

1. Name: Speaker Newt Gingrich
2. Title: citizen
3. Organization you are representing: himself
4. Date of hearing: March 24, 2015

5. The amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing, received by you or an entity represented by the witness during the prior two calendar years (2013 and 2014): (attach additional pages as necessary).

Speaker Gingrich is the longest serving teacher at the Joint War Fighting Course for Major Generals.

Please see the attached travel reimbursement disclosures for JFOWC from March 2013 - February 2015.

6. The amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government, received by you or an entity represented by the witness during the prior two calendar years (2013 and 2014): (attach additional pages as necessary)

None.

Signature of Witness: _____

REDACTED

Your signature WILL NOT be made posted to the Committee website.

The Honorable Newt Gingrich
Joint War Fighting Course (JFOWC) Travel Reimbursements:
March 2013-March 2015

March 29, 2013: Reimbursement: \$1,126.60

September 13, 2013: Reimbursement: \$1,192.85

March 7, 2014: Reimbursement: \$1,123.30

September 22, 2014: Reimbursement: \$771.70

February 25, 2015: Reimbursement: \$562.94

| | | | | | |
|--|--|---|---------------------------|---|--|
| TRAVEL VOUCHER OR SUBVOUCHER | | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. | | | |
| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check | | SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. | | | |
| | | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: | | \$ 0.00 | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Gingrich, Newt | | 3. GRADE OTHER | 4. SSN U0000000 | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA | |
| U0000000 | | U0000000 | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS | |
| 6. TRAVEL ORDER/AUTHORIZATION NUMBER ILYQ4F | | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES Travel Advance - 0.00 | | | |
| 11. ORGANIZATION AND STATION - | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | | | |
| 12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED UNACCOMPANIED | | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | |
| a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | 16. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES | | | |
| 09/11 DEP RES: Norfolk, VA 09/11 ARR MAXWELL AFB, AL 09/12 DEP MAXWELL AFB, AL 09/12 ARR RES: Norfolk, VA DEP ARR DEP ARR DEP ARR DEP ARR | | TD 600.00 61.50 MC | | | |
| | | | | a. SUMMARY OF PAYMENT (1) Per Diem 130.00 149.00 (2) Actual Expense Allowance 641.20 (3) Mileage 0.00 (4) Dependent Travel 0.00 (5) DLA 0.00 (6) Reimbursable Expenses 0.00 (7) Total 771.20 790.20 (8) Less Advance 0.00 (9) Amount Owed 0.00 (10) Amount Due 771.20 790.20 | |
| 16. POC TRAVEL (X one) OWN/OPERATE PASSENGER | | 17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS | | | |
| 18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED | | X | | | |
| 09/11 Tickets-Personally Procure 601.20 601.20 09/11 Taxi - Terminal 20.00 20.00 09/12 Taxi - Terminal 20.00 20.00 | | | | | |
| | | 19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS c. DATE d. NO. OF MEALS | | | |
| REDACTED | | d. SIGNATURE e. TELEPHONE NUMBER | | b. DATE 28 Sep 14 f. DATE | |
| 21.a. APPROVING OFFICIAL'S PRINTED NAME | | b. SIGNATURE | | c. TELEPHONE NUMBER d. DATE | |
| 22. ACCOUNTING CLASSIFICATION Accounting Classifications continued on CONTINUATION page | | | | | |
| 23. COLLECTION DATA | | | | | |
| 24. COMPUTED BY | | 25. AUDITED BY | | 26. TRAVEL ORDER/AUTHORIZATION POSTED BY | |
| | | | | 27. RECEIVED (Payee Signature and Date or Check No.) | |
| | | | | 28. AMOUNT PAID 790.20 | |

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
 Electronic Fund Transfer (EFT)
 Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.
NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.
 Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: **\$ 0.00**

2. NAME (Last, First, Middle Initial) (Print or type)
 Gingrich, Newt

3. GRADE
 OTHER

5. TYPE OF PAYMENT (X as applicable)

| | |
|---------------------------------------|--|
| <input type="checkbox"/> TDY | <input type="checkbox"/> Member/Employee |
| <input type="checkbox"/> PCS | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dependent(s) | <input type="checkbox"/> DLA |

11. ORGANIZATION AND STATION
 [REDACTED]

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
 Travel Advance - 0.00

10. FOR D.O. USE ONLY
 a. D.O. VOUCHER NUMBER
 b. SUBVOUCHER NUMBER

8. TRAVEL ORDER/AUTHORIZATION NUMBER
 INUTWX

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

c. PAID BY
 d. COMPUTATIONS

12. DEPENDENT(S) (X and complete as applicable)

| ACCOMPANIED | | UNACCOMPANIED | |
|---------------------------------------|-----------------|------------------------------|--|
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | |
| | | | |
| | | | |

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
 YES NO (Explain in Remarks)

15. ITINERARY

| a. DATE | b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILES |
|---------|---|--------------------------|--------------------|-----------------|--------------|
| 02/25 | RES: Norfolk, VA | | | | |
| 02/25 | ARR MAXWELL AFB, AL | | TD | | |
| 02/26 | DEP MAXWELL AFB, AL | | | | |
| 02/26 | ARR RES: Norfolk, VA | | MC | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |

16. POC TRAVEL (X one)

| | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> OWM/OPERATE | <input type="checkbox"/> PASSENGER |
|--------------------------------------|------------------------------------|

e. SUMMARY OF PAYMENT

| | |
|------------------------------|--------|
| (1) Per Diem | 69.00 |
| (2) Actual Expense Allowance | 493.94 |
| (3) Mileage | 0.00 |
| (4) Dependent Travel | 0.00 |
| (5) DLA | 0.00 |
| (6) Reimbursable Expenses | 0.00 |
| (7) Total | 562.94 |
| (8) Loss Advance | 0.00 |
| (9) Amount Owed | 0.00 |
| (10) Amount Due | 562.94 |

18. REIMBURSABLE EXPENSES

| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED |
|---------|----------------------------|-----------|------------|
| 02/25 | Tickets-Personally Procure | 434.20 | 434.20 |
| 02/25 | Taxi - Terminal | 25.00 | 25.00 |
| 02/26 | Taxi - Terminal | 25.00 | 25.00 |
| 02/26 | Constructive CTO fee | 9.74 | 9.74 |

17. DURATION OF TRAVEL

| | | |
|---|--|--|
| <input type="checkbox"/> 12 HOURS OR LESS | <input type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS | <input checked="" type="checkbox"/> MORE THAN 24 HOURS |
|---|--|--|

19. GOVERNMENT/DEDUCTIBLE MEALS

| a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
|---------|-----------------|---------|-----------------|
| | | | |
| | | | |

REDACTED

21. APPROVING OFFICIAL'S PRINTED NAME
 [REDACTED]

b. SIGNATURE
 [REDACTED]

e. TELEPHONE NUMBER
 [REDACTED]

f. DATE
 [REDACTED]

c. TELEPHONE NUMBER
 [REDACTED]

d. DATE
 [REDACTED]

22. ACCOUNTING CLASSIFICATION
 Accounting Classifications continued on CONTINUATION page

23. COLLECTION DATA

24. COMPUTED BY **25. AUDITED BY** **26. TRAVEL ORDER/AUTHORIZATION POSTED BY** **27. RECEIVED (Payee Signature and Date or Check No.)** **28. AMOUNT PAID**
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] **562.94**

| TRAVEL VOUCHER OR SUBVOUCHER | | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|-----------------|----------------------------|---------|------------------|-------|------|-------|-------|-------|---------------------|-------|-------|--|---------|----------------|---------------------|----------------|--|--|--|-------|---|--|--------------|-------|------------------------------|---------|-------------|------|----------------------|------|---------|------|---------------------------|------|-----------|---------|------------------|------|-----------------|------|-----------------|---------|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|-----|--|--|--|--|--|--|--|
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| 2. NAME (Last, First, Middle Initial) (Print or type) Gingrich, Newt | | 3. GRADE OTHER | 4. SSN U0000000 | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Email Address: Robert.Landerson@GCOM.mil | | 7. TRAVEL ORDER/AUTHORIZATION NUMBER IITQYZ | 8. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES Travel Advance - 0.00 | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ORGANIZATION AND STATION | | 12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input type="checkbox"/> | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ITINERARY <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>a. DATE</th> <th>b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)</th> <th>c. MEANS/ MODE OF TRAVEL</th> <th>d. REASON FOR STOP</th> <th>e. LODGING COST</th> <th>f. POC MILES</th> </tr> </thead> <tbody> <tr> <td>02/26</td> <td>RES: Norfolk, VA</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02/26</td> <td>ARR MAXWELL AFB, AL</td> <td></td> <td>TD</td> <td></td> <td></td> </tr> <tr> <td>02/27</td> <td>DEP MAXWELL AFB, AL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02/27</td> <td>ARR RES: Norfolk, VA</td> <td></td> <td>MC</td> <td></td> <td></td> </tr> <tr> <td> </td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | a. DATE | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILES | 02/26 | RES: Norfolk, VA | | | | | 02/26 | ARR MAXWELL AFB, AL | | TD | | | 02/27 | DEP MAXWELL AFB, AL | | | | | 02/27 | ARR RES: Norfolk, VA | | MC | | | | DEP | | | | | | ARR | | | | | | DEP | | | | | | ARR | | | | | | DEP | | | | | | ARR | | | | | | DEP | | | | | | ARR | | | | | | DEP | | | | | | ARR | | | | | 16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | 17. DURATION OF TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | |
| a. DATE | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/26 | RES: Norfolk, VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/26 | ARR MAXWELL AFB, AL | | TD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/27 | DEP MAXWELL AFB, AL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/27 | ARR RES: Norfolk, VA | | MC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ARR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ARR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ARR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ARR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ARR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. REIMBURSABLE EXPENSES <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>a. DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>d. ALLOWED</th> </tr> </thead> <tbody> <tr> <td>02/26</td> <td>Tickets-Personally Procure</td> <td>1024.30</td> <td>1024.30</td> </tr> <tr> <td>02/26</td> <td>Taxi</td> <td>15.00</td> <td>15.00</td> </tr> <tr> <td>02/27</td> <td>Taxi</td> <td>15.00</td> <td>15.00</td> </tr> </tbody> </table> | | a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | 02/26 | Tickets-Personally Procure | 1024.30 | 1024.30 | 02/26 | Taxi | 15.00 | 15.00 | 02/27 | Taxi | 15.00 | 15.00 | 19. GOVERNMENT/DEDUCTIBLE MEALS <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>a. DATE</th> <th>b. NO OF MEALS</th> <th>a. DATE</th> <th>b. NO OF MEALS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | a. DATE | b. NO OF MEALS | a. DATE | b. NO OF MEALS | | | | | 20. SUMMARY OF PAYMENT <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>(1) Per Diem</td> <td style="text-align: right;">69.00</td> </tr> <tr> <td>(2) Actual Expense Allowance</td> <td style="text-align: right;">1054.30</td> </tr> <tr> <td>(3) Mileage</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(4) Dependent Travel</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(5) DLA</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(6) Reimbursable Expenses</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(7) Total</td> <td style="text-align: right;">1123.30</td> </tr> <tr> <td>(8) Less Advance</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(9) Amount Owed</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(10) Amount Due</td> <td style="text-align: right;">1123.30</td> </tr> </table> | | (1) Per Diem | 69.00 | (2) Actual Expense Allowance | 1054.30 | (3) Mileage | 0.00 | (4) Dependent Travel | 0.00 | (5) DLA | 0.00 | (6) Reimbursable Expenses | 0.00 | (7) Total | 1123.30 | (8) Less Advance | 0.00 | (9) Amount Owed | 0.00 | (10) Amount Due | 1123.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/26 | Tickets-Personally Procure | 1024.30 | 1024.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/26 | Taxi | 15.00 | 15.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/27 | Taxi | 15.00 | 15.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. DATE | b. NO OF MEALS | a. DATE | b. NO OF MEALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Per Diem | 69.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) Actual Expense Allowance | 1054.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) Mileage | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) Dependent Travel | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) DLA | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (6) Reimbursable Expenses | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7) Total | 1123.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (8) Less Advance | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (9) Amount Owed | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (10) Amount Due | 1123.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REDACTED | | 21.a. APPROVING OFFICIAL'S PRINTED NAME | 21.b. SIGNATURE | 21.c. TELEPHONE NUMBER | 21.d. DATE 4/7/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. ACCOUNTING CLASSIFICATION Accounting Classifications continued on CONTINUATION page | | 23. COLLECTION DATA | 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER/AUTHORIZATION POSTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. RECEIVED (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| TRAVEL VOUCHER OR SUBVOUCHER | | | | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. | | | |
|--|--|---|---------------------------|--|---|--|--|
| 1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Split Disbursement: Amount to Government Travel Charge Card Payment by Check \$ 0.00 | | | | NGMAXWELLAFBA091313_V01 | | | |
| 2. NAME (Last, First, Middle Initial) (Print or type) Gingrich, Newt | | 3. GRADE OTHER | 4. SSN U0000V00 | | 5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA | | |
| 6. TRAVEL ORDER NUMBER 1H84Z9 | | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES Travel Advance - 0.00 | | 10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY | | | |
| 11. ORGANIZATION AND STATION U0000V00 | | 12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE | | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) | | | |
| 15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) | | | | c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES | | | |
| 09/13 DEP RES: Norfolk, VA 09/13 ARR MAXWELL AFB, AL 09/13 DEP MAXWELL AFB, AL 09/13 ARR RES: Norfolk, VA | | | | TD MC | | | |
| 16. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER | | | | 17. DURATION OF TDY TRAVEL <input type="checkbox"/> 12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS | | | |
| 18. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED | | | | 19. SUMMARY OF PAYMENT (1) Per Diem 38.25 (2) Actual Expense Allowance 1,068.00 RPS (3) Mileage 1154.00 RPS (4) Dependent Travel 0.00 (5) DLA 0.00 (6) Reimbursable Expenses 0.00 (7) Total 1192.85 1,106.25 RPS (8) Less Advance 0.00 (9) Amount Owed 0.00 (10) Amount Due 0.00 | | | |
| 09/13 Tickets-Personally Procure 1,018.00 1,018.00 09/13 Taxi - Terminal 50.00 50.00 257.40 | | | | 19. GOVERNMENT/DEDUCTIBLE MEALS a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS | | | |
| 20. SUPERVISOR SIGNATURE b. DATE 13/04/13 | | | | d. DATE b. DATE | | | |
| Accounting Classifications continued on CONTINUATION page | | | | | | | |
| 23. COLLECTION DATA | | | | | | | |
| 24. COMPUTED BY | | 25. AUDITED BY | | 28. AMOUNT PAID 0.00 | | | |
| 26. TRAVEL ORDER POSTED BY | | 27. RECEIVED (Payee Signature and Date or Check No.) | | 28. AMOUNT PAID 0.00 | | | |

