

Privacy Office, Mail Stop 0655

October 27, 2020

SENT BY ELECTRONIC MAIL TO: foia@americanoversight.org

Austin Evers
Executive Director
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005

Re: 2020-HQFO-01633

Dear Mr. Evers:

This is the electronic final response to your Freedom of Information Act (FOIA) request to the Department of Homeland Security (DHS), to both the Privacy Office (PRIV) and to the Federal Protective Service (FPS) dated August 12, 2020, and received by this office on August 13, 2020. You are seeking records reflecting costs reimbursed and any reimbursable expenses attributable to any federal officials who deployed to Portland, Oregon between June 1, 2020, and August 12, 2020. (Date Range for Record Search: From 6/1/2020 To 8/13/2020)

A search of the Office of the Chief Financial Officer (CFO) for documents responsive to your request produced a total of 160 pages. Of those pages, I have determined that 10 pages are releasable in full and 45 pages for the PRIV portion of the response and are partially releasable entirety pursuant to Title 5 U.S.C. § 552: (b)(6) and 7(E). The balance of the pages, 105 pages, are the FPS portion of the response and are withheld in full pursuant to Title 5 U.S.C. § 552: (b)(6), 7(C), 7(E), and 7(F).

Enclosed are 55 pages with certain information withheld as described below;

**FOIA Exemption 6** exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.



**Exemption 7(E)** protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I determined that disclosure of law enforcement information could reasonably be expected to risk circumvention of the law.

105 pages are being withheld in full as described below;

**FOIA Exemption 6** exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

Exemption 7(C) protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy. This exemption takes particular note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate. As such, I have determined that the privacy interest in the identities of individuals in the records you have requested clearly outweigh any minimal public interest in disclosure of the information.

**Exemption 7(E)** protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I determined that disclosure of law enforcement information could reasonably be expected to risk circumvention of the law.

**FOIA Exemption 7(F)** permits the government to withhold all information about any individual when disclosure of information about him could reasonably be expected to endanger the life or physical safety of any individual. This exemption also protects physical security at critical infrastructure sites.

You have a right to appeal the above withholding determination. Should you wish to do so, you must send your appeal and a copy of this letter, within 90 days of the date of this letter, to: Privacy Office, Attn: FOIA Appeals, U.S. Department of Homeland Security, 245 Murray Lane, SW, Mail Stop 0655, Washington, D.C. 20528-0655, following the procedures outlined in the DHS FOIA regulations at 6 C.F.R. Part 5 § 5.8. Your envelope and letter should be marked



"FOIA Appeal." Copies of the FOIA and DHS FOIA regulations are available at www.dhs.gov/foia.

Provisions of FOIA allow DHS to charge for processing fees, up to \$25, unless you seek a waiver of fees. In this instance, because the cost is below the \$25 minimum, there is no charge.

If you need any further assistance or would like to discuss any aspect of your request, please contact the analyst below who processed your request and refer to **2020-HQFO-01633**. You may send an e-mail to <u>foia@hq.dhs.gov</u>, call 202-343-1743 or toll free 1-866-431-0486, or you may contact our FOIA Public Liaison in the same manner.

Additionally, you have a right to seek dispute resolution services from the Office of Government Information Services (OGIS) which mediates disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. If you are requesting access to your own records (which is considered a Privacy Act request), you should know that OGIS does not have the authority to handle requests made under the Privacy Act of 1974. You may contact OGIS as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

Sincerely,

James V.L.M. Holzer Deputy Chief FOIA Officer

James VMC Hoher, I

Enclosure(s): Responsive Documents, 55 pages



#### **Document Header Information**

Document Type:

Authorization

(b)(6); (b)(7)(C) Travel Authorization Number:

Document Name: Trip Name:

(b)(6) Las Vegas, NV & Portland, OR

Currency:

TA Date: Organization:

07/14/20 DHSHQ-OOS

Purpose: ACC THE SEC - DOMESTIC

TDY Travel Type Code:

Current Status: Document Detail: OFFSETTING OBLIGATION Accompanying the Secretary

Value

Per Diem Rates 102.00 / 61.00 192.00 / 66.00

#### **Traveler Profile**

Name: TID:

Gountanis, John Henry

Washington, DC

(b)(6)

(b)(6)

ID:

(b)(6)DHSHQ-OOS

(b)(6)

**Duty Station:** 

Office Address:

Organization: Card:

INFREQUENT TRAVELER

EMAIL:

Cell Phone:

Office Phone: Alternate Phone:

#### **Profile Custom Fields**

Trip Number: 1

Label

Political Appointee Devolution Employee

Auditor

Invitational Traveler

#### **Document Information**

Trip Number: 1

Purpose:

Accompanying the Secretary

Itinerary Locations

FIOIII	10	Itilierary Location	ruipose	
07/15/20	07/16/20	LAS VEGAS, NV	ACC THE SEC - DOMESTIC	
07/17/20	07/17/20	PORTLAND, OR	ACC THE SEC - DOMESTIC	

**Document Totals** 

Total Expenses: 620.00 Reimbursable Expenses: 620.00 Non-Reimbursable Expenses: .00 Advance Authorized: 50.00 Advance Requested: .00

**Document Totals by Expense Category** 

Expense Category	Cost	Advance Amount	
LODGE	294.00	.00	
M&IE	161.25	.00	
MISC	60.00	.00	
TAX	40.00	.00	
TNC	50.00	50.00	
TRNFEE	14.75	.00	
Total Expenses:	620.00	50.00	

Trip 1 Details

MULTI-DHS-20-2093-A-000002

Expenses

Trip#: 1		Total Non-Per Diem Expenses:	164.75	Total Per Diem Expenses:	455.25
Date	Description	Category	Cost	Pay Method	Per Diem
07/14/2020	TDY Voucher Fee	TRNFEE	14.75	IBA	
07/15/2020	Lodging	LODGE	102.00	IBA	*
07/15/2020	M&IE	M&IE	45.75	OTHER THAN IBA OR CBA	*
07/16/2020	Government Plane	COMCAR	.00	IBA	
07/16/2020	Lodging	LODGE	192.00	IBA	*
07/16/2020	M&IE	M&IE	66.00	OTHER THAN IBA OR CBA	*
07/16/2020	Lodging Surcharge	MISC	10.00	IBA	
07/16/2020	Lodging Tax	TAX	40.00	IBA	
07/16/2020	TNC - Uber, Lyft, Other	TNC	25.00	IBA	
07/17/2020	Government Plane	COMCAR	.00	IBA	
07/17/2020	M&IE	M&IE	49.50	OTHER THAN IBA OR CBA	*
07/17/2020	Parking	MISC	50.00	IBA	
07/17/2020	TNC - Uber, Lyft, Other	TNC	25.00	IBA	

# Per Diem Allowances

Trip#: 1	Total Per Diem Allowances:	455.25

Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	B L D Conf%
07/15/2020	102.00/ 61.00	102.00	102.00	45.75	45.75	
07/16/2020	192.00/ 66.00	192.00	192.00	66.00	66.00	
07/17/2020	192.00/ 66.00	0.00	0.00	49.50	49.50	

# **Other Authorizations**

Trip#: 1

Other Authorization Remarks

GOVERNMENT communications and protection requirements in fulfillment of the duties and responsibilities as AS1 mandate the use of

AIRCRAFT government aircraft.

Account Summary for th	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code: NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020-03	620.00
Expense Category: LODGE	Fiscal Year: 2020	Amount: 294.00	
Expense Category: M&IE	Fiscal Year: 2020	Amount: 161.25	
Expense Category: MISC	Fiscal Year: 2020	Amount: 60.00	
Expense Category: TAX	Fiscal Year: 2020	Amount: 40.00	
Expense Category: TNC	Fiscal Year: 2020	Amount: 50.00	
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	620.00

Organization Label	Accounting String	Payment Method	Amoun
DHSHQ-OOSFY20 - SEC	NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020- 03	IBA	458.75
DHSHQ-OOSFY20 - SEC	NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020- 03	OTHER THAN IBA OR CBA	161.25
Totals by Label			
DHSHQ-OOSFY20 - SEC Total	NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020-03		620.00
Totals by Payment Meth	od		
		IBA Total	458.75
		OTHER THAN IBA OR CBA Total	161.25



No Attachments Exist

Audits				
Audit Name		Result	Reason	
Document History 08/17/2020 Au	thorization(b)(6)			
Copyright 1989-2009 Concur Gov		cur Inc. Gountanis,	<b>J</b> (b)(6) (b)(6)	
STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	07/14/2020	7:15AMEST	(b)(6)	
SUBMITTED	07/14/2020	7:20AMEST		
MISSION AUTHORIZED	07/14/2020	7:24AMEST		
AUTHORIZED	07/14/2020	7:24AMEST		
SYS LIMIT REVIEW	07/14/2020	11:33AMEST		
ADJUSTED	07/14/2020	11:47AMEST		
FUNDED	07/15/2020	1:23PMEST	7.	
FUND CERTIFIED	07/15/2020	1:24PMEST		
PENDING	07/15/2020	1:24PMEST		
COMPLETED	07/15/2020	3:36PMEST		
OFFGERMINIC ORLIGIMION:	07/24/2020	3:51PMEST		
OFFSETTING OBLIGATION  I certify that the electronic signatu	ıres listed above are va	lid and on file		
I certify that the electronic signatu	ires listed above are va	lid and on file		
	nres listed above are va	lid and on file		
I certify that the electronic signatu	nres listed above are va	lid and on file		
I certify that the electronic signatu	nres listed above are va	lid and on file		
I certify that the electronic signatures  SIGNED DATE  Document Signatures	ires listed above are va	lid and on file		
I certify that the electronic signatures  Traveler/Preparer Name:	ires listed above are va	lid and on file		
I certify that the electronic signatures  SIGNED DATE  Document Signatures  Traveler/Preparer Name:  Traveler/Preparer Signature:	ires listed above are va	lid and on file		
I certify that the electronic signatures  SIGNED DATE  Document Signatures  Traveler/Preparer Name:  Traveler/Preparer Signature:  Date:	ires listed above are va	lid and on file		
I certify that the electronic signatures  SIGNED DATE  Document Signatures  Traveler/Preparer Name:  Traveler/Preparer Signature:	ires listed above are va	lid and on file		

Cost

\$102.00

\$192.00

\$0.00

\$0.00

Description

Lodging GOVP

Lodging GOVP



Receipt Checklist

Date

07/15/20 07/16/20

07/16/20

07/17/20

#### **Document Header Information**

Document Type: Voucher Number:

Voucher (b)(6)

Document Name: Trip Name:

(b)(6)Las Vegas, NV & Portland, OR

TA Date:

07/19/20 DHSHQ-OOS Currency: USD Current Status: PAID

Organization: Purpose:

ACC THE SEC - DOMESTIC

Document Detail:

Accompanying the Secretary

Type Code:

TDY Travel

(b)(6)

#### **Traveler Profile**

Name: TID:

Gountanis, John Henry

Washington, DC

ID: Organization: (b)(6)DHSHQ-OOS

INFREQUENT TRAVELER

**Duty Station:** Office Address:

Alternate Phone:

Office Phone:

Card: EMAIL: Cell Phone:

(b)(6)

#### **Profile Custom Fields**

Trip Number: 1

Label

Value

Political Appointee Devolution Employee

Auditor

Invitational Traveler

#### **Document Information**

Trip Number: 1

Purpose:

Accompanying the Secretary

Itinerary Locations

From To 07/15/20 07/17/20

**Itinerary Location** LAS VEGAS, NV

Purpose ACC THE SEC - DOMESTIC Per Diem Rates 102.00 / 61.00

# **Document Totals**

Total Expenses:	461.25
Reimbursable Expenses:	461.25
Non-Reimbursable Expenses:	.00
Advance Applied:	.00
Net to Traveler:	152.50
Net to Government:	.00
Pay to Charge Card:	308.75

### Document Totals by Evnense Category

Document Totals by Expense Categor	лу		
Expense Category	Cost	Advance Amount	
LODGE	204.00	.00	
M&IE	152.50	.00	
MISC	90.00	.00	
TRNFEE	14.75	.00	
Total Expenses:	461.25	.00	

## **Trip 1 Details**

Date	Description	Category		Cost	Pay Method		Per Diem
07/15/2020	Lodging	LODGE		102.00	IBA		*
07/15/2020	M&IE	M&IE		45.75	OTHER THAN IBA OR CBA		*
07/15/2020	Lodging Surcharge	MISC		45.00	IBA		
07/16/2020	Lodging	LODGE		102.00	IBA		*
07/16/2020	M&IE	M&IE		61.00	OTHER THAN IBA OR CBA		*
07/16/2020	Lodging Surcharge	MISC		45.00	IBA		
07/17/2020	M&IE	M&IE		45.75	OTHER THAN IBA OR CBA		*
07/19/2020	TDY Voucher Fee	TRNFEE		14.75	IBA		
Per Diem A	llowances						
Trip#: 1	Total Per	Diem Allowances:				356.50	
Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	BLD	Conf%
			72232				

45.75

61.00

45.75

45.75

61.00

45.75

Account Summary for th	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code(b)(6)	461.25
Expense Category: LODGE			
Expense Category: M&IE	Fiscal Year: 2020	Amount: 152.50	
Expense Category: MISC	Fiscal Year: 2020	Amount: 90.00	
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	461.25

07/15/2020

07/16/2020

07/17/2020

102.00/61.00

102.00/ 61.00

102.00/61.00

102.00

102.00

0.00

102.00

102.00

0.00

Organization Label Accounting String	Payment Method	Amoun
DHSHQ-OOSFY20 - SEC (b)(6)	IBA	308.75
DHSHQ-OOSFY20 - SEC	OTHER THAN IBA OR CBA	152.50
Totals by Label		
DHSHQ-OOSFY20 - SEC Total		461.25
Totals by Payment Method		
	IBA Total	308.75
	OTHER THAN IBA OR CBA Total	152.50

Attachments Exist	

Description	Cost	
Lodging	\$102.00	
Lodging	\$102.00	
	Lodging	Lodging \$102.00

Audits		
Audit Name	Result	Reason
NO ATTACHMENTS	FAIL	Document does not have any attachments. Document does not have any attachments. Please verify that receipts or supporting documentation are not required.
AMERICAN	Traveler Justification:	Receipts attached.
OVERSIG	HT	MULTI-DHS-20-2093-A-000006

STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	07/19/2020	9:05AMEST	Gountanis, John Henry	
SUBMITTED	07/19/2020	9:18AMEST	Gountanis, John Henry	
MISSION AUTHORIZED	07/19/2020	1:58PMEST	(b)(6)	
AUTHORIZED	07/19/2020	1:59PMEST		
SYS LIMIT REVIEW	07/23/2020	5:48AMEST		
FUNDED	07/24/2020	9:12AMEST		
FUND CERTIFIED	07/24/2020	9:14AMEST		
PENDING	07/24/2020	9:15AMEST		
OFFSETTING OBLIGATED	07/24/2020	3:51PMEST		
PENDING	07/24/2020	3:51PMEST		
PAID	07/25/2020	4:40PMEST		
SIGNED DATE				
Document Signatures				
Traveler/Preparer Name:				
Traveler/Preparer Signature:				
Date:				
Approver Name:				



Date:

# THE VENETIAN\* | THE PALAZZO\*

LAS VEGAS

3355 Las Vegas Blvd. So.

DATE	REFERENCE NO.	DESCRIPTION	CHARGES	PAYMENTS/ CREDITS (-)	BALANCE
7/15/20 7/16/20 7/16/20 7/16/20 7/17/20	(b)(6)	ROOM CHARGE VE 6335 TAX2 RESORT FEE RESORT FEE \$45 FLAT RATE ROOM CHARGE VE 6335 RESORT FEE RESORT FEE 7/15 ROOM REVENUE VENETIAN ADJ OFF TAX 7/17 VISA	102.00 13.85 45.00 102.00 45.00	13.65 294.00	
5 1			The second	VI.	1
		FOLIO BALANCE			.00

JOHN GOUNTANIS

6335

Folio Type:

Folio ID:

Page #:

Suite #: Type:

Guests:

Res#: (b)(6) Arrival: 07/15/2020

Departure: 07/17/2020

CC#



**Document Header Information** Document Type: Authorization

(b)(6)Document

USD

Name:

Travel

(b)(6)

Trip Name: Official Travel to Las Vegas, NV and Portland, OR 15-17 July 2020

Authorization

Number:

TA Date: Organization: 07/15/20 Currency:

DHSHQ-OOS Current

OFFSETTING OBLIGATION

Status:

OTHER -Purpose:

DOMESTIC Detail:

Document Participate in an Opening Up America Again Roundtable with Gaming Executives and local elected officials; participate in media engagements; receive a briefing and participate in tour of U.S. Courthouse

in Portland with DHS components and U.S. Attorney; participate in Remarks (VTC) to the American

ID:

Card:

Legislative Exchange Council Leadership and members.

Type Code:

TDY Travel

**Traveler Profile** 

Name: TID: **Duty Station:** 

(b)(6) WASHINGTON, DC

Office Phone: Alternate Phone:

Office Address:

Wolf, Chad Fredrick

3801 Nebraska Avenue NW <BR>Washington, DC 20016 (b)(6)

Cell Phone:

(b)(6)

Value

(b)(6)

DHSHQ-OOS INFREQUENT TRAVELER

EMAIL:

Organization:

#### **Profile Custom Fields**

Trip Number: 1

Label Political Appointee

Devolution Employee

Auditor

Invitational Traveler

# **Document Information**

Trip

Number: 1

Participate in an Opening Up America Again Roundtable with Gaming Executives and local elected officials; participate in media Purpose:

engagements; receive a briefing and participate in tour of U.S. Courthouse in Portland with DHS components and U.S. Attorney; participate in Remarks (VTC) to the American Legislative Exchange Council Leadership and members.

Itinerary Locations

From To Itinerary Location Purpose Per Diem Rates 07/14/20 07/17/20 LAS VEGAS, NV OTHER - DOMESTIC 102.00 / 61.00

**Document Totals** 

Total Expenses: 473.25 Reimbursable Expenses: 152.50 Non-Reimbursable Expenses: 320.75 Advance Authorized: .00 Advance Requested: .00

Document Totals by Expense Category

Expense Category	Cost	Advance Amount	
LODGE	306.00	.00	
M&IE	152.50	.00	
TRNFEE	14.75	.00	
Total Expenses:	473.25	.00	

Expenses								
Trip#: 1					Total Non-Per Diem Expenses:		Total Per Diem Expenses:	458.50
Date D	Description				Category	Cost	Pay Method	Per Diem
07/14/2020L	odging				LODGE	102.0	OCBA	*
07/14/2020N	1&IE				M&IE	.00	OTHER THAN IBA O CBA	* OR
	No M&IE is requested as this afety and security sweeps.	is not a day of tra	evel. Lodging was re	quired to be secured for				
07/15/20200	Government Plane				COMCAR	.00	CBA	
07/15/2020L	odging				LODGE	102.0	OCBA	*
07/15/2020N	1&IE				M&IE	45.75	OTHER THAN IBA O CBA	* PR
d s	The full M&IE amount is no ay appears on the authoriza ecurity sweeps can be performant isted day of travel.	tion only to allow	for lodging costs so	that required safety and				
	DY Voucher Fee				TRNFEE	14.75	CBA	
	Government Plane				COMCAR	.00	CBA	
07/16/2020L	odging				LODGE	102.0	OCBA	*
07/16/2020N	1&IE				M&IE	61.00	OTHER THAN IBA O CBA	* OR
07/17/20200	Government Plane				COMCAR	.00	CBA	
07/17/2020N	∆&IE				M&IE	45.75	OTHER THAN IBA O CBA	* R
Per Diem A	Allowances							
Trip#: 1	Total Per D	iem Allowances:					458.50	
Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed		B L D Co	onf%
07/14/2020	102.00/ 61.00	102.00	102.00	0.00	0.00			
07/15/2020	102.00/ 61.00	102.00	102.00	45.75	45.75			
07/16/2020 07/17/2020	102.00/ 61.00 102.00/ 61.00	102.00 0.00	102.00 0.00	61.00 45.75	61.00 45.75			
		0.00	0.00		10.70			
Other Autl Trip#: 1	horizations							
Other	Remarks							
Otner Authorizatio								
GOVERNME AIRCRAFT	ENT Flying on govern			rements. Communications covernment aircraft.	s and protection r	equire	ments in fulfilli	ment of
OTHER (See						14.7		wise suc
remarks belo	listed day is not a da	y of travel. The fi	rst day appears on t	omplishment. The full Months and the authorization only to a sure adjusted to 75% for the	allow for lodging	costs s	o that required	
VARIATION								
AUTHORIZ								

Account Summary	for the	Selected	Trip

Org: DHSHQ-OOS Label: FY20 - SEC Acct Code:(b)(6)

Expense Category: LODGE Fiscal Year: 2020 Amount: 300.00

Expense Category: M&IE Fiscal Year: 2020 Amount: 152.50 Expense Category: TRNFEE Fiscal Year: 2020 Amount: 14.75 Total:

.

MULTI-DHS-20-2093-A-000010

473.25

473.25

Organization Label Accounting String	Payment Method	Amoun
DHSHQ-OOSFY20 - SEC (b)(6)	BA	320.75
DHSHQ-OOSFY20 - SEC	THER THAN IBA OR CBA	152.50
Totals by Label		
DHSHQ-OOSFY20 - SEC Total		473.25
Totals by Payment Method		
	CBA Total	320.75
	OTHER THAN IBA OR CBA Total	152.50

Attachments

No Attachments Exist

Receipt Checklist		
Date	Description	Cost
07/15/20	GOVP	\$0.00
07/16/20	GOVP	\$0.00
07/17/20	GOVP	\$0.00

Audits		
Audit Name	Result	Reason
M&IE OVERRIDE	FAIL	Per Diem M&IE amount has been Overridden for trip date: 07/15/20 An amended Travel Authorization may be required.
	Traveler Justification:	The full M&IE amount is not being requested as the first listed day is not a day of travel. The first day appears on the authorization only to allow for lodging costs so that required safety and security sweeps can be performed. As a result M&IE are adjusted to 75% for the second listed day of travel.

