

PRIVACY ACT STATEMENT: Auth: 5 U.S.C. 552a et seq and implementing regulations; and E.O. 9397. Info will be used (primarily) to facilitate the administration of official travel requests. (Routinely) Used for attainment of necessary approval, division level and below, for proposed TDY travel and to evaluate the funding requirements for the proposed trip. SSN used to identify individual; Disc of info: Voluntary except for disclosure of SSN is Mandatory. Effect on indiv if info not accurate: Proposed TDY could be delayed or cancelled. Your signature below indicates you have read and understand the above.

SECURITY CLASSIFICATION

CENTRALIZED TRAVEL REQUEST

(Complete one form for each traveler)

SIGNATURE



TO M621L		FROM/THRU T092, T509, T54		DATE 2 February 1984	
TRAVELER'S NAME (Last) FISHER, Russell G.		(First) (MI) GCV-13		RANK/SERVICE/GRADE T5413	
HOME ADDRESS 3720-35th St. NW Washington, DC 20016		SPOUSE'S NAME Arloene M. FISHER		PHONE OFFICE (Secure) (Outside) 972-2268 688-7553 HOME 244-4334	
TRAVEL DATES (Include travel time) 7-9 February 1984		NO. DAYS 3		TDY <input type="checkbox"/> MISSION ESSENTIAL <input checked="" type="checkbox"/> ADMIN	
DESTINATION Marshall Foundation, Lexington, VA		FUNDS <input type="checkbox"/> O/M <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> R/D		PROJECT NAME/TASK/CODE	
IF TRAVELING WITH OTHER EMPLOYEES, LIST NAMES/ORGS. M. J. Levin, Q43; [redacted] USN GC		PURPOSE OF TDY (If not contained in planning message) To complete review of papers in Friedman Collection and Carter Collection to determine which are classified and which can be made available to files open to researchers and historians.		ID CARD	
HOTEL ACCOMODATIONS <input checked="" type="checkbox"/> ALREADY MADE <input type="checkbox"/> PLEASE MAKE		PREFERENCE		LEAVE (If yes, give dates) (yes) (no) X	
MATERIAL DESCRIPTION (Courier material)		CLASSIFICATION		RENT-A-CAR. <u>already</u> (yes) (no) X	
		TYPE/COLOR/DIMENSIONS OF CONTAINER		EXCESS BAGGAGE (No. Pieces) (yes) (no) X	
		COURIER APPT. (If yes, complete material description)			

JUSTIFICATION/REMARKS (Explain if more than one traveler, the need for each person to perform the trip; the need for Rent-a-Car, other requirements not indicated above)

Rent-a-Car needed as not other transportation available.
Short notification due to decision made by Q4 that this TDY must be performed ASAP.
Mr. Levin will serve as Team Chief— if any questions, contact him on 693-5825s

ESTIMATED COST	PER DIEM \$	TRAVEL \$	OTHER \$	TOTAL \$
KEY COMPONENT CERTIFYING (Official signature)				DATE

FOR M62 USE ONLY

PPN	BRIEFINGS	MEMO	TRAVEL COORDINATOR
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FORM K7943 REV SEP 82 (Supersedes K7943 REV MAR 78 and K6199A REV APR 78 which are obsolete)

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