

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40015
FolderID:

Folder Title:
Local Receipts - Travel Authorizations

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/19/1997	b(6)
002. statements	re: American Express invoices (12 pages)	06/19/1997	P4/b(4)
003. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/19/1997	b(6)
004. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/04/1997	b(6)
005. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	08/04/1997	b(6)
006. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	07/22/1999	b(6)
007. statements	re: Hotel billing (5 pages)	06/21/1997	b(6)
008. statements	re: Hotel billing (3 pages)	06/23/1997	b(6)
009. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/19/1997	P4/b(4), b(6)
010. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/24/1997	P4/b(4)
011. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/12/1997	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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]
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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]

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/12/1997	b(6)
013. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/03/1997	P4/b(4), b(6)
014. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/03/1997	b(6)
015. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	05/16/1997	P4/b(4), b(6)
016. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	08/12/1999	b(6)
017. form	re: Travel request and authorization [Personally Identifiable Information] [partial] (1 page)	08/10/1999	b(6)
018. form	re: Travel request and authorization [Personally Identifiable Information] [partial] (2 pages)	05/17/1999	b(6)
019. statements	re: Wachovia checking and savings statement (2 pages)	06/24/1999	P4/b(4), b(6)
020. card	re: American Express account data (1 page)	00/00/0000	P4/b(4)
021. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	07/16/0000	b(6)
022. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
023. check	Personal check (1 page)	05/15/1998	b(6)
024. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	03/25/1998	b(6)
025. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	12/11/1997	b(6)
026. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
027. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	10/15/1997	b(6)
028. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	08/14/1998	b(6)
029. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
030. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

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OA/Box Number: 40015

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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001. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/19/1997	b(6)
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Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

FILE COPY

4. TRAVELER (First name, middle initial, last name)

SANDRA . . THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

9. OFFICE PHONE

632-1090

10. OFFICIAL DUTY STATION

WASHINGTON, DC

1. TRAVEL AUTHORIZATION NO.

TA001272

2. DATE

06/19/97

3. TYPE OF TRAVEL

☒ Official

☐ Relocation

☐ Mixed

☐ Political

☐ Invitational
(Non EOP Employees Only)

☐ Amendment
(Show items amended)

☐ Funded by
Non-Federal Sources

7. AGENCY

750 17TH STREET, OPD

8. DIVISION

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rates:

12. TRAVEL INFORMATION

PURPOSE: ~~To attend various functions with the President~~ Attend meetings w/
AIDS Community on AIDS vaccine initiative & to visit AIDS
Community sites

DATE(S): Travel Begin On 6/19/1997

Travel End On 6/24/1997

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: WASHINGTON, DC

To: SAN FRANCISCO/COUNTY, CA 114/ 42

To:

To:

To:

To:

To: DENVER/COUNTY, CO 92/ 34

To:

To:

To:

To:

Return to: WASHINGTON, DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging \$ 526.00

Per Diem/M&IE 217.00

Transportation 599.00

Rental Car 0.00

Miscellaneous 60.00

TOTAL \$ 1,402.00

16. ADVANCE REQUESTED (meals and miscellaneous expenses only) \$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

[001]

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

(b)(4)

19. REQUESTED BY

Sandra Thurman

6/19/97

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

20. certify the travel herein was reviewed and determined
to be essential for the accomplishment of agency programs
and missions in the most economical means available.
Approval Official (Signature and Title)

[Signature] Cons/200

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. statements	re: American Express invoices (12 pages)	06/19/1997	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

RESTRICTION CODES

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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/19/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

RESTRICTION CODES

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

1. TRAVEL AUTHORIZATION NO. TA001272	2. DATE 06/19/97
3. TYPE OF TRAVEL	
☒ Official	☐ Invitational (Non EOP Employees Only)
☐ Relocation	☐ Amendment (Show items amended)
☐ Mixed	☐ Funded by Non-Federal Sources
☐ Political	

4. TRAVELER (First name, middle initial, last name)

SANDRA . . THURMAN

[003]

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

750 17TH STREET, OPD

8. DIVISION

9. OFFICE PHONE

632-1090

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

12. TRAVEL INFORMATION

PURPOSE: To attend various functions with the President

DATE(S): Travel Begin On 6/19/1997

Travel End On 6/24/1997

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: WASHINGTON, DC

To: DENVER/COUNTY, CO 92/ 34

To: SAN FRANCISCO/COUNTY, CA 114/ 42

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON, DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$ 526.00
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Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 1,402.00
16. ADVANCE REQUESTED (meals and miscellaneous expenses only)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

Sandra Thurman

6/19/97

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)

[Signature] Asst. Dir.

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/04/1997	b(6)

COLLECTION:

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National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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REPRINT
TRAVEL VOUCHER

06/04/97 16:58

R#: WQN60385
2151
CII

ENTRY DATE: 06/02/97
BID: OD
AO APPROVAL DATE: 06/03/97

FY/CAN: MULT
CLERK ID: XRW
UPDATE: 06/02/97

[004]

TRAVELER: SANDRA THURMAN
TITLE: PRESIDENTIAL ADVISORY COUNCIL
MAIL ADDRESS: CARTER CTR
1 COPENHILL
ATLANTA, GA

SSN: (b)(6)

VOUCHER STATUS: AO APPROVED
TRIP START DATE: 04/24/96 12:30 PM
END DATE: 04/27/96 03:00 PM

DUTY STATION: ATLANTA, GA BLDG: 00 RM: 00 TEL: 4048724122
CONTACT: SHERRI COOPER-SMITH BLDG: 31 RM: 4B54 TEL: 3014023357
EMPLOYEE CODE: CIVILIAN

RECOMMENDED BY: LINDA JACKSON
AUTHORIZED BY: DARLENE BLOCKER

TITLE: PROGRAM COORDINATOR
TITLE: ADMINISTRATIVE OFFICE

PURPOSE: TO ATTEND THE PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS ON
APRIL 24-26, 1996.

ITINERARY: WASHNGTN DC/ATLANTA

***** SUMMARY *****

	OC	COST
TRANSPORTATION/MISC. EXPENSES (EXCLUDING GTA):		.00
REGISTRATION COST:	252W	.00
PER DIEM (MEALS & LODGING):	2151	123.50
OTHER EXPENSES:	2151	110.00

TOTAL EXPENSES:		233.50
GTR#	APPROP#: 0846	GTA COST: 447.00
SPONSOR(S) OWE NIH: .00	SPONSOR(S) IN CASH/KIND:	.00
	TOTAL COST:	680.50
	PAID TRAVEL ADVANCE:	.00
	ADDITIONAL AMOUNT DUE TRAVELER:	233.50

VOUCHER WILL BE PAID BY AGENT CASHIER!

***** AUTHORIZATION *****

4/4
DATE
I HEREBY CERTIFY THAT I HAVE REVIEWED THE ITEMIZED EXPENSES AND ATTACHED DOCUMENTATION. PAYMENT IS RECOMMENDED.

Signature of Darlene Blocker
SIGNATURE (AUTHORIZED BY)
TITLE

6/2
DATE
I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THIS VOUCHER IS COMPLETE.

Signature of Sandra Thurman
SIGNATURE (TRAVELER)

***** BRING SIGNED VOUCHER AND RECEIPTS TO AGENT CASHIER *****



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

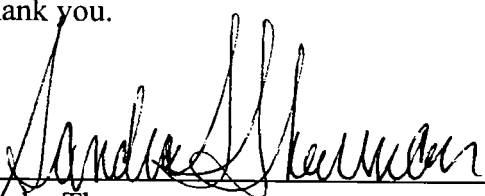
National Institutes of Health
Bethesda, Maryland 20892

DATE: June 9, 1997

NOTE TO: NIH Cashier
Building 31, Room B1B22

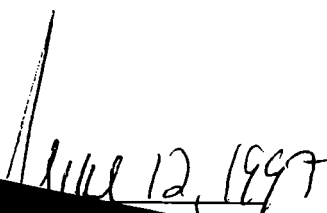
I authorize Ida Warren, Program Assistant, Office of AIDS Research, OD, NIH to Pick up my Domestic Travel Voucher Reimbursement WQN60385 in the amount of \$ 233.50.

Thank you.



Sandra Thurman

Presidential Advisory Council


Date

Please sign and return the attached forms to me. I will forward them to the Office of AIDS Research.

Ann Borlo
Social & Scientific Systems
7101 Wisconsin Avenue
Suite 1300
Bethesda, MD 20814

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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005. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	08/04/1997	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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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]

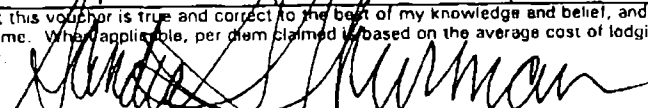
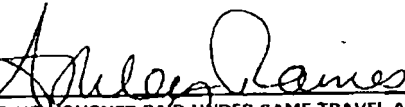
C. Closed in accordance with restrictions contained in donor's deed of gift.

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]
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TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED	
NAME (Last, first, middle initial) HURMAN, SANDRA		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.		5. PERIOD OF TRAVEL a. FROM 06/19/97 b. TO 06/24/97	
c. MAILING ADDRESS (Include ZIP Code) OEBO, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA001272 b. DATE(S) 06/19/97			
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) ALEXANDRIA, VA		10. CHECK NO.		11. PAID BY	
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					
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)		
1383177986 5	596.00	AA	MUL	06/19/97	DCA-Washingt DEN-Denver		
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.					TRAVELER SIGN HERE  DATE 7/22/99 AMOUNT CLAIMED 1261.13		
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).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) 6/23 am 6/24 personal \$ -42.00 phone calc -3.91 phone calc -19.07		
APPROVING OFFICIAL SIGN HERE  DATE 8/4/97					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: L 8/19/97 \$ 1,196.15		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) \$ 0.00		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED SIGNING OFFICIAL DATE					d. NET TO TRAVELER ▶ 2,295.13 1,176		
18. ACCOUNTING CLASSIFICATION 21-76.00 22-758.80					297-361.35		

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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006. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	07/22/1999	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

RESTRICTION CODES

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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)]

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TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA . . . 006				b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 06/19/97 b. TO 06/24/97	
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502				d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA001272 b. DATE(S) 06/19/97	
e. PRESENT DUTY STATION WASHINGTON, DC				f. RESIDENCE (City and State) ALEXANDRIA, VA		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 FILE COPY							
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) ▶ <i>Traveler's Initials</i>					
		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)	TO (f)
1383177986 5		596.00	AA	MUL	06/19/97	DCA-Washingt	DEN-Denver,
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 [Signature] DATE 7/22/99 AMOUNT CLAIMED 1,295.13 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; 1 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 ▶ \$ 1,295.13	
18. ACCOUNTING CLASSIFICATION							

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)								Complete this information if this is a continuation sheet.		PAGE 2 OF PAGES	
	<i>Col. (c)</i> 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.)								<i>Complete only for actual expense travel</i>		<i>Col. (d) thru (g)</i> Show amount incurred for each meal, including tax and tips, and daily total meal cost. <i>(h)</i> Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). <i>(i)</i> Complete for per diem and actual expense travel. <i>(j)</i> Show total subsistence expense incurred for actual expense travel. <i>(m)</i> 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. <i>(n)</i> 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.	
											TRAVEL AUTHORIZATION NO. TA001272	
											TRAVELER'S LAST NAME THURMAN	

DATE 97 19	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES						MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
06/19	5:10P	D--:WASHINGTON, DC											
06/19		:			Air fare								
06/19	8:40P	A--:DENVER/COUNTY, C				25.50		155.00	180.50			180.50	
06/20		:			Taxi	in town	- De						12.00
06/20		:			Taxi	intown	- Denv						9.00
06/20		Subsistence				34.00		155.00	189.00			189.00	
06/20		Authorized Business Calls											33.15
06/21	2:10P	D--:DENVER/COUNTY, CO											
06/21	3:38P	A--:SAN FRANCISCO/C				42.00		153.90	195.90			195.90	
06/21		:			Taxi	A/Port SF to							24.00
06/21		Authorized Business Calls											67.11
06/21		Authorized Business Calls											85.85
06/22		:			Taxi	Hotel/A/pport S							24.00
06/22		:			Taxi	in town San Fr							7.00
06/22		Subsistence				42.00		153.90	195.90			195.90	
06/22		Authorized Business Calls											45.61
06/22		Authorized Business Calls											78.10
06/23		Subsistence				42.00			42.00			42.00	
06/23		Authorized Business Calls											74.51
06/24	11:14A	D--:SAN FRANCISCO/COUNTY, CA											
06/24	9:30P	A:WASHINGTON, DC											
06/24		Subsistence				31.50			31.50			31.50	
SUBTOTALS										0.00	834.80	460.33	
TOTALS										0.00	834.80	460.33	

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

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 appropriate Federal, State, local or foreign agencies, when relevant to civil,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, 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 1,295.13

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. statements	re: Hotel billing (5 pages)	06/21/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

RESTRICTION CODES

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. statements	re: Hotel billing (3 pages)	06/23/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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77 3428-3882
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC5SX0801272

PASSENGER RECEIPT

1695808023 0025901 A42
BOARDING PASS

ISSUED BY: AMERICAN AIRLINES
NAME OF ISSUING AGENT: AMERICAN EXPRESS
NAME OF PASSENGER: THURMAN/SANDRA
X10 FROM: THURMAN/SANDRA
X10 TO: **NOT VALID FOR**
ENDORSEMENTS/RESTRICTIONS: **TRANSPORTATION*

ARC FLIGHT COUNCIL X
TOUR CODE: XXXXX
PLACE OF ISSUE: WASHINGTON DC
DATE OF ISSUE: 19JUN97
ISSUING AGENT ID: KC52*50

AGENT CODE: A09910935
NAME OF PASSENGER: THURMAN/SANDRA
FROM: DCA
TO: DCA
CLASS: Y
STATUS: 0011/

FP AX378380642241004*1299/ C 131174 /FCWAS AA DEN73
.64YCADCA UA SF0369.09HDG AA WAS93.64YCADCA 536.37
END XFDCA3DEN3

FARE: USD 536.37
TAX: US 53.63
TOTAL: XF 6.00
USD 596.00

STOCK CONTROL NO. TX 889 CK
25677670071

ALLOW PCS WT UNCKD

0 001 1383177986 5

NOT VALID FOR TRAVEL
0 001 1383177986 5
AA09910935

-TAXICAB RECEIPT-

Den
TIME _____ DATE 6/20 1997

REC'D
FROM _____

FARE AMOUNT \$ 12.00

TRIP
FROM _____

TRIP
TO _____

ASSN. _____

CAB
NO. _____

I.D.
NO. _____

TAG
NO. _____

SIGNATURE _____

13

TAXI CAB RECEIPT

Den
DATE AND TIME: 6/20/97

CAB FARE FROM: _____ TO: _____

CAB CO: _____ NO. _____

No. OF PASSENGERS _____ TOTAL FARE \$ 9.00

SIGNATURE: _____

SF **-TAXICAB RECEIPT-**

TIME _____ DATE 6/23 1997

REC'D
FROM _____

FARE AMOUNT \$ 24⁰⁰

TRIP
FROM airport

TRIP
TO hotel

ASSN. _____ CAB
NO. _____

I.D.
NO. _____ TAG
NO. _____

SIGNATURE [Signature]

32

SF
Taxi Cab Receipts

Date: 6/22 Time: _____
Trip Origin: hotel
Destination: restaurant
Fare: \$ 7.00 Signature _____

San Fran

Taxi Cab Receipts

Date 6/21/97 Time: _____
Trip Origin: airport
Destination: hotel
Fare: \$ 24 Signature _____

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/19/1997	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

TA001272

06/3

4. TRAVELER (First name, middle initial, last name)

SANDRA . . THURMAN

[009]

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

750 17TH STREET, OPD

8. DIVISION

9. OFFICE PHONE

632-1090

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE:

To attend various functions with the President Attend meetings & AIDS Community on AIDS vaccine initiative & to visit AIDS Community sites

DATE(S): Travel Begin On 6/19/1997

Travel End On 6/24/1997

ITINERARY: (Point of Origin/Placets) of Official Visitation/Point of Return

From: WASHINGTON, DC

To: SAN FRANCISCO/COUNTY, CA 114/ 42

To:

To:

To:

To:

To: DENVER/COUNTY, CO 92/ 34

To:

To:

To:

To:

Return to: WASHINGTON, DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging \$ 526.

Per Diem/M&IE 217.

Transportation 599.

Rental Car 0.

Miscellaneous 60.

TOTAL \$ 1,402.

16. ADVANCE REQUESTED (meals and miscellaneous expenses only) \$ 0.

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

(b)(4)

19. REQUESTED BY

Sandra Thurman

6/19/97

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Shirley Raines 10/19/97

20. certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.

Approval Official (Signature and Title)

Wanda J. ...

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/24/1997	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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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]

**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)

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: Annual meetings of the Community for the President's Initiative, 14-15 Oct 1993, Washington, DC

DATE(S): Travel Begin On 10/14/93 Travel End On 10/15/93

ITINERARY: Point of Origin (City, State) New York, NY

Place(s) of Official Visitation (City, State) Washington, DC

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$	550.00
					Transportation		
					Rental Car		
					Miscellaneous		150.00
					TOTAL	\$	700.00
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE: common carrier cost		☐ Commercial Rental Car		
(c) ☐ Gov't Owned Vehicle					☐ Excess Baggage not to exceed		
(d) ☐ Other (specify)					☐ 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.

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
- ITEM 14(b) — Signature of Approving Official
- ITEMS 15 – 16 — Self Explanatory.
- ITEMS 17 & 18 — To be completed by personnel assigning T/A numbers.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/12/1997	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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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]
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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]

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

FILE 001

1. TRAVEL AUTHORIZATION NO.
TA001237

2. DATE
06/12/97

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political
- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

SANDRA . . THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

750 17TH STREET, OPD

8. DIVISION

9. OFFICE PHONE

632-1090

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Trip to CDC, Atlanta, to meet with Meg Scarlett, Women's Office

DATE(S): Travel Begin On 6/13/1997

Travel End On 6/16/1997

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: WASHINGTON, DC

To: ATLANTA, GA 96/ 38

To:

To:

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON, DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$ 288.00
Per Diem/M&IE	133.00
Transportation	488.88
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 969.88

16. ADVANCE REQUESTED
(meals and miscellaneous expenses only)

\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA (Appropriation, division, account, object number)

(b)(4)

19. REQUESTED BY

Sandra Thurman 6/12/97

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Shirley Dames 6/12/97

20. I certify the travel herein was reviewed and determined

to be essential for the accomplishment of agency programs and missions in the most economical means available.

Approval Official (Signature and Title)

Paul J. Whitcomb Jr. Co/Sec

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

EASYLINK 9975664L001 12JUN97 12:23/12:23 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2026321096

SALES PERSON: 47

ITINERARY

DATE: 12 JUN 97

CUSTOMER NBR: 1695000023

QURGXF

PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDRA

13 JUN 97 - FRIDAY

AIR DELTA AIR LINES INC FLT:1441 COACH
LV WASHINGTON NATL 300P

EQP: MD-80

DEPART: INTERIM TERMINAL

AR ATLANTA 448P

NON-STOP

OTHER WASHINGTON NATL

PREFERRED SEATING IS ON REQUEST

16 JUN 97 - MONDAY

AIR DELTA AIR LINES INC FLT:1874 COACH
LV ATLANTA 725A

EQP: 727 STRETCH

AR WASHINGTON NATL 854A

NON-STOP

ARRIVE: INTERIM TERMINAL

THURMAN/SANDRA SEAT-13F

10 DEC 97 - WEDNESDAY

OTHER WASHINGTON

THANK YOU FOR USING AMERICAN EXPRESS.

6/13

Can pick up 2:15 pm @ office

6/16

Pick up DC A @ 8:54 A

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
QURGXF

DATE: 12 JUN 97
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDRA

. TOTAL AIR FARE USD488.00

. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.

FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

. 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.

. THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/12/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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- 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]

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED																
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA .. [012]		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 06/06/97 b. TO 06/06/97		4. SCHEDULE NO.																
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA001202 b. DATE(S) 06/03/97		10. CHECK NO.																
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) ALEXANDRIA, VA		11. PAID BY		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		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)		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (a)</th> <th rowspan="2">ISSUING CARRIER (b)</th> <th rowspan="2">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th rowspan="2">DATE ISSUED (d)</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM (e)</th> <th>TO (f)</th> </tr> </thead> <tbody> <tr> <td>005138077065</td> <td>332.00</td> <td>CA</td> <td>Y</td> <td>06/05/97</td> <td>DCA-Washingt</td> <td>EWR-Newark,</td> </tr> </tbody> </table>						AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		FROM (e)	TO (f)	005138077065	332.00	CA	Y	06/05/97	DCA-Washingt	EWR-Newark,
AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																		
				FROM (e)	TO (f)																	
005138077065	332.00	CA	Y	06/05/97	DCA-Washingt	EWR-Newark,																
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE DATE 6/12/97 AMOUNT CLAIMED 0.00							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															
18. ACCOUNTING CLASSIFICATION				d. NET TO TRAVELER			\$ 0.00															

STANDARD FORM 1012 BACK (10-77)

97 3426 2802
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC5SX0001202

PASSENGER RECEIPT

1695000023 0025564 A42

BOARDING PASS

ISSUED BY **ARC** FLIGHT COUPON **X** TOUR CODE
NAME OF ISSUING AGENT **CONTINENTAL AIRLINES XXXXX** AGENT CODE **A09910935**
NAME OF PASSENGER **AMERICAN EXPRESS WASHINGTON DC US051UN97**
THURMAN/SANDRA **TYIPKO/AA YCADCA** FROM **DCA**
NOT VALID FOR THIS IS YOUR RECEIPT **6 0011/**
TRANSPORTATION* **KC52*47

FP AX378380642241004*1299/ 540065 /FCWAS CO EWR14
8.18 CO WAS148.18YCADCA 296.36 END XFDC3EWR3

FARE USD 296.36
TAX US 29.64
TOTAL XF 6.00
USD 332.00

STOCK CONTROL NO. TX 889 CK
25677649270

ALLOW PCS WT UNCKD

DOCUMENT NUMBER CK
0 005 1380770658 0

NAME OF PASSENGER **THURMAN/SANDRA**
FROM **DCA**
TO **DCA C0321 Y 06JUNYCADCA**
CARRIER **0EWR C0306 Y 06JUNYCADCA**
FLIGHT **DCA C0321 Y 06JUNYCADCA**
CLASS **Y**
DATE **06JUN97**
TIME **0600**
SMOKE **0**
BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 005 1380770658 0
A09910935

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

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	06/03/1997	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

RESTRICTION CODES

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA001202

2. DATE
06/03/97

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political
- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

TRAVELER (First name, middle initial, last name)

ANDRA . . THURMAN

4. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

750 17TH STREET, OPD

8. DIVISION

9. OFFICE PHONE

32-1090

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: aTV Interview with MS NBC

DATE(S): Travel Begin On 6 / 6 / 1997

Travel End On 6 / 6 / 1997

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: WASHINGTON, DC

To: NEWARK, NJ 93 / 42

To:

To:

To:

To:

To:

Return to: WASHINGTON, DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$ 0.00
Per Diem/M&IE	31.50
Transportation	332.00
Rental Car	0.00
Miscellaneous	25.00
TOTAL	\$ 388.50
16. ADVANCE REQUESTED (meals and miscellaneous expenses only)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

this trip will be reimbursed by MS NBC in Seacaucus, NJ. Contact: Christopher Thompson @201/583-5803

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

(b)(4)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined

to be essential for the accomplishment of agency programs and missions in the most economical means available.

Approval/Official (Signature and Title)

JA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

03/21/95 11:15

202 456 6472

WHITE HOUSE RM 1

001

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: June 3, 1997

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule, you must complete the information below. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation if one was received.

Your name and position:

Sandra Thurman, Director, Office of National AIDS Policy
(No written request)

Nature of meeting or similar function and how it relates to your official duties:

Interview with MS NBC T.V. Station

Date and place(s) of travel:

June 6, 1997 - Newark, New Jersey

Persons or entity making the payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

MS NBC T.V.
1 MS NBC Way
Seacaucus, NJ
Contact: Christopher Thompson
201/583-5803

Nature of expense(s) paid for:

Travel + Transportation to and from Newark Airport

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

Airfare:	\$332.00	TO BE REIMBURSED
Taxi:	50.00	
	<u>382.00</u>	

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.

 6/3/97

Approved pursuant to 31 U.S.C. §1553

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
--------------------------	---------------	------	-------------

014. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/03/1997	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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)]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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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]

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. TA001130 4. SCHEDULE NO.															
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA .. [014]		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 05/18/97 b. TO 05/18/97		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA001130 b. DATE(S) 05/16/97															
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 632-1090		10. CHECK NO.		11. PAID BY															
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) ALEXANDRIA, VA		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															
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) Military Aircraft		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) ▶ <i>Traveler's Initials</i> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (a)</th> <th rowspan="2">ISSUING CARRIER (Initials) (b)</th> <th rowspan="2">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th rowspan="2">DATE ISSUED (d)</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM (e)</th> <th>TO (f)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Washington, DC to Baltimore, MD and return</td> </tr> </tbody> </table>						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)	TO (f)						Washington, DC to Baltimore, MD and return
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)	TO (f)																
					Washington, DC to Baltimore, MD and return																
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 ▶ <i>[Signature]</i>		DATE 6/3/97		AMOUNT CLAIMED ▶ 0.00		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)		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):															
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		d. NET TO TRAVELER ▶		\$ 0.00		\$ 0.00															
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE		18. ACCOUNTING CLASSIFICATION																			

**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) 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). Complete for per diem and actual expense travel.
- (i) Show total subsistence expense incurred for actual expense travel.
- (j) 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 2 PAGES

TRAVEL AUTHORIZATION NO.

TA001130

TRAVELER'S LAST NAME

THURMAN

DATE 19 97	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
05/18	7:00A	D--RES: ALEXANDRIA, VA											
05/18	8:15A	A--BALTIMORE/COUNTY, MD											
05/18	1:30P	D--BALTIMORE/COUNTY, MD											
05/18	3:00P	A:RES: ALEXANDRIA, VA											
		Military aircraft (round-trip). Traveling with											
		POTUS. Ground transportation in Baltimore provided											
		by the Government.											
SUBTOTALS											0.00	0.00	0.00
TOTALS											0.00	0.00	0.00

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

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

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 your SSN and other requested information is voluntary in all other instances.

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

TOTAL AMOUNT

0.00

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
015. form	re: Travel authorization [Personally Identifiable Information] [Accounting data] [partial] (1 page)	05/16/1997	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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]
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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]
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financial institutions [(b)(8) of the FOIA]
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concerning wells [(b)(9) of the FOIA]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA001130

2. DATE
05/16/97

3. TYPE OF TRAVEL

☒ Official

☐ Relocation

☐ Mixed

☐ Political

☐ Invitational
(Non EOP Employees Only)

☐ Amendment
(Show items amended)

☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

SANDRA .. THURMAN

[015]

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

750 17TH STREET, OPD

8. DIVISION

9. OFFICE PHONE

632-1090

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Traveling with POTUS to Morgan State University--Commencement
Speech (Baltimore, MD).

DATE(S): Travel Begin On 5/18/1997

Travel End On 5/18/1997

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: RES: ALEXANDRIA, VA

To: BALTIMORE/COUNTY, MD 96/ 38

To:

To:

To:

To:

To:

Return to: RES: ALEXANDRIA, VA

13. MODE OF TRAVEL

☐ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☒ Military Air

☐ Government Owned Vehicle

☒ Other (specify) Military

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging \$ 0.00

Per Diem/M&IE 28.50

Transportation 0.00

Rental Car 0.00

Miscellaneous 0.00

TOTAL \$ 28.50

16. ADVANCE REQUESTED \$ 0.00

(meals and miscellaneous expenses only)

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA (Appropriate)

(b)(4)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined
to be essential for the accomplishment of agency programs
and missions in the most economical means available.

Approval Official (Signature and Title)

Bruce Reed, Assistant to the President for
Domestic Policy
John D. Podesta, Deputy Chief of Staff to
President

OA FORM 22

X 1. Original (Return with voucher)

2. FMD copy

3. Advance of funds

**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 ☐ Relocation
(Non EOP Employees Only)

2. Traveler (First name, middle initial, last name)

3. Title of Traveler

5. Office Phone

6. Official Duty Station

4. AGENCY/DIVISION

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

8. TRAVEL INFORMATION

PURPOSE: For official business

DATE(S): Travel Begin On 11/1/01 Travel End On 11/1/01

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

Place(s) of Official Visitation (City, State) US, DC, NY

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$	12
					Transportation		200
					Rental Car		
					Miscellaneous		
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 312
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE common carrier cost		☐ Commercial Rental Car		
(c) ☐ Gov't Owned Vehicle					☐ Excess Baggage not to exceed _____		
(d) ☐ Other (specify)					☐ 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.

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.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
016. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	08/12/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

RESTRICTION CODES

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TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. TA000990003103-0 4. SCHEDULE NO.																			
5. a. NAME (Last, first, middle initial) Thurman, Sandra		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 05/17/99 b. TO 05/20/99		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA000990003103-0 b. DATE(S) 08/09/99																			
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503		d. OFFICE TELEPHONE NO. TA000990003103-0		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																			
e. PRESENT DUTY STATION Washington, DC		1. RESIDENCE (City and State) Washington, DC		10. CHECK NO.		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																							
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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)	TO (f)																				
No. 1	4,483.00																								
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 ▶ <i>Sandra Thurman</i>		DATE Aug 12, 1999		AMOUNT CLAIMED ▶ 1,316.56																			
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).)		Joy Riggs-Perla G/PHN/HN		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		16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶		DATE		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00 d. NET TO TRAVELER ▶ \$ 1,316.56																			
18. ACCOUNTING CLASSIFICATION FY-99--72-1191000..FOEA-99-.16900-T530..... - 1,316.56																									

**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) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
(g) (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.
(i) Show total subsistence expense incurred for actual expense travel.
(j) 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.
(m) 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

TRAVEL AUTHORIZATION NO.

TA000990003103-0

TRAVELER'S LAST NAME

Thurman

DATE 99 19	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
05/17	12:01A	D-:RES: Washington, DC													
05/17		:													
05/17		Subsistence					52.50			52.50			52.50		
05/17		Government Visa-Ghana													20.00
05/17		Authorized Business Calls													80.16
05/18	12:01A	A-:ACCRA, GHA					70.00		100.35	170.35			170.35		
05/18		Authorized Business Calls													27.09
05/19	12:01A	D-:ACCRA, GHA					70.00		100.35	170.35			170.35		
05/19		Subsistence													
05/19		Authorized Business Calls													191.50
05/20	12:01A	A:RES: Washington, DC					52.50			52.50			52.50		
05/20		Subsistence													
05/20		Authorized Business Calls													62.35
05/20		Authorized Business Calls													85.44
05/20		Authorized Business Calls													52.89
05/20		Authorized Business Calls													105.78
05/20		Authorized Business Calls													81.14
05/20		Authorized Business Calls													97.64
05/20		Authorized Business Calls													32.55
05/20		Authorized Business Calls													17.81
05/20		Authorized Business Calls													89.51
										SUBTOTALS	0.00	445.70	870.86		
										TOTALS	0.00	445.70	870.86		

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 appropriate Federal, State, local or foreign agencies, when relevant to civil,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, 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** 1,316.56

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
017. form	re: Travel request and authorization [Personally Identifiable Information] [partial] (1 page)	08/10/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]

AGENCY FOR INTERNATIONAL DEVELOPMENT
REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

AUTHORIZATION NUMBER

DATE _____

(See reverse of copy 8 (Employee's Copy) for Privacy Act Statement)

1. NAME AND ADDRESS OF TRAVELER Thurman, Sandra 736 Jackson Place Washington, DC 20503	2. STATUS OF TRAVELER ☐ ADMINISTRATIVE EMPLOYEE ☐ OTHER (Specify)	3. SOCIAL SECURITY NUMBER (b)(6)
4. OFFICIAL STATION OR ORGANIZATION Washington, DC		

5. This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

6. **APPLICABLE REGULATIONS:** Travel and necessary expenses are authorized in accordance with the ☐ Foreign Service Travel Regulations, ☐ Federal Travel Regulations, and the maximum per diem under these regulations is allowable unless otherwise noted in item 6.

7. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION

TA000990003103-0 dated 5/7/1999 is amended to authorize additional business calls to be made by the traveler.

JUSTIFICATION: The traveler received a phone call from President Clinton while in Ghana asking her to attend to additional AIDS in Africa business while on TDY. This request required the traveler to make additional business calls.

Bureau for Global Programs, Field Support and Research Washington. (G) Center for Population/Health/Nutrition. Increased use of proven interventions to reduce HIV/aids transmission. HIV/AIDS Results Package. 97-3090. S04-HIV/AIDS/Travel/Sandra Thurman.

Clearance: LHollis, G/PHN/HN

CStradford, G/PHN/OFPS

8. APPROPRIATION LIMITATION SYMBOL XXX 72X1095	9. ALLOTMENT ACCOUNT SYMBOL CD98XDCDX99	10. REQUESTING OFFICE SYMBOL G/PHN/HN/HIV/AIDS	11. DATE 08/10/99
---	--	---	----------------------

12.

Elizabeth Roche, G/PDSP

Brenda Colwell, G/AMS

APPROVING OFFICER SIGNATURE AND TITLE

OTHER REQUIRED APPROVAL

13. CERTIFICATE OF AUTHORIZATION - I CERTIFY that this authorization has been approved as indicated in Item 6

Bruce Gatti, M/AS/TT

Joy Riggs-Perla, G/PHN/HN

SIGNATURE OF AUTHORIZING OFFICER AND TITLE

OTHER REQUIRED APPROVAL

AID 5-8 (9/91)

IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to Authorization Number and Date at top.

1

COPY FOR TRAVELER — SEE REVERSE SIDE

[illegible]^a Insert 0, 1, 2, or 3, as appropriate

AID 5-8 (9/91)

IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to Authorization Number and Date at top.

2

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
018. form	re: Travel request and authorization [Personally Identifiable Information] [partial] (2 pages)	05/17/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]

AGENCY FOR INTERNATIONAL DEVELOPMENT
REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

W99-Y2123

(See reverse of copy 8 (Employee's Copy) for Privacy Act Statement)

AUTHORIZATION NUMBER
TA000990003103-0

DATE 5/7/99
04/27/99

1. NAME AND ADDRESS OF TRAVELER Thurman, Sandra 736 Jackson Place Washington, DC, 20503	2. STATUS OF TRAVELER ☒ ADMINISTRATIVE EMPLOYEE ☐ OTHER (Specify)	3. SOCIAL SECURITY NUMBER (b)(6)
	4. OFFICIAL STATION OR ORGANIZATION Washington, DC, [018]	

5. This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

6. APPLICABLE REGULATIONS: Travel and necessary expenses are authorized in accordance with the ☒ Foreign Service Travel Regulations, ☐ Federal Travel Regulations, and maximum per diem under these regulations is allowable unless otherwise noted in item 6.

7. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION				PDIEM	EST		
DATE	DEPART/ARRIVE	LOCATIONS	RATE	MODE	MODE	COST	DESCRIPTION
05/17/99	D:RES:	Washington, DC,			AIR	4483.00	Air fare
	:				CAB	175.00	Taxi
05/18/99	A:ACCRA, GHA		112/70				
	:ACCRA, GHA						
05/20/99	A:RES:	Washington, DC,					

PURPOSE: CONFERENCE ATTENDANCE

Attende African African-American Summit in Accra as member of official U S Delegation and to promote business/trade relationship in Africa. Bureau for Global Programs, Field Support and Research Washington. (G) Center for Population/Health/Nutrition. Increased use of proven interventions to reduce HIV/AIDS transmission. HIV/AIDS Results Package. 97-3090. S04-HIV/AIDS/Travel/Sandra Thurman.
(SEE CONTINUATION SHEET)

Clearance: Lhollis, G/PHN/HN Lhollis CStratford, G/PHN/OPPS find

8. APPROPRIATION LIMITATION SYMBOL 72X1095	9. ALLOTMENT ACCOUNT SYMBOL CD98XDCDX99	10. REQUESTING OFFICE SYMBOL G/PHN/HN/HIV/AIDS	11. DATE 04/27/99
12. Elizabeth Roche, G/PDSP APPROVING OFFICER SIGNATURE AND TITLE		Barbara Rogers, G/AMS, Director OTHER REQUIRED APPROVAL	
13. CERTIFICATE OF AUTHORIZATION - I CERTIFY that this authorization has been approved as indicated in item 6. Bruce Gatti, MTS/TT, Chief SIGNATURE OF AUTHORIZING OFFICER AND TITLE		Joy Riggs, G/PHN/HN, Direct OTHER REQUIRED APPROVAL	

Type of Currency	FOREIGN CURRENCY					ESTIMATED COST	OBJECT CLASS	U.S. DOLLAR ESTIMATE						
	AMENDMENTS			INCREASE	DECREASE			AMENDMENTS			INCREASE	DECREASE	ESTIMATED COST	
	INCREASE		DECREASE					INCREASE		DECREASE				
							2	TRAVEL EXPENSE & PER DIEM						756.00
							1	CARRIER TRANSPORTATION			RC#210335			4483.00
							2	TRANSPORTATION OF THINGS			RC#210334			0.00
							0	TOTAL						5239.00

* Insert 0, 1, 2, or 3, as appropriate

AID 5-8 (9/91)

IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to Authorization Number and Date at top

COPY: 1) Traveler 2) Finance Office 3) Travel Section 4) Bureau/Office 5)

SANDRA THURMAN

SS#

(b)(6)

TRAVEL TO ACCRA, GHANA 05/17/99

An all-inclusive per diem is authorized for Accra, GHA of \$112 lodging and \$70 M&IE. Travel within country, taxis and telephone are authorized for official business. No lodging receipts are required. Receipts are required for expenses in excess of \$75.00. Business Class travel is authorized.

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO SUSAN WATSON

From: Sandra L. Thurman 
Director
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503
(202) 456-2437

Date: July 23, 1999

Re: Reimbursement for travel to Accra, Ghana, May 17 – 21, 1999.

Recorded below are the expenses incurred during my recent travel to Accra, Ghana for the Fifth African-African American Summit. I have enclosed all lodging receipts associated with travel (taxi receipts are unavailable), receipt for business phone calls¹, and a copy of my travel authorization. I have not included meal expenses as I assume them to be covered under a set per diem for the country. Please feel free to call my assistant, Cheryl Bauerle, at 202/456-2959 if you require any additional information.

Novotel Hotel:

Exchange:	2470.0	
Room Charges	5/17-5/21 (\$100.35 per night)	USD 401.40
Business calls	5/17	USD 80.16
Business calls	5/18	USD 27.09
Business calls	5/19	USD 191.50
Business calls	5/20	USD 17.81
Business calls	5/21	USD 62.35

Visa

Embassy of Ghana	USD 20.00
------------------	-----------

Military Aircraft Calls (See footnote)

Total	6/02 (BILLED)	USD 471.95
-------	---------------	------------

Total claimed without meals	USD 1272.26
------------------------------------	--------------------

¹ Calls returned to President Clinton and his staff, while returning to DC on military aircraft, were charged to my personal credit card. I have included the bill with this voucher, as per instructions from USAID.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
019. statements	re: Wachovia checking and savings statement (2 pages)	06/24/1999	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
020. card	re: American Express account data (1 page)	00/00/0000	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
O/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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]
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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.

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- 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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
021. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	07/16/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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]
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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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OPD	2. VOUCHER NUMBER
			3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			
4.	a. NAME Summers, Todd A.	b. SOCIAL SECURITY NO. (b)(6)	[021]
	c. MAILING ADDRESS 808 17th St. NW Suite 820 Washington DC, 20006	d. OFFICE PHONE NUMBER 632-1090	

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)	(Explain expenditures in specific detail.)	MILEAGE RATE	AMOUNT CLAIMED					
					MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LANEOUS		
(a)	(b)		(c) FROM (d) TO	(e)	(f)	(g)	(h)	(i)		
03/15	A		Taxi: Office->Madison Hotel (Conference)			5.00				
05/18	A		Taxi: OEOB->Hyatt for meeting			5.00				
05/20	A		Taxi: Office->Rayburn House			8.00				
05/29	A		Taxi: Office->Georgetown Library			17.00				
06/04	A		Taxi: Office->Hart Building			6.00				
06/05	A		Taxi: Office->State Dept. and return			10.00				
06/14	A		Taxi: National->Madison->NEOB			21.00				
06/17	A		Taxi: OEOB->Dept. of Justice			6.00				
11/05	A		Taxi: Office->Dept of Housing			7.00				
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ \$ 85.00					TOTALS		0	0.00	85.00	0.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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. 680e).)

Sign Original Only

APPROVING
OFFICIAL
SIGN HERE

DATE

9. This claim is certified correct and proper for payment.
Sign Original Only

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

DATE

ACCOUNTING CLASSIFICATION

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT
SIGN HERE

DATE

7/16/96

11.

CASH PAYMENT RECEIPT

a. PAYEE(Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE
BY CHECK NO.

Taxi Cab Receipts

Date 3/11/98

Trip Origin: _____

Destination: 570 N 1st St

Fare: \$ 5.00

Taxi Cab Receipts

Date 4/5

Trip Origin: 801 1st St

Destination: _____

Fare: \$ 7.00



Taxi Cab Receipts

5/20 Time: _____

Origin: Jackson Place

Destination: Rayburn House

Fare: \$ 8.00 Signature: _____



TAXI CAB RECEIPT

Company: _____

Origin of trip: 17th & 1/2 St

Destination: Hwy 1

Fare: \$ 5.00

Hope you had a good ride.
Thank you for your business



Taxi Cab Receipts

Date: 6-5-98 Time: 4:00

Trip Origin: Jackson Pl

Destination: State Dept (return)

Fare: \$ 10.00 Signature: _____

Taxi Cab Receipts

Date: 5-29-98 Time: 11:45

Trip Origin: 136 Jackson Pl

Destination: Georgetown Library

Fare: \$ 17.00 Signature: _____

TAXI FARE RECEIPT

DIAMOND CAB
1100 Q ST., N.W.
WASHINGTON, DC 20009



387-6200

24 HOUR RADIO DISPATCH

CAB NO. _____ I.D. NO. _____ TAG NO. _____

SIGNED _____ DATE 6/17 TIME _____

TRIP ORIGIN DEOB

DESTINATION D-7

Taxi Cab Receipts

Date 5-4-98 Time: 11:00

Trip Origin: Jackson Pl

Destination: Hart Bldg

Fare: \$ 10.00 Signature: _____

Taxi Cab Receipts

Date 3/1/98

Trip Origin: _____

Destination: 320 N 1st St

Fare: \$ 5.00

Taxi Cab Receipts

Date 4/5

Trip Origin: 801 7th

Destination: _____

Fare: \$ 7-



Taxi Cab Receipts

5/20 Time: _____

Origin: Jackson Place

Destination: Rayburn House

Fare: \$ 8 Signature: _____



TAXI CAB RECEIPT

Company: _____

Origin of trip: 17th & 1/2

Destination: Hyattsville

Fare: 5.

Hope you had a pleasant ride.
Thank you for your business



THE WHITE HOUSE
WASHINGTON

6/15/98

paid \$21 for cab ride
from National to Madison
exp off Tom Henderson) and
to NEOB, on 6/14/98.

John R

red ex
wh vol #
971012

Taxi Cab Receipts

Date: 5-29-98 Time: 11:45

Trip Origin: 136 Jackson Pl

Destination: Georgetown Library

Fare: \$ 17 Signature: _____

Taxi Cab Receipts

Date: 5-4-98 Time: 11:00

Trip Origin: Jackson Pl

Destination: Hart Bldg

Fare: \$ 10.00 Signature: _____

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
022. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OPD	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.		5. PAID BY [022]
4. a. NAME Summers, Todd A.	b. SOCIAL SECURITY NO. (b)(6)	
c. MAILING ADDRESS 808 17th St. NW Suite 820 Washington DC, 20006	d. OFFICE PHONE NUMBER 632-1090	

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 98	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
					MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
(a)	(b)	(c) FROM	(d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
		(Explain expenditures in specific detail.)						
04/06	A	Taxi:Office->AIDS Action Event, 450 7th					7.00	
04/17	A	Taxi From Office -> HHS					5.00	
04/17	A	Taxi from HHS -> Office					5.00	
05/11	A	Taxi: Holiday Inn (meeting)->OEOB					6.00	
05/11	A	Taxi: Office -> Holiday Inn (14th St.)					6.00	
05/15	C	Visa: Sandra Thurman's Interntl. Travel						145.00
COMMENTS:								
The visa from the Russian Consulate was necessary for Director Sandra Thurman to travel to Russia on 5/15. Todd Summers paid above amount.								
</								

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ 174.00	TOTALS 0 0.00 29.00 145.00
---	--

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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).) Sign Original Only DATE	10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only DATE
APPROVING OFFICIAL SIGN HERE ▶	CLAIMANT SIGN HERE ▶
9. This claim is certified correct and proper for payment. Sign Original Only DATE	11. CASH PAYMENT RECEIPT a. PAYEE (Signature) b. DATE RECEIVED c. AMOUNT \$
AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶	12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Taxi Cab Receipts

Date 4/17/98 Time: _____
 Trip Origin: Jackson
 Destination: HAAS
 Fare: \$ 5 Signature _____

CISCO
MULTISERVICE
NETWORKING
 Data/Voice/Video Integration
 Improved Performance,
 Lower Total Cost of Ownership
 Origin: HAAS
 Time/Date: 4/17/98
 Destination: 17th Ave
 Operator: GETHER
 I.D. Card#: 04517
 Cab#: Super 12
 **6 CISCO SYSTEMS**

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. Season Cab Co
 Time 9:25 AM Date 5-11- 19 98
 Cab# 1188 ID# 90372
 Origin of Trip 17th H St
 Destination Hollywood 14th St Fare \$ 6.00
 Signature Mahmoud

Taxi Cab Receipts

Date 4/17/98 Time: _____
 Trip Origin: HAAS
 Destination: Jackson
 Fare: \$ 5 Signature _____

TAXICAB RECEIPT

Date: April 6, 1998
 Time: _____
 Company: _____
 Origin of trip: 736 Jackson Place
 Destination: Landberg Works 450 7th St. NW
 Fare: 7.00 Sign. _____

Hope you had a pleasant ride
 Thank you for your business

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
023. check	Personal check (1 page)	05/15/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
024. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	03/25/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F

jm2011

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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OPD	2. VOUCHER NUMBER
			3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			5. PAID BY [024]
4.	a. NAME Summers, Todd A.	b. SOCIAL SECURITY NO. (b)(6)	
	c. MAILING ADDRESS 808 17th St. NW Suite 820 Washington DC, 20006	d. OFFICE PHONE NUMBER 632-1090	

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	CODE	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED					
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS		
(a)	(b)	(c) FROM (d) TO	(e)	(f)	(g)	(h)	(i)		
02/11	A	Barcelo, meet w/Phil Wilson to NAF Dinner			7.00				
02/18	A	Taxi from office to HHS			6.00				
02/18	A	Taxi from HHS to Union Station (metro)			7.00				
02/24	A	Taxi from HHS meeting to OEOB			7.00				
02/25	A	Taxi from HUD (meeting w/ J.Hawk) to HHS			5.00				
03/05	A	Taxi from OEOB to HHS Meeting			5.00				
03/09	A	Taxi from office to 320 2nd (Justice)			5.00				
03/10	A	Taxi from office to HUD			5.00				
03/17	C	Madison Hotel Parking - PACHA Meeting					7.50		
03/17	A	Taxi from office to Madison Hotel (PACHA)			5.00				
03/18	C	Madison Hotel Parking - PACHA Meeting					7.50		
03/23	A	Taxi from NEOB to L'Enfant (CDC Conf.)			5.00				
03/23	A	Taxi from L'Enfant (CDC Conf.) to HHS			5.00				
COMMENTS: PACHA: Presidential Advisory Council meetings 3/15-3/18 at the Madison Hotel HHS: Meetings with Secretary Shalala's staff									
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) ▶ \$ 77.00				TOTALS		0	0.00	62.00	15.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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. 680e).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE

9. This claim is certified correct and proper for payment.
Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE

DATE

3/25/98

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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025. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	12/11/1997	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) ▶ \$	266.83	TOTALS	0	0.00	79.34	187.49
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Sign Original Only

Sign Original Only

CLAIMANT
SIGN HERE

DATE _____

12/11/97

11. CASH PAYMENT RECEIPT

a. PAYEE(Signature)

6. DATE RECEIVED

a.	b.	c.
		AMOUNT

3

12. PAYMENT MADE
BY CHECK NO.

9. This claim is certified correct and proper for payment.
Sign Original Only

**AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE**

DATE _____

DATE _____

ACCOUNTING CLASSIFICATION

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
026. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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- 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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
027. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	10/15/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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- 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]

AIDS Policy

5. PAID BY

Read the Privacy Act Statement on the back of this form.

b. SOCIAL SECURITY NO.

(b)(6)

c MAILING ADDRESS (Include ZIP Code)

OFFICE TELEPHONE NUMBER

808 17th St. NW Suite 820/DC 20006 632-1090

EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	CODE	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)	MILEAGE RATE	AMOUNT CLAIMED				
				MILEAGE	FARE OR TOLL	ADD. PERSONS	TIPS AND MISCELLANEOUS	
(a)	(b)	(c) FROM	(d) TO	NO OF MILES (e)	(f)	(g)	(h)	(i)
8/28	A	DC Flyer / 808 17 th St.	3 rd + Independence Sw					5.00
9/25		HHS / 200 Independence Sw	808 17 th St. NW					8.00
8/21		808 17 th St. NW	HUD / 7 th St. SW					5.00
9/12		808 17 th St NW	Natl Airport					13.00
Additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) \$					TOTALS			

his claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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).)

Sign Original Only

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

~~Sign~~ Original Only

**CLAIMANT
SIGN HERE**

DATE 10/15/97

11

CASH PAYMENT RECEIPT

g. PAYEE (Signature)

b. DATE RECEIVED

C. AMOUNT	
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
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89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

1 \$

12. PAYMENT MADE
BY CHECK NO.

ROVING
ICIAL
I HERE

This claim is certified correct and proper for payment.

Sign Original Only

WORLD
TRYING
ICER
I HERE

COUNTING CLASSIFICATION

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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028. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	08/14/1998	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]
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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]
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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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER	
		OPD		3. SCHEDULE NUMBER	
Read the Privacy Act Statement on the back of this form.					
a. NAME		b. SOCIAL SECURITY NO.		[028]	
c. MAILING ADDRESS		d. OFFICE PHONE NUMBER			
e. PAID BY		f. DATE			

a. NAME: Summers, Todd A.
 c. MAILING ADDRESS: 736 Jackson Place
 Washington DC, 20007
 b. SOCIAL SECURITY NO.: (b)(6)
 d. OFFICE PHONE NUMBER: 395-1441

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)		MILEAGE RATE	AMOUNT CLAIMED					
					MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS		
									(f)	
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)		
06/16	A	Taxi: Madison (PACHA Meeting)->HHS				5.00				
06/25	C	Rndtrip cab to Dulles (see notes)						88.75		
07/08	A	Taxi: Office->HUD (meeting)				5.00				
07/09	A	Taxi: HUD (meeting) to Office				6.00				
07/14	A	Taxi: Office->444 N.Capt. (NASTAD Meeting)				8.00				
07/17	A	Taxi: Office to State Dept. (meeting)				7.00				
07/28	A	Taxi: Office->State Dept. (4staff people)				7.00				
07/29	A	Copy of Thurman press article				5.00				
07/31	A	Taxi: Office->HUD(meet w/ Fred Karnes)				5.00				
COMMENTS: Cab to and from Dulles Airport was taken by Margaret Campbell, keynote speaker at the White House Discussion on Women and HIV/AIDS.										
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)					TOTALS		0	0.00	48.00	88.75

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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. 680e).)

Sign Original Only

DATE

APPROVING
OFFICIAL
SIGN HERE

9. This claim is certified correct and proper for payment.
Sign Original Only

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT
SIGN HERE

DATE

8/14/98

11.

CASH PAYMENT RECEIPT

a. PAYEE(Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE
BY CHECK NO.

ACCOUNTING CLASSIFICATION

Margaret Campbell
taxi

from
Old Executive Bldg
to
Dulles Airport

- \$45.00

Thursday
June 25, 1998

White House mtg.
on Women & HIV/AIDS
convened by
Sandy Shuman

RECEIPT

Washington Dulles International Airport
Washington Flyer Taxi

Date 6/25/98
Name Campbell
From Dulles \$ 43.75
To Old Exec Bldg.
Driver _____

Cab No 096
Washington-Dulles Transportation, Ltd.
703/661-8230
703/528-4440

40

SIGNATURE

I.D. TAG NO.

CAB NO.

ASSN.

TRIP TO

TRIP FROM

FARE AMOUNT

REC'D FROM

TIME

DATE

-TAXICAB RECEIPT-

Taxi Driver's Customer Receipt
 Todd, Matthew + 2 interns

Taxi Cab Receipts

DATE: 7/9/98 TIME: 5:19 pm
 TRIP ORIGIN: HUD
 DESTINATION: WH
 FARE: \$6 SIGNATURE:

TAXI DRIVER'S CUSTOMER RECEIPT

Date: 7/17
 Time: _____
 Company/Ass'n: _____
 Cab No. _____ ID No. _____ Tag No. _____
 Origin of Trip: 736 Jackson
 Destination: State Dept
 Fare: 6.50 Tip: 1.50 Total: \$7
 Signed: _____

Taxi Cab Receipts

Date: 7/31/98 Time: _____
 Trip Origin: 17th + H
 Destination: HUD
 Fare: \$5 Signature: _____

Company/Ass'n: _____
 Date: 7/28/98
 ID# _____
 Origin of Trip: 17th + H
 Destination: C St (State) Fare \$ 7-
 Signature: _____

*For parties up to 10 passengers, call (202) 488-6000.
For parties larger than 10 passengers, call (202) 488-6010.*

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
029. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Local Receipts - Travel Authorizations

2018-0764-F
jm2011

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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030. form	re: Reimbursement claim [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
O/Box Number: 40015

FOLDER TITLE:

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- 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]

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
	OPD	3. SCHEDULE NUMBER
<i>Read the Privacy Act Statement on the back of this form.</i>		5. PAID BY
a. NAME	b. SOCIAL SECURITY NO.	[030]
4. SUMMERS, TODD A.	(b)(6)	
c. MAILING ADDRESS	d. OFFICE PHONE NUMBER	
736 Jackson Place		
Washington, DC 20503	456-2437	

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 98	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED				
		(Explain expenditures in specific detail.)			MILEAGE (f)	FARE OR TOLL (g)	ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)	
		(a)	(b)	(c) FROM					(d) TO
08/19	A	Taxi: 736 JP to HHS, Meeting w/HIV Div.				7.00			
08/19	A	Taxi: HHS to 17th&Penn - Return				5.00			
09/16	A	Taxi: 736 JP to HHS, Meet w/Deb V.				6.00			
09/17	A	Taxi: 736JP to Conv. Ctr., CBC Briefing				5.00			
11/03	A	Taxi: 736JP to HHS, meet w/110 VZ				5.00			
11/03	A	Taxi: HHS to 17th&Penn, return				6.00			
12/11	A	Taxi: 736JP to HHS, Sect.'s Reception				8.00			
12/11	A	Taxi:Capitol->17th&Penn, Return				5.00			
12/11	A	Taxi:17th&Penn->Capitol,Meet w/C.Collins				5.00			
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶				TOTALS		0	0.00	52.00	0.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance 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).)

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

Sign Original Only

DATE

9-48 AMOUNT \$500
FROM HHS
ON 17th + Penn
245 DRIVER I.D.#
ER THANK YOU!

VERIFY CAB NUMBER BEFORE SIGNING RECEIPT

Taxi Cab Receipts

Date 8/19/98 Time:
Trip Origin: Jackson Place
Destination HHS
Fare: \$7 Signature

Taxi Cab Receipts

Date 9/17/98 Time:
Trip Origin: Jackson
Destination City Ctr
Fare: \$5 Signature

PASSENGER'S RECEIPT, TAXICAB FARE

Date 9-16-98
Amount of Fare ..\$
Other Charges ...\$
Total\$ 6.00
Driver's Name Bowles
Cab Number 321 032-14

TAXICAB RECEIPT

Date: 11/3/98
Origin of trip: Jackson Place
Destination: HHS
Fare: \$5 Sign:

TAXICAB RECEIPT

Date: 11/3 Time:
Company:
Origin of trip: HHS
Destination: 17 + Penn
Fare: \$6 Sign.

Hope you had a pleasant ride
Thank you for your business