Copyright 1989-2009 Concur Go				PELGON
STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	07/15/2020	8:37AMEST	Wolf, Chad Fredrick	
SUBMITTED	07/15/2020	8:49AMEST	Wolf, Chad Fredrick	
CBA AUTHORIZED	07/15/2020	9:38AMEST	(b)(6)	
MISSION AUTHORIZED	07/15/2020	11:27AMEST		
AUTHORIZED	07/15/2020	11:27AMEST		
SYS LIMIT REVIEW	07/15/2020	12:20PMEST		
FUNDED	07/15/2020	1:23PMEST		
FUND CERTIFIED	07/15/2020	1:24PMEST		
PENDING	07/15/2020	1:24PMEST	0.1	
COMPLETED	07/15/2020	3:36PMEST		
OFFSETTING OBLIGATION	08/05/2020	3:41PMEST		
certify that the electronic signat	ures listed above are	valid and on file		

Document Signatures	
Traveler/Preparer Name:	
Traveler/Preparer Signature:	
Date: CAN	
Approver Name:	MULTI-DHS-20-2093-A-000011
Approver Signature:	
Data	

#### **Document Header Information** Document (b)(6) Document Voucher Type: Name: (b)(6)Voucher Trip Name: Official Travel to Las Vegas, NV and Portland, OR 15-17 July 2020 Number: TA Date: 07/24/20 USD Currency: Organization: DHSHQ-OOS Current PAID Status: Purpose: OTHER -Document Participate in an Opening Up America Again Roundtable with Gaming Executives and local elected officials; DOMESTIC participate in media engagements; receive a briefing and participate in tour of U.S. Courthouse in Portland Detail: with DHS components and U.S. Attorney; participate in Remarks (VTC) to the American Legislative Exchange Council Leadership and members. Type Code: TDY Travel **Traveler Profile** Wolf, Chad Fredrick Name: ID: (b)(6)

Duty Station: WASHINGTON, DC  Office Address: 3801 Nebraska Avenue NW Washington, DC 20016  Office Phone: (b)(6)  Alternate Phone:	
Office Phone: (b)(6) Cell Phone:	
	ione:
Altarnata Phona:	
Atternate Phone.	

Profile Custom Fields	
Trip Number: 1	
Label	Value
Political Appointee	on
Devolution Employee	
Auditor	
Invitational Traveler	

#### **Document Information**

Trip

Number: 1

Purpose: Participate in an Opening Up America Again Roundtable with Gaming Executives and local elected officials; participate in media

engagements; receive a briefing and participate in tour of U.S. Courthouse in Portland with DHS components and U.S. Attorney; participate

in Remarks (VTC) to the American Legislative Exchange Council Leadership and members.

 Itinerary Locations

 From
 To
 Itinerary Location
 Purpose
 Per Diem Rates

 07/14/20
 07/17/20
 LAS VEGAS, NV
 OTHER - DOMESTIC
 102.00 / 61.00

Document Totals	
Total Expenses:	608.25
Reimbursable Expenses:	152.50
Non-Reimbursable Expenses:	455.75
Advance Applied:	.00
Net to Traveler:	152.50
Net to Government:	455.75
Pay to Charge Card:	.00

<b>Document Totals by Expense Category</b>			
Expense Category	Cost	Advance	e Amount
CBAOLY	135.00	.00	
LODGE	306.00	.00	
M&IE  C A N	152.50	.00	
TRNFEE	14.75	.00	MULTI-DHS-20-2093-A-000012
Total Expenses:	608.25	.00	WIOLTI-DI 10-20-2093-A-000012

Trip 1 De	etails							
Expenses								
Trip#: 1					Total Non-Per Diem Expenses:		5Total Per Diem Expenses:	458.50
Date	Description				Category	Cost	Pay Method	Per Diem
	0CBA-Lodging Surcharge				CBAOLY	45.00		
07/14/2020					LODGE	102.00		*
07/14/2020	0M&IE				M&IE	.00	OTHER THAN IBA O CBA	* R
Comment:	No M&IE is requested as this safety and security sweeps.	s is not a day of tra	avel. Lodging was re-	quired to be secured for				
07/15/2020	0CBA-Lodging Surcharge				CBAOLY	45.00	CBA	
	0Government Plane				COMCAR	.00	CBA	
07/15/2020					LODGE	102.00	OCBA	*
07/15/2020					M&IE		OTHER THAN IBA O	* R
	The full M&IE amount is no day appears on the authoriza security sweeps can be perforlisted day of travel.	tion only to allow	for lodging costs so	that required safety and				
	0CBA-Lodging Surcharge				CBAOLY	45.00		
07/16/2020	0Government Plane				COMCAR	.00	CBA	
07/16/2020	0Lodging				LODGE	102.00	OCBA	*
07/16/2020	0M&IE				M&IE	61.00	OTHER THAN IBA O CBA	* R
07/17/2020	0Government Plane				COMCAR	.00	CBA	
07/17/2020	0M&IE				M&IE	45.75	OTHER THAN IBA O CBA	* R
07/24/2020	0TDY Voucher Fee				TRNFEE	14.75	CBA	
	Allowances							
	Total Per D	eiem Allowances:					458.50	
Trip#: 1				M&IE Cost	M&IE Allowed		B L D Co	nf0/
Trip#: 1  Date	Rate	Ldg Cost	Ldg Allowed	Male Cost	MICHE AHOWEG			111 /0
Date		Ldg Cost 102.00	Ldg Allowed 102.00	0.00	0.00			111 /0
	0 102.00/ 61.00							111 /0
Date 07/14/2020	0 102.00/ 61.00 0 102.00/ 61.00	102.00	102.00	0.00	0.00		2 4 2 2 2	111 70

Account Summary for the	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code: NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020-03	608.25
Expense Category: CBAOLY	Fiscal Year: 2020	Amount: 135.00	
Expense Category: LODGE	Fiscal Year: 2020	Amount: 306.00	
Expense Category: M&IE	Fiscal Year: 2020	Amount: 152.50	
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	608.25

Payment Detail Informat	ion		
Organization Label	Accounting String	Payment Method	Amount
DHSHQ-OOSFY20 - SEC	NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020- 03 MU	CBA LTI-DHS-20-2093-A-000013	455.75
DHSHQ-OOSFY20 - SEC	NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020- 03	OTHER THAN IBA OR CBA	152.50

				CBA Total OTHER THAN I Total	455.75 IBA OR CBA 152.50
Attachmen	ts		Attachments Ex	ist	
Receipt Ch	necklist				
Date		Description		Cost	
Audits					
Audit Name	Result	Reason			
M&IE	FAIL		en Overridden for tri	date: 07/15/20 An amended Travel Aut	horization may be
OVERRIDE		required.	on overridden for tri	auto. 677 15726 1111 amenaeu 1147 et 1144	nonzation may be
	Traveler Justification:	The full M&IE amount is not b	lodging costs so that re	first listed day is not a day of travel. The equired safety and security sweeps can be of travel.	
	1989-2009 Co DORIZED UTHORIZED ED REVIEW	5/2020 Voucher: (b)(6)  DATE 07/24/2020 07/24/2020 07/27/2020 07/28/2020 07/28/2020 07/29/2020 08/04/2020 08/04/2020 08/04/2020	TIME 7:17AMEST 7:26AMEST 7:41AMEST 12:35PMEST 12:36PMEST 7:58AMEST 1:56PMEST 2:00PMEST 2:00PMEST	Chad Fredric (b)(6)  SIGNATURE NAME  Wolf, Chad Fredrick  Wolf, Chad Fredrick (b)(6)	REASON
OFFSETTIN	G OBLIGATED	08/05/2020	3:41PMEST		
PENDING		08/05/2020	3:41PMEST		
PAID  Leartify the	at the electron	08/06/2020 nic signatures listed above are	4:02PMEST		
SIGNED DA	ATE				
Document	Signatures				
Traveler/Prep					
	parer Signature:				
Date:					
Approver Na	me:				
Approver Sig					

NONE020-000-1A-100000000-010100000000000-SUBOBJEC-002020-



**Totals by Label** DHSHQ-OOSFY20 - SEC

Total

Totals by Payment Method

608.25

(b)(6)

From: The Venetian <email@email.venetian.com>

**Sent:** Friday, July 17, 2020 3:30 PM

**To:** (b)(6)

**Subject:** Review Your Statement from The Venetian

Thank You for Staying with Us



# THE VENETIAN RESORT

LAS VEGAS



Dear thank you for selecting The Venetian®
Resort as your destination hotel while visiting Las Vegas. We

# hope your stay was enjoyable and look forward to serving you in the future.

Did you enjoy your stay? We'd like to hear from you! Please <u>click here</u> to share your experience with us on TripAdvisor.

Your itemized charges are below. You may contact 702.414.3124 for any billing inquiries.

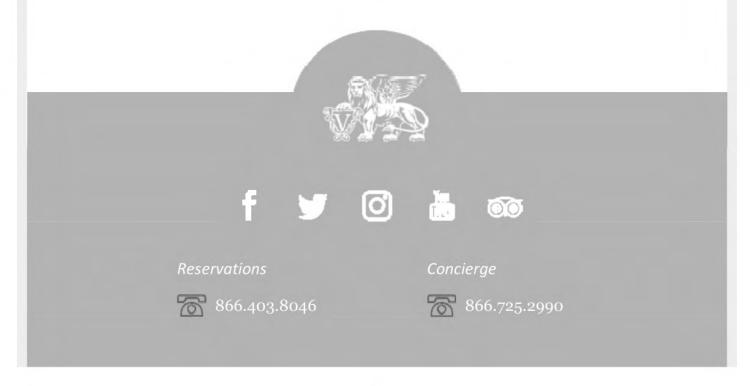
	(b)(6)
Name	
Address	(b)(6)
Reservation I.D.	(b)(6)
Suite number	(b)(6)
Arrival Date	Tuesday, July 14th, 2020
Departure Date	Friday, July 17th, 2020
FOLIO DETAILS	
Total billed to suite	454.65
Deposits/Payments/Credits	454.65
Folio Balance	.00



#### **ITEMIZED CHARGES**

Date	Description	Charges	Credits
07/14/2020	Room Charge	\$102.00	\$0.00
07/14/2020	Tax	\$13.65	\$0.00
07/15/2020	Room Charge	\$102.00	\$0.00
07/15/2020	Tax	\$.00	\$0.00
07/16/2020	Resort Fee	\$45.00	\$0.00
07/16/2020	Room Charge	\$102.00	\$0.00
07/16/2020	Tax	\$.00	\$0.00
07/16/2020	Resort Fee	\$45.00	\$0.00
07/16/2020	Resort Fee	\$45.00	\$0.00
07/17/2020	Adjustment	\$0.00	\$13.65
07/17/2020	Visa	\$0.00	\$441.00

If you provided us with your email address, we'd like to send you periodic emails with information about 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.





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**Document Header Information** 

Document Type:

Authorization (b)(6)

Document Name:

(b)(6)

Travel Authorization Number:

07/29/20

Trip Name:

TA Date: Organization:

DHSHQ-OOS

Currency:

Purpose:

MEETING - DOMESTIC

Current Status:

OFFSETTING OBLIGATION

Type Code:

TDY Travel

Document Detail:

Presidential Offsite Retreat with DHS heads

**Traveler Profile** 

Name: TID:

Gountanis, John Henry

ID: Organization: (b)(6)DHSHQ-OOS

(b)(6)

**Duty Station:** 

Washington, DC

(b)(6)

Card: EMAIL: INFREQUENT TRAVELER

Office Address:

Office Phone: Alternate Phone:

Cell Phone:

**Profile Custom Fields** 

Trip Number: 1

Label

Value

Political Appointee Devolution Employee

Auditor

Invitational Traveler

**Document Information** 

Trip Number: 1

Purpose:

Presidential Offsite Retreat with DHS heads

Itinerary Locations

To From 07/30/20 07/30/20

Itinerary Location FREDERICK COUNTY, MD

Purpose MEETING - DOMESTIC Per Diem Rates 100.00 / 61.00

**Document Totals** 

Total Expenses: 143.30 Reimbursable Expenses: 143.30 Non-Reimbursable Expenses: .00 Advance Authorized: .00 Advance Requested: .00

**Document Totals by Expense Category** 

#### **Trip 1 Details**

#### **Expenses**

Trip#: 1 A	Total Non-Per Diem Expenses:	97.55 Total Per Diem Expenses:	97.55	45.75
Date Description	Category	Cost Pay Mathed DHS-20-2003-A	Cost	OOOOBer Diem
07/29/2020 TDY Voucher Fee	TRNFEE	Cost Pay Mother DHS-20-2093-A-14.75 IBA	14.75	000013
07/30/2020 M&IE	M&IE	45.75 OTHER THAN IBA OR CBA	45.75	*

07/30/2020 Privately Owned Vehicle 82.80 OTHER THAN IBA OR CBA Per Diem Allowances 45.75 Trip#: 1 Total Per Diem Allowances: Date Ldg Cost Ldg Allowed M&IE Cost M&IE Allowed B L D Conf% Rate 07/30/2020 100.00/61.00 0.00 0.00 45.75 45.75 Other Authorizations Trip#: 1 Other Authorization Remarks OTHER PRIVATELY-OWNED VEHICLE 

**Payment Detail Information** Organization Label Accounting String Payment Method Amount (b)(6)DHSHQ-OOSFY20 - SEC 14.75 THER THAN IBA OR CBA 128.55 DHSHQ-OOSFY20 - SEC **Totals by Label** DHSHQ-OOSFY20 - SEC 143.30 Total **Totals by Payment Method IBA** Total 14.75 OTHER THAN IBA OR CBA 128.55

Attachments Attachments Exist

Total

MULTI-DHS-20-2093-A-000020

Receipt Checklist

 Date
 Description
 Cost

 07/30/20
 1POC
 \$82.80

Audits
Audit Name Result Reason

Copyright 1989-2009 Concur Government Edition: Concur Inc. Gountanis, John Henry (b)(6)

STATUS DATE TIME SIGNATURE NAME REASON

CREATED 07/29/2020 1:05PMEST (b)(6)

SUBMITTED 07/29/2020 1:58PMEST

 MISSION AUTHORIZED
 07/29/2020
 2:01PMEST

 AUTHORIZED
 07/29/2020
 2:02PMEST

 SYS LIMIT REVIEW
 07/30/2020
 5:26AMEST

FUNDED	08/04/2020	1:25PMEST	(b)(6)
FUND CERTIFIED	08/04/2020	1:25PMEST	
PENDING	08/04/2020	1:25PMEST	
COMPLETED	08/04/2020	4:16PMEST	
OFFSETTING OBLIGATION	08/07/2020	3:26PMEST	
I certify that the electronic signatu	res listed above are val	lid and on file	
SIGNED DATE			
SIGNED DATE			
Document Signatures			
Traveler/Preparer Name:			
Traveler/Preparer Signature:			
Date:			



Approver Name: Approver Signature:

Date:

# Cost Comparison Analysis – POV vs. Rental Car

#### POV

POV mileage \* \$0.575 GSA mileage rate: 144 roundtrip\*\$0.575= \$82.80

Grand Total: \$82.80

### The cost comparison above

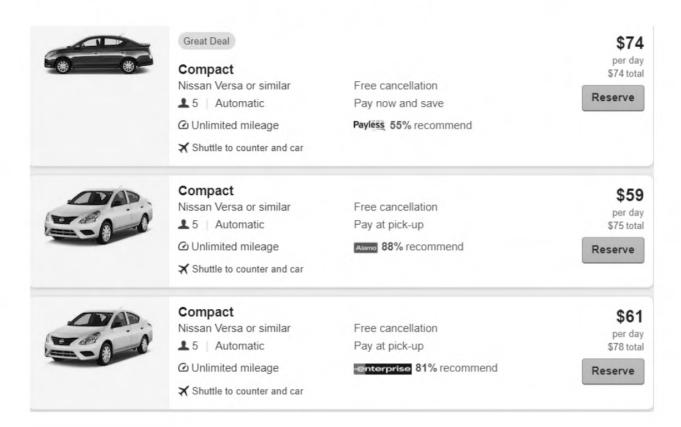
#### Rental Vehicle

Rental Car in CGE: \$74.00

POV mileage between residence and DCA\*\$0.575 GSA mileage rate: 5 miles\*\$0.575=\$2.88

Parking at DCA: \$51.00 Grand total: \$127.88

indicates that taking a POV is more cost advantageous to the government. The traveler is able to be reimbursed \$82.80 for POV mileage and additional amounts for any tolls incurred. \*Please see the accompanying screenshots below for supporting documentation\*





**Document Header Information** 

Document Type: Voucher Number:

TA Date:

Organization:

(b)(6)

08/05/20 DHSHQ-OOS

Purpose: Type Code: TDY Travel

MEETING - DOMESTIC

(b)(6)

Document Name:

(b)(6)

Trip Name: Presidential Offsite Retreat with DHS heads

Currency:

USD PAID

Current Status: Document Detail:

Presidential Offsite Retreat with DHS heads

**Traveler Profile** 

Name: TID:

Gountanis, John Henry (b)(6)Washington, DC

ID: Organization: Card:

DHSHQ-OOS

Value

INFREQUENT TRAVELER (b)(6)

(b)(6)

**Duty Station:** Office Address:

Office Phone: Alternate Phone: EMAIL: Cell Phone:

**Profile Custom Fields** 

Trip Number: 1

Label Political Appointee

Devolution Employee

Auditor

Invitational Traveler

**Document Information** 

Trip Number: 1

Purpose: Presidential Offsite Retreat with DHS heads

Itinerary Locations

Per Diem Rates From To Itinerary Location Purpose 07/30/20 07/30/20 FREDERICK COUNTY, MD MEETING - DOMESTIC 100.00 / 61.00

**Document Totals** 

Total Expenses: 60.50 Reimbursable Expenses: 60.50 Non-Reimbursable Expenses: .00 Advance Applied: .00 Net to Traveler: 45.75 Net to Government: .00 14.75 Pay to Charge Card:

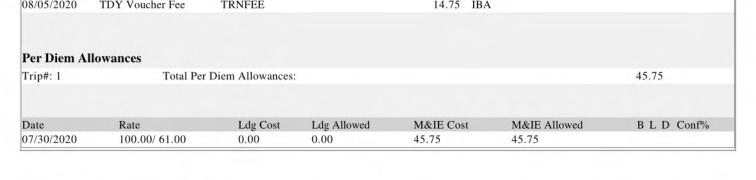
**Document Totals by Expense Category** 

Expense Category	Cost	Advance Amount	
M&IE	45.75	.00	
TRNFEE	14.75	.00	
Total Expenses:	60.50	.00	

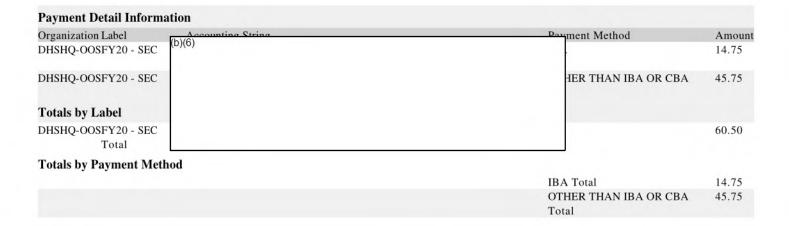
**Trip 1 Details** 

Expenses

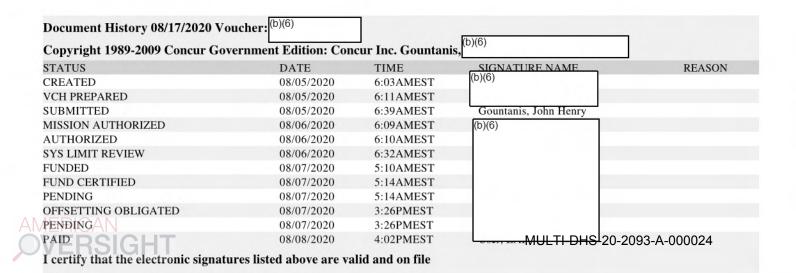
Trip#: 1 Total Non-Per Diem Expenses: Total Paul TI-BHS-20-2093-A-0000235 Date\_ Description Category Cost 07/30/2020 M&IE M&IE 45.75 OTHER THAN IBA OR CBA



Account Summary for th	e Selected Trip	
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code: (b)(6)
Expense Category: M&IE	Fiscal Year: 2020	Amount: 45.75
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75
		Total:



Attachments		Attachments Exist	
Receipt Checklist			
Date	Description		Cost
Audits			
Audit Name		Result	Reason



Document Signatures		
Traveler/Preparer Name:		
Traveler/Preparer Signature:	<u> </u>	
Date:		
Approver Name:		
Approver Name: Approver Signature:		
Date:		



SIGNED DATE

# Cost Comparison Analysis – POV vs. Rental Car

#### POV

POV mileage \* \$0.575 GSA mileage rate: 144 roundtrip\*\$0.575= \$82.80

Grand Total: \$82.80

### The cost comparison above

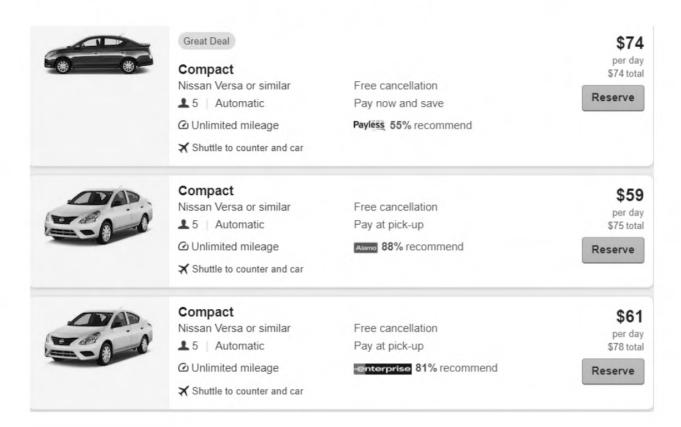
#### Rental Vehicle

Rental Car in CGE: \$74.00

POV mileage between residence and DCA\*\$0.575 GSA mileage rate: 5 miles\*\$0.575=\$2.88

Parking at DCA: \$51.00 Grand total: \$127.88

indicates that taking a POV is more cost advantageous to the government. The traveler is able to be reimbursed \$82.80 for POV mileage and additional amounts for any tolls incurred. \*Please see the accompanying screenshots below for supporting documentation\*





#### **Document Header Information** Document Type: Authorization Document (b)(6)Name: Travel Authorization (b)(6)Official Travel to Camp David, MD 30 July 2020 Trip Name: Number: 08/07/20 TA Date: Currency: Organization: DHSHQ-OOS Current Status: CBA ONLY AUTH Purpose: MEETING -Document Official travel to Camp David (Frederick County, MD) for and offsite leadership DOMESTIC Detail: Type Code: TDY Travel **Traveler Profile** (b)(6)Name: Wolf, Chad Fredrick ID: DHSHQ-OOS TID: (b)(6)Organization: WASHINGTON, DC **Duty Station:** Card: INFREQUENT TRAVELER Office Address: 3801 Nebraska Avenue NW <BR>Washington, DC 20016 EMAIL: (b)(6)(b)(6) Office Phone: Cell Phone: Alternate Phone:

Profile Custom Fields	
Trip Number: 1	
Label	Value
Political Appointee	on
Devolution Employee	
Auditor	
Invitational Traveler	

Document Inf	formation			
Trip Number: 1				
Purpose:	Official trav	vel to Camp David (Frederick County, MI	) for and offsite leadership retreat.	
T	ione			
Itinerary Locati	10115			
From	To	Itinerary Location	Purpose	Per Diem Rates

Document Totals	
Total Expenses:	14.75
Reimbursable Expenses:	.00
Non-Reimbursable Expenses:	14.75
Advance Authorized:	.00
Advance Requested:	.00

<b>Document Totals by Expense Category</b>			
Expense Category	Cost	Advance Amount	
TRNFEE	14.75	.00	
Total Expenses:	14.75	.00	

Trip 1 Details				
Expenses				
Trip#: 1	Total Non-Per Diem Expenses:	14.75	Total Per Piem Expenses:093-A-	000097
Date Description	Category	Cost	Pay Method	Per Diem
08/07/2020 TDY Voucher Fee	TRNFEE	14.75	CBA	

#### Per Diem Allowances Total Per Diem Allowances: .00 Trip#: 1 Ldg Cost M&IE Cost M&IE Allowed B L D Conf% Date Rate Ldg Allowed 100.00/ 61.00 07/30/2020 0.00 0.00 0.00 0.00 Other Authorizations Trip#: 1 Other Authorization Remarks GOVT-OWNED VEHICLE AVAILABLE Account Summary for the Selected Trip Label: FY20 - SEC (b)(6) Org: DHSHQ-OOS 14.75 Expense Category: TRNFEE Fiscal Year: 2020 Amount: 14.75 Total: 14.75 **Payment Detail Information** Organization Label Accounting String Payment Method Amount (b)(6) DHSHQ-OOS FY20 - SEC CBA 14.75 Totals by Label DHSHQ-OOS FY20 - SEC Tot 14.75 **Totals by Payment Method** CBA Total 14.75 Attachments Exist Attachments Receipt Checklist Date Description Cost Audits Audit Name Result Reason Document History 08/16/2020 Authorization: DOC761989 Copyright 1989-2009 Concur Government Edition: Concur Inc. Wolf, Chad Fredrick. 003361140 SIGNATURE NAME REASON **STATUS** DATE TIME CREATED 08/07/2020 4:18PMEST Wolf, Chad Fredrick **SUBMITTED** 08/10/2020 6:50AMEST Wolf, Chad Fredrick (b)(6) CBA AUTHORIZED 08/10/2020 7:08AMEST MISSION AUTHORIZED 08/10/2020 7:16AMEST AUTHORIZED 08/10/2020 7:17AMEST SYS LIMIT REVIEW 08/10/2020 7:36AMEST Wolf, Chad Fredrick ADJUSTED 08/10/2020 8:33AMEST SUBMITTED 08/10/2020 8:34AMEST (b)(6)CBA AUTHORIZED 08/10/2020 9:02AMEST MISSION AUTHORIZED 08/10/2020 9:26AMEST 08/10/2020 9:26AMEST AUTHORIZED SYS LIMIT REVIEW

08/10/2020

08/11/2020

08/11/2020

08/11/2020

**FUNDED** 

PENDING

FUND CERTIFIED

9:51AMEST

2:02PMEST

2:04PMEST

2:04PMEST

MULTI-DHS-20-2093-A-000028

FAILED INTERFACE	08/12/2020	4:17PMEST	(b)(6)	
ADJUSTED	08/14/2020	5:33AMEST		
CBA ONLY AUTH	08/14/2020	5:34AMEST		
I certify that the electronic si	ignatures listed above	are valid and on	file	
			_	
SIGNED DATE				
Document Signatures				
Traveler/Preparer Name:				
Traveler/Preparer Signature:				
Date:				
Approver Name:				



Approver Signature:

Date:



08 August 2020

MEMORANDUM FOR:	OFO Travel Office of the Chief Financial Officer
FROM:	Military Aide Office of the Secretary
SUBJECT:	Official Travel Post Trip Authorization
Acting Secretary of the Dep County, MD on July 30, 202 Background: A Concur Aut	thorization was not submitted prior to travel. Travel was ess than 12 hours and conducted using a government
Approve/date August 10, 202	0 Disapprove/date
Modify/date	Needs discussion/date
A. Cassie Harrison Director of Administration Office of the Executive Secr	retary



#### **Document Header Information**

Document Type: Voucher

Document Name: (b)(6)

Voucher Number: (b)(6)

Trip Name:

Official Travel to Camp David, MD 30 July 2020

TA Date:

08/17/20

TDY Travel

Currency:

Organization: DHSHQ-OOS Current Status: SYS LIMIT REVIEW

Purpose:

Type Code:

MEETING - DOMESTIC Document Detail: Official travel to Camp David (Frederick County, MD) for and offsite leadership retreat.

**Traveler Profile** 

Name:

Wolf, Chad Fredrick

ID:

(b)(6) **DHSHQ-OOS** 

TID:

(b)(6)

WASHINGTON, DC

Organization: Card:

**Duty Station:** Office Address:

3801 Nebraska Avenue NW <BR>Washington, DC 20016

EMAIL:

INFREQUENT TRAVELER (b)(6)

Office Phone:

(b)(6)

Cell Phone:

Alternate Phone:

#### **Profile Custom Fields**

Trip Number: 1

Label

Value

Political Appointee

on

Devolution Employee

Auditor

Invitational Traveler

#### **Document Information**

Trip Number: 1

Purpose:

Official travel to Camp David (Frederick County, MD) for and offsite leadership retreat.

Itinerary Locations From

07/30/20

To Itinerary Location 07/30/20 FREDERICK COUNTY, MD

Purpose MEETING - DOMESTIC Per Diem Rates 100.00 / 61.00

#### **Document Totals**

Total Expenses:	14.75
Reimbursable Expenses:	.00
Non-Reimbursable Expenses:	14.75
Advance Applied:	.00
Net to Traveler:	.00
Net to Government:	14.75
Pay to Charge Card:	.00

#### **Document Totals by Expense Category**

Expense Category	Cost	Advance Amount	
TRNFEE	14.75	.00	
Total Expenses:	14.75	.00	

#### **Trip 1 Details**

#### **Expenses**

Total Per Diem Expenses: Trip#: 1 Total Non-Per Diem Expenses: 14.75 Date Description PayMULTT-DHS-20-2093-A-000031Diem Category Cost 08/17/2020 TDY Voucher Fee TRNFEE 14.75 CBA

Account Summa Org: DHSHQ-OOS Expense Category	Rate 100.00/ 61.00	Ldg Cost 0.00	Ldg Allowed 0.00	M&IE Cost	M&IE Allowed	BLDC	OIII /0
Org: DHSHQ-OOS			0.00	0.00	0.00		
Org: DHSHQ-OOS	ary for the Selected	l Trip					
Expense Category	Label: FY	20 - SEC Acct Co					14
	: TRNFEE Fiscal Yea	ar: 2020 Amount Total:	: 14.75				14
Payment Detail							
Organization Lab DHSHQ-OOS FY		ounting String				Payment Method CBA	14.75
Totals by Label					711		
DHSHQ-OOS FY	20 - SEC Total						14.75
Totals by Payme	ent Method					an . =	=
						CBA Total	14.75
Attachments			Attachment	s Exist			
Receipt Checkl							
Date	Descri	iption			C	ost	
Audits							
Audit Name			Result		Reason		
	ory 08/17/2020 Voi -2009 Concur Gov		n: Concur Inc. We	olf. Chad Fredrick	x. ((b)(6)		
STATUS	2007 Concur Gov	DATE	TIME	SIGNATURE		REA	SON
CREATED		08/17/2020	6:55AMEST	Wolf, Chad F			
SUBMITTED CBA AUTHORIZI	ED	08/17/2020 08/17/2020	6:55AMEST 9:07AMEST	Wolf, Chad F (b)(6)	redrick		
MISSION AUTHO		08/17/2020	9:29AMEST	(5)(0)			
AUTHORIZED		08/17/2020	9:30AMEST				
SYS LIMIT REVI		08/17/2020	10:24AMEST				
I certify that the	e electronic signatu	res listed above	are valid and on f	ile			
SIGNED DATE				-			
Document Sign	atures						
Traveler/Preparer							
Traveler/Preparer							
Date:							
Approver Name:	e:						

# **Document Header Information**

Document Type:

Travel Authorization Number:

TA Date:

Organization:

Purpose: Type Code:

Authorization (b)(6)

08/10/20

DHSHQ-COS MEETING - DOMESTIC Local Travel Over 12 Hrs Document Name:

Trip Name:

Currency:

Camp David USD

(b)(6)

Current Status: SYS LIMIT REVIEW

Document Detail:

Offsite retreat for DHS heads

#### **Traveler Profile**

Name:

TID: **Duty Station:** Office Address:

Office Phone: Alternate Phone: Mizelle, Chad R

WASHINGTON, DC

(b)(6)

ID:

Organization: Card:

EMAIL: Cell Phone: (b)(6)

**DHSHQ-COS** CARD HOLDER

(b)(6)

#### **Profile Custom Fields**

Trip Number: 1

Label Political Appointee Devolution Employee

Auditor

Value on

Invitational Traveler

# **Document Information**

Trip Number: 1

Purpose:

Offsite retreat for DHS heads

Itinerary Locations

From 07/30/20

Itinerary Location 07/30/20 FREDERICK COUNTY, MD

Purpose MEETING - DOMESTIC Per Diem Rates 100.00 / 61.00

# **Document Totals**

Total Expenses: 135.25 Reimbursable Expenses: 135.25 Non-Reimbursable Expenses: .00 Advance Authorized: .00 Advance Requested: .00

# **Document Totals by Expense Category**

To

Cost	Advance Amount
45.75	.00
74.75	.00
14.75	.00
135.25	.00
	45.75 74.75 14.75

#### **Trip 1 Details**

#### Expenses

Total Non-Per Diem Expenses: 45.75 Trip#: 1 89.50 Total Per Diem Expenses: Date Cost Pay Mg h pl DHS-20-2093-A-0000 Diem 45.75 OTHER THAN IBA OR CBA Description Category 07/30/2020 M&IE M&IE 07/30/2020 Privately Owned Vehicle MILES 74.75 OTHER THAN IBA OR CBA

08/12/2020	TDY Voucher Fee	TRNFEE		14.75 I	BA	
Per Diem A	llowances					
Trip#: 1	Total Per I	Diem Allowances:				45.75
Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	B L D Conf%
07/30/2020	100.00/ 61.00	0.00	0.00	45.75	45.75	
Other Auth	orizations					
Trip#: 1						
Other Authori	zation					Remarks
OTHER PRIV	ATELY-OWNED VEHIC	LE				

<b>Account Summary for</b>	the Selected Trip		
Org: DHSHQ-COS	Label: FY20 - CHIEF OF STAFF	Acct Code: (b)(6) (b)(6)	135.25
Expense Category: M&IE	Fiscal Year: 2020	Amount: 45.75	
Expense Category: MILES	Fiscal Year: 2020	Amount: 74.75	
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	135.25
Org: DHSHQ-OGC	Label: FY20 - OGC - FO	Acct Code: (b)(6)	.00
		Total:	.00

Payment Detail Information			
OrganizationLabel	Accounting String	Payment Method	Amount
DHSHQ- FY20 - CHIEF OF STAFF COS	(b)(6)	IBA	14.75
DHSHQ- FY20 - CHIEF OF STAFF COS		OTHER THAN IBA OR CBA	120.50
Totals by Label			
DHSHQ- FY20 - CHIEF OF STAFF COS Total			135.25
<b>Totals by Payment Method</b>			
		IBA Total	14.75
		OTHER THAN IBA OR CBA	120.50
		Total	

Attachments	Attachments Exist	

Receipt Checklist			
Date	Description	Cost	
07/30/20	1POC	\$74.75	

Audits			
Audit Name	Result	Reason	

STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	08/10/2020	10:59AMEST	(b)(6)	
SUBMITTED	08/12/2020	10:08AMEST		
MISSION AUTHORIZED	08/12/2020	12:58PMEST		
AUTHORIZED	08/12/2020	12:59PMEST		
ADJUSTED	08/14/2020	8:49AMEST		
ADJUSTED	08/14/2020	8:52AMEST		
ADJUSTED	08/17/2020	5:30AMEST		
SUBMITTED	08/17/2020	5:32AMEST		
MISSION AUTHORIZED	08/17/2020	6:42AMEST		
AUTHORIZED	08/17/2020	6:43AMEST		
SYS LIMIT REVIEW	08/17/2020	7:15AMEST		
SIGNED DATE				
Document Signatures				
Traveler/Preparer Name:				
Traveler/Preparer Signature:				
Date:				
Approver Name:				
Approver Signature:				



Date:



August 13, 2020

MEMORANDUM FOR:	OFO Travel
	Office of the Chief Financial Officer
FROM:	Chad Mizelle
	Chief of Staff
	Office of the Secretary
SUBJECT:	Official Travel Post Trip Authorization
<b>Staff for the Secretary</b> offin <b>Background:</b> A Concur Ar	quest approval of official travel in support of <u>his caspacity as Chief of</u> cial trip to <u>Fredrick County</u> , <u>MD</u> on <u>July</u> , <u>30</u> , <u>2020</u> .  uthorization was not submitted prior to travel. Travel was originally
	2 hours. This travel was in support of the DHS mission.  2020Disapprove/date
Modify/date	Needs discussion/date
(b)(6)	
Cassie Harrison	
Director of Administration	
Office of the Executive Sec	cetary





March 20, 2020

CI O	had Mizelle hif of Staff ffice of the Secretary fficial Travel Post Trip Authorization
0	ffice of the Secretary
SUBJECT: O	fficial Travel Post Trip Authorization
<b>Staff for the Secretary</b> official the <b>Background:</b> A Concur Author	approval of official travel in support of <u>in his caspacity as Chief of</u> rip to <u>Fredrick County</u> , <u>MD</u> on <u>July</u> , <u>30</u> , <u>2020</u> .  rization was not submitted prior to travel. Travel was originally ars. This travel was in support of the DHS mission.
scheduled to be less than 12 hou	its. This travel was in support of the DHS mission.
Approve/dateAugust 12, 202	Disapprove/date
Modify/date	Needs discussion/date
(b)(6)	
Cassie Harrison	



Director of Administration Office of the Executive Secetary

# Cost Comparison Analysis – POV vs. Rental Car

## POV

POV mileage \* \$0.575 GSA mileage rate: 130 roundtrip\*\$0.575= \$74.75

Grand Total: \$74.75

### The cost comparison above

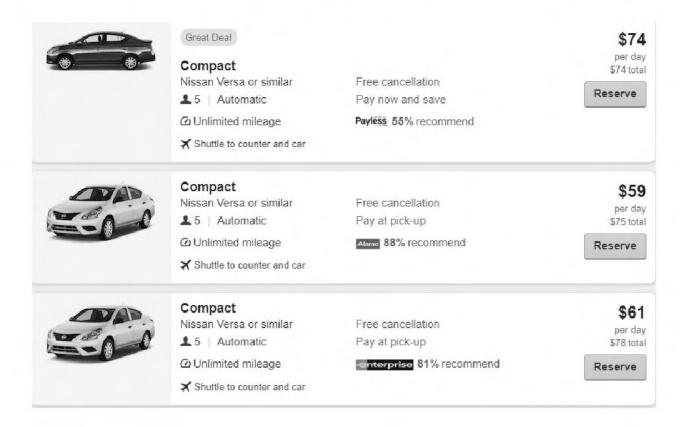
### Rental Vehicle

Rental Car in CGE: \$74.00

POV mileage between residence and DCA\*\$0.575 GSA mileage rate: 16 miles\*\$0.575=\$9.20

Parking at DCA: \$51.00 Grand total: \$134.20

indicates that taking a POV is more cost advantageous to the government. The traveler is able to be reimbursed \$74.75 for POV mileage and additional amounts for any tolls incurred. \*Please see the accompanying screenshots below for supporting documentation\*





**Document Header Information** Document Type: Authorization Document (b)(6)Name: Travel Authorization(b)(6) Trip Name: Official Travel (w/ VPOTUS) to Phoenix, AZ, 01 July 2020 Number: TA Date: 06/29/20 Currency: DHSHQ-OOS COMPLETED Organization: Current Status: Purpose: MEETING -Document . THE ACTING SECRETARY will accompany THE VICE PRESIDENT and participate in an DOMESTIC Detail: COVID-19 Briefing with Governor Ducey; and a press engagement in Phoenix, Arizona.

**Traveler Profile** 

Alternate Phone:

Type Code:

Name: Wolf, Chad Fredrick ID: (b)(6)

TID: (b)(6) Organization: DHSHQ-OOS

Duty Station: WASHINGTON, DC Card: INFREQUENT TRAVELER

Office Address: 3801 Nebraska Avenue NW <BR>Washington, DC 20016 EMAIL: (b)(6)

Office Phone: (b)(6) Cell Phone:

**Profile Custom Fields** 

Trip Number: 1
Label
Value
Political Appointee
on

Devolution Employee

Auditor

Invitational Traveler

**Document Information** 

Trip Number:

1

Purpose: . THE ACTING SECRETARY will accompany THE VICE PRESIDENT and participate in an COVID-19 Briefing with Governor Ducey;

and a press engagement in Phoenix, Arizona.

TDY Travel

Itinerary Locations

 From
 To
 Itinerary Location
 Purpose
 Per Diem Rates

 07/01/20
 07/01/20
 PHOENIX, AZ
 MEETING - DOMESTIC
 96.00 / 56.00

Document TotalsTotal Expenses:56.75Reimbursable Expenses:42.00Non-Reimbursable Expenses:14.75Advance Authorized:.00Advance Requested:.00

 Document Totals by Expense Category

 Expense Category
 Cost
 Advance Amount

 M&IE
 42.00
 .00

 TRNFEE
 14.75
 .00

 Total Expenses:
 56.75
 .00



Trip#: 1	A control of	Total Non-Per	Diem Expenses:	14.75	Total Per Diem Expenses:		42.00
Date	Description	Category		Cost	Pay Method		Per Diem
06/29/2020	TDY Voucher Fee	TRNFEE		14.75	CBA		
07/01/2020	Government Plane	COMCAR		.00	OTHER THAN IBA OR CBA		
Comment:	AF2						
07/01/2020	M&IE	M&IE		42.00	OTHER THAN IBA OR CBA		*
D D! A	n						
Per Diem A	llowances						
Trip#: 1	Total P	er Diem Allowances	:			42.00	
Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	BLD	Conf%
07/01/2020	146.00/ 56.00	0.00	0.00	42.00	42.00		
Other Auth	orizations						
Trip#: 1							
Other Authori	zation Remarks						
VARIATIONS AUTHORIZE	r r						
GOVERNME! AIRCRAFT		munications and prot ent aircraft.	ection requirements	in fulfillment of	the duties and responsibilities as	AS1 mano	late the use

Account Summary for th	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code(b)(6)	
Expense Category: M&IE	Fiscal Year: 2020		
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	

Payment Detail Information		
Organization Label Accounting String	Payment Method	Amount
DHSHQ-OOSFY20 - SEC (b)(6)	ВА	14.75
DHSHQ-OOSFY20 - SEC	THER THAN IBA OR CBA	42.00
Totals by Label		
DHSHQ-OOSFY20 - SEC Total		56.75
Totals by Payment Metho		
	CBA Total	14.75
	OTHER THAN IBA OR CBA Total	42.00

Attachments	No Attachments Exist	

Receipt Checklist		
Date	Description	Cost
07/01/20	GOVP	\$0.00

Audits			
Audit Name	Result	Reason	
AFDIOANI			

STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	06/29/2020	9:56AMEST	Wolf, Chad Fredrick	
SUBMITTED	06/29/2020	9:58AMEST	Wolf, Chad Fredrick	
CBA AUTHORIZED	06/29/2020	10:18AMEST	(b)(6)	
MISSION AUTHORIZED	06/29/2020	10:37AMEST		
AUTHORIZED	06/29/2020	10:37AMEST		
ADJUSTED	06/29/2020	3:49PMEST	Wolf, Chad Fredrick	
SUBMITTED	06/29/2020	3:52PMEST	Wolf, Chad Fredrick	
CBA AUTHORIZED	06/30/2020	5:50AMEST	(b)(6)	
MISSION AUTHORIZED	06/30/2020	10:34AMEST		
AUTHORIZED	06/30/2020	10:35AMEST		
SYS LIMIT REVIEW	06/30/2020	11:23AMEST		
FUNDED	06/30/2020	11:38AMEST		
FUND CERTIFIED	06/30/2020	11:38AMEST		
PENDING	06/30/2020	11:38AMEST		
FAILED INTERFACE	06/30/2020	1:55PMEST		
ADJUSTED	07/01/2020	5:03AMEST		
SUBMITTED	07/01/2020	5:03AMEST		
CBA AUTHORIZED	07/01/2020	7:39AMEST		
MISSION AUTHORIZED	07/02/2020	3:05PMEST	A 14	
AUTHORIZED	07/02/2020	3:06PMEST		
SYS LIMIT REVIEW	07/07/2020	5:33AMEST		
FUNDED	07/07/2020	5:58AMEST		
FUND CERTIFIED	07/07/2020	5:59AMEST		
PENDING	07/07/2020	5:59AMEST		
COMPLETED	07/07/2020	7:56PMEST		
I certify that the electronic sig	gnatures listed above	are valid and on fil	e	
SIGNED DATE				
Document Signatures				
Traveler/Preparer Name:				
Traveler/Preparer Signature:				
Date:				
Approver Name:				
Approver Signature:				



Date:

Document	Header Inform	ation			
Document	Voucher	Document (b)(6)			
Type:		Name:			
Voucher	(b)(6)	Trip Name: Officia	Travel (w/ VPOTUS	to Phoenix, AZ, 01 July 2020	
Number:					
TA Date:	07/07/20	Currency: USD			
Organizatio		Current Status: PAID			
Purpose:	MEETING -				ate in an COVID-19 briefing with
	DOMESTIC	Detail: Govern	or Ducey; and a press	engagement in Phoenix, Arizo	na.
Type Code:	TDY Travel				
Traveler l	Profile				
Name:	- Wolf C	had Fredrick		ID:	(b)(6)
TID:	(b)(6)	dilek		Organization:	DHSHQ-OOS
Duty Statio	n· WASH	INGTON, DC		Card:	INFREQUENT TRAVELER
Office Addr		ebraska Avenue NW W	ashington, DC 20016	EMAIL:	(b)(6)
Office Phor		The state of the s	usinington, De 20010	Cell Phone:	(5)(0)
Alternate P					
Profile Cu	ıstom Fields				
Trip Numbe	er: 1				
Label					Value
Political Ap	ppointee				on
Devolution	_				
Auditor					
Invitational	Traveler				
Document	Information				
Trip Numbe					
Purpose:	Travel to accor Phoenix, Arizo		NT and participate in a	an COVID-19 briefing with Go	vernor Ducey; and a press engagement in
Itinerary Lo					
From	To	Itinerary Location	Purpose		Per Diem Rates
07/01/20	07/01/20	PHOENIX, AZ	MEETING	G - DOMESTIC	96.00 / 56.00
Document					
Total Exper					56.75
	le Expenses:				42.00
	ursable Expenses:				14.75
Advance Ap					.00
Net to Trav					42.00
Net to Gove					14.75
Pay to Char	ge Card:				.00
Document	Totals by Expe	nse Category			
Expense Ca		377	Cost	Advance Amount	
M&IE	itegory		42.00	.00	
VICTE			44.00	.00	

14.75

56.75

.00

.00

Trip 1 Details

TRNFEE

Total Expenses:

MULTI-DHS-20-2093-A-000042

Expenses					
Trip#: 1		Total Non-Per Diem Expenses:	14.75	Total Per Diem Expenses:	42.00
Date	Description	Category	Cost	Pay Method	Per Diem
07/01/2020	Government Plane	COMCAR	.00	CBA	
Comment:	AF2				
07/01/2020	M&IE	M&IE	42.00	OTHER THAN IBA OR CBA	*
07/07/2020	TDY Voucher Fee	TRNFEE	14.75	CBA	
Per Diem A	llowances				
<b>Per Diem A</b> Trip#: 1		Diem Allowances:			42.00
		Diem Allowances:  Ldg Cost Ldg Allowed	M&IE Cos	t M&IE Allowed	42.00 B L D Conf%

Account Summary for th Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code (b)(6)	56.75
			30.73
Expense Category: M&IE	Fiscal Year: 2020		
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	56.75

Payment Detail Inform	ation		
Organization Label	Accounting String	Payment Method	Amount
DHSHQ-OOSFY20 - SEC	(b)(6)	CBA	14.75
DHSHQ-OOSFY20 - SEC		OTHER THAN IBA OR CBA	42.00
Totals by Label			
DHSHQ-OOSFY20 - SEC Total			56.75
<b>Totals by Payment Met</b>	hod	19	
		CBA Total	14.75
		OTHER THAN IBA OR CBA Total	42.00

Attachments		No Attachments Exist	
Receipt Checklis	st		
Date	Description		Cost

No Attachments Exist

Audits		
Audit Name	Result	Reason
NO ATTACHMENTS	FAIL	Document does not have any attachments. Document does not have any attachments. Please verify that receipts or supporting documentation are not required.
	Traveler Justification:	No documents required.

Document History 08/16/2020				
Copyright 1989-2009 Concur	Government Edition	: Concur Inc. Wol	f, Chad Fredrick <sup>(b)(6)</sup>	
STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	07/07/2020	8:06PMEST	Wolf, Chad Fredrick TI DIIO 00	0000 4 000040
SUBMITTED	07/08/2020	8:55AMEST	Wolf, Chad Fredrick WULTI-DHS-20- Wolf, Chad Fredrick	2093-A-000043
CBA AUTHORIZED	07/09/2020	7:22AMEST	(b)(6)	
MISSION AUTHORIZED	07/09/2020	7:30AMEST	777	

AUTHORIZED	07/09/2020	7:30AMEST	(b)(6)	
SYS LIMIT REVIEW	07/09/2020	10:45AMEST		
FUNDED	07/09/2020	2:12PMCST		
FUND CERTIFIED	07/09/2020	2:12PMCST		
PENDING	07/09/2020	2:12PMEST		
PAID	07/10/2020	3:46PMEST		
SIGNED DATE				
SIGNED DATE				
Document Signatures				
<b>Document Signatures</b> Traveler/Preparer Name:				
<b>Document Signatures</b> Traveler/Preparer Name: Traveler/Preparer Signature:				
<b>Document Signatures</b> Traveler/Preparer Name: Traveler/Preparer Signature: Date:				
<b>Document Signatures</b> Traveler/Preparer Name: Traveler/Preparer Signature: Date: Approver Name:				
<b>Document Signatures</b> Traveler/Preparer Name: Traveler/Preparer Signature: Date:				



<b>Document Header</b>	Information					
Document Type:	Authorization	Document (b)	(6)			
Bocument Type.		Document Name:	(6)			
Travel Authorization Number:	(b)(6)	Trip Name: O	fficial Travel (w/	POTUS) to Mian	ni, FL, 10 July 2	020.
TA Date:	07/09/20	Currency: U	SD			
Organization:	DHSHQ-OOS	Current Status:C	BA ONLY AUTH			
Purpose:	SITE VISIT - DOMESTIC		HE ACTING SEC outhern Command			PRESIDENT to a briefing on U.S. perations.
Type Code:	TDY Travel					
Traveler Profile						
Name:	Wolf, Chad Fredric	k			ID:	(b)(6)
TID:	(b)(6)				Organization:	DHSHQ-OOS
Duty Station:	WASHINGTON, D	C			Card:	INFREQUENT TRAVELER
Office Address:		nue NW Wash	hington, DC 2001	6	EMAIL:	(b)(6)
Total Control of the	b)(6)		g,		Cell Phone:	(5)(5)
Alternate Phone:						
<b>Profile Custom Fi</b>	elds					
Trip Number: 1						
Label						Value
Political Appointee						on
Devolution Employee	•					
Auditor						
Invitational Traveler						
<b>Document Informa</b>	ntion					
Trip Number:						
Purpose: THE A		RY will accompany	THE PRESIDENT	to a briefing on	U.S. Southern C	Command Enhanced Counter Narcotics
Itinerary Locations						
From To	Itinerary	Location	Purpose			Per Diem Rates
07/10/20 07/10/			SITE VIS	IT - DOMESTIC		119.00 / 66.00
<b>Document Totals</b>						
Total Expenses:						14.75
Reimbursable Expense	es:					.00
Non-Reimbursable Ex	penses:					14.75
Advance Authorized:						.00
Advance Requested:						.00
Document Totals b	y Expense Catego	ory				
Expense Category			Cost	Advanc	e Amount	
TRNFEE			14.75	.00		
Total Expenses:			14.75	.00		

Date	Description	Categ	gory	Cost	Pay Method	Per Dier
07/09/2020	TDY Voucher Fee	r Fee TRNFEE		14.7	5 CBA	
07/10/2020	Government Plane	Plane COMCAR		.00	CBA	
Comment:	Travel to Miami on AF-	imi on AF-01.				
07/10/2020	Government Plane	COM	CAR	.00	CBA	
Comment:	Return to DCA on CG-0	1.				
Per Diem A	llowances					
Trip#: 1	Total Po	er Diem Allowance	es:			.00
Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	B L D Conf%
07/10/2020	190.00/ 66.00	0.00	0.00	0.00	0.00	
Other Auth	orizations					
	orizations					
Other Auth Trip#: 1 Other Author						
Trip#: 1	ization Remarks S					

Account Summary for the	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code: (b)(6)	14.75
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.73	
		Total:	14.75

<b>Payment Detail Information</b>	n		
Organization Label	Accounting String	Payment Method	Amount
DHSHQ-OOS FY20 - SEC	(b)(6)	CBA	14.75
<b>Totals by Label</b>	3. 77		
DHSHQ-OOS FY20 - SEC To	tal		14.75
<b>Totals by Payment Method</b>			
		CBA Total	14.75

Attachments	No Attachments Exist	

Receipt Checklist				
Date	Description	Cost		
07/10/20	GOVP	\$0.00		
07/10/20	GOVP	\$0.00		

Audits		
Audit Name	Result	Reason
DUPLICATE EXPENSES	FAIL	Government Plane, dated 07/10/2020, for amount 0 is duplicated. Duplicate expenses are reflected; please verify your expenses.
	Traveler Justification:	AS1 will travel to Miami on AF-01 with POTUS. AS1 will return to DCA on CG-01.

Copyright 1989-2009 Concur Government Edition: Concur Inc. Wolf, Chad Fredrick

STATUS

DATE

TIME

SIGNATURE NAME

REASON

CREATED	07/09/2020	7:06AMEST	Wolf, Chad Fredrick	
SUBMITTED	07/09/2020	7:09AMEST	Wolf, Chad Fredrick	
CBA AUTHORIZED	07/09/2020	7:21AMEST	(b)(6)	
MISSION AUTHORIZED	07/09/2020	7:27AMEST		
AUTHORIZED	07/09/2020	7:28AMEST		
SYS LIMIT REVIEW	07/09/2020	10:04AMEST		
FUNDED	07/09/2020	2:09PMCST		
FUND CERTIFIED	07/09/2020	2:10PMCST		
PENDING	07/09/2020	2:10PMEST		
FAILED INTERFACE	07/10/2020	3:46PMEST		
ADJUSTED	07/13/2020	5:57AMEST		
CBA ONLY AUTH	07/13/2020	5:57AMEST		
SIGNED DATE				
Document Signatures				
Traveler/Preparer Name:				
Traveler/Preparer Signature:				
Date:				

Document Signatures	
Traveler/Preparer Name:	
Traveler/Preparer Signature:	
Date:	
Approver Name:	
Approver Signature:	
Date:	



Document H	leader Informati	ion				
Document	Voucher	* * * * * * * * * * * * * * * * * * *	b)(6)			
Type:		Name:				
Voucher	(b)(6)	Trip Name:	Official Tra	avel (w/ POTUS) to Mian	mi, FL, 10 July 2020.	
Number:						
TA Date:	07/14/20	Currency:	USD			
Organization:	DHSHQ-OOS	Current Statu	s: CBA ONLY	VCH		
Purpose:	SITE VISIT -	Document	THE ACTI	NG SECRETARY will a	ccompany THE PRESII	DENT to a briefing on U.S. Southern
	DOMESTIC	Detail:	Command I	Enhanced Counter Narco	otics Operations.	
Type Code:	TDY Travel					
Traveler Pr	ofile					
Name:		d Fredrick			ID:	(b)(6)
TID:	(b)(6)	a i realiek			Organization:	DHSHQ-OOS
Duty Station:		GTON, DC			Card:	INFREQUENT TRAVELER
Office Address		raska Avenue NW	 Washir	ngton, DC 20016	EMAIL:	(b)(6)
Office Phone:		The state of the s	Trabilli	.b.o., 20 20010	Cell Phone:	(-//5/
Alternate Pho					cen i none.	
Profile Cust	tom Fields					
Trip Number:						
Label	1					Value
Political Appo	nintee					on
Devolution E						on
Auditor	mployee					
Invitational T	raveler					
Document I	nformation					
Trip Number: 1						
Purpose:	Operations.	ECRETARY will a	ccompany TH	HE PRESIDENT to a brie	efing on U.S. Southern C	Command Enhanced Counter Narcotic
Itinerary Loca		T.:		D		P. D' P
From 07/10/20	To 07/10/20	Itinerary Locatio MIAMI, FL	a	Purpose SITE VISIT - DON	AECTIC	Per Diem Rates 119.00 / 66.00
07/10/20	07/10/20	MIAMI, FL		SHE VISH - DON	MESTIC	119.00 / 00.00
Document T	otals					
Total Expense						14.75
Reimbursable						.00
	sable Expenses:					14.75
Advance Appl						.00
Net to Travel						.00
Net to Govern						14.75
Pay to Charge	Card:					.00

Cost

14.75

14.75

Advance Amount

.00

.00

Expense Category TRNFEE

Total Expenses:

**Document Totals by Expense Category** 

Trip#: 1		Total	Non-Per Diem Expe	enses:	14.75	Total Per Diem Expenses	3:	.00
Date	Description	Categ	ory		Cost	Pay Method		Per Diem
07/10/2020	Government Plane	COM	CAR		.00	CBA		
Comment:	Travel to Miami on AF-01.							
07/10/2020	Government Plane	COM	CAR		.00	CBA		
Comment:	Return to DCA on CG-01.							
0=11.110000	TDY Voucher Fee	TRNI	FEF		14.75	CBA		
		IKIVI	EE					
07/14/2020 <b>Per Diem A</b>	llowances							
	llowances	Diem Allowance						.00
Per Diem A	llowances			M&IE Cost		M&IE Allowed	B L D	.00 Conf%

Account Summary for the	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	Acct Code: (b)(6)	
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	

Payment Detail Information		
Organization Label Accounting String	Payment Method	Amount
DHSHQ-OOS FY20 - SEC (b)(6)	CBA	14.75
Totals by Label		
DHSHQ-OOS FY20 - SEC Tot		14.75
Totals by Payment Method		
	CBA Total	14.75

	N An I Fri
Attachments	No Attachments Exist

Descint Cheekli	int	
Receipt Checkli	ist	
Date	Description	Cost

Audits		
Audit Name	Result	Reason
NO ATTACHMENT	S FAIL	Document does not have any attachments. Document does not have any attachments. Please verify that receipts or supporting documentation are not required.
	Traveler Justification:	No attachments needed for this voucher.
DUPLICATE EXPENSES	FAIL	Government Plane, dated 07/10/2020, for amount 0 is duplicated. Duplicate expenses are reflected; please verify your expenses.
	Traveler Justification:	AS1 will travel to Miami on AF-01 with POTUS. AS1 will return to DCA on CG-01.

Document History 08/16/202	0 Voucher: (b)(6)			
Copyright 1989-2009 Concur	Government Edition	: Concur Inc. Wolf	C, Chad Fredrick (b)(6)	
STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	07/14/2020	4:45AMEST	Wolf, Chad Fredrick	
SUBMITTED	07/14/2020	4:46AMEST	Wolf, Chad Fredrick	
△ A CBA AUTHORIZED	07/14/2020	6:27AMEST	(b)(6)	
MISSION AUTHORIZED	07/14/2020	6:59AMEST	MULTI DUO	0 0000 4 000040
AUTHORIZED	07/14/2020	7:02AMEST	MULTI-DHS-2	0-2093-A-000049
SYS LIMIT REVIEW	07/14/2020	10:59AMEST		
FUNDED	07/15/2020	1:25PMEST		

	07/15/2020	1:25PMEST	(b)(6)		
PENDING	07/15/2020	1:25PMEST			
FAILED INTERFACE	07/15/2020	3:36PMEST			
ADJUSTED	07/16/2020	5:46AMEST			
CBA ONLY VCH	07/16/2020	5:48AMEST			
I certify that the electronic si	gnatures listed above	are valid and on fi	le	J	
SIGNED DATE					
Document Signatures					
Document Signatures Traveler/Preparer Name:					
Traveler/Preparer Name:					
Traveler/Preparer Name: Traveler/Preparer Signature:					
Traveler/Preparer Name: Traveler/Preparer Signature: Date:					



# **Document Header Information**

Document Type:

Authorization

Document Name:

(b)(6)

Travel Authorization Number:

Trip Name:

Doral & Miami, FL

TA Date:

07/09/20

Currency:

Organization:

DHSHQ-OOS

Current Status:

COMPLETED

(b)(6)

Purpose:

ACC THE SEC - DOMESTIC

Document Detail:

Accompanying the Secretary to Doral & Miami, FL.

Type Code:

TDY Travel

## **Traveler Profile**

Name: TID:

Gountanis, John Henry (b)(6)

(b)(6)

ID: Organization: (b)(6) DHSHQ-OOS

**Duty Station:** 

Office Address: Office Phone:

Washington, DC

Card: EMAIL: INFREQUENT TRAVELER

Cell Phone:

Alternate Phone:

#### **Profile Custom Fields**

Trip Number: 1

Label

Value

Political Appointee Devolution Employee

Auditor

Invitational Traveler

### **Document Information**

Trip Number: 1

Purpose:

Accompanying the Secretary to Doral & Miami, FL.

Itinerary Locations

From	To	Itinerary Location
07/10/20	07/10/20	MIAMI, FL
07/10/20	07/10/20	DORAL, FL

Purpose ACC THE SEC - DOMESTIC ACC THE SEC - DOMESTIC

Per Diem Rates 119.00 / 66.00 119.00 / 66.00

### **Document Totals**

Total Expenses:	14.75
Reimbursable Expenses:	14.75
Non-Reimbursable Expenses:	.00
Advance Authorized:	.00
Advance Requested:	.00

# **Document Totals by Expense Category**

Expense Category	Cost	Advance Amount	
TRNFEE	14.75	.00	
Total Expenses:	14.75	.00	

# **Trip 1 Details**

## **Expenses**

Trip#: 1		Total Non-Per Diem Expenses:	14.75	Total Per Diem Expenses:	.00
Date CA	Description	Category	Cost	Pay Method	Per Diem
07/09/2020	TDY Voucher Fee	TRNFEE	14.75	IB MULTI-DHS-20-2093-A	\_00051
07/10/2020	Government Plane	COMCAR	.00	IBA	1-000031

#### Per Diem Allowances .00 Trip#: 1 Total Per Diem Allowances: Rate Ldg Cost Ldg Allowed M&IE Cost M&IE Allowed B L D Conf% Date 07/10/2020 190.00/66.00 0.00 0.00 0.00 0.00 Other Authorizations Trip#: 1 Other Authorization GOVERNMENT Communications and protection requirements in fulfillment of the duties and responsibilities as AS1 mandate the use of AIRCRAFT government aircraft. Account Summary for the Selected Trip Label: FY20 - SEC Acct Code: (b)(6) Org: DHSHQ-OOS 14.75 Expense Category: TRNFEE Fiscal Year: 2020 Amount: 14 Total: 14.75 **Payment Detail Information** Organization Label Payment Method Amount (b)(6) DHSHQ-OOS FY20 - SEC **IBA** 14.75 Totals by Label DHSHQ-OOS FY20 - SEC Tota 14.75 **Totals by Payment Method IBA** Total 14.75 No Attachments Exist Attachments Receipt Checklist Date Description Cost 07/10/20 GOVP \$0.00 Audits Audit Name Result Reason Document History 08/17/2020 Authorization (b)(6) Copyright 1989-2009 Concur Government Edition: Concur Inc. Gountanis (b)(6) REASON **STATUS** DATE SIGNATURE NAME (b)(6)CREATED 07/09/2020 1:19PMEST **SUBMITTED** 07/09/2020 1:22PMEST MISSION AUTHORIZED 07/09/2020 1:32PMEST AUTHORIZED 07/09/2020 1:33PMEST 07/10/2020 6:08AMEST SYS LIMIT REVIEW 2:09PMCST **FUNDED** 07/10/2020 **FUND CERTIFIED** 07/10/2020 2:09PMCST 2:09PMEST PENDING 07/10/2020 COMPLETED 07/11/2020 4:26PMEST I certify that the electronic signatures listed above are valid and on file

SIGNED DATE

MULTI-DHS-20-2093-A-000052

Document Signatures	
Traveler/Preparer Name:	
Traveler/Preparer Signature:	
Date:	
Approver Name:	
Approver Name: Approver Signature:	
Date:	



## **Document Header Information**

Document Type:

Voucher (b)(6)

ther Document Name:

Voucher Number: TA Date:

07/27/20

Organization: Purpose:

Type Code:

DHSHQ-OOS

(b)(6)

ACC THE SEC - DOMESTIC

TDY Travel

cument Name: (b)(6)

Trip Name: Doral & Miami, FL

Currency: Current Status: Document Detail: USD

PAID

Accompanying the Secretary to Doral & Miami, FL.

Value

## **Traveler Profile**

Name: TID:

Gountanis, John Henry

ID: Organization:

(b)(6) DHSHQ-OOS

Duty Station: Office Address:

Office Phone:
Alternate Phone:

Washington, DC (b)(6)

Card: EMAIL: Cell Phone: INFREQUENT TRAVELER (b)(6)

#### **Profile Custom Fields**

Trip Number: 1

Label

Political Appointee Devolution Employee

Auditor

Invitational Traveler

#### **Document Information**

Trip Number: 1

Purpose:

Accompanying the Secretary to Doral & Miami, FL.

Itinerary Locations

From	То	Itinerary Location	Purpose	Per Diem Rates
07/10/20	07/10/20	MIAMI, FL	ACC THE SEC - DOMESTIC	119.00 / 66.00
07/10/20	07/10/20	DORAL, FL	ACC THE SEC - DOMESTIC	119.00 / 66.00

### **Document Totals**

Total Expenses:	14.75
Reimbursable Expenses:	14.75
Non-Reimbursable Expenses:	.00
Advance Applied:	.00
Net to Traveler:	.00
Net to Government:	.00
Pay to Charge Card:	14.75

## **Document Totals by Expense Category**

Expense Category	Cost	Advance Amount	
TRNFEE	14.75	.00	
Total Expenses:	14.75	.00	

# **Trip 1 Details**

Expenses

Trip#: I	LIT	Total Non-Per Diem Expenses:	14.75	Total Perrician Expenses 2093-A-000 Pay Method	06/
Date D	escription	Category	Cost	Pay Method	Per Diem
07/10/2020 Ge	overnment Plane	COMCAR	.00	IBA	

1D1 Voucher Fee	IKNFEE		14./5	IBA		
owances						
Total Pe	r Diem Allowance	es:				.00
Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	BLD	Conf%
190.00/ 66.00	0.00	0.00	0.00	0.00		
	Total Pe	owances Total Per Diem Allowance Rate Ldg Cost	owances  Total Per Diem Allowances:  Rate Ldg Cost Ldg Allowed	owances  Total Per Diem Allowances:  Rate Ldg Cost Ldg Allowed M&IE Cost	owances  Total Per Diem Allowances:  Rate Ldg Cost Ldg Allowed M&IE Cost M&IE Allowed	owances  Total Per Diem Allowances:  Rate Ldg Cost Ldg Allowed M&IE Cost M&IE Allowed B L D

Account Summary for th	e Selected Trip		
Org: DHSHQ-OOS	Label: FY20 - SEC	A(b)(6)	14.75
Expense Category: TRNFEE	Fiscal Year: 2020	Amount: 14.75	
		Total:	14.75

<b>Payment Detail Information</b>			
Organization Label	Accounting String	Payment Method	Amount
DHSHQ-OOS FY20 - SEC	(b)(6)	IBA	14.75
<b>Totals by Label</b>		77 01	
DHSHQ-OOS FY20 - SEC Tot	ıl	. "	14.75
<b>Totals by Payment Method</b>		_ 21	
		IBA Total	14.75

Attachments	No Attachments Exist	
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<b>Receipt Checklis</b>	t	
Date	Description	Cost

Audits		
Audit Name	Result	Reason
NO ATTACHMENTS	FAIL	Document does not have any attachments. Document does not have any attachments. Please verify that receipts or supporting documentation are not required.
	Traveler Justification:	Communications and protection requirements in fulfillment of the duties and responsibilities as AS1 mandate the use of government aircraft.

Copyright 1989-2009 Concur	Government Edition: (	Concur Inc. Gountai	nis, (b)(6)	
STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED	07/27/2020	6:19AMEST	(b)(6)	
VCH PREPARED	07/27/2020	6:21AMEST		
SUBMITTED	07/27/2020	6:44AMEST	Gountanis, John Henry	
MISSION AUTHORIZED	07/27/2020	7:10AMEST	(b)(6)	
AUTHORIZED	07/27/2020	7:11AMEST		
SYS LIMIT REVIEW	07/27/2020	10:09AMEST		
FUNDED	08/04/2020	1:47PMEST		
FUND CERTIFIED	08/04/2020	1:51PMEST		
PENDING	08/04/2020	1:51PMEST		
PAID	08/04/2020	4:16PMEST		

MULTI-DHS-20-2093-A-000055

Document Signatures	
Traveler/Preparer Name:	
Traveler/Preparer Signature:	
Date:	
Approver Name:	
Approver Signature:	
Date:	

