

ROUTING AND TRANSMITTAL SLIP

Date

4/9/85

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1 D/LOGISTICS

2 C/HOME/OL

Action	File	Note and Return
Approved	For Clearance	For Conversation
As Requested	For Correction	Prepare Reply
Checklist	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

XXXXXXXXXXXXXXXXXXXX

C/HOME/OL has action on attached

(PREPARE RESPONSE FOR DDA'S SIGNATURE
WITH A DROP CY TO ER.)

SUSPENSE: COB 16 MAY 1985

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

Room No.—Bldg.

Phone No.

FORM 41 (Rev. 7-76)

Prescribed by GSA
FPMR (41 CFR) 101-11.606

* GPO: 1983 O - 381-529 (232)

EXECUTIVE SECRETARIAT
ROUTING SLIP

TO:

	ACTION	INFO	DATE	INITIAL
1	DCI	X		
2	DDCI	X		
3	EXDIR	X		
4	D/ICS			
5	DDI			
6	DDA	X		
7	DDO			
8	DDS&T			
9	Chm/NIC			
10	GC			
11	IG			
12	Compt			
13	D/Pers			
14	D/OLL	X		
15	D/PAO			
16	SA/IA			
17	AO/DCI			
18	C/IPD/OIS			
19	NIO			
20				
21				
22				

SUSPENSE

Date

Remarks

8 May '85

Date

3637 (10-81)

DDA SU

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COPY



UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

Executive Registr

85-

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**GENERAL GOVERNMENT
DIVISION**

MAY 6 1985

DD/A Registry
85-1686

The Honorable William J. Casey, Director
Central Intelligence Agency

Dear Mr. Casey:

The General Accounting Office has been requested by the Chairman of the Subcommittee on Legislation and National Security, House Committee on Government Operations, to determine which government officials have been provided government transportation between their homes and their places of employment in the United States since January 1, 1985, and to obtain other related information. This work is being performed under GAO's assignment code 014010.

In order to meet the Chairman's request for our expeditious response, we request that within ten calendar days from the date of this letter your agency complete the attached information request form and return it to:

United States General Accounting Office
Attention: Hugh Pollon
Room B-242
General Services Administration Building
18th and F Streets, N.W.
Washington, D.C. 20405

Please prepare a separate form for each official who has been provided home to work transportation or return the form with a negative response when that is applicable. Also please show in part four on the form the name of an agency representative we may contact in the event we may wish to clarify or verify any of the information provided.

If you should have any questions or wish further information about this request, you may call Hugh G. Pollon or Tyrone Mason on 557-7944.

Sincerely yours,

James G. Mitchell
Senior Associate Director

Enclosures

INFORMATION REQUEST FORM

1. Government officials that have been provided home-to-work transportation since January 1, 1985 in government-owned or government-leased vehicles including vehicles with or without a driver. Use a separate form for each official. If none please so indicate.

a. NAME OF GOVERNMENT OFFICIAL:

b. TITLE OR POSITION OF GOVERNMENT OFFICIAL:

c. AUTHORITY OR JUSTIFICATION FOR HOME-TO-WORK
TRANSPORTATION:

d. FREQUENCY OF HOME-TO-WORK TRANSPORTATION (select one):

Daily _____

_____ times per week

_____ times per month

Other (describe) _____

e. INDICATE WHETHER VEHICLE IS OWNED OR LEASED:

2. Relatives of the government official identified in part 1 that have been provided transportation, since January 1, 1985, in government-owned or government-leased vehicles, including vehicles with or without a driver, when not accompanied by the government official. If none please so indicate.

a. NAME OF RELATIVE PROVIDED TRANSPORTATION:

b. RELATIONSHIP TO GOVERNMENT OFFICIAL:

c. FREQUENCY OR OCCASION:

d. AUTHORITY OR JUSTIFICATION:

e. INDICATE WHETHER VEHICLE IS OWNED OR LEASED:

3. Written instructions, statement of policy, or explanation of authority concerning home-to-work transportation furnished to any government official identified in part 1 above. If none please so indicate.

DESCRIPTION (also provide a copy):

4. Individual who can be contacted concerning any of the data shown on this form.

a. NAME:

b. TITLE OR POSITION:

c. PHONE: