Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	01/24/2000	b(6)
001b. itinerary	AMEX Travel, Sandra Thurman, Washington to New York round trip, 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)
001c. ticket stub	passenger receipt, Sandra Thurman, Washington to New York and return on 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)
002a. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	01/24/2000	b(6)
002b. ticket stub	passenger receipt, Sandra Thurman, Washington to New York and return on 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)
003. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	04/11/2000	b(6)
004. printout	Vouchers Selected for payment, run date 03/30/2000, page 33 (partial) (1 page)	03/30/2000	b(6)
005a. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	02/19/2000	b(6)
005b. ticket stub	passenger receipt, Sandra Thurman, Washington to New York and return on 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)
005c. itinerary	AMEX Travel, Sandra Thurman, Washington to New York round trip, 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Research Priorities Project

HIV/AIDS Partners Conference

December 7, 1998

The Project Defined

- Develop a framework describing research activities within the Divisions of HIV/AIDS Prevention
- Attach priorities to the research activities to guide internal decision-making with respect to existing projects and new areas of research

The Project Defined

- Prepare a document that will interpret research efforts of the Divisions of HIV/AIDS Prevention to Congress, partners and other interested organizations

How the Priorities were Developed

- Process started in April 1997
- Developed a preliminary framework for categorizing research.
- After reviewing the framework it was determined that the framework needed to be mission based rather than population base
- Developed a categorized list of ongoing and new research projects (11/97).

How the Priorities were Developed

- Categorized the research projects by major activity areas for both Divisions (11/97)
- Held one session with Office of the Director staff and two with scientists within the two Divisions of HIV/AIDs Prevention (1/98, 7/98) to rate the priorities. More than sixty staff were involved.

The Process Used to Date

- A set of evaluation criteria accompanied the list of research activities that was reviewed by these participants.
- Participants applied the criteria to the list and provided feedback on a set of research priorities for both Divisions.

The Research Framework

- The two Divisions have established five broad, crosscutting missions for the conduct of research into the prevention and control of HIV/AIDS
- All ongoing and new research activities are intended to further these five missions

The Research Framework

- First, research will be aimed towards **determining what information is needed** with respect to populations at risk, disease incidence and prevalence, and environmental factors that influence the epidemic.
- This scientific information will be collected mainly through **epidemiologic and laboratory surveillance**

The Research Framework

- Second, the Divisions' surveillance capacity will ensure that sufficient data is available to lead to **research that will serve as the basis for developing interventions that will limit transmission** of the disease

The Research Framework

- Third, based on sound theoretical and empirical evidence, the Divisions will **develop and test interventions**
- Fourth, for those interventions that prove effective, the Divisions will **promote their use** through the provision of funds or the development of policies and programs that are shaped by scientific research

The Research Framework

- Finally, the Divisions will work to **ensure that operational programs are as effective as possible** through evaluation, peer review, and feedback.
- The evaluations will provide a feedback loop to other missions which will help to sharpen the focus of research and data collection.

The Research Framework

Mission 1

- Determine what information is needed and how to collect it

Research Activities

- Monitor HIV risk behaviors
- Monitor HIV incidence and recent infection
- Monitor AIDS and OIs
- Monitor structural & environmental factors that influence the epidemic
- Evaluate surveillance systems and improve methods

The Research Framework

Mission 2

- Conduct research that serves as the basis for developing interventions to limit transmission

Research Activities

- Examine behavioral, biologic, clinical factors related to prevention of and resistance to infection in uninfected persons at high risk
- Examine behavioral, biologic, clinical factors related to transmission from an HIV+ person
- Examine social group, network, community level factors

The Research Framework

Mission 3

- Develop and test interventions

Research Activities

- Improve established interventions
- Develop and test new strategies
- Address prevention at the individual, group, community levels

The Research Framework

Mission 4

- Promote the use of effective interventions

Research Activities

- Address utilization, knowledge, acceptance, adherence to interventions at the individual, community, structural levels
- Quality assessment of currently available interventions
- Disseminate information on effective inter-ventions to operational programs

The Research Framework

Mission 5

- Make operational programs as effective as possible

Research Activities

- Evaluate the effectiveness of operational programs to identify ways to improve them
- Evaluate the impact of programs on incidence of infection, early testing, care utilization, behavioral change, other outcomes of interest
- Evaluate impact of policy/guidelines/ laws

The Priorities

- The research activities under each mission were ranked in two ways:
  - staff from both Divisions who participated in the July AHP sessions rated the research activities individually on rating sheets by comparing each research activity in a mission category with every other item in the category (pairwise comparisons)

The Priorities

- participants were asked to discuss their ratings in small groups and to pick the most and least important two, three or four items in the mission category

- The priorities were established from examining these ratings

The Priorities

Mission 1

- Determine what information is needed and how to collect it

Priorities

- **Develop systems that target recently infected persons,**
- Develop better systems to measure incidence,
- Improve behavioral surveillance,
- Evaluate existing surveillance systems

The Priorities

Mission 2

- Conduct research that serves as the basis for developing interventions to limit transmission

Priorities

- **Risk behavior in minority communities,**
- Biologic factors of transmissibility of HIV + people,
- Risk behavior of HIV +,
- Recurrent risk behavior,
- Social networks,
- Defining parameters of persons who transmit at high rates,
- Risk behavior of youth

The Priorities

Mission 3

- Develop and test interventions

Priorities

- **Interventions for HIV + persons,**
- Interventions to increase test seeking, disclosure, partner notification,
- Interventions for youth,
- Interventions for substance abusers,
- Female controlled methods,
- Perinatal Interventions

The Priorities

Mission 4

- Promote the use of effective interventions

Priorities

- **Use current & develop other systems to monitor outcomes of interest,**
- Determinants of U/K/A/A,
- Objective review of behavioral intervention research studies and meta-analysis of impact,
- Test different methods for technology transfer of research demonstrated to be effective

The Priorities

Mission 5

- Make operational programs as effective as possible

Priorities

- **Study the capacity of CBOs to implement interventions**
- Evaluate the performance of TA activities
- Evaluate HIV Community Planning
- Evaluate perinatal guidelines
- Link surveillance to program as evaluation tool

Next Steps

- A draft document is being prepared through contract support that will describe the research framework for the Divisions of HIV/ AIDS Prevention and explain our priorities for FY 1999 and beyond.
- It is important that the final product of this effort represent a reasonable level of consensus among all parties who are responsible for and interested in HIV/AIDS prevention and control.

Next Steps

- For that reason, once the document is completed in draft, it will be distributed to our partners for review and comment

Any questions?

Research has Responded to Major Shifts in the Epidemic and to New Scientific Advances

- Increasing incidence among heterosexuals, women, and minorities
- Recent increases in unsafe behavior and STDs in MSM
- Tremendous therapeutic advances with combination therapy
- Dramatic decline in AIDS incidence and deaths primarily as a result of new therapies
- Surveillance based on AIDS cases, therefore, no longer as reliable and other systems become critical
- Highly effective interventions for preventing perinatal transmission

Evaluating and Improving Current Strategies for Prevention of HIV Transmission (**Primary Prevention**)

- Behavioral change to reduce risk of transmission through sexual contact and injection drug use.
  - Examples:
    - Individual: Project Respect
    - Social network: Recent EPI-AIDS in Mississippi and NY
    - Community: Community Interventions Trial for Youth (CITY)
    - Health, legal and social systems: Survey of state laws/regulations

Evaluating and Improving Current Strategies for Prevention of HIV Transmission (**Primary Prevention**) *continued*

- Promotion of methods that prevent transmission (condoms, clean needles)
  - *Example*: Condom failure study
- Prompt treatment of STDs
  - *Example*: HIV/STD demo project
- C&T of pregnant women, treatment of HIV-infected pregnant women
  - *Example*: Perinatal Guidelines Evaluation Project

Evaluating and Improving Current Strategies for Prevention of HIV Transmission (**Primary Prevention**) *continued*

- Universal precautions for health care settings and improved technology to prevent occupational exposure
  - *Example*: Harold to discuss
- Screening of donors for the blood supply and tissues/organs.
  - *Example*: HIV variants research

Research Examining New Strategies for Prevention or New Approaches to Current Strategies

- Interventions targeted to HIV-infected person: biomedical and behavioral
  - *Example*: Options Project
    Seropositive Urban Men's Intervention Trial (SUMIT)
- Post exposure prophylaxis for non occupational exposure
  - *Example*: PEP registry
- Better regimens for prevention of perinatal transmission and delivery of interventions to women who present at delivery
  - *Example*: MIRIAD Project

Research Examining New Strategies for Prevention or New Approaches to Current Strategies *(continued)*

- Female-controlled methods
  - Example: Study of the acceptance of microbicides in women and men
- HIV Vaccines
  - Example: Collaboration with VAXGEN in Thailand and US vaccine trials
- Use of parental communication to promote safe sexual behavior among teens
  - Example: Impact of parental communications training program on parental communication and teen's sexual behavior

Research Examining New Strategies for Prevention or New Approaches to Current Strategies *(continued)*

- Use of detuned assay for targeting partner notification
  - *Example*: Notification of partners of recently infected persons using the detuned assay
- Use of rapid testing to improve knowledge of serostatus among those who seek testing
  - *Example*: Efficacy of client-centered counseling with rapid HIV test

Developing and Improving Interventions that Prevent Progression of Disease Among Persons who are HIV Infected (**Secondary Prevention**)

- Determination of the spectrum of disease and disease progression
  - *Example*: Adult and Pediatric Spectrum of Disease Projects, HERS, PACTS
- Prophylaxis of opportunistic infections
  - *Example*: Substudies within the above studies OI Initiative funds other studies carried out in NCID.

Developing and Improving Interventions that Prevent Progression of Disease Among Persons who are HIV Infected (**Secondary Prevention**) *continued*

- Effect of new therapies
  - *Example*: HOPS
- Promotion of interventions (acceptance, adherence, utilization)
  - *Example*: Assessments and interventions to improve access and adherence to ARV therapy in HIV-infected disadvantaged population

Organization of Projects

- Evaluating and improving current effective strategies for preventing HIV transmission (primary prevention)
- New strategies for prevention or new approaches to current strategies
- Developing and improving interventions that prevent progression of disease among persons who are HIV-infected (secondary prevention)
- Global epidemic

International Research Program

- NCHSTP has two field sites:
  - Projet Retro Ci, Abidjan, Cote d'Ivoire
    - Originally established to examine the HIV-2 epidemic, now focuses primarily on HIV-1
    - Seroprevalence is about 10%-15%, largely due to heterosexual transmission
    - Involved in assisting the host country in establishing surveillance, conducting studies related to transmission, interventional research, laboratory research, spectrum of disease, and prophylaxis for OIs

International Research Program *(continued)*

- *Projet Retro Ci, Abidjan, Cote d'Ivoire continued*
  - Examples of recent accomplishments:
    - Short-course perinatal trial
    - Cotrimoxizol for prophylaxis against OIs in HIV-infected persons with TB

International Research Program *(continued)*

- HIV/AIDS Collaboration, Bangkok, Thailand
  - Seroprevalence is about 1%-2% in child-bearing women, up to 10% in military recruits in some districts, and highest in commercial sex workers
  - Involved in similar activities as Projet Retro Ci
  - Examples of recent activities:
    - Short-course perinatal trials
    - Phase III HIV vaccination trials
- NSHSTP also has close collaboration with a number of other countries including Uganda, South Africa, Vietnam, and others

HIV Research at CDC

- **Carried out in 4 centers**
  - **NCID**
    - Laboratory research
    - Prevention of occupational exposure
  - **NIOSH**
    - Prevention of occupational exposure
  - **NCCDPHP**
    - Women's health
    - Youth
  - **NCHSTP**
    - Everything else, including some of the above

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	01/24/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

001a

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU-DIVISION OR OFFICE: OPD

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TOJONA11 (1&2)

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): THURMAN, SANDRA L.

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM 12/06/99 b. TO 12/06/99

c. MAILING ADDRESS (Include ZIP Code):
OEOB, ROOM 145
MGT&ADMIN
WASHINGTON, DC 20502

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S): b. DATE(S): 01/24/00

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE (City and State): Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government (Attached [ ] Check [ ] Cash)	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED: b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign 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) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
7689146394 96.50			12/03/99	DCA-Ronald Reagan	LGA-New York - I

COMMENTS:
One day trip greater than 12 hours.

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 ▶ Sandra L. Thurman DATE 1/24/00 AMOUNT CLAIMED ▶ 88.50

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 phone 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).)

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION (Certifier's initials): $

18. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 88.50

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(Unlisted items are self explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
THURMAN

DATE 19 99 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/06		D-:Washington, DC											
12/06		Airline Flight											
12/06		A-:MANHATTAN,NY				34 50			34.50			34 50	
12/06		D-:MANHATTAN,NY											
12/06		A:Washington, DC											
12/06		Airport to UN											27 00
12/06		UN to Airport											27 00
									SUBTOTALS ▶		0 00	0 00	0 00
									TOTALS ▶		0 00	34 50	54 00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 88.50

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 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, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain [illegible] of such reimbursements to the Government. The information will be by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to 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, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the [illegible] result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment #2 *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra J. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: ONDCP/HIDTA Policy

5. Office Phone: 62959

6. Official Duty Station: The SP

7. ☒ Per Diem
☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: Lead the US delegation to the attached meeting at the UN as stated in Original TA

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: & New York, NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		C		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☒ Gov't Owned Vehicle

(d) ☒ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous / Lodging	-0-
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Traveler returned to Washington, DC for important meetings and did not stay in NYC until the 8th as Amendment #1 states.

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*: J108E 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)* 12/6/99

17. Date: 12/8/99

18. Travel Authorization No.: TOSONA11-2

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

99 DEC. 2

1. TYPE OF AUTHORIZATION

- ☑ TDY
- ☐ Amendment *(Show items amended)*
- ☐ Invitational *(Non EOP Employees Only)*
- ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director, AIDS Policy

4. AGENCY/DIVISION: OPD

5. Office Phone: 6-2959

6. Official Duty Station: 736 Jackson Place

7.
- ☐ Per Diem
- ☐ Actual Subsistence *(unusual circumstances)**
  Rate(s):

8. TRAVEL INFORMATION

PURPOSE: To lead the U.S delegation to the attached meeting at the UN with the UN secretary general on AIDS in Africa

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: New York, NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous	
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees *(meeting, training, etc.)*
- ☐ Commercial Rental Car
- ☐ Excess Baggage not to exceed
- ☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by: [signature]

15. Accounting data *(Appropriation, division, project, vendor number)*: J108E, 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*: [signature] 12/2/99

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*: [signature] 12/2/99

17. Date

18. Travel Authorization No.: TOJONA11

OA FORM 22

ORIGINAL

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

WHITE HOUSE MANAGEMENT

99 DEC. 3 P3:38

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: OP/AIDS

5. Office Phone: 62959

6. Official Duty Station: 736 JP

7. ☒ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: Amended: attend + participate in entire UN meeting + site visit (Wednesday morning) to AIDS Housing Waterfront

DATE(S): Travel Begin On 12/6/99 Travel End On 12/8/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: New York NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		2		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	☐ Determined more advantageous to government * / ☐ For convenience of traveler, NTE common carrier cost

(c) ☒ **Gov't Owned Vehicle**

(d) Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 138.00
Transportation	96.50
Rental Car	
Miscellaneous Lodging	0
TOTAL	$ 234.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Additional agenda: Wednesday afternoon interview + photo shoot for Arts + Understanding magazine in her official role as Director of AIDS Policy.

14(a) Requested by: Dep Director

15. Accounting data *(Appropriation, division, project, vendor number)*: 1102200 J108E

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

17. Date: 12/3/99

18. Travel Authorization No.: TOSONA11-1

OA FORM 22

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. itinerary	AMEX Travel, Sandra Thurman, Washington to New York round trip, 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001b]

AMERICAN EXPRESS® Corporate Services

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0049695 DATE: 03 DEC
CUSTOMER NBR: 1695000023 VKWEMD PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS REF: KC5STØJØNA11

06 DEC 99 - MONDAY

AIR	DELTA AIR LINES INC	FLT:1740	COACH	SNACK
	LV WASHINGTON REAGAN		645A	EQP: BOEING 727-200
	DEPART: TERMINAL B			01HR 02MIN
	AR NEW YORK LGA		747A	NON-STOP
	ARRIVE: MARINE AIR TERMINAL			REF: T89D3V
AIR	DELTA AIR LINES INC	FLT:1767	COACH	SNACK
	LV NEW YORK LGA		730P	EQP: BOEING 727-200
	DEPART: MARINE AIR TERMINAL			01HR 11MIN
	AR WASHINGTON REAGAN		841P	NON-STOP
	ARRIVE: TERMINAL B			REF: T89D3V

30 MAY 00 - TUESDAY
OTHER WASHINGTON
HAVE A GREAT TRIP

AIR TICKET DL7689146394

THURMAN SANDY MS
BILLED TO (b)(6) 96.50*

SUB TOTAL 96.50
NET CC BILLING 96.50*

TOTAL AMOUNT DUE 0.00

CONTINUED ON PAGE 2

AMERICAN EXPRESS®

Corporate Services

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0049695 DATE: 03 DEC
CUSTOMER NBR: 1695000023 VKWEMD PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEOR ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS REF: KC5ST0J0NA11

. TOTAL AIR FARE USD96.50
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.
. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO ITENTIFICATION
AT AIRPORT CHECKIN.
. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.
.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. ticket stub	passenger receipt, Sandra Thurman, Washington to New York and return on 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

TAXICAB RECEIPT

Date: 12/6/99

Origin of trip: Airport

Destination: UN Headquarters

Fare: 27 Sign: _____

TAXICAB RECEIPT

Date: 12/6/99

Time: _____

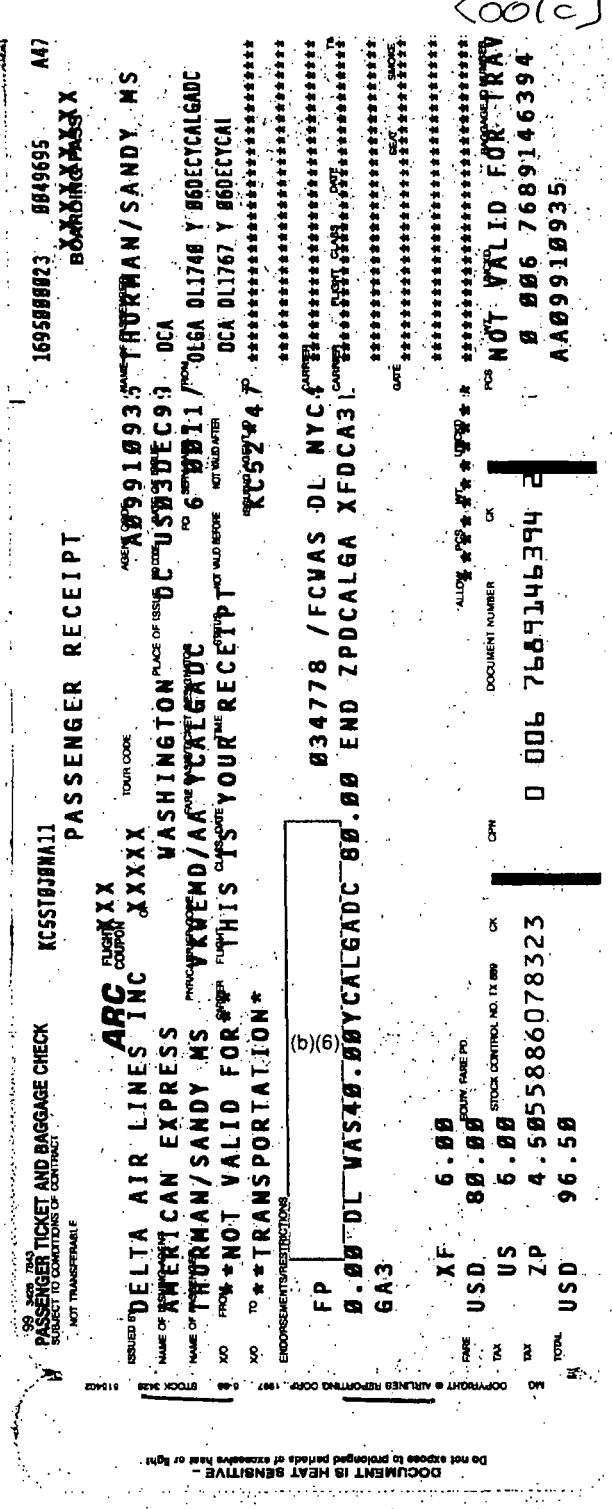
Company: _____

Origin of trip: UN

Destination: Airport - La Guardia

Fare: 27 Sign. _____

Hope you had a pleasant ride
Thank you for your business



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☑ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director, AIDS Policy

4. AGENCY/DIVISION: OPD

5. Office Phone: 6-2959

6. Official Duty Station: 736 Jackson Place

7. ☐ Per Diem
☐ Actual Subsistence *(unusual circumstances)*‡
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: To lead the US delegation to the a Trachoma meeting at the UN with the UN Secretary General on HIV/AIDS in Africa

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* New York, NY

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous	
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date

18. Travel Authorization No.: TOJONA11

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a) 14(b)	— —	Signature of Traveler. Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*
Sandra L. Thurman

3. Title of Traveler
Director

4. AGENCY/DIVISION
ONAPS

5. Office Phone
62959

6. Official Duty Station
736 JP

7. ☒ Per Diem
☐ Actual Subsistence *(unusual circumstances)** Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Amended: attend + participate in evening UN meeting + site visit (Wednesday morning) to AIDS Housing Waterfront

DATE(S): Travel Begin On 12/6/99 Travel End On 12/8/99

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* New York, NY

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		✓		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government * ☐ For convenience of traveler NTE common carrier cost

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$ 138.00
Transportation	96.50
Rental Car	
Miscellaneous Lodging	0
TOTAL	$ 234.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*
Additional agenda: Wednesday afternoon interview + photo shoot for Arts + Understanding magazine in her official role as Director of AIDS Policy.

14(a) Requested by
[signature] Dep Director

15. Accounting data *(Appropriation, division, project, vendor number)*

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date
12/3/99

18. Travel Authorization No.
TO0NA11

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

Sent 8/7/2000
Smith, Melissa
D-145

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	01/24/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[002a]

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OPD

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TOJONA11 (1&2)

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): THURMAN, SANDRA L.

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM 12/06/99 b. TO 12/06/99

c. MAILING ADDRESS (Include ZIP Code):
OEOB, ROOM 145
MGT&ADMIN
WASHINGTON, DC 20502

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S): b. DATE(S): 01/24/00

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE (City and State): Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE
a. Outstanding: 0.00
b. Amount to be applied: 0.00
c. Amount due Government (Attached [ ] Check [ ] Cash):
D. Balance outstanding:

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED:
b. AMOUNT RECEIVED: $
c. PAYEE'S SIGNATURE:

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side):

I hereby assign 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) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
7689146394 96.50			12/03/99	DCA-Ronald Reagan	LGA-New York -

COMMENTS:
One day trip greater than 12 hours.

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 ▶ Sandra L. Thurman DATE 1/24/00 AMOUNT CLAIMED ▶ 88.50

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 phone 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).)

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY
COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 88.50

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRIP# 1

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

THURMAN

DATE 19 99 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/06		D-:Washington, DC											
12/06		Airline Flight											
12/06		A-:MANHATTAN,NY				34.50			34.50			34.50	
12/06		D-:MANHATTAN,NY											
12/06		A:Washington, DC											27.00
12/06		Airport to UN											
12/06		UN to Airport											27.00
										SUBTOTALS ▶	0.00	0.00	0.00
										TOTALS ▶	0.00	34.50	54.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 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, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to 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, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instar however, failure to provide the information (other than SSN) required to support the claim may lt in delay or loss of reimbu ent.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 88.50

STANDARD FORM 1012 BACK (10-77)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. ticket stub	passenger receipt, Sandra Thurman, Washington to New York and return on 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

DOCUMENT IS HEAT SENSITIVE – Do not expose to prolonged periods of excessive heat or light

KC5STI 11

PASSENGER RECEIPT

161 A47

BOARDING PASS XXXXXXXXX

ARC FLIGHT COUPON XXX

ISSUED BY DELTA AIR LINES INC XXXXX TOUR CODE

NAME OF ISSUING AGENT AMERICAN EXPRESS WASHINGTON PLACE OF ISSUE DC USD30EC99 AGENT CODE AA99109935

NAME OF PASSENGER THURMAN/SANDY MS VKWEMD/AA YCALGADC 6 0011/

X/O FROM **NOT VALID FOR** THIS IS YOUR RECEIPT

X/O TO **TRANSPORTATION*

ENDORSEMENTS/RESTRICTIONS KC52*47

FP (b)(6) 034778 /FCWAS DL NYC

0.00 DL WAS40.00YCALGADC 80.00 END ZPDCALGA XFDCA3

GA3

XF 6.00

FARE USD 80.00 EQUIV. FARE PD.

TAX US 6.00 STOCK CONTROL NO. TX 880

TAX ZP 4.5055886078323

TOTAL USD 96.50

DOCUMENT NUMBER 0 006 7689146394 2

NAME OF PASSENGER THURMAN/SANDY MS

DCA

OLGA DL1740 Y 06DECYCALGADC

DCA DL1767 Y 06DECYCALGADC

NOT VALID FOR TRAVE

0 006 7689146394 2

AA09910935

COPYRIGHT © AIRLINES REPORTING CORP. 1997

TAXICAB RECEIPT

Date: 12/6/99

Origin of trip: Airport

Destination: WH Reagan center

Fare: 27 Sign:

TAXICAB RECEIPT

Date: 12/6/99

Time:

Company:

Origin of trip: WH

Destination: Airport – La Guardia

Fare: 27 Sign.

Hope you had a pleasant ride

Thank you for your business

[0026]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment #2 *(Show items amended)*

☐ Invitational ☐ Relocation *(Non EOP Employees Only)*

2. Traveler *(First name, middle initial, last name)*: Sandra J. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: ONDCP/ADS Policy

5. Office Phone: 62959

6. Official Duty Station: The SP

7. ☒ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: Lead the US delegation to the attached meeting at the UN as stated in original TA

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: & New York, NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		ℓ		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☒ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous / Lodging	-0-
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Traveler returned to Washington on 12/6 after important meetings + did not stay in NYC until the 8th as Amendment #1 states.

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*: J108E 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)* 12/6/99

17. Date: 12/8/99

18. Travel Authorization No.: TOSONA11-2

OA FORM 22 (1993)

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

WHITE HOUSE MANAGEMENT

99 DEC. 3 P3:38

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment *(Show items amended)*
☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: OAP/AIDS

5. Office Phone: 62959

6. Official Duty Station: EOP

7. ☒ Per Diem
☐ Actual Subsistence *(unusual circumstances)**
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Amended: attend + participate in entire UN meeting + site visit (Wednesday morning) to AIDS Housing Initiative

DATE(S): Travel Begin On 12/6/99 Travel End On 12/8/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: New York NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		2		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler, NTE common carrier cost

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 138.00
Transportation	96.50
Rental Car	
Miscellaneous / Lodging	0
TOTAL	$ 234.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Additional agenda: Wednesday afternoon interview + photo shoot for Arts + Understanding magazine in her official role as Director of AIDS Policy.

14(a) Requested by: Dep Director

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*

15. Accounting data *(Appropriation, division, project, vendor number)*: 1102200 J108E

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date: 12/3/99

18. Travel Authorization No.: TOSONA11-1

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

99 DEC 2

1. TYPE OF AUTHORIZATION

- [x] TDY
- [ ] Amendment *(Show items amended)*
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director, AIDS Policy

4. AGENCY/DIVISION: OPD

5. Office Phone: 6-2959

6. Official Duty Station: 736 Jackson Place

7.
- [ ] Per Diem
- [ ] Actual Subsistence *(unusual circumstances)**
  Rate(s):

8. TRAVEL INFORMATION

PURPOSE: To lead the US delegation to the attached meeting at the UN with the UN Secretary General on AIDS in Africa

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: New York, NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			[ ] Determined more advantageous to government *
			[ ] For convenience of traveler NTE common carrier cost

(c) [ ] **Gov't Owned Vehicle**

(d) [ ] **Other (specify)**

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous	
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

- [ ] Registration Fees *(meeting, training, etc.)*
- [ ] Commercial Rental Car
- [ ] Excess Baggage not to exceed
- [ ] Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*: $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*: J108E 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)* 12/2/99

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)* 12/2/99

17. Date

18. Travel Authorization No.: TOJONA11

OA FORM 22

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment #2 *(Show items amended)*

☐ Invitational ☐ Relocation *(Non EOP Employees Only)*

2. Traveler *(First name, middle initial, last name)*: Sandra J. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: ONDCP/AIDS Policy

5. Office Phone: 62959

6. Official Duty Station: The SP

7. ☒ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: Lead the US delegation to the attached meeting at the UN as stated in Original TA

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: & New York, NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		ℓ		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous / Lodging	-0-
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Traveler returned to Washington, DC on 12/6 after the attached meetings + did not stay in NYC until the 8th [illegible]

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*: J108E 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)* 12/6/99

17. Date: 12/8/99

18. Travel Authorization No.: TOSONA11-2

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

The Executive Director

Reference: CPP/MGB/rg

22397

Ms Sandra Thurman
Director
Office of National AIDS Policy
Washington D.C.
Fax: 1 202 456 2439

11 November 1999

Dear Ms Thurman,

Subject: Meeting on the International Partnership against AIDS in Africa convened by the Secretary-General

You have already had informal communication about the proposed meeting in December, but in order to facilitate your preparations, we believe it would be helpful if you have further notification of a letter that you will shortly receive from the United Nations Secretary-General. Mr Annan will be writing to you shortly to invite you to a meeting to be held in New York on 6-7 December 1999. Please find below the extracts from the text of the letter.

Extract:

The HIV/AIDS epidemic has continued to escalate with disastrous consequences, especially in Africa. Much has already been done to respond to the epidemic, but more efforts are needed. An **International Partnership against AIDS in Africa** is being developed to bring together a broad range of partners to respond to the epidemic and to mobilize the high level political support required. It is only through such broad partnerships that we can achieve the goal established by the XXIst Special Session of the General Assembly, that *"by the year 2005 HIV prevalence in the age group 15-24 years is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent."*

I would like to invite you to participate in a meeting of representatives of the different constituencies of the **International Partnership against AIDS in Africa** to be held at United Nations Headquarters on 6-7 December 1999. While some of these constituencies have met previously, this is the first time that representatives of all five pillars - African Governments, United Nations, donors, civil society and corporate sector - will come together to discuss how to move forward. The high-level opening session, which I shall chair, will begin on 6 December at 9:30 a.m. I further hope that you or your senior representative will be able to participate in the working sessions to be held the afternoon of 6 December and all day 7 December. The Deputy Secretary-General, Ms. Louise Fréchette, will lead these sessions.

22397 .../2

Copy to:
Ms Vivian Derryck Lowery, Assistant Administrator for Africa Bureau, USAID, Washington D.C. (Fax: 1 202 7120500)
Dr Paul De Lay, Chief HIV-AIDS Division (USAID), Washington D.C. (Fax: 1202 2163046)
Permanent Representative, Permanent Mission of the USA to the UN in New York (Fax: 212 4154443)

UNAIDS • 20, avenue Appia • CH-1211 Geneva 27 • Switzerland
Tel. (+41)22 791 3666 • Fax (+41)22 791 4187 • e-mail <unaids@unaids.org> •
http://www.unaids.org

The aim of the two-day meeting is to:

- agree on a set of principles and priorities around which partners can organise their efforts and join together to respond to the AIDS epidemic in Africa;
- update each other on the steps to be taken to mobilize their broader partner group in order to intensify the efforts that address AIDS in Africa; and
- agree on a specific plan within a time line of several months to complete the design and formation of the partnership.

Further details regarding the consultation will be sent to you through the office of the Deputy Secretary-General, in coordination with the Executive Director of UNAIDS, Dr. Peter Piot.

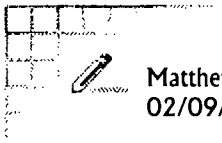
We will be in touch with you shortly with further details of the meeting.

Yours sincerely,

P.

Peter Piot

UNAIDS • 20, avenue Appia • CH-1211 Geneva 27 • Switzerland
Tel. (+41)22 791 3666 • Fax (+41)22 791 4187 • e-mail <unaids@unaids.org> •
http://www.unaids.org



Matthew H. Hooper
02/09/2000 10:13:30

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: Re: NEED TRAVEL VOUCHER

Cheryl -

You submitted a travel authorization and a flight invoice. I still need a copy of the flight ticket, a travel voucher and an itemized expense list. If there are lodging expenses, I need lodging bills as well.

Matt

Note

this voucher has been paid 3/30/02. See attached documentation.

Felipe

X-56745

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	04/11/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[003]

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OPD
WHITE HOUSE MANAGEMENT AND ADMINISTRATION
2000 APR 11 PM 12:07

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TOJONA11 (1&2)

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): THURMAN, SANDRA L.

b. SOCIAL SECURITY NO.: (b)(6)

6. PERIOD OF TRAVEL: a. FROM 12/06/99 b. TO 12/06/99

c. MAILING ADDRESS (Include ZIP Code):
OEOB, ROOM 145
MGT&ADMIN
WASHINGTON, DC 20502

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S): b. DATE(S): 01/24/00

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE (City and State): Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government (Attached [ ] Check [ ] Cash)	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED: b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign 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) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
7689146394 96.50			12/03/99	DCA-Ronald Reagan	LGA-New York - L

APR 13 2000

COMMENTS:
One day trip greater than 12 hours.

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 ▶ Sandra L Thurman DATE AMOUNT CLAIMED ▶ $ 88.50

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 phone 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).)

APPROVING OFFICIAL SIGN HERE ▶ DATE 4/11/00

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount) $

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials MA 5/2/00 $ 88.50

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $ 0.00

d. NET TO TRAVELER ▶ $ 88.50

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE
1102200 J1083

~~2100101~~
210101 = 54.00 210601 = 34.50

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF - PAGES

TRIP# 1

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

THURMAN

DATE 19 99 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/06		D-:Washington, DC											
12/06		Airline Flight											
12/06		A-:MANHATTAN,NY				34 50			34.50			34 50	
12/06		D-:MANHATTAN,NY											
12/06		A:Washington, DC											
12/06		Airport to UN											27 00
12/06		UN to Airport											27 00
									SUBTOTALS ▶		0 00	0 00	0 00
									TOTALS ▶		0 00	34 50	54 00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 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, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to 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, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 88.50

.EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment #2 *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)* Sandra J. Thurman

3. Title of Traveler Director

4. AGENCY/DIVISION ONAP / AIDS Policy

5. Office Phone 62959

6. Official Duty Station Bldg SP

7. ☒ Per Diem
☐ Actual Subsistence *(unusual circumstances)** Rate(s):

8. TRAVEL INFORMATION

PURPOSE: [illegible] to the attached meeting of the UN [illegible] (TA)

DATE(S): Travel Begin On 12/9/99 Travel End On 12/10/99

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* New York, NY

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL						10. ESTIMATED COST	AMOUNT
(a) Commercial Transportation						Per Diem/Actual Subsistence	$ 46.00
Rail		Air				Transportation	96.50
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡		Rental Car	———
		C				Miscellaneous [illegible]	—0—
						TOTAL	$ 142.50

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government * ☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Traveler returned to Washington on 12/[illegible] for important meetings & did not stay in NYC until 12/8th as amendment #1 stated.

14(a) Requested by [signature]

15. Accounting data *(Appropriation, division, project, vendor number)* J108E 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)* [signature]

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)* [signature] 12/16/99

17. Date 12/8/99

18. Travel Authorization No. TTCONAI1-2

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. printout	Vouchers Selected for payment, run date 03/30/2000, page 33 (partial) (1 page)	03/30/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RUN OPTION SELECTED : - PRELIST PAY THROUGH DATE : 04/05/2000 PAYMENT DATE : 03/31/2000 POSTING PERIOD : 06 2000
SORT OPTIONS : S O V P N

SCHEDULE NO : YJ20000006
OIT : 2PD

VOUCHER NUMBER / PO NUMBER / OIT / ALC	VENDOR NUMBER / VENDOR NAME / VENDOR ADDRESS AND ACH INFO	SCHEDULE NO	PYMT TERMS	DUE DATE / DISC-DATE / PYMT DATE	FY INDEX CODE / PROJECT / GRANT / VOUCHER AMOUNT	OBJECT / PRJDET / GRTDET / DISC/INT AMOUNT	USERCD / PAYMENT-AMOUNT
VPPD00000045 04 TOJONA14 01 2PD	(b)(6) C/O WHITE HOUSE ADMIN OFC OEOB RM 1 17TH & PENN. NW AVE 254075551 | 001371900 WASHINGTON ST: DC ZIP: 20502		NO30DAYHOL	04/04/2000 04/04/2000 04/04/2000	2000 J108E 44.00	210801 .00	44.00
VPPD00000046 01 TOJONA11 01 2PD	(b)(6) 01 YJ20000006 THURMAN,SANDRA L C/O WHITE HOUSE ADMIN OFC OEOB RM 1 17TH & PENN. NW AVE 061000010 | 06485901 WASHINGTON ST: DC ZIP: 20502		NO30DAYHOL	04/04/2000 04/04/2000 04/04/2000	2000 J108E 54.00	210101 .00	54.00
VPPD00000046 02 TOJONA11 01 2PD	(b)(6) 01 YJ20000006 THURMAN,SANDRA L C/O WHITE HOUSE ADMIN OFC OEOB RM 1 17TH & PENN. NW AVE 061000010 | 06485901 WASHINGTON ST: DC ZIP: 20502		NO30DAYHOL	04/04/2000 04/04/2000 04/04/2000	2000 J108E 34.50	210601 .00	34.50
VPPD00000047 01 TOJONA09 01 2PD	(b)(6) 01 YJ20000006 THURMAN,SANDRA L C/O WHITE HOUSE ADMIN OFC OEOB RM 1 17TH & PENN. NW AVE 061000010 | 06485901 WASHINGTON ST: DC ZIP: 20502		NO30DAYHOL	04/04/2000 04/04/2000 04/04/2000	2000 J108E 147.00	210101 .00	147.00
VPPD00000047 02 TOJONA09 01 2PD	(b)(6) 01 YJ20000006 THURMAN,SANDRA L C/O WHITE HOUSE ADMIN OFC OEOB RM 1 17TH & PENN. NW AVE 061000010 | 06485901 WASHINGTON ST: DC ZIP: 20502		NO30DAYHOL	04/04/2000 04/04/2000 04/04/2000	2000 J108E 231.00	210601 .00	231.00

```
FAML6052 V4.0                    EOP PRODUCTION REGION                    06/15/2000
LINK TO:                        DOCUMENT DETAIL INQUIRY                      3:11 PM

FISCAL MO/YR : 09 2000 JUNE
DOCUMENT     : T0J0NA11     01          BAL TYPE :
G/L ACCOUNT  : 480100                   UNDELIVERED ORDERS - UNPAID
-------------------------- INCEPTION TO DATE ACTIVITY -------------------------
  POST DATE  DOCUMENT NO     PERIOD  T/C   SCHEDULE NO     CHECK NO/REF NO
S BT FY   INDEX        OBJECT PROJECT              GRANT                   AMOUNT
  03/06/2000 T0J0NA11     01 04 2000 770
  01 2000 J108E        210000                                            -234.50
  03/30/2000 VPPD00000046 01 06 2000 308 P
  21 2000 J108E        210000                                              54.00
  03/30/2000 VPPD00000046 02 06 2000 308 P
  21 2000 J108E        210000                                              34.50
  03/31/2000 VPPD00000053 13 05 2000 308 P
  21 2000 J108E        210000                                              96.50



F1-HELP      F2-SELECT    F3-DOC CLS                 F5-NEXT      F6-TRAN DET
             F8-NEXT PG   F9-LINK                   F11-DOC ANAL F12-USER INQ
G013 - LAST PAGE DISPLAYED
```

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005a. form	SF 1012, Travel Voucher TOJONA11 (1&2), Sandra Thurman (partial) (1 page)	02/19/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[005a]

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL	3. VOUCHER NO.
OPD	[X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION	TOJONA11 (1&2)
		4. SCHEDULE NO. WPD080000046

5. a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL
THURMAN, SANDRA L.	(b)(6)	a. FROM 12/06/99 b. TO 12/06/99
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502	d. OFFICE TELEPHONE NO.	7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 01/24/00
e. PRESENT DUTY STATION WASHINGTON, DC	f. RESIDENCE (City and State) Washington, DC	10. CHECK NO.

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED $	EFT
b. Amount to be applied	0.00			
c. Amount due Government (Attached [ ] Check [ ] Cash)		c. PAYEE'S SIGNATURE		
D. Balance outstanding				

RECEIVED 2000 FEB 10 PM 4:
FINANCIAL MANAGEMENT DIVISION

pd 3/30/00 MC

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign 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) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
7689146394 96.50			12/03/99	DCA-Ronald Reagan LGA-New York - L	

2000 FEB -9 PM 5:38

COMMENTS:
One day trip greater than 12 hours.

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 ▶ Sandra L Thurman DATE 1/24/00 AMOUNT CLAIMED ▶ 88.50

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 phone 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).)

APPROVING OFFICIAL SIGN HERE ▶ DATE 2/9/00

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)	$
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION. Certifier's initials: RPA 3/27/00	$ 88.50
c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	$ 0.00
d. NET TO TRAVELER ▶	$ 88.50

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE
1122203 J108E 210101=54.00 210601=34.50

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF

TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

THURMAN

DATE 19 99 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/06		D-:Washington, DC											
12/06		Airline Flight											✓
12/06		A-:MANHATTAN,NY				34 50			34.50			34 50	
12/06		D-:MANHATTAN,NY											
12/06		A:Washington, DC											
12/06		Airport to UN											27 00
12/06		UN to Airport											27 00

SUBTOTALS ▶ 0 00 | 0 00 | 0 00

TOTALS ▶ 0 00 | 34 50 | 54 00 ✓

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 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, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to 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, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 88.50 ✓

STANDARD FORM 1012 BACK (10-77)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005b. ticket stub	passenger receipt, Sandra Thurman, Washington to New York and return on 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[0056]

99 3428 7843
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC5ST0J0NA11 1695000023 0049695 A47

PASSENGER RECEIPT

XXXXXXXXX
BOARDING PASS

ARC FLIGHT COUPON XXX

ISSUED BY DELTA AIR LINES INC XXXXX TOUR CODE AG9910935 NAME OF PASSENGER THURMAN/SANDY MS

NAME OF ISSUING AGENT AMERICAN EXPRESS PLACE OF ISSUE WASHINGTON DC US03DEC99 DCA

NAME OF PASSENGER THURMAN/SANDY MS PNR/CARRIER CODE VKWEND/AA NAME NAME/TICKET DESIGNATOR YCALGADC PCI 6 SERIAL NO. 0011 FROM OLGA DL1748 Y 06DECYCALGADC

X/O FROM **NOT VALID FOR** CARRIER THIS IS YOUR RECEIPT FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER DCA DL1767 Y 06DECYCALGADC

X/O TO **TRANSPORTATION* ISSUING AGENT ID KC52*47 TO **********

ENDORSEMENTS/RESTRICTIONS **********

FP (b)(6) 034778 /FCWAS DL NYC CARRIER **********

0.00 DL WAS40.00YCALGADC 80.00 END ZPDCALGA XFDCA3 CARRIER FLIGHT CLASS DATE TIME **********

GA3 **********

GATE SEAT SMOKE **********

XF 6.00 **********

FARE USD 80.00 EQUIV. FARE PD. ALLOW PCS WT UNCKD **********

TAX US 6.00 STOCK CONTROL NO. TX 699 CK CPN DOCUMENT NUMBER CK PCS WT UNCKD BAGGAGE ID NUMBER NOT VALID FOR TRAVEL

TAX ZP 4.505586078323 0 006 7689146394 2 0 006 7689146394 2

TOTAL USD 96.50 AA09910935

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

TAXICAB RECEIPT

Date: 12/6/99

Time: _____

Company: _____

Origin of trip: UN

Destination: Airport – La Guardia

Fare: 27 Sign. _____

Hope you had a pleasant ride
Thank you for your business

TAXICAB RECEIPT

Date: 12/6/99

Origin of trip: Airport

Destination: UN Headquarters

Fare: 27 Sign: _____

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

99 DEC 2 P1:5

1. TYPE OF AUTHORIZATION

☑ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*
Sandra L. Thurman

3. Title of Traveler
Director, AIDS Policy

4. AGENCY/DIVISION
OPD

5. Office Phone
6-2959

6. Official Duty Station
736 Jackson Place

7. ☐ Per Diem
☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To lead the US delegation to the attached meeting at the UN with the UN Secretary General on AIDS in Africa

DATE(S): Travel Begin On 12/06/99 Travel End On 12/06/99

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* New York, NY

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler, NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 46.00
Transportation	96.50
Rental Car	
Miscellaneous	
TOTAL	$ 142.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED $
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

APR 13 2000
JMD

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*
J108C 1102200

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)* 12/2/99

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)* 12/2/99

17. Date

18. Travel Authorization No.
TOJONA11

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

WHITE HOUSE MANAGEMENT

99 DEC 3 PM 3:38

1. TYPE OF AUTHORIZATION

☐ TDY ☒ Amendment *(show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: OP/AIDS

5. Office Phone: 62959

6. Official Duty Station: 286 JP

7. ☒ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: Amended: Attend + participate (entire) UN meeting + site visit (Wednesday morning) re AIDS training video

DATE(S): Travel Begin On 12/6/99 Travel End On 12/8/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: New York NY

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business*	First Class‡
		2		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	☐ Determined more advantageous to government*
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$ 138.00
Transportation	96.50
Rental Car	
Miscellaneous / Lodging	0
TOTAL	$ 234.50

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other *(Please identify)*

12 ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Additional agenda: Wednesday afternoon (interview + photo shoot for Arts + Understanding magazine in her official role as Director of AIDS Policy.

14(a) Requested by: Dep Director

15. Accounting data *(Appropriation, division, project, vendor number)*: 1102200 J108E

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official *(Signature and Title)*

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

17. Date: 12/3/99

18. Travel Authorization No.: TOSDNA11-1

APR 13 2000

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005c. itinerary	AMEX Travel, Sandra Thurman, Washington to New York round trip, 6 Dec 99 (partial) (1 page)	12/03/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
United Nations Secretary General Meeting, 12/6-8/99 [1]

2007-1550-F
kc1296

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[005c]

AMERICAN EXPRESS

Corporate Services

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0049695 DATE: 03 DEC 9
CUSTOMER NBR: 1695000023 VKWEMD PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS REF: KC5ST0J0NA11

06 DEC 99 - MONDAY

AIR	DELTA AIR LINES INC	FLT:1740	COACH	SNACK
	LV WASHINGTON REAGAN		645A	EQP: BOEING 727-200
	DEPART: TERMINAL B			01HR 02MIN
	AR NEW YORK LGA		747A	NON-STOP
	ARRIVE: MARINE AIR TERMINAL			REF: T89D3V
AIR	DELTA AIR LINES INC	FLT:1767	COACH	SNACK
	LV NEW YORK LGA		730P	EQP: BOEING 727-200
	DEPART: MARINE AIR TERMINAL			01HR 11MIN
	AR WASHINGTON REAGAN		841P	NON-STOP
	ARRIVE: TERMINAL B			REF: T89D3V

30 MAY 00 - TUESDAY
OTHER WASHINGTON
HAVE A GREAT TRIP

AIR TICKET DL7689146394

THURMAN SANDY MS
BILLED TO (b)(6) 96.50

SUB TOTAL 96.50
NET CC BILLING 96.50

TOTAL AMOUNT DUE 0.00

CONTINUED ON PAGE 2

AMERICAN EXPRESS

Corporate Services

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0049695 DATE: 03 DEC 9
CUSTOMER NBR: 1695000023 VKWEMD PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEOR ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS REF: KC5ST0J0NA11

. TOTAL AIR FARE USD96.50
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.
. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO ITENTIFICATION
AT AIRPORT CHECKIN.
. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.
.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

The Executive Director

Reference: CPP/MGB/rg

22397

Ms Sandra Thurman
Director
Office of National AIDS Policy
Washington D.C.
Fax: 1 202 456 2439

11 November 1999

Dear Ms Thurman,

Subject: Meeting on the International Partnership against AIDS in Africa convened by the Secretary-General

You have already had informal communication about the proposed meeting in December, but in order to facilitate your preparations, we believe it would be helpful if you have further notification of a letter that you will shortly receive from the United Nations Secretary-General. Mr Annan will be writing to you shortly to invite you to a meeting to be held in New York on 6-7 December 1999. Please find below the extracts from the text of the letter.

Extract:

The HIV/AIDS epidemic has continued to escalate with disastrous consequences, especially in Africa. Much has already been done to respond to the epidemic, but more efforts are needed. An **International Partnership against AIDS in Africa** is being developed to bring together a broad range of partners to respond to the epidemic and to mobilize the high level political support required. It is only through such broad partnerships that we can achieve the goal established by the XXIst Special Session of the General Assembly, that *"by the year 2005 HIV prevalence in the age group 15-24 years is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent."*

I would like to invite you to participate in a meeting of representatives of the different constituencies of the **International Partnership against AIDS in Africa** to be held at United Nations Headquarters on 6-7 December 1999. While some of these constituencies have met previously, this is the first time that representatives of all five pillars - African Governments, United Nations, donors, civil society and corporate sector - will come together to discuss how to move forward. The high-level opening session, which I shall chair, will begin on 6 December at 9:30 a.m. I further hope that you or your senior representative will be able to participate in the working sessions to be held the afternoon of 6 December and all day 7 December. The Deputy Secretary-General, Ms. Louise Fréchette, will lead these sessions.

22397 .../2

Copy to:
Ms Vivian Derryck Lowery, Assistant Administrator for Africa Bureau, USAID, Washington D.C. (Fax: 1 202 7120500)
Dr Paul De Lay, Chief HIV-AIDS Division (USAID), Washington D.C. (Fax: 1202 2163046)
Permanent Representative, Permanent Mission of the USA to the UN in New York (Fax: 212 4154443)

The aim of the two-day meeting is to:

- agree on a set of principles and priorities around which partners can organise their efforts and join together to respond to the AIDS epidemic in Africa;
- update each other on the steps to be taken to mobilize their broader partner group in order to intensify the efforts that address AIDS in Africa; and
- agree on a specific plan within a time line of several months to complete the design and formation of the partnership.

Further details regarding the consultation will be sent to you through the office of the Deputy Secretary-General, in coordination with the Executive Director of UNAIDS, Dr. Peter Piot.

We will be in touch with you shortly with further details of the meeting.

Yours sincerely,

P.

Peter Piot

UNAIDS • 20, avenue Appia • CH-1211 Geneva 27 • Switzerland
Tel. (+41)22 791 3666 • Fax (+41)22 791 4187 • e-mail <unaids@unaids.org> •
http://www.unaids.org