REDACTED

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. **PRESS HARD. DO NOT** use pencil. If more space is needed, continue in remarks.

NGMAXWELLAFBA032613_V01

1. PAYMENT
 Electronic Fund Transfer (EFT) Self-Deduction Amount to Government Travel Charge Card
 Payment by Check \$ 0.00

2. NAME (Last, First, Middle Initial/Point or typed)
 Gingrich, Newt

3. GRADE
 OTHER

4. TYPE OF PAYMENT OR AS APPLICABLE
 TDY Member/Employee
 PCS Other
 Dependents/ DLA

REDACTED

5. TRAVEL ORDER NUMBER
 IF7RMW

9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
 Travel Advance - 0.00

10. FOR D.O. USE ONLY

a. D.O. VOUCHER NUMBER

d. SUBVOUCHER NUMBER

c. PAID BY

11. ORGANIZATION AND STATION

12. DEPENDENTS (If and complete as applicable)

| ACCOMPANIED | | UNACCOMPANIED | |
|---------------------------------------|-----------------|------------------------------|--|
| a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE | |
| | | | |
| | | | |

13. DEPENDENTS' ADDRESS (IN RECEIPT OF ORDERS (Include Zip Code))

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (If not)

| | |
|-----|-------------------------|
| YES | NO (Specify in Remarks) |
|-----|-------------------------|

15. ITINERARY

| a. DATE | b. PLACE (Motive, Office, Base, Activity, City and State, City and Country, etc.) | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. PCS MILES |
|---------|---|--------------------------|--------------------|-----------------|--------------|
| 03/26 | DEP RES: Norfolk, VA | | | | |
| 03/26 | ARR MAXWELL AFB, AL | | TD | \$83.50 | |
| 03/27 | DEP MAXWELL AFB, AL | | | | |
| 03/27 | ARR RES: Norfolk, VA | | MC | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |
| | DEP | | | | |
| | ARR | | | | |

c. COMPUTATIONS

e. SUMMARY OF PAYMENT

| | |
|------------------------------|----------|
| (1) Pay Over | 160.00 |
| (2) Actual Expense Allowance | 966.60 |
| (3) Mileage | 0.00 |
| (4) Dependents' Travel | 0.00 |
| (5) DLA | 0.00 |
| (6) Reimbursable Expenses | 0.00 |
| (7) Total | 1,126.60 |
| (8) Less Advances | 0.00 |
| (9) Amount Owed | 0.00 |
| (10) Amount Due | 0.00 |

16. POC TRAVEL (If and) OPERATOR PASSENGER

17. DURATION OF TDY TRAVEL
 12 HOURS OR LESS
 MORE THAN 12 HOURS BUT 24 HOURS OR LESS
 MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED |
|---------|----------------------------|-----------|------------|
| 03/26 | Tickets-Personally Procure | 966.60 | 966.60 |
| | | | |
| | | | |

19. GOVERNMENT DEDUCTIBLE MEALS

| a. DATE | b. NO OF MEALS | c. DATE | d. NO OF MEALS |
|---------|----------------|---------|----------------|
| | | | |
| | | | |

REDACTED

b. DATE
 9/29/13

c. SUPERVISOR SIGNATURE
 d. DATE

22. ACCOUNTING CLASSIFICATION
 Accounting Classifications continued on CONTINUATION page

23. COLLECTION DATA

| | | | | |
|-----------------|----------------|----------------------------|--|-------------------------|
| 24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER POSTED BY | 27. RECEIVED (Payee Signature and Date or Check No.) | 28. AMOUNT PAID 0.00 |
|-----------------|----------------|----------------------------|--|-------------------------|