

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: 40014
FolderID:

Folder Title:
Travel Voucher

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/22/2000	b(6)
002. form	re: Travel authorization [Accounting data] [partial] (1 page)	10/29/1999	P4/b(4)
003. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/30/1999	b(6)
004. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/30/1999	b(6)
005. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/06/1999	b(6)
006. form	re: Travel authorization [Personally Identifiable Information] [partial] [Accounting data] [partial] (1 page)	05/25/1999	P4/b(4), b(6)
007. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	05/25/1999	b(6)
008. lists	re: Hotel receipts [Credit card numbers] (1 page)	06/23/1999	P4/b(4)
009. lists	re: Hotel receipts [Credit card numbers] (1 page)	06/26/1999	P4/b(4)
010. statement	re: Account summary [Account number] (1 page)	08/02/1999	P4/b(4)
011. check	re: Personal check (1 page)	06/02/1999	b(6)
012. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/06/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F

jm2033

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 Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. form	re: Travel authorization [Accounting data] [partial] (1 page)	09/23/1999	P4/b(4)
014. list	re: Hotel receipt [Credit card number] (1 page)	09/28/1999	P4/b(4)
015. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	10/15/1998	b(6)
016. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/28/1999	b(6)
017. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	07/06/1999	b(6)
018. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	07/07/1999	P4/b(4), b(6)
019. list	re: Credit card invoice [Credit card number] (4 pages)	07/01/1999	P4/b(4)
020. list	e: Credit card invoice [Credit card number] (4 pages)	07/01/1999	P4/b(4)
021. form	re: Travel authorization [Personally Identifiable Information] [partial] [Accounting data] [partial] (1 page)	10/13/1998	P4/b(4), b(6)
022. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	10/29/2000	b(6)
023. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	01/24/2000	b(6)
024. form	re: Travel authorization [Accounting data] [partial] (1 page)	12/07/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F

jm2033

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
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	06/22/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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. TA000000003042-0																			
5. a. NAME (Last, first, middle initial) Thurman, Sandra		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.		6. PERIOD OF TRAVEL a. FROM 05/23/00 b. TO 05/27/00																			
				7. TRAVEL AUTHORIZATION a. NUMBER(S) TA000000003042-0 b. DATE(S) 05/12/00																					
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503		d. OFFICE TELEPHONE NO. [001]		10. CHECK NO.		11. PAID BY																			
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) WASHINGTON, DC																							
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 style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:15%;">DATE ISSUED (d)</th> <th colspan="2" style="width:45%;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:25%;">FROM (e)</th> <th style="width:20%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>7792854003</td> <td>877.60 UA</td> <td>CO</td> <td>05/22/00</td> <td>IAD-Washington,</td> <td>DCGVA-Geneva, Swit</td> </tr> <tr> <td colspan="4"></td> <td>1,124.19 NR-</td> <td>877.60</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)	7792854003	877.60 UA	CO	05/22/00	IAD-Washington,	DCGVA-Geneva, Swit		
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)																				
7792854003	877.60 UA	CO	05/22/00	IAD-Washington,	DCGVA-Geneva, Swit																				
				1,124.19 NR-	877.60																				
ACCOUNTING CLASSIFICATION: 3/PHN FY00-72X1095..CD00X/CD0DX00... - 2000-21270 NS 715		COMMENTS: Trip Number 1. Lodging costs were incurred for the dates specified on this voucher. No lodging receipts are required.		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 AMOUNT CLAIMED 1124.19																					
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 <i>Paul Ehmer</i> G/PHN/HN DATE 6/22/00																							
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) <i>Hotel taxes cannot be claimed separately in int'l. travel</i> \$ 5.22 b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <i>Certifier's Initials:</i> \$ 1118.97 c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00 d. NET TO TRAVELER \$ 1118.97																							
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE		18. ACCOUNTING CLASSIFICATION ABOVE 72X1095 CD 47X4																							

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	re: Travel authorization [Accounting data] [partial] (1 page)	10/29/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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

Cancelled

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

5. Office Phone

6. Official Duty Station

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE:

DATE(S): Travel Begin On

Travel End On

ITINERARY: Point of Origin (City, State)

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

Point of Return (City, State)

9. MODE OF TRAVEL

Commercial Transportation

Rail

Air

Coach

Extra Fare*

Coach Tourist

Business *

First Class ‡

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto

Other

Rate auth
per mile

☐ Determined more advantageous
to government *

☐ For convenience of traveler
NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$

Transportation

Rental Car

Miscellaneous

TOTAL

\$

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

\$

(meals and miscellaneous expenses only)

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

[002]

14(a) Requested by

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

(b)(4)

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
003. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/30/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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

COMMITMENT NUMBER 19991000U0005499		AUTHORIZATION NUMBER TA000990005499-0		AMEND NO.
1. NAME AND ADDRESS OF TRAVELER Thurman, Sandra 736 Jackson Place Washington, DC 20503		2. STATUS OF TRAVELER ☐ ADMINISTRATIVE EMPLOYEE ☒ OTHER (Specify) White House		3. SOCIAL SECURITY NO. (b)(6)
W99-G2123B		4. OFFICIAL STATION OR ORGANIZATION Washington, DC		[003]

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 re authorized in accordance with the ☒ Foreign Service Travel Regulations, ☐ Federal Travel Regulations, and the maximum per diem under these regulations is allowed unless otherwise noted in item 7.

7. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION
In conjunction with this authorizes
TA 000990003103-0 dated May 7, 1999 ~~XXXXXX~~ additional money to pay for business calls made by the traveler.

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

This is appropriating a 1999 funding site.

Lavern Hollis, G/PHN/HN *L Hollis*
Cheryl Stradford, G/PHN/OFPS *C Stradford*
Joy Riggs Perla, G/PHN/HN *J Riggs*
Elizabeth Roche, G/PDSP *E Roche 9/29/99*

8. APPROPRIATION LIMITATION SYMBOL 72X1095	9. ALLOTMENT ACCOUNT SYMBOL CD99XDCDX99	10. REQUESTING OFFICE SYMBOL G/PHN/HN/HIV/AIDS
11. FUND ACCOUNT (AWACS) CD99X	12. ALLOTMENT ACRONYM (AWACS) DCDX99	13. CONTRACT NUMBER (If applicable)
14. AWACS Commitment Approved Margie Tumblin, G/AMS <i>Margie M. Tumblin</i>	15a. CERTIFICATE OF AUTHORIZATION - I CERTIFY that this authorization is made in accordance with item 6 (AWACS Obligation - Approved). <i>for</i> Bruce Gatti, M/AS/TT <i>Bladys E. Weller</i>	15b. DATE <i>9/30/99</i>

16. FUNDING ORG/ACTIVITY
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

RESOURCE CATEGORY CODES	PREVIOUS OBLIGATION	INCREASE (+) / DECREASE (-)	ESTIMATED COST
PER DIEM & MISC EXPENSES	<i>66125/3</i>	<i>AND</i>	\$499.56
CARRIER COSTS			\$0.00
TRANSPORTATION OF THINGS			\$0.00
TOTAL	\$0.00		\$499.56

PRIVACY ACT STATEMENT - The following statement is required on this form by the Privacy Act of 1974 (P.L. 93-579, 88 Statute 1896). The information solicited on this form will enable AID Travel Division to purchase tickets, obtain passports, arrange for pick-up, delivery and storage of household effects and make positive identification of individuals. Provision of data is voluntary; however, failure to provide the information could delay the receipt of pertinent travel documents. The authority of collecting the information is contained in the Foreign Service Act of 1964, as amended, Sec. 911; and Chapter 57, 5 U.S.C. Disclosure of information provided will not be made outside the Agency without the written consent of the individual involved or pursuant to any applicable routine use as published in the Federal Register under the 'Statement of General Routine Uses', which immediately precedes the description of the Systems of Records. (A copy of the 'Statement of General Routine Uses' and the Systems of Records may be obtained from the USAID Information Support Services Division on request.)

IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to authorization Number and Date in 15.b.
1-Copy for Traveler 2-Obligation of Funds Copy 3-Travel Section Copy 4-Controller Copy 5-Requesting Office Copy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/30/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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

COMMITMENT NUMBER 19991000U0003103		AUTHORIZATION NUMBER TA000990003103-0		AMEND NO:
1. NAME AND ADDRESS OF TRAVELER Thurman, Sandra 736 Jackson Place Washington, DC 20503 W99-G2123A		2. STATUS OF TRAVELER ☐ ADMINISTRATIVE EMPLOYEE ☒ OTHER (Specify) White House 4. OFFICIAL STATION OR ORGANIZATION Washington, DC		3. SOCIAL SECURITY NO. (b)(6) [004]

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 re authorized in accordance with the ☒ Foreign Service Travel Regulations, ☐ Federal Travel Regulations, and the maximum per diem under these regulations is allowed unless otherwise noted in item 7.

7. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION

TA 000990003103-0 dated May 7, 1999 is amended to authorize additional money to pay for business calls made by the traveler.

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

This is appropriating a 1998 funding site.

Lavern Hollis, G/PHN/HN

Cheryl Stradford, G/PHN/OFPS

Joy Riggs Perla, G/PHN/HN

Elizabeth Roche, G/PDSP

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

11. FUND ACCOUNT (AWACS) CD98X	12. ALLOTMENT ACRONYM (AWACS) DCDX99	13. CONTRACT NUMBER (If applicable)
-----------------------------------	---	-------------------------------------

14. AWACS Commitment Approved Margie Tumblin, G/AMS <i>Margie Tumblin</i>	15. a CERTIFICATE OF AUTHORIZATION - I CERTIFY that this authorization is made in accordance with item 6 (AWACS Obligation - Approved). for Bruce Gatti, M/AS/TT <i>Gladys E. Wheeler</i>	15b. DATE 9/30/99
---	---	--------------------------

16. FUNDING ORG/ACTIVITY
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

RESOURCE CATEGORY CODES	PREVIOUS OBLIGATION	INCREASE (+) / DECREASE (-)	ESTIMATED COST
PER DIEM & MISC EXPENSES	#210335	+\$61.00	\$61.00
CARRIER COSTS	<i>upward adjusted</i>		\$0.00
TRANSPORTATION OF THINGS	<i>mt 9/30/99</i>		\$0.00
TOTAL	\$0.00	+\$61.00	\$61.00

PRIVACY ACT STATEMENT - The following statement is required on this form by the Privacy Act of 1974 (P.L. 93-579; 88 Statute 1896). The information solicited on this form will enable AID Travel Division to purchase tickets, obtain passports, arrange for pick-up, delivery and storage of household effects and make positive identification of individuals. Provision of data is voluntary; however, failure to provide the information could delay the receipt of pertinent travel documents. The authority of collecting the information is contained in the Foreign Service Act of 1964, as amended, Sec. 911; and Chapter 57, 5 U.S.C. Disclosure of information provided will not be made outside the Agency without the written consent of the individual involved or pursuant to any applicable routine use as published in the Federal Register under the 'Statement of General Routine Uses', which immediately precedes the description of the Systems of Records (A copy of the 'Statement of General Routine Uses' and the Systems of Records may be obtained from the USAID Information Support Services Division on request.)

AID 5-8 (1/97) IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to authorization Number and Date in 15.b.

1-Copy for Traveler 2-Obligation of Funds Copy 3-Travel Section Copy 4-Controller Copy 5-Requesting Office Copy

10-Mar-1999 09:47:48 Funds Management Siz

File Edit Tasks Queries Window Options Help

Allowance

Org/activity: HIV-AIDS RESULTS PACKAGE 97-3090 Fiscal Period: SEP-1999

Fund Group: CD90X - DCDX99 Accounting Date: 29-SEP-1999

View Fiscal Year: 1999

Total Available: 2,100,000 Accepted: \$2,100,000 Unallowed: 0 Unobligated Commitments: 0.00 Obligations: 25,345.00 Available Balance: 61.00

Organization/Activity	OYD	Total Allowed	Allowed	Accepted	Pending
S04 - HIVAIDS/DWELLI	2,000,000	2,000,000	2,000,000	0	0
S04 - HIVAIDS/Peace C	64,700	64,700	64,700	0	0
S04 - HIVAIDS/Travel/I	9,894	9,894	9,894	0	0
S04 - HIVAIDS/Travel/S	25,406	25,406	25,406	0	0
TOTALS	2,100,000	2,100,000	2,100,000	0	0

Pending Approve

S04 - HIVAIDS/Travel/Sandra Thurman 29-SEP-1999 03:22 PM

Start CalWin Inbox Micros New M re Mor 10-M 3:22 PM



Allowance

Org/activity: HIV-AIDS RESULTS PACKAGE 97-3090

Fiscal Period: SEP-1999

Fund Group: CD99X - DCDX99

Accounting Date: 29-SEP-1999

View Fiscal Year: 1999

Total Available:	Accepted:	Unallowed:	Unobligated Commitