FEE +	= 11.42
Subtotal	= 134.20
Tax 6.000% +	= 8.05
PDW +	= 23.98
Total Charges	= 166.23
AMOUNT DUE CV USD	= 166.23
ENERGY RCOVERY FEE	
\$ 2.00/DY SSU	
\$.02/DY TBS	
\$.78/DY VEH LIC FEE	
**CONCESSION RECOVERY FEE	ų J

The amount that appears in "Amount Due" has been billed to your Master Card. All charges are subject to audit and change if any errors are found. For local inquiries call 954-916-9511. Thank you for renting from Avis.

9B/D1DC/12005/17:03/0

Lost fuel receipt. Sunoco \$123.40

TRAVEL VOUCHER			R ESTABLISHMEN	IT	A	PE OF TRAVEL		3. VOUCHER NO. SETALLAHASSEE011712 V						
(Read Privacy Act	1	ERGLADI				TEMPORARY DUTY PERMANENT CHANGE		HEDULE N		EUI	<u> 1/1</u> 2_V(
Statement below)			- III			OF STATION	1.00	TILDULL IN	o .					
a. NAME (Last, first, mid	ddle initial)				b. S0	OCIAL SECURITY NO.	6. PE	RIOD OF TE	RAVEL					
						(b) (6)	a. FR	ОМ	b. TO					
Estenoz, Sh						*-**-*	0	1/17/	12 01	/18	/12			
c. MAILING ADDRESS 11200 SW 8	(Include ZIP	Coae)			d. Of	FFICE TELEPHONE NO.		AVEL AUTH		1000				
FIU OE Buil		00m 16	=		1 2	05-348-1665	a. NU	MBER(S)	b. DA	IE(S)				
	33199	00111 101	2		٦	05-346-1665		000111	.,					
e. PRESENT DUTY STAT			f. RESIDENO	CE (City and S	tate)		1	0S8HL		/09	/12			
EVERGLADES 1	NP		Plant	tation,	FL		10. Ci	10. CHECK NO.						
8. TRAVEL ADVANCE			9. CASH PA	YMENT RECEIP	г		11. PAID BY							
a. Outstanding		0.0	DATE DE		1	OUNT RECEIVED	1'''	AID D I						
b. Amount to be applied		0 10			\$									
c. Amount due Government	П		c. PAYEE'S	SIGNATURE	V		1							
(Attached L Check	Cash)		N I				1							
D. Balance outstanding				V-0-10-10-10-10-10-10-10-10-10-10-10-10-1						211211212				
REQUESTS, OR	n the United St charges descri	ates any right I ma bed below, purcha	y have against ar sed under cash p	y partie ayment	es in connection with reimburs procedures (FPMR 101-7)		► Trave	eler's Ir	nitials					
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUIN CAR-				PC	POINTS OF TRAVEL							
(List by number below	(List by number below VALUATION RIEF									-	THE PERSON NAMED IN COLUMN NAM			
coupon; if cash is used	and aftach passenger coupon; if cash is used (Initials					FROM			TO					
side)	show claim on reverse (a) (b)					(e)			(f)					
526241391189 9	side)			01/18/	12	FLL-Fort Lau	der	JAX-J	Jacks	onv:	ille,			
0109121435BS	4.	.35 XD		01/18/	12	FLL-Fort Lau	der	JAX-J	Jacks	onv:	ille,			
COUNTING CLAS	SSIFICA	NOLTA												
12 5298WN41EXY			8^^EXY^W	M41^^ -		69.00		728.71						
COMMENTS:		_												
Everglades Wate	er Supp	oly Sum	mit											
13. I certify that this voucher is	true and corre	ect to the hest of	of my knowledge ar	nd helief, and that	navme	nt or credit has not been								
received by me. When app	olicable, per die	m claimed is	based on the avera	ige cost of lodging	j incurre	ed during the period covered	by			1				
this voucher. TRAVELER)			./*	DATE #	MOUI	UT:		ì				
SIGN HERE	2/	****					LAIM			69.	00			
NOTE: Falsification of an item 1 than \$10,000 or impriso	n an expense onment for not	account works more than 5 ve	a forfeiture of clair ears or both (18 U.S	n (28 U.S.C. 251: S.C. 287: i.d. 100	4) and r 1).	nay result in a fine of not mor	е							
14. This voucher is approved. L					-									
necessary in the interest of	the Governme	ent. (NOTE	: If long distance te	elephone calls		17. FOR FINANCE OFFICE COMPUTATI	E 10 10 17 77	LY	1	1				
are included, the approving head of the department or a				the	a	. DIFFER- ————			\$	I				
0						ENCES, IF ANY								
APPROVING Dawn Arme	el (Exe	gutive Ass	Destant	1	(Explain	- Water Market			i				
SIGN HERE	RU	lem.		2 17/12		amount)		300						
15. LAST PRECEDING VOUCHE	R PAID UND	ER SAME TRA	VEL AUTHORIZA		h	. TOTAL VERIFIED CORREC	T FOR	- 17 or 11	 					
a. VOUCHER NO.	b. D.O. S	YMBOL		c. MONTH & YEAR	7	CHARGE TO APPROPRIA	TION			1				
46 THIS VOLICUES IS SECTION	THIS VOUCHER IS CERTIFIED CORRECT AND PROPER I					Certifier's initials:			\$	i				
16. THIS VOUCHER IS CERTIFIE AUTHORIZED	K FUK PAYMENT		C	APPLIED TO TRAVEL ADV. (Appropriation symbol):	ANCE			0!0	0.0					
CERTIFYING	1	DATE	L	** 100 St dv		30000	\$	0 10						
OFFICIAL SIN HERE					d.	NET TO T	\$	69!	00					
. ACCOUNTING CLASSIFICA							O LV E		1 4					
SEE BLOCK 12	ABOVE													

SCHEDU OF EXPENS AND AMOUNT CLAIMEI	ES rs	INSTRUCTIONS TO TRAVELER Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)	(Unilisted Com- plete only for actual expense travel	Col. (d) thru (g) (h) (i) (m,	meal cos Show exp porters, e Complete Show tot) Show per the lesse Show exp long diste subsister	ount Incurred t. penses, such tc. (other that for per diem al subsistence diem amour r of the amou penses, such ance telephor							
20 12	(Hour and am/pm)	(Departure/arrival clty, per diem computation, or other explanation of expenses)	BREAK-		IEALS		MILEAGE	SUBSISTENCE	OTHER				
(a)	(b)	· '	FAST (d)	LUNCH (e)	DINNER	TOTAL (g)	TENCE (h)	(i)	EXPENSE	MILES (k)	(1)	(m)	(n)
(a) 01/17 01/17	157	D-:RES: Plantation TMC FEE (GOVCC-I)	l	1	"								!
01/17 01/17		Airfare (Non Reimbu	rsabl	e) ;			1				1		
01/17		A-:TALLAHASSEE,FL	i)) i '	34 50		199 J00	34.50	<u>'</u>		341 50	
01/17		RENTAL CAR	i	1	1	i	ĺ	I			1	1	1
01/17		Parking	ŀ	i	1 '	1	1 1	1	Ì	\	l l	1	1
01/17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lodging Tax		-	! !								
01/18		D-:TALLAHASSEE,FL	l I] !]	!		 	Ì]		1 :	
01/18		A:RES: Plantation,	<u> </u>	 	 	<u> </u>			 	 -		 	<u> </u>
01/18		Subsistence	i	i	i	مأره	;	i	34]	i	1 21 1 2	i
$\frac{01/18}{01/18}$		TAV Fee -I				34 50	 	 -	34.50			34 50	
			i	i	l	1		Ţ			1	1	I
01/18		Gasoline		 	 	<u> </u>	<u> </u>			 	<u> </u>	 !	<u> </u>
İ			ı I] ;	!		ı I				1 :	
			<u></u>	<u> </u>	 								
i			Ī	i	i	i	i	i			į	i	i
		·	I	<u> </u>	1	l l	i			<u> </u>	<u>'</u>	<u> </u>	
			1	!	!	!	!!	į.	Į	ļ	1	!	!
				<u> </u>		<u> </u>						<u> </u>	<u> </u>
ļ	ı		i		'			1	_		i -		l :
				ن_	 	<u> </u>	<u> </u>	<u> </u>			<u> </u>		
į	İ		ł	1	1	1	(1	Į	Į.	1	1	1
			l	<u> </u>	1		1	1				1	l
ļ	i		l l								}		
				<u> </u>		<u> </u>	<u> </u>		SUBTOTA	18	0100	691 00	0 100
if addition	al space is n	equired, continue on another 1012-A BACK	i, leaving ti	he front bla	nk.				TOTA		0 00		0 60
vided: Solk Chap. 57 a E.O. 11609 November of the requ	citation of the s Implemente of July 22, 1 22, 1943, and ested informa	rivacy Act of 1974, the following information information on this form is authorized by 5 th dby the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93 to 5 to 5 to 5 to 5 to 5 to 6 to 7 to 7 to 7 to 7 to 7 to 7 to 7	J.S.C. 101 7), 197 of Irpose Int to		employee,	nt by this ag the issuance of official duty umber (SSN ode (26 U.S se as a tax pa TORY on ve	Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.						
under appr costs of su used by off performant	opriate admir ch reimburser icers and em se of their offi	owable travel and/or relocation expenses inc instrative authorization and to record and mai ments to the Government. The information w ployees who have a need for the information i clal duties. The information may be disclose te, local or foreign agencies, when relevant to the state of the state o	ntain ill be n the ed to		you SSN a however, f	se as a tax participation of the communication of t	01 :es:	TOTAL AMOUNT CLAIMED	•	69.00			

ACCOUNTING CLASS CODE			TRIP 1
OM. CARRI-211C			361.6
GASOLINE-2111			17.2
ODGING-211D WEIE-211D			223.8 69.0
ARKING-211I			20.7
ENTAL CAR-211R			85.9
AV EXP -I-211B			15.0
MC FEE -I-211B			4.3
2 5298WN41EXY	0.00	0.00	797.7
012^^07^5298^^EXY^WN41^^			
PLIT PAY DISBURSEMENTS:			
mama a managang			
TOTAL EXPENSES		797.71	
TOTAL EXPENSES		797.71 728.71	
	= :		
TOTAL AMOUNT CLAIMED	**		
TOTAL AMOUNT CLAIMED	**		
TOTAL AMOUNT CLAIMED	**		
	**	- 69.00	
TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00 0.00 0.00	0.00	
TOTAL AMOUNT CLAIMED	0.00 0.00 0.00 0.00	0.00	
TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES -	0.00 0.00 0.00 0.00	0.00	
TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES GOV'T CHARGE CARD ATM ADV	0.00 0.00 0.00 	0.00	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00 0.00 =====================	0.00	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00 0.00 =====================	0.00	
TOTAL AMOUNT CLAIMED PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED NET TO TRAVELER (GOVT) GOV'T CHARGE CARD EXPENSES GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00 0.00 =====================	0.00 0.00 69.00	

SatoTrave

For:

SHANNON A ESTENOZ GDOINPS

To:

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION

Sales Person:

Locator:

BSSCNR

Customer Number:

WHEN TICKETED THE FOLLOWING NON REFUNDABLE

TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY

DOMESTIC

28.50USD

INTERNATIONAL 37.75USD

CAR/HOTEL ONLY 17.75USD

GOVTRIP AIR

4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

FEES TOTALING 4.35PP CHARGED IN ADDITION TO TKT PRICE E-USD4.35PP-AIR/AMTRAK DOMESTIC, ONLINE

Tuesday January 17, 2012



Southwest Airlines

Class of Service: Coach Class Y

Depart: FT LAUDERDALE, FL Arrive: JACKSONVILLE, FL

Total Flight Time:

Equipment: Boeing 737-300

Meal Service: None Status: Confirmed DEP-TERMINAL 1

Flight Number: 469

7:10 Am January 17, 2012 8:25 Am January 17, 2012 1 Hour 15 Minutes Non-Stop

Confirmation Number: IT7KVH

Tuesday January 17, 2012



ALAMO

Pick Up: January 17, 2012 8:30 Am

Compact

Location: JACKSONVILLE, FL

JACKSONVILLE, FL

Return: January 18, 2012 2:00 Pm

Daily Rate: 17.00 USD

Extra Days: 17.00 Extra Hours: 5.00

Unlimited Free Miles

Approximate Total: 60.42 2Days OHours 26.42Mandatory Charge

Confirmation Number: 373737022COUNT

Tuesday January 17, 2012



TALLAHASSEE, FL

STAYBRIDGE SUITES TALLAHASSEE

1600 SUMMIT LAKE DRIVE TALLAHASSEE FL 32317

Phone Number: 1-850-219-7000 Fax Number: 1-850-219-7001

Number of Rooms: 1

Rate: 85.00 USD Per Night Check In: Jan 17, 2012 Check Out: Jan 18, 2012

Confirmation Number: 65631618 Cancellation Policy: Cancel by 6PM

Directions: DIRECTION TO THE PROPERTY FROM AIRPORT TLH - EXIT AIRPORT AND TAKE HIGHWAY

319 EAST APPROXIMATELY 15 MILES TO HIGHWAY 90 EAST 5 MILES HOTEL ON THE RIGHT.

Wednesday January 18, 2012

Southwest Airlines

Class of Service: Coach Class Y

Depart: JACKSONVILLE,FL Arrive: FT LAUDERDALE, FL

Total Flight Time:

Equipment: Boeing 737-300

Meal Service: None Status: Confirmed ARR-TERMINAL 1 Flight Number: 261

2:05 Pm January 18, 2012 3:25 Pm January 18, 2012 1 Hour 20 Minutes Non-Stop

Confirmation Number: IT7KVH

<u>Name</u>	Invoice / Ticket / Date	Base	Tax1	<u>Tax2</u>	Tax3	<u>Total</u>
SHANNON A ESTENOZ	467214/5262413911899/11JAN12	316.28	23.72US	7.60ZP	14.00XT	361.60
					Trip Fee	4 35

(b) (6)
FOP CAxxxxxxxxxx

Total Amount:

365.95

) TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ******* U06C*******
FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL
THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS
TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST
FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE
NUMBER AND FOLLOW THE PROMPTS

CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED. PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.

IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE

PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

Notes:

***DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**



1330 S. Blair Stone Road • Tallahassee, FL 32301 Phone (850) 893-8300 • Fax (850) 656-2033 Reservations

www.StayHGI.com or 1 877 STAY HGI

Name & Address

-ENOZ SHANNON

(b) (6)

Room 414/Q2 Arrival Date 1/17/20:

Arrival Date 1/17/2012 Departure Date 1/18/2012

1/0[.] 199.00 6:06:00PM

RATE PLAN

LV1

HH# (b) (6)

Adult/Child Room Rate

BONUS AL

CAR

Confirmation Number: 3455428941

1/18/2012 PAGE

Œ

1

DATE	DESCRIPTION	ID.	REF, NO	CHARGES	CREDITS	BALANCE
1/17/2012	GUEST ROOM	PAX	504895	\$199.00		
1/17/2012	ROOM TAXES	PAX	504895	\$24.88		
	(6)			Table and the state of the stat		
	(b) (6)				
	WILL BE SETTLED TO M					\$223.88

	EFFECTIVE BALANCE OF					#0.00
	EFFECTIVE BALANCE OF					\$0.00
	You have earned approxir	notaly 2200 Li	ton UUooo	to points for this star	,	
	Visit HHonors.com to che				•	
	3,700 hotels within the Hil					
	Hilton Garden Inn is open Canada, Costa Rica, Gerr				.,	
	United Kingdom and throu				y,	
444						
de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de						
P. Carry A. P. Car						
					İ	
<u> </u>					DATE OF CHARGE	BOLIO NO ICHECK NO

Zip-Out Check-Out®

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

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

or request an updated statement be mailed to you within two business days. If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO. 136386 A
AUTHORIZATION	INITIAL
PURCHASES & SER	VICES
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	
PAYMENT	DUE UPON RECEIPT







Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania

Booth A 01/18/12 15:26 Cashier 64 Receipt 07- 028221

Parking Ticket 1 - No. 022785 01/17/12 06:01 -01/18/12 15:26 -Period 1d9h26' (PARKNG) \$

\$18.00

Sub Total [Fees + Tax] \$18.00 \$2.72

Total

\$20.72

Payment Received

MC (b) (6)
XXXXXXX
Merch
Auth:(
Type: Swiped

Sub Total \$18.00 FLLFee 8% 1.44

FL Tax 6.59% 1.28

Teil us how we are doing For a chance to win \$1000 Info at www.pnfcares.com No Purchase Necessary

Signature

.CIRCLE K #5170 (850) 877-9822

57 542 529300 SHELL 3211 MAHAN DR TALLAHASSEE FL 32308

- fr - *

Invoice # 892661 Date 01-18-12 Time 10:44AM Auth # 051323

MC FLEET Acct z XXXX XXXX XXXX (b) (6) ESTENOZ/SHANNO

Pump Gallons Price 02 5.060 \$3.399

Product Amount UNL REG 87 \$17.20 Total Sale \$17.20

THANKS FOR SHOPPING AT CIRCLE K! PLEASE COME AGAIN!

Rental Car receipt lost. Avis \$85.96

TRAVEL VOUCHER	STABLISHMENT OR OFFICE		2. TYPE OF TRAVEL TEMPORARY DUTY			3. VOUCHER NO. SESTUARTFL012612 V01					
(Read Privacy Act Statement below)	EVER	GLADE	SNP	ADV		PERMANENT OF STATION		4. SCHEDULE			
a. NAME (Last, first, n	niddle initial)	· ·	TILLY	VII	b. SO	CIAL SECURI	TY NO.	6. PERIOD OF	TRAVEL		
Estenoz, Sl	nannon A.	(2)				· _ * * _ * *			ь. то /12 01/26/12		
11200 SW 8		6)			a. OF	FICE TELEPH	(a. NUMBER(S)	h. DATE(S)		
FIU OE Bui		n 165			3()5-348-	1665	a, 1,0.11,02,1(0)	<i>D. D. (12(0)</i>		
Miami, FL					<u> </u>			0S7N	8R		
e. PRESENT DUTY STA			f. RESIDENCE	E 201 S	18				12/22/11		
EVERGLADES	NP		Plant	ation, 1	FЪ			10. CHECK NO.			
8. TRAVEL ADVANCE				MENT RECEIPT				11. PAID BY			
a. Outstanding b. Amount to be applied		0 100	a. DATE RECE	EIVED	b. AMC	DUNT RECEIV	/ED				
c. Amount due Government		0 100	c. PAYEE'S SI	IGNATURE	Ψ		A				
(Attached	Cash)										
D. Balance outstanding 12. GOVERNMENT			<u> </u>			nger wedinen.					
TRANSPORTATION REQUESTS, OR	I hereby assign the transportation charg	United State ges describe	es any right I may d below, purchase	have against and ed under cash pa	parties	in connection procedures (Fl	with reimbursa PMR 101-7)	able	Traveler's Initials		
TRANSPORTATION	ACENTIC	ISSUING	MODE	T	1		PO	INTS OF TRAVE			
(List by number below	TICKETS, IF PUR- CHASED WITH CASH (List by number below VALUATION RIER			CLASS OF SERVICE DATE				TOO! TRAVE			
and attach passenger coupon; if cash is used	OF TICKET	(Initials)	AND ACCOM- MODATIONS ISSUED			FF	ROM		ТО		
show claim on reverse side)	(a)	(b)	(c)	(d)			(e)		(f)		
12221112220F TBTM ACCOUNTING CLA	4.00			01/20/	12						
5298WN41EXY COMMENTS: Rivers Coalit:	r-2012^^0	7^5298	^^EXY [^] WI	V41^^ -		3	8.25	NR -	88.94		
13. I certify that this voucher received by me. When a this voucher. TRAVELER SIGN HERE NOTE: Falsification of an iter than \$10,000 or impril	pplicable, per diem c	unt works a	sed on the averag	e cost of lodging	incurre	d during the po	eriod covered b	MOUNT	38.25		
14. This voucher is approved necessary in the interest are included, the approvimend of the department of	of the Government. Ing official must have	(NOTE: If been authori	flong distance tele ized in writing by t	ephone calls	a.	DIFFER- =	NCE OFFICE L COMPUTATIO		\$		
APPROVING Dawn Arr	nel R. Q	Execu	ntive Assi	3 14/12		ENCES, IF ANY – (Explain – and show amount) –					
15. LAST PRECEDING VOUCE		Commence of the Commence of th			b.		FIED CORREC				
a. VOUCHER NO.	b. D.O. SYMB	OL	(c. MONTH & YEAR) APPROPRIA	TION	i		
16. THIS VOUCHER IS CERTI	THIS VOUCHER IS CERTIFIED CORRECT AND PROPE				C.		TRAVEL ADVA	NCE	\$		
AUTHORIZED CERTIFYING	ITHORIZED RTIFYING			PATE I	(Appropriation symbol):				\$ 0.00		
OFFICIAL NHERE					ď.		NET TO TE	RAVELER >	\$ 38.25		
	ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE			11							
Name and Address of the Owner o					1000						

		INSTRUCTIONS TO TRAVELER	(Unliste	d items	are s	elf exp	lanato	ory)										mplete this irmation	PAGE	: _	
SCHEDL	JLE	Col. (c) If the voucher includes	Com-	Co					curre	d for ea	ch mea	l, including ta	ax ar	nd tips, and daily to	tal			is is a		_2	
OF		per diem allowances for	plete	thro	u (g)		al cos											tinuation	OF		
EXPENS	FS	members of employee's	only		(h)					i as: lau an for m		leaning and p	press	sing of clothes, tips	to bellboys,			et TRIP			GES
		immediate family, show members' names, ages,	for actual	L	(1)	Ċο	molete	e for pe	r dien	n and a	ctual ex	pense travel	l.					VEL AUTHO	RIZATI	ON NO.	
AND		and relationships to em-	expens	e —	(I) (m.	Sh	ow tot	al subs	istenc	e expe	nse inc	urred for actu	ual ex	kpense travel. ravel on actual expe			0	S7N8R			
AMOUN	TS	ployee and marital status	travel		(***)	the	lesse	r of the	amou	int from	col. (i)	or maximum	n rate	١.	•						
CLAIME	D	of children (unless infor-			(n)	Sh	ow ex	penses	, such	as: tax	i/limou	sine fares, ai	r fare	e (if purchased with	cash), local or		1	VELER'S LA		NE	
		mation is shown on the travel authorization.)						nce, etc		ne cans	101 00	veriment ou:	sines	ss, car rentar, reloca	ition other than	1	E	stenoz			
DATE	TIME	DESCRIPTION				ľ	TEMIZ	ED SU	BSIS	TENCE	EXPE	NSES			MILEAGE RATE:		MON	NT CLAIMED			
20 12	(Hour	(Departure/arrival city, per diem		MEALS MISCEL- TOTAL 0.000																	
20	and am/pm)	computation, or other explanation of expenses)	BREAK-	T	,	Г					LANEOUS SUBSIS- LO		ıc	SUBSISTENCE	No. OF	MILEAGE		SUBSISTENCE		OTHER	
/n)	(b)	· '	FAST	LUN		DINN		TOT		TEN	CE			EXPENSE	MILES						
(a) 01/25	[5)	() No Lodge Record Fou	nd	(0)		(f)	<u> </u>	(g	1	(h	/	(i)	Τ	()	(k)	(1)	т-	(m)		(n)	
·,		Please Check Per Di	em		I		I		l		1	i	j				i	j	ŀ		i
01/26		D-:RES: Plantation		+		 	 	·	 	 	+		 				! -	 !	\dashv	· · · · · · · · · · · · · · · · · · ·	
01/26		A-:STUART,FL	;		 	ŀ] 1	38	I 125		1	l i] 1	38.25			1	381	25	,	!
$\frac{01/26}{01/26}$		D-:STUART,FL	i		<u> </u>		<u>. </u>	- 50	1	 	i -		<u> </u>	36.23			: 	301	25		<u></u>
01/26		A:RES: Plantation,	1	1	ŀ		1		I		1	1	1			1	Ĺ	i		i	İ
01/26		GASOLINE	<u> </u>			 			!	\vdash	!						+	 			
01/26		TAV Fee -I		1 :	! !		! !		!		l l] 				!	!		ļ	!
				1	<u> </u>		<u>: </u>		<u> </u> 		i		<u> </u>				÷	1		·····	
			l i			i	į.		Ī		İ		Ì				i	i			i
				1					!	 	!	_	 				+				-
				1 1			l I	l	i i		1		 				1	!	1		!
			i	1			<u>'</u> I		1	 	i		<u> </u>				1	 			
			1	1	l		ı		Į		į	1	I				ı	i		ļ	ĺ
							-	l	 				 				! -	!			_
					l		! !		l I		1		 				1	!			!
			i				<u>.</u>	 -	.	 	i 		<u>' </u>				i -	 			!
			1		l		1	l	1		1	4	l				i	i		ľ	i
									 		+						+	 	_	—	
			1	'			ı 1		<u>.</u>		1		! !			1	1	!		!	i
			ı				ı		l	Ī	1	1	<u> </u>				1		一十		<u> </u>
			<u> </u>		<u> </u>		<u>. </u>		I		l	i	l			l	ŀ	i		i	Ī
			1							Π	!						Ţ		$\neg \uparrow$	- 1	
			II	اا		1		L	L	L	4		Щ	CUDTOTA			1 100	201	25		lo c
if addition	al space is n	equired, continue on another 1012-A BACK	, leaving	the fron	it blai	nk.								SUBTOTA			100	381			00
In compliar	ice with the F	Privacy Act of 1974, the following information in	s pro-											1017	110						00
vided: Solk Chap, 57 a	citation of the s implemented of July 22, 1	'Avacy Act of 19/4, the following information information on this form is authorized by 5 ted by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93 126 U.S.C. 6011(b) and 6109. The primary pution is to determine payment or reimburseme lowable travel and/or relocation expenses inconstrative authorization and to record and maintains and	J.S.C. 101 7),			requi empl	remer oyee,	it by th	is ag iance	ency in	o conf	ection with clearance, c	the or inv	hiring or firing of estigations of the Your Social Sect	an per-	(n), below	nd tote and i	al of columns (n item 13 on t	l), (m) i he fron	and t of	
November	22, 1943, and	126 U.S.C. 6011(b) and 6109. The primary pu	itbose			Acco	unt N	nwpei noucia	u duty (SS)	wnile ii V_is_s	ove olicited	nment service	ce. . gut	Your Social Sect hority of the Inte	irity mel	this form.					
eligible ind	viduals for a	lowable travel and/or relocation expenses inc	nt to			1943	nue C , for u	ode (2 se as a	tax pa	.C. 601 ayer an	1(b) an d/or en	d 6109) and ployee ident	l E.C	hority of the Inte . 9397, November lon number; disclos relocation allow come. Disclosure	22, ure						
						is M/	ANDA nse re	TORY	on vo	ouchers which	claim	ng travel ar	nd/or	relocation allow	ance	TOTAL					
used by off performant	icers and em	ments to the Government. The information w ployees who have a need for the information I cial duties. The information may be disclose	n the											n all other instance an SSN) required		AMOUN	IT.				
appropriate	Federal, Sta	ite, local or foreign agencies, when relevant to	na tu			HOWE	vor, I	anure i	o pro	viue (II	וסוחו שו	mation (other	er ina	an sow) required	1O	CLAIME	≓D Þ			38.2	25

03/16/12	ACCOUNTING DETAIL	Auth No:	SESTUARTFL012612 V01
GovTrip Travel	System	Estenoz.	Shann ***-**-**(b) (6)

		:======= = =	======
ACCOUNTING CLASS CODE			ייפדף ז
JASOLINE-211I M&IE-211D RENTAL CAR-211R TAV EXP -I-211B TMC FEE -I-211B			27.21 38.25 42.73 15.00 4.00
12 5298WN41EXY	0.00	0.00	127.19
2012^^07^5298^^EXY^WN41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSESNON-REIMBURSABLE EXPENSES		88.94	
TOTAL AMOUNT CLAIMED		38.25	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00	0.00	
NET TO TRAVELER (GOVT)	==	38.25	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00 0.00		
TOTAL GOV'T CHARGE CARD AMT	0.00		

0.00

38.25

PAY TO GOV'T CHARGE CARD-----

PAY TO TRAVELER -----

Fuel tax: \$2.44 Fuel; \$24.77 \$27.21

```
>>Return<< RA Document 296020686
                                      Rate 2A/C
                                                  0 DY 23 HR
                                                         .00 =
RESERVATION # 29447594-US-1A
                                            32 MI @
CAR# 5 7 2 0 6 7 2 6Car Group B /C
                                            23 HR @
                                                       23.25 =
RED CHEV SONS 5DR FL R357UL
                                                       30.99 =
                                             0 DY @
                                             0 WK @
                                                       154.95 =
ESTENOZ, SHANNON A
                                      MIN 1DY/2A/C
                                                      150FM =
                                                                      30.99
                                      Discount
                                                 5.0%
                                                                       1.55
                                      TIME & MILEAGE
AWD# = A555500
                                                                      29.44
                                                              ===
                                      $ .60/DY ERF
                                                                        .60
                                                            +=
                                      $ 5.00/DY GARS
Out PLANTATION
                                                                       5.00
                       25JAN12/1746
                                                                       2.00
In PLANTATION
                       26JAN12/1700
                                      $ 2.00/DY SSU
Miles-Out 5343
                    Miles-In 5525
                                      $ .02/DY TBS
                                                                        .02
                                                             +=
Miles Driven 182 Fuel In 8/8
                                      $ .78/DY VLF
                                                                        .78
Method of pay =
                                      ** 8.00% FEE
                                                                       2.47
                                                             + =
Mastercard XXXXXX
                                                                      40.31
                                      Subtotal
                                      Tax 6.000%
                                                             +=
                                                                       2.42
                                      Total Charges
                                                                      42.73
                                      AMOUNT DUE
                                                                      42.73
                                                   CV
                                                         USD
                                      ENERGY RCOVERY FEE
                                      $ 5.00 /DY GARS
                                      $ 2.00/DY SSU
```

\$.02/DY TBS

\$.78/DY VEH LIC FEE

		12. T	YPE OF TR	AVEL		3. VOI	JCHER NO.		-						
TRAVEL VOUCHER		ARTMENT OR ES IREAU DIVISION			X	TEMPOR		UTY	SE	JACKSO	IVNC	LLO:	22912	VC.	
(Read Privacy Act Statement below)	EV	ERGLADES	NP			PERMANI OF STATI		HANGE	4. SCI	EDULE NO).		-70	_	
a. NAME (Last, first, m	niddle initial)	AA	111 400	Dr.	b. S	OCIAL SEC	URITY	NO.	6. PEF	RIOD OF TR	AVEL				
		4 2 4	<i>WJ J 4</i>	[=]			(b)	(6)	a. FRC		b.				
Estenoz, Sh			4114	134		*-**-				2/29/1			9/12		
c. MAILING ADDRESS	(Include ZIF	Code)		D	d. O	FFICE TEL	EP			WEL AUTHO MBER(S)					
11200 SW 8 FIU OE Buil		00m 16E			1 2	05-34	0 1	CCE	a. NUN	NDER(S)	D. L	DATE(S)			
Miami, FL		00111 165			ا ا	05-34	0-T	605		O C OMD	.				
e. PRESENT DUTY STA		VA)	f. RESIDENCE	(City and St	ate)				01/25/12						
EVERGLADES	NP		Planta	ation,	FL				10. CHECK NO.						
8. TRAVEL ADVANCE	***************************************		9. CASH PAY	MENT RECEIPT	<u> </u>				11. PAID BY						
a. Outstanding		0 100	a. DATE RECE			OUNT REC	CEIVED)							
b. Amount to be applied		0 10 0			\$			3							
c. Amount due Government (Attached Check	Cash)	i	c. PAYEE'S SI	GNATURE											
	D. Balance outstanding														
12. GOVERNMENT	<u> </u>	· Company of the property													
TRANSPORTATION REQUESTS, OR			s any right I may have against any parties in connection with reimbu d below, purchased under cash payment procedures (FPMR 101-7)								▶ '''	aveler's	Initials		
TRANSPORTATION TICKETS, IF PUR-	AGENT'S	ISSUING CAR-	MODE CLASS OF			PO				POINTS OF TRAVEL					
(List by number below	(List by number below VALUATION RIER														
coupon; if cash is used	coupon; if cash is used (Initials)						FRO	M			то				
snow claim on reverse side)	show claim on reverse (a) (b)				(e)						(f)				
526242378480 7	180	.80 WN		02/24/	12	FLL-Fort Lauder JAX-					Jacksonville,				
0209121139BJ IL	28	.50 XD		02/24/	12	FLL-Fort Lauder JAX-J					Jack	sonv	ville	,	
COUNTING CLA 12 5298WN41EX			^^EXY^WI	WN41^^ - 48.51					NR-		5	40.3	30		
COMMENTS:															
QAT Meeting.															
		ł													
I certify that this voucher received by me. When a	is true and corre pplicable, per d	ect to the best of n iem claimed is bas	ny knowledge and ed on the averag	d belief, and that ge cost of lodging	paym g incur	ent or credi red during t	t has no he perio	ot been od covered b	y				1		
this voucher.	-	2				DATE 1	1 1	Α.	MOU	MT.			i		
SIGN HERE	-					DATE 4	2		LAIM			48	.51		
NOTE: Falsification of an iter than \$10,000 or impri						may result	in a find	of not more							
14. This voucher is approved					1	17. FOR F	INANC	E OFFICE U	JSE ON	ILY	\vdash		T		
necessary in the interest are included, the approvi			long distance tell zed in writing by		- 1		С	OMPUTATION	ON		- s		I		
head of the department of	or agency to so	certify (31 U.S.C. 6	80a).)			a. DIFFER ENCES					1 4		-		
ADDDOL/ING	- (\ _		A	- 1	IF ANY (Explain	_				_		!		
OFFICIAL Dawn Art	mel ()	Execu	tive Assi		- 1	and show	w						: -		
SIGN HERE	W. W.	ume		3 30 12		amounty							-		
a. VOUCHER NO.	5. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVE VOUCHER NO. b. D.O. SYMBOL				\dashv			D CORREC					į		
		YEAR		Certifier	's initial	s:			\$		i				
16. THIS VOUCHER IS CERTI	OR PAYMENT					RAVEL ADVA	NCE								
AUTHORIZED CERTIFYING	i f	(Appropriation symbol):				symboly.	\$				100				
OFFICIAL NHERE	ľ	HIXIS	d. NET TO TRAVE				FR N	s	48	<u>!</u> 51					
ACCOUNTING CLASSIFIC		1101	The state of the s												
SEE BLOCK 12															
	-			t.											

		INSTRUCTIONS TO TRAVELER	(Unlisted	items are	self explana	tory)							nplete this rmation	PAG⊨		
SCHEDL	JLE	Col. (c) If the voucher includes	Com-	Col. (c			d for each mea	al, including tax ar	nd tips, and daily to	tal			iniauori is is e		_2	
OF		per diem allowances for	plete	thru (g) meal co	st.						con	tinuation	OF		
EVENIO	ro	members of employee's	only	(h				leaning and press	sing of clothes, tips	to bellboys,		she	et TRIP	#	1 PAGES	
EXPENS	E5	immediate family, show	for	1 0			an for meals). n and actual ex	rnense travel				TRA	VEL AUTHOR	NZATIC	N NO.	
AND		members' names, ages,	actual	— 7	Show to	ıtal subsisten	ce expense înci	urred for actual ex	kpense travel.			lor	S9TDT			
AMOUN'	TS	and relationships to em- ployee and marital status	expense travel	' (n	n) Show p	er diem amou	nt, limited to m	aximum rate, or tr	ravel on actual exp	ense, show						
		of children (unless infor-	Havei	(n	the less Show e	er or the amo xpenses, suc	unt from col. (j) h as: taxi/limnu	or maximum rate). e (if purchased with	cash) incal or		TRA	VELER'S LAS	TNAM	IE	
CLAIME	ט	mation is shown on the		1	long dis	tance telepho	ne calls for Go	vernment busines	ss, car rental, reloca	ation other than	1	l	atonor			
*		travel authorization.)	subsistence, etc.									Estenoz				
DATE	TIME	DESCRIPTION			ITEMI	ZED SUBSIS	TENCE EXPE	NSES		MILEAGE RATE:	^	MOU	NT CLAIMED			
20 12	(Hour	(Departure/errival city, per diem		+	MEALS		MISCEL- LANEOUS		TOTAL	0.510						
20	and am/pm)	computation, or other explanation of expenses)	BREAK-		T		SUBSIS-	LODGING	SUBSISTENCE	NO. OF	MILEAG	3E	SUBSISTEN	CE	OTHER	
/a)	(b)	(c)	FAST (d)	LUNCH	DINNER	TOTAL	TENCE		EXPENSE	MILES		1	l			
(a) 02/29	10/	D-:RES: Plantation	(0)	(e)	 	(g)	(h)	(1)	(i)	(k)	(/)		(m)	-	(n)	
02/29		TMC FEE (GOVCC-I)	ı		i	l i	l i	i				i '	i		i	
02/29 02/29		Airfare (Non Reimbu	rabl	- · ·	 	 				 	<u> </u>	+	ļ			
02/29		A-: JACKSONVILLE (D	robni	[]	!	_ ! _	! !	1				i	1	1	1	
02/29		POV-NO GVT VHC AVL	N T D DC	DOD!		38 25		<u> </u>	38.25		<u></u>	<u>!</u>	381	25	<u> </u>	
02/23			ATKPO	IRT'	1 :	1 :	1 1	!		20.12	1	10 2	6 ¦		!	
02/29		RENTAL CAR	i	 	 	 	-	<u> </u>				<u>-</u>	<u> </u>			
02/29		D-:JACKSONVILLE (D	1	1	1	1	ī	i			i	1	i		i	
02/29		A:RES: Plantation,	1	<u> </u>	1		11	1				1	i		1	
02/29		Parking	!	!	!	1 !] !	!				1	T		1	
02/29		TMC Fee	<u> </u>					i				!	!		Į.	
02/29		Misc Expenses	i	1 1				[
02/29		TAV Fee -I	<u>i</u>	i	<u> </u>	Li	1 i i	i i							, 	
02/29		TMC FEE	I	1	1	1	1	I				\Box	1	\neg	i	
			!	!	1 1	1 !	***	1				1	1	ı	1	
			1									-		\neg		
			1			1 1]					l	İ	ļ	
			-i	i	 	l i	i	i i		<u> </u>		-	<u> </u>	+		
			ı	1	l I			ĺ				i	i		i	
			- 		1	 	 		<u> </u>					-		
			E L		1 !	!		[!	l I		l -	
						1 1	1			-				\dashv		
		 	i	li	1 i	i		i				;			l I	
			7	- 1	1	 		i					<u>'</u>		 	
				<u> </u>		<u> </u>	<u> </u>	l .				<u>. </u>	ı	<u> </u>	i	
if addition:	al space is re	equired, continue on another 1012-A BACK,	leaving 41	na frant his	nk				SUBTOTA			126	38 2		0 100	
				ie iroin bie	177K.				ТОТА	ALS -	10	26	381	25	0 00	
Chap. 57 a: E.O. 11609 November: of the reque	atation of the s Implemente of July 22, 19 22, 1943, and ested informa	rivacy Act of 1974, the following information is information on this form is authorized by 5 U d by the Federal Travel Regulations (FPMR 1 971, E.O. 11012 of March 27, 1962, E.O. 93 I 26 U.S.C. 6011(b) and 6109. The primary put ition is to determine payment or reimbursements.	.S.C. 01 7), 97 of pose	S.C. requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the per-							Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.					
under approused used by offi performance	opriate admin th reimburser icers and emp e of their office	owable travel and/or relocation expenses inclustrative authorization and to record and main nents to the Government. The information will oloyees who have a need for the information incited duties. The Information may be disclosed to its jocal or foreign agencies, when relevant to	vel anu/or relocation expenses incurred 1943, for use as a tax payer and/or employee identification number; dis theorization and to record and maintain is MANDATORY on vouchers claiming travel and/or relocation all expense reimbursement which is, or may be, taxable income. Disclosed to however, fallure to provide the information (other than SSN) results.									IT ED b			48.51	

PAY TO TRAVELER -----

Auth No: SEJACKSONVILL022912 V01 Estenoz, Shann ***-**-**(b) (6)

48.51

ACCOUNTING CLASS CODE			TRIP 1
			180.8
M&IE-211D			38.2
MILEAGE-211P			10.2
OTHER-211I			180.8
PARKING-211I		*	10.3
RENTAL CAR-211R			91.9
TAV EXP -I-211B			15.0
TMC FEE -I-211B			61.3
12 5298WN41EXY	0.00	0.00	588.8
2012^^07^5298^^EXY^WN41^^			
TOTAL EXPENSES		540.30 =======	
	•	10.51	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING	0.00		
GOV'T ADVANCE OUTSTANDING	0.00		
GOV'T ADVANCE APPLIED	0.00		
		0.00	
NET TO TRAVELER (GOVT)		48.51	
GOV'T CHARGE CARD EXPENSES -	0.00		
GOV'T CHARGE CARD BARENSES -	0.00		
GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT	0.00		
=======================================	=======================================		
TOTAL GOV'T CHARGE CARD AMT	0.00		
PAY TO GOV'T CHARGE CARD		0.00	
DATE IIIO IIIDATIII TIII		40 E1	



Your Itinerary

Trip on Feb 29, 2012

Locator: BJSWIL

Date: Feb 24, 2012

Traveler

SHANNON A ESTENOZ - GDOINPS

NGMS E GOV

DEPARTMENT OF INTERIOR

AUTOMATION AUTOMATION AUTOMATION

Customer Number

Agent

GT

WHEN TICKETED THE FOLLOWING NON REFUNDABLE TRANSACTION FEES FOR ALL AGENT ASSISTED AIR/AMTRAK

RESERVATIONS WILL APPLY

DOMESTIC 28.50USD

INTERNATIONAL 37.75USD

CAR/HOTEL ONLY 17.75USD

GOVTRIP AIR 4.35USD

GOVTRIP HOTEL/CAR ONLY 4.00USD

FEDEX/DELIVERY 11.50USD

***************** FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE

FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, ONLINE

Wednesday, February 29, 2012

Confirmation I2FL98



Flight Southwest Airlines 1863

DEPARTURE FT LAUDERDALE, FL 7:00 AM, Feb 29, 2012 ARRIVAL JACKSONVILLE, FL. 8:20 AM, Feb 29, 2012

Status

Class

Duration

Equipment Meal Service

Boeing 737-700 Jet None

Notes

DEP-TERMINAL 1

Name

Invoice / Ticket / Date

Confirmed

Coach Class - Y

01:20 (Non-stop)

Base

Tax 1

Tax 2

Tax 3

Trip Fee

Total Amount

Total 180.80

SHANNON A **ESTENOZ**

480142/5262423784807/24FEB12

USD 158.14

11.86US

3.80ZP

7.00XT

28.50

209.30

Form of Payment: CAXXXXXXXXXXXX

GENERAL INFORMATION

GO TO WWW.TSA.GOV

YOUR LOCAL OFFICE IS ***** UO6C*****

FOR NON EMERGENCY TRAVEL RESERVATIONS PLEASE CALL THE LOCAL OFFICE DURING NORMAL BUSINESS HOURS TOLL FREE NUMBER 866-486-6135 MON-FRI 8AM-8PM EST FOR AFTER HOURS EMERGENCY SERVICE CALL THE ABOVE

NUMBER AND FOLLOW THE PROMPTS

************** CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE

ADVANCE PURCHASE

ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE

AND ARE NOT GUARANTEED UNTIL TICKETED.

PLEASE BE PREPARED TO SHOW A GOVERNMENT ISSUED PICTURE
ID IN ORDER TO CHECK IN AND BOARD YOUR FLIGHT.
IN SOME INSTANCES WE MAY NOT BE ABLE TO OBTAIN
PRE RESERVED SEAT ASSIGNMENTS. IF THIS IS THE CASE
PLEASE RECEIVE SEAT ASSIGNMENT AT GATE CHECK IN.

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
.....*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

***DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**



Your Itinerary

Trip on Feb 29, 2012

Locator: ILLJHJ

Date: Feb 23, 2012

Traveler

SHANNON A ESTENOZ - GDOIOS

NGMSDOI

OFC OF THE EXEC DIRECTOR

SHANNON ESTENOZ 11200 SW 8TH ST MIAMI FL 33199

Customer Number

S321BGK

Agent

28

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Wednesday, February 29, 2012

Confirmation ILBP9H



Flight Southwest Airlines 204

DEPARTURE JACKSONVILLE,FL 6:00 PM, Feb 29, 2012

)12

ARRIVAL FT LAUD

FT LAUDERDALE, FL 7:10 PM, Feb 29, 2012

Status Class Confirmed

Class

Coach Class - Y

Duration

01:10 (Non-stop) Boeing 737-700 Jet

Equipment Meal Service

None

Notes

ARR-TERMINAL 1

<u>Name</u>		
SHANNON	Α	

ESTENOZ

Invoice / Ticket / Date

Base

USD 158.14

Tax 1

11.86US

Tax 2 Tax 3

3.80ZP

<u>Total</u>

480061/5262423654831/23FEB12

Trip Fee

7.00XT

180.80 28.50

Total Amount

209.30

Form of Payment: CAXXXXXXXXXXXXX

GENERAL INFORMATION

** FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

** GO TO WWW.TSA.GOV **

UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

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

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

THE AFFRORMATE BOXES AND ENTER.

PLEASE VISIT WWW.CARLSONWAGONLIT.COM/AIRLINEBAGGAGEFEES FOR INFORMATION ON FREE BAGGAGE ALLOWANCES AND/OR APPLICABLE FEES FOR CARRY-ON AND CHECKED BAGGAGE RELATED TO YOUR FLIGHT.

^{***}DID YOU KNOW WE CAN ALSO BOOK YOUR HOTELS AND RENTAL CARS**

RECEIPT

The state of the s Remail Agreement Number, 292867149 Vehicle Number:

يران ويوسد بنيسا بع YOUR INFORMATION

MOZ, SHANNON WIZARD NUMBER: 1JL26S AVIS DISC:

US GOVER

PAYMENT METHOD

MASTER XX5368

YOUR RENTAL RENTAL NUMBER CAR NUMBER

Picked up. JAX

FEB 29, 2012@10:06AM

JAX

Date/Time: Returned Date/Time: Veh Group

FEB 29, 2012@04:47PM Intermediate

Veli Charged

Intermediate

Velmole:

HYUNDAI ELANTRA SEDAN

*Odometer Out: 3301 ∰dometer In. 3333 uel Reading:

a ...

FOUR VEHICLE CHARGES The second second was an extended and second

ALN:MUM CHARGE FORE: TIME AND MILEAGE:

62 0**@** 62.06

हूं () : TAXABLE FEES

7.6**9**

SERVICE RITY FEE \$ 2.00/RNT ENITGY RECOVERY \$ 0.60/D

13.9🕏 2.0億

#6ARB \$ 5.00/DY IIII BATTERY \$ 0.02/DY

60 5.0 . 02

.78

VEH LIC RECOUP \$ 0.78/DY YOUR SUBTOTAL

91.99

TAXABLE SUBTOT TAX . 000%

.00

YOUR NON TAXABLE ITEMS

TOTAL CHARGES NET CHARGES OTAL DUE:

91.99

91.99 $0.00 \pm$

PAID ON MASTER

**CONCESSION RECOVERY FEE

HENTANKUMBEB FORCKENWIFING WITH A STOUP

Toll Pass inquiries, visit www.htallc.com or call HTA at 1-866-285-6050 Other enquiries or e-receipt visit www.avis.com

or call 904 741-2327

Park 'N Fly Ft Lauderdale 2200 NE 7TH AVE USA-33004 Dania

Booth A 02/29/12 19:24 Cashier 28

Receipt 07- 039847

Parking Ticket 1 - No. 032060 02/29/12 05:38 -02/29/12 19:24 -Period Od13h47'

(PARKNG) \$9.00

Sub Total [Fees + Tax]

\$9.00 \$1.36

Total

\$10 36

Payment Received

XXXXXX Merch: Auth:01 Type: Swipeu

Sub Total \$9.00 FLLFee 8% 0.72 FL Tax 6.59% 0.64

Tell us how we are doing For a chance to win \$1000 Info at www.pnfcares.com No Purchase Necessary

Signature

Dawn Armel

From:

Estenoz, Shannon A <Shannon_Estenoz@ios.doi.gov>

Sent:

Friday, March 16, 2012 2:18 PM

To:

Dawn Armel

Subject:

RE: QAT Meeting 02/29/12

oh, ok. No, we ended up not having time to put gas in the car so there should be fuel charge on the rental receipt.

Shannon Estenoz, Director
Office of Everglades Restoration Initiatives
United States Department of the Interior
Florida International University
11200 SW 8th Street, OE 165
Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

From: Dawn Armel [darmel@sfrestore.org] **Sent:** Friday, March 16, 2012 2:15 PM

To: Estenoz, Shannon A

Subject: RE: QAT Meeting 02/29/12

Right. You gave me the rental car receipt and parking receipt but no gas receipt. Did you end up putting gas in the car? If you did get gas and don't have the receipt I can wait until we get the March credit card statement and get the gas amount off of it.

Dawn Armel

South Florida Ecosystem Restoration Task Force 11200 SW 8 Street, OE Bldg. Room 165

Miami, FL 33199 Phone: 305-348-6027 Fax: 305-348-1667

From: Estenoz, Shannon A [mailto:Shannon Estenoz@ios.doi.gov]

Sent: Friday, March 16, 2012 2:09 PM

To: Dawn Armel

Subject: RE: QAT Meeting 02/29/12

I didn't give you that receipt already? When you were in my office I remember saying that i ended up renting the car because Dave's rental was offsite.

Shannon Estenoz, Director
Office of Everglades Restoration Initiatives
United States Department of the Interior

Florida International University 11200 SW 8th Street, OE 165 Miami, FL 33199

Phone: (305) 348-1665 Direct Line: (305) 348-1660 Cell Phone: (786) 350-9401

Fax: (305) 348-1667

shannon estenoz@ios.doi.gov

From: Dawn Armel [darmel@sfrestore.org]
Sent: Friday, March 16, 2012 2:02 PM

To: Estenoz, Shannon A

Subject: QAT Meeting 02/29/12

Shannon:

Do you have gas receipts for the rental car you rented in Jacksonville?

Thanks,

D

Dawn Armel South Florida Ecosystem Restoration Task Force 11200 SW 8 Street, OE Bldg. Room 165 Miami, FL 33199

Phone: 305-348-6027 Fax: 305-348-1667

**				0		F COPY		
TRAVEL VOUCHER		ARTMENT OR ES			-	PE OF TRAVEL	A 100 CO CO CO CO CO CO CO CO CO CO CO CO CO	CHER NO.
(Read Privacy Act Statement below)		ERGLADES				TEMPORARY DUTY PERMANENT CHANGE OF STATION		ASHINGTOND03011 EDULE NO.
a. NAME (Last, first, m	iddle initial)				b. S0	OCIAL SECURITY NO.	6. PERI	OD OF TRAVEL
Estenoz, Sh						*-**-*		/01/12 03/01/12
c. MAILING ADDRESS 11200 SW 8	(Include ZIF				d. Of	FICE TELEPHANTED	a. NUME	BER(S) b. DATE(S)
FIU OE Buil					3	05-348-1665	a. NOIVIE	D. DATE(S)
Miami, FL	_	00111 100				05 510 1005		OSCA6I
e. PRESENT DUTY STA			f. RESIDENCE					02/23/12
EVERGLADES	NP		Plant	ation,	FL		10. CHE	CK NO.
8. TRAVEL ADVANCE			9. CASH PAY	MENT RECEIPT			11. PA	ID BY
a. Outstanding		0,00	a. DATE RECE	EIVED		OUNT RECEIVED		
b. Amount to be applied c. Amount due Government		0 00	The second secon		\$		-1	
(Attached	Cash)	1	c. PAYEE'S SI	GNATURE				
D. Balance outstanding								
12. GOVERNMENT TRANSPORTATION REQUESTS, OR						es in connection with reimbut procedures (FPMR 101-7)	rsable	Traveler's Initials
TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH	AGENT'S	ISSUING CAR-	MODE CLASS OF			P	OINTS OF	TRAVEL
(List by number below and attach passenger	VALUATION OF TICKET		SERVICE AND ACCOM-	DATE		FROM		T0
coupon; if cash is used show claim on reverse	(a)	(Initials)	MODATIONS (c)	MODATIONS		FROM (e)	- 1	TO (f)
side)	(4)	(5)	10)	(0)		(6)		10
ACCOUNTING CLA	SSIFICA -2012	ATION: ^07^5298	^^EXY [^] WI	N41^^ -		93.51	NR-	905.60
COMMENTS: Task Force Bri	efing N	Meeting.					0	
13. I certify that this voucher						ent or credit has not been ed during the period covered	1 by	
this voucher.	Spincable, per	Claimed is ba	oca on the averag	go cost of loaging	incun	daring the period covered		_
TRAVELER SIGN HERE	2				1	SI SE ETAG	CLAIME!	02 [51
NOTE: Falsification of an iten than \$10,000 or impris						may result in a fine of not mo	ore	
 This voucher is approved necessary in the interest 			y, are certified as flong distance tel			17. FOR FINANCE OFFICE COMPUTA		Y
are included, the approvir head of the department o	ng official must	have been authori	ized in writing by				HON	\$
nead of the department o	agency to so t	Seruly (31 O.S.O.)	000a).)		ľ	ENCES, IF ANY		
APPROVING Dawn Arr	mel _	Execu	itive As ş i	Pat tant	- 1	(Explain and show		
OFFICIAL SIGN HERE	limel	3	3/14/12	-	amount)	-		
15. LAST PRECEDING VOUCH	ER PAID UND	ER SAME TRAVI	EL AUTHORIZAT	TION	1	. TOTAL VERIFIED CORRE	CT FOR	
a. VOUCHER NO.	SYMBOL		c. MONTH & YEAR		CHARGE TO APPROPR	IATION	i	
16. THIS VOUCHER IS CERTII	FOR PAYMENT	35 111 2833	-	Certifier's initials: c. APPLIED TO TRAVEL AD	VANCE	\$		
AUTHORIZED /	1000	/ NOTER !	COMMENT	1 1	1	(Appropriation symbol):	VANOL	0100
CERTIFYING OFFICIAL ON HERE	111/			S DO		NET TO	TRAVELI	\$ 93 51
SEE BLOCK 12			1					

INSTRUCTIONS TO TRAVELER			(Unlisted	(Unlisted items are self explanatory)									mplete this	PAGE	
SCHEDU	JLE	Col. (c) If the voucher includes	Com-										ormation nis Is a	2	
OF		per diem allowances for	plete thru (g) meal cost.							con	ntinuation	OF			
EXPENS	Ee	members of employee's	only	(h,				leaning and pres	sing of clothes, tips	to bellboys,		_	et TRIP	11	PAGES
	L3	immediate family, show	for	(1)			an for meals). n and actual ex	pense travel.				TRA	VEL AUTHOR	IZATION NO.	
AND		members' names, ages, and relationships to em-	actual expense	- ii)	Show to	ital subsistenc	e expense inc	urred for actual e	xpense travel.			0	SCA6I		
AMOUN'	AMOUNTS ployee and marital status			(m	i) Show p the less	er diem amou er of the amo	nt, limited to m	aximum rate, or t or maximum rate	ravel on actual exp	ense, show		<u></u>			
CLAIME	n	of children (unless infor-	travel	(n) Show expenses, such as: taxi/timousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than							TRAVELER'S LAST NAME				
	_	mation is shown on the				tance telepho ince, etc.	ne calls for Go	vernment busines	ss, car rental, reloca	ation other than	Estenoz				
DATE		travel authorization.)	<u> </u>			<u>-</u>		<u> </u>		MILEAGE	1	<u> </u>			
DATE	TIME	DESCRIPTION				ZED SUBSIS	TENCE EXPE	NSES		RATE:	^	MOU	NT CLAIMED		,
20 12	(Hour and	(Departure/errival city, per diem computation, or other explanation		٨	//EALS		MISCEL- LANEOUS		TOTAL	0.510	MILEAG	20	CUBCICTEN	. OT	ueo
	am/pm)	of expenses)	BREAK-				SUBSIS-	LODGING	SUBSISTENCE	NO. OF	MILEAU	3E	SUBSISTENC	ZE OIF	HER
(a)	(b)	(c)	FAST (d)	LUNCH (e)	DINNER	TOTAL (g)	TENCE (h)	(i)	EXPENSE (i)	MILES (k)	m		(m)	//	'n)
(e) 03/01		D-:RES: Plantation	· · · · · · · · · · · · · · · · · · ·			- "	1		, , , , , , , , , , , , , , , , , , ,	117/	<u>'</u>	1	1/		7
03/01		A-: WASHINGTON, DC		!	!	53 25	!	!	53.25			I	53, 2	25	1
03/01 03/01		POV-NO GVT VHC AVL/	AIRPO	RT		1	1	1		20.12		10	2 ₆		
03/01		D-:WASHINGTON, DC	i	li	i	l i	l i	li			l	1			1
03/01		A:RES: Plantation,	I		ı	1	I	ı				ì	i		1
03/01		Parking	1	!	!	!	!	!				ŀ	1		i
03/01		Misc Expenses										1			
03/01	_	Taxi	li	li	li	li				}		1			30 00
03/01		TMC Fee	1	i i	i i	1		i			<u> </u>	i	i		1
03/01		TAV Fee -I	1	!	!!	1		!				1	1	ľ	- 1
			,									 	!		
			: 	li	;	1 i	1 :					1	1		1
	,		I	ı	ı	1	ı	i				i	i		- i-
			ļ ļ	!	1	1 !	! !	1				£ .	1		1
					1							! -	<u> </u>		
			i	l i	i	1 i] i	i				1	!		-
			T		ı	ı	l I					i -	i i		
			!	!	!		1	l				l	1		i
											-	!	<u> </u>		
			i									1			!
			1		1	1	ı	1				ı	ı		
			1	<u> </u>	1	1	l l	1				ı	1		1
ļ						1 :		1				1			<u> </u>
				11	 	-l	.!		SUBTOTA	9	10	26	53 2		30 (00
If additions	al space is re	equired, continue on another 1012-A BACK	, leaving th	ne front bla	nk.				TOTA			26	53 2		30 00
In complian	ce with the P	rivacy Act of 1974, the following information i	s pro-			· · · · · · · · · · · · · · · · · · ·							·!····		30 00
Chap. 57 as	sitation of the simplemente	information on this form is authorized by 5 to d by the Federal Travel Regulations (FPMR)	J.S.C. 101 7).		requireme employee	nt by this ag the issuance	ency in conr	ection with the	hiring or firing of estigations of the Your Social Secu	an ner-			al of columns (I), n item 13 on the		
E.O. 11609 November 2	l of July 22, 1 22, 1943, and	971, E.O. 11012 of March 27, 1962, E.O. 93	97 of		formance	of official duty	while in Gove	nment service.	Your Social Secu	rity	this form.				
of the reque	ested informa	Trivacy Act of 1974, the following information information on this form is authorized by 5 the d by the Federal Travel Regulations (FPMR 971, E.O. 11012 of March 27, 1962, E.O. 93 126 U.S.C. 6011(b) and 6109. The primary put tion is to determine payment or reimburseme owable travel and/or relocation expenses inclustrative authorization and to record and mail strative authorization and to record and mail strative authorization and to record and mail strative authorization and to record and mail strative authorization and to record and mail strative authorization and to record and mail strative authorization and to record and mail strative authorization and to record and mail strative authorization and the second and are second and action and the second and the s	nt to		Revenue	Code (26 U.S	.C. 6011(b) an	under the aut d 6109) and E.C	hority of the Inte 0. 9397, November ion number; disclos relocation allowa	mal 22,					
					is MAND	ise as a tax p ATORY on vi	ayer and/or em ouchers claimi	pioyee identificat ng travel and/or	ion number; disclos relocation allows	sure ance					
used by offi	on reimbursei icers and emi	ments to the Government. The information we ployees who have a need for the information is call duties. The information may be disclose	ill be 1 the		expense revous SSN a	eimbursemen	t which is, or m	ay be, taxable in	come. Disclosure	of	TOTAL	I- 			
performanc	e of their office Federal, Sta	cial duties. The information may be disclose te, local or foreign agencies, when relevant to	d to		HOWEVEL	failure to bro	ivide the intor	mation tother th	an SSN) required	to	AMOUN CLAIME			0.2	3.51
	. sacial, ola	televant to	GIVII,		support th	e ciaim may re	esuit in delay o	r loss of reimburs	ement.		CEWINIE	س ب	_	73	

=======================================		======================================	======
ACCOUNTING CLASS CODE			TRIP 1
.4&IE-211D MILEAGE-211P OTHER-211I PARKING-211I TAV EXP -I-211B TAXI-211T TMC FEE -I-211B			53.25 10.26 826.10 36.00 15.00 30.00 28.50
12 5298WN41EXY		0.00	
2012^^07^5298^^EXY^WN41^^			
SPLIT PAY DISBURSEMENTS:			
TOTAL EXPENSES		905.60	
TOTAL AMOUNT CLAIMED		93.51	
PREV PAYMENTS GOV'T ADVANCE OUTSTANDING GOV'T ADVANCE APPLIED	0.00 0.00 	0.00	
NET TO TRAVELER (GOVT)		93.51	
GOV'T CHARGE CARD EXPENSES - GOV'T CHARGE CARD ATM ADV ADD'L GOV'T CHARGE CARD PYMT TOTAL GOV'T CHARGE CARD AMT	0.00 0.00		
PAY TO GOV'T CHARGE CARD PAY TO TRAVELER		0.00 93.51	

TAX	CICAB RECEIPT
0	Time: 9.30 Date: 3112
Origin of trip: DCA	
Destination: Dot	
Fare: 1500	Sign:

Parking: \$36.1

Parking madine gave no receipt.

There was no attendent available to provide a receipt.

-TAXICAB RECEIPT-

TIME 4:00 PA DATE	3/1/12
REC'D S Seles	-
FARE AMOUNT \$ 1500	2
TRIP DOI	
TRIP DCA	
ASSN	CAB NO
I.D. TAG NO. NO.	
SIGNATURE	



Your Itinerary

Trip on Mar 01, 2012

Locator: DDTFHF

Date: Feb 23, 2012

Traveler

SHANNON A ESTENOZ - GDOIFWS

NGMSDOI

OFC OF THE EXEC DIRECTOR

SHANNON ESTENOZ 11200 SW 8TH ST **MIAMI FL 33199**

Customer Number

Agent

FEES TOTALING 28.50PP CHARGED IN ADDITION TO TKT PRICE FEE-USD28.50PP-AIR/AMTRAK DOMESTIC, TRADITIONAL

Thursday, March 01, 2012

Confirmation DY4KBW



Flight US Airways 986

DEPARTURE

FT LAUDERDALE, FL 7:00 AM, Mar 01, 2012 ARRIVAL

WASHINGTON/NATL,DC 9:26 AM, Mar 01, 2012

Status

Confirmed

Class

Coach Class - S 02:26 (Non-stop)

Duration Equipment

Boeing 737-400

Meal Service

None

Reserved Seats

22C

Frequent Flyer

US50022474022

Notes

DEP-TERMINAL 3 ARR-TERMINAL C

Thursday, March 01, 2012

Confirmation DY4KBW



Flight US Airways 1947

DEPARTURE

WASHINGTON/NATL,DC 6:00 PM, Mar 01, 2012

ARRIVAL

FT LAUDERDALE, FL 8:46 PM, Mar 01, 2012

Status

Confirmed Class

Duration

Coach Class - Q 02:46 (Non-stop)

Equipment

Boeing 737-400

Meal Service

None

Reserved Seats

24C

Frequent Flyer Notes

US50022474022

DEP-TERMINAL C ARR-TERMINAL 3

Name

Invoice / Ticket / Date

Base

Tax 1

Tax 2

Tax 3

<u>Total</u>

ESTENOZ SHANNON

475956/0378743210323/09FEB12

755.35

78.25

833.60

Trip Fee 28.50 **Total Amount** 862.10

Form of Payment: CAXXXXXXXXX

GENERAL INFORMATION

^{**} FOR INFORMATION ON THE TSA SECURE FLIGHT PROGRAM **

** GO TO WWW.TSA.GOV **
UNUSED PAPER TICKETS MUST BE RETURNED TO CWTSATOTRAVEL
CONTACT CWTSATOTRAVEL TO REFUND ELECTRONIC TICKETS
CONTRACT CARRIER CITY PAIR FARES DO NOT REQUIRE
ADVANCE PURCHASE. ALL OTHER FARES MAY REQUIRE ADVANCE
PURCHASE AND ARE NOT GUARANTEED UNTIL TICKETED

TO VIEW ITINERARIES ONLINE PLEASE GO TO
......*** WWW.VIRTUALLYTHERE.COM ***.....
ADD YOUR SABRE RESERVATION CODE AND NAME IN
THE APPROPRIATE BOXES AND ENTER.

CWTSATOTRAVEL CAN BOOK YOUR HOTEL ACCOMODATIONS. WE CAN ASSIST IN KEEPING COSTS WITHIN PER DIEM AT A FEMA APPROVED PROPERTY, GUARANTEE YOUR RESERVATION FOR LATE ARRIVAL, AND EVEN CHECK FOR A ROOM AT YOUR FAVORITE HOTEL AT LOW FEDROOM OR CWTSATOTRAVEL GOVERNMENT RATES. ALL YOUR RESERVATIONS INCLUDED ON ONE ITINERARY--AIR, CAR, AND HOTEL.

THANKS FROM YOUR CWTSATOTRAVEL TEAM!!!

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS				Office of the Executive Director, South Florida Ecosystem Restoration Task Force			2. VOUCHER NUMBER LT5284N0010 3. SCHEDULE NUMBER				
tienes.			Read the Privacy Act S	Statement on the back of thi	s form.		5. PAID BY		OWN TANDER -		
AIMANT		oz, Sl	first, middle initial) nannon A.	b. Social Security	NO]	TO A	oc 3/2	22/12	2		
4. CLAI					305-348-10						
6.	-		RES (If fare claimed in col. (g) the claimant.)	exceeds charge for one per	son, show in col. (h) the number	er of addition	al persons w	rhich ac	companied	
	DATE		Show appropriate code in col. (b):			MILEAGE	Į.	MOUNT CL	AIMED		
2012	2012	ODE				8.51 6	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-	
		-	(Evolain avnandituras in annaifis datail I			NO OF		OR TOLL	- 7 - 15 Side - 15 CFF	LANFOUS	

	C	A 11 1	D - Funeral Honor	D + 1	WILLEAGE		MODITI OLI	THUILD	A CONTRACTOR OF THE PARTY OF TH
2012	0 0 E	A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)	8.51 é	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-		
	_	(Explain expendi			OR TOLL	SONS	LANEOUS		
(a)	(6)	(c) FROM	(d)	<i>т</i> о	MILES (e)	(f)	(g)	(h)	(i)
03/07/12	A	Plantation, Florida	Coral Springs, F	lorida	37	18.87			
03/08/12	A	Coral Springs, Florida	Clewiston, FL		253.66	129 37			
year and the second									
				AND POST OF THE PROPERTY OF TH					
		JUSTIFICATION:	Task Force meet	ting 03/07/12 and					
			Aleico tour 03/0	8/12.					
If additional	space	is required continue on the back.	SUBTOTALS CARRIED BACK	FORWARD FROM THE					
7. AMOU	NT CL	AIMED (Total of cols. (f), (g) and (i)	.) >\$ 148.24	TOTALS	290.66	148.24			
as neces are inclu	sary in ded, t	proved. Long distance telephone calls, in the interest of the Government. (Note: the approving official must have been aut to department or agency to so certify (31	If long distance calls horized in writing, by	10. I certify that thi belief and that p	payment or cre		n received by		dge and
		Sign Original Only		CLAIMANT SIGN HERE	58	2		S S	21/12
APPROVING OFFICIAL		D R D . 0	3(14/12	a. PAYEE (Signature)	0	ASH PAYMENT R		E RECEIVE	ED
SIGN HERE	m is ce	ertified correct and proper for payment.	0114/12				c. AMO	UNT	
AUTHORIZED CERTIFYING OFFICER SIGN HERE		Sign Original/Only	DATE / 92/10	12. PAYMENT MADE BY CHECK NO.	DIRECT D	EPOSIT	\$		
		CLASSIFICATION //	11.01						
5298-WM	141-E	XY /							