

FYI

Assassination Records Review Board
600 E Street NW • 2nd Floor • Washington, DC 20530
(202) 724-0088 • Fax: (202) 724-0457

April 23, 1997

Mr. Floyd A. Riebe
P. O. Box 185
Kelleyville, Oklahoma 74039

Dear Mr. Riebe:

Thank you for signing and returning your travel advance authorization form in a timely manner. The accounting office which will cut your check for \$ 250.00 and mail it to you is located in Kansas City, Missouri; they should be mailing your travel advance check on Thursday, April 24, 1997.

Enclosed with this letter are the following:

- Your round trip airline tickets;
- Your travel itinerary;
- A letter from Tracy Shycoff of our staff explaining allowable per diem expenses for the Washington, D.C. area, and what we will need from you after completion of your travel in the way of receipts so that we can process your travel claim for you;
- Your Official TDY Travel Authorization ("Invitational Travel Orders").

As explained in your letter from Tracy Shycoff, we have reserved a room for you at the Courtyard Marriott in Crystal City, which is a very short cab ride from National Airport. (Make sure you specify *Courtyard* Marriott to the cab driver, since there are three different Marriott hotels in Crystal City.) I am planning to meet you in the lobby of the Courtyard Marriott about 8:45 on Wednesday morning, May 7th. I expect we will take the Metro (subway) to College Park, Maryland, the site of the new National Archives building where we will take your testimony. After the conclusion of your deposition, we will drive you to National Airport in plenty of time to make your 5:30 P.M. departing flight. I am about 6 feet tall and 180 pounds, but in any case I think I know what you look like from videos, etc., so I will easily be able to find you if you are waiting for me in the lobby. You should check out of the hotel just prior to my arrival that morning. If you only bring carry-on luggage with you, we can take it with us on the Metro; otherwise, if you bring a full-sized suitcase, we could perhaps leave it at the hotel and pick it up after the deposition, on the way to National Airport.

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Mr. Floyd A. Riebe
April 23, 1997
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I want to thank you again for your cooperation in voluntarily agreeing to come to Washington to provide sworn testimony regarding the events in which you participated on November 22, 1963.

I will call you on Monday, May 5th, to confirm that you have received both this letter, and your travel advance check from our accounting office in Kansas City. Should you have any questions whatsoever in the meantime, please call me collect at (202) 724-0088.

Sincerely,



Douglas P. Home
Chief Analyst for Military Records

Enclosures

001300

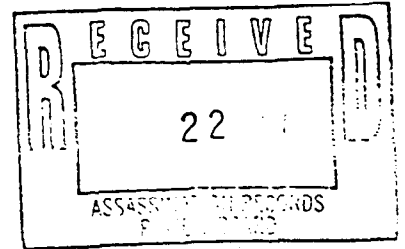
EASYLINK 6844848L001 22APR97 13:23/13:23 EST
FROM: 49586991 49586991 SATO UD
SATOTRAVEL
TO: 2027240457

SALES PERSON: 36
CUSTOMER NBR: 549540

ITINERARY
SJJHKY

DATE: 22 APR 97
PAGE: 01

TO: PRESIDENT JOHN F KENNEDY ASSN. REVIEW BOARD
500 E STREET, N.W. SUITE 208
WASHINGTON, D.C. 20004
DELIVERY



FOR: RIEBE/FLOYD

REF: 0,216,4702G

06 MAY 97 - TUESDAY

AIR	AMERICAN AIRLINES	FLT:740	COACH	
	LV TULSA		1058A	EQP: FOKKER 100
	AR CHICAGO OHARE		1240P	NON-STOP
	RIEBE/FLOYD	SEAT-17A		
AIR	AMERICAN AIRLINES	FLT:1394	COACH	SNACK/BRUNCH
	LV CHICAGO OHARE		110P	EQP: FOKKER 100
	AR WASHINGTON NATL		359P	NON-STOP
	RIEBE/FLOYD	SEAT- 8E		

07 MAY 97 - WEDNESDAY

AIR	AMERICAN AIRLINES	FLT:583	COACH	SNACK/BRUNCH
	LV WASHINGTON NATL		530P	EQP: SUPER 80
	AR CHICAGO OHARE		635P	NON-STOP
	RIEBE/FLOYD	SEAT-20F		
AIR	AMERICAN AIRLINES	FLT:267	COACH	EQP: SUPER 80
	LV CHICAGO OHARE		725P	NON-STOP
	AR TULSA		920P	
	RIEBE/FLOYD	SEAT-19A		

THANK YOU FOR USING SATOTRAVEL.

LOCAL PHONE NUMBER IS 202-789-1150. MON-FRI. 8AM-5PM
ON TRAVEL STATUS CALL 1-800-550-7286 MON-FRI 8AM-5PM
FOR AFTER HOURS EMERGENCY SERVICE, 24HRS 800 827-7777.

YOUR REFERENCE CODE IS SABRE K204

ALL UNUSED TICKETS ARE TO BE RETURNED TO YOUR TMC OR
TRAVEL COORDINATOR IMMEDIATELY UPON RETURNING OR WHEN
A TRIP IS CANCELLED.

WHEN SEAT ASSIGNMENT IS NOT AVAILABLE, PLEASE OBTAIN
YOUR BOARDING PASS DIRECTLY FROM THE AIR CARRIER
FARE 290.00

001301



Assassination Records Review Board
600 E Street NW • 2nd Floor • Washington, DC 20530
(202) 724-0088 • Fax: (202) 724-0457

April 23, 1997

Mr. Floyd A. Riebe
P.O. Box 185
Kelleyville, OK 74039

Dear Mr. Riebe:

I have enclosed a copy of your travel authorization and airline ticket for your upcoming trip to Washington, DC to be deposited by the Assassination Records Review Board. Please keep your travel authorization with you during your travel. You will need to present your travel authorization upon arrival at the hotel.

I have made a reservation for you at the Courtyard by Marriott in Crystal City, VA, 2899 Jefferson Davis Highway, 703-549-3434, at the rate of \$152.55. Your confirmation number is 80632559 and the room has been guaranteed for late arrival against my personal credit card. I have also enclosed a travel envelope that may help you keep track of your reimbursable expenses. Your meals will be covered by a \$42.00 per day per diem. Please indicate on your claim the time of day that you leave and arrive back to your residence. Other reimbursable expenses include: your hotel room, any local transportation such as taxis or mileage to and from the airport and parking at the airport. You will receive a travel advance in the amount of \$250.00 within the week to help cover these costs.

Please sign the enclosed copy of your travel voucher and return it, along with any receipts, to me upon completion of your travel. The government requires original receipts for any expenses over \$25.00, although we ask that you include receipts for all expenses if possible. I will also need your original passenger receipt (last piece of your airline ticket) and your hotel bill to process the claim.

Please feel free to call me if you have any questions.

Sincerely,

Tracy J. Shycoff
Associate Director for Administration

001302

enclosures

DESCRIPTION: Reibe

INITIALS: FAR

T 5 1 2 7 1 5 8 7

OFFICIAL TDY TRAVEL AUTHORIZATION

RECALL NO: 00088

ORGANIZATION CODE: T1191100

2. TRAVELER (first name, middle initial, last name) Floyd A. Riebe		3. TITLE Invitational Travel	4. SOCIAL SECURITY NO. 306-36-9613
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: PO Box 185 Kelleyville, OK 74039		6A. OFFICE/SERVICE AND DIVISION ARRB	6B. CORR. SYMBOL T1191100
		7. OFFICIAL DUTY STATION Kelleyville, OK	8. OFFICE PHONE NO. 202 724-0088
9. TYPE <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		10. CATEGORY <input type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA <input type="checkbox"/> COST <input type="checkbox"/> NO COST	

11. TRAVEL PURPOSE (Check One)
 SITE VISIT INFORMATION MEETING TRAINING ATTENDANCE SPEECH OR PRESENTATION CONFERENCE ATTENDANCE ENTITLEMENT SPECIAL MISSION OTHER (Specify)

12. SPECIFIC TRAVEL PURPOSE
deposition by the ARRB

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.

CAL YR DATE	WEEK-DAY	ITINERARY POINT		PER DIEM RATE			ACTUAL EXPENSE RATE	MODE OF TRANS. BETWEEN ITINERARY POINTS	MODE OF LOCAL TRANSPORTATION
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM: Kelleyville	OK						
NO. OF NIGHTS		TO: Washington	DC	42	124	166		Air	
1	05/06/97	Tue							
		TO: Kelleyville	OK						
	05/07/97	Wed							
		TO:							

14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If "YES", explain in Item 22. "REMARKS")
(Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)
 YES NO

15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If "NO", justify in Item 22)
 YES NO

16. IS EXTRA FARE AIR (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If "YES", justify in Item 22)
 YES NO

17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If "YES", check one box below and complete Item 17B)
 USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER.
 17B. MILEAGE RATE AUTHORIZED PER MILE: **.31¢**

18. IS ACTUAL EXPENSE UNUSAL CIRCUMSTANCES AUTHORIZED? (If "YES", justify in Item 22)
 IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY:
 (1) EXPENSES MUST BE ITEMIZED EACH DAY.
 (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00.
 (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).
 YES NO

19. TRAVELER IS (Check One)
 a. GOVT CHARGE CARD HOLDER b. GOVT CHARGE CARD DECLINEE c. INFREQUENT TRAVELER d. OTHER (explain in Item 22)

20. METHOD OF OBTAINING COMMON CARRIER TICKETS (Check One)
 (NOTE: If Item 19a was checked and you check 20b or c, explain in Item 22)
 a. INDIVIDUAL GOVERNMENT CHARGE CARD b. BLANKET GOVERNMENT CHARGE CARD c. GOVERNMENT TRANSPORTATION REQUEST d. OTHER (explain in Item 22)

21. FUNDS OBLIGATED
 A. INITIALS
 B. DATE

22. REMARKS

23. EST. COST TO GOVERNMENT	
A. TOTAL COMMON CARRIER COST	\$ 290.00
B. TOTAL PER DIEM AND OTHER	\$ 300.00
C. TOTAL ESTIMATED COST	\$ 590.00

24. TRAVEL ADVANCE WILL BE OBTAINED BY (Check One)
 GOVERNMENT ISSUED CHARGE CARD SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT

25. ADVANCE AUTHORIZED: \$ 250.00

CARD HOLDER								39.50		
NON-CARD HOLDER								158.00		
26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT/PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	989.7	T1191100	00	21	000	113				001303

27A. NAME AND TITLE OF AUTHORIZING OFFICIAL
**David G. Marwell
Executive Director**

27B. SIGNATURE (PRESS FIRMLY, USE BALL POINT PEN)

27C. DATE
4/23/97

Assassination Records Review
Board
Travel Record

Name: <i>Floyd Riebe</i>		
Dates of Travel: <i>5/6-7/97</i>		
Authorization Number: <i>T51271587</i>		
Itinerary		
Dep/Arr City	Time	
Expenses		
Transportation		
Local Transportation		
Lodging		
Misc.		
<i>mileage</i>		
<i>parking</i>		
Official Telephone		

Place Receipts in Envelope!

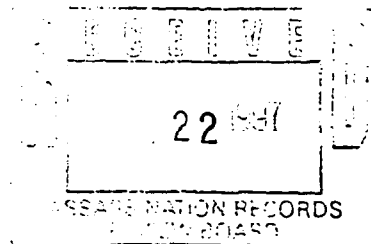
001304

TRAVEL VOUCHER MEMORANDUM <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE <p style="text-align: center; font-size: 1.2em;">ARLB</p>		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.					
		4. SCHEDULE NO.									
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) <p style="font-size: 1.2em;">Riebe, Floyd A.</p>			b. SOCIAL SECURITY NO. <p style="font-size: 1.2em;">306-36-9613</p>		6. PERIOD OF TRAVEL a. FROM <p style="font-size: 1.2em;">5/6</p> b. TO <p style="font-size: 1.2em;">5/7/97</p>					
	c. MAILING ADDRESS (Include ZIP Code) <p style="font-size: 1.2em;">P.O. Box 185 Kelleyville, OK 74039</p>			d. OFFICE TELEPHONE NO. <p style="font-size: 1.2em;">202-724-0088</p>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <p style="font-size: 1.2em;">T5127</p> b. DATE(S) <p style="font-size: 1.2em;">1587</p>					
	e. PRESENT DUTY STATION			f. RESIDENCE (City and State)		10. CHECK NO.					
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT				11. PAID BY			
a. Outstanding				a. DATE RECEIVED				b. AMOUNT RECEIVED			
b. Amount to be applied								\$			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE							
D. Balance outstanding											
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Init</i>									
		AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <i>(Initials)</i>	MODE, CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL					
						FROM <i>(e)</i>		TO <i>(f)</i>			
<div style="font-size: 2em; font-weight: bold;">SIGN HERE</div> <div style="font-size: 4em; font-weight: bold;">↓</div>											
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.											
TRAVELER SIGN HERE ▶						DATE		AMOUNT CLAIMED ▶		\$	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).											
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION					
APPROVING OFFICIAL SIGN HERE ▶						a. DIFFERENCES, IF ANY (Explain and show amount)					
DATE						\$					
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION					
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials:					
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):					
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶						d. NET TO TRAVELER ▶					
DATE						\$					
18. ACCOUNTING CLASSIFICATION											

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ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1. TYPE OF ADVANCE <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK	2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	Riebel, Floyd A.		4. ACCOUNT NO.
			3. NAME (Last, first, middle initial)	306-36-9613	
In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.			5. TELEPHONE NUMBER(S) 202-724-0088		6. SOCIAL SECURITY ACCOUNT NUMBER
			7. DEPARTMENT OR ESTABLISHMENT ARRB		8. BUREAU, DIVISION OR OFFICE
9. APPLICATION - (For completion by applicant)					
An advance of funds is hereby requested for travel and other expenses to be incurred by me.				4. BALANCE DUE U.S. FROM PREVIOUS ADVANCE	\$ 0
a. UNDER AUTHORIZATION NUMBER TS1271587		b. DATE OF AUTHORIZATION 4.4.97		1. AMOUNT HEREIN APPLIED FOR	\$ 250.00
c. TRAVEL PERIOD From 5/6/97 To 5/7/97		d. MAIL CHECK TO <input type="checkbox"/> OFFICE <input checked="" type="checkbox"/> RESIDENCE (Give address - number, street, city, State, ZIP code) PO Box 185 Kelleyville, OK 74039		2. TOTAL	\$ 250.00
				Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.	
APPLICANT SIGN HERE Floyd A. Riebel				DATE 4/24/97	
10. APPROVAL SIGNATURE AND TITLE OF APPROVING OFFICIAL [Signature]		DATE APPROVED 4/23/97		11. APPROPRIATION TO BE CHARGED 989.7 T1191100 00 21 0001	
12. REMARKS Please mail to address above by 4/25/97. Thanks				13. CASH PAYMENT RECEIVED DATE	

1038-108

STANDARD FORM 1036 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-

FYI

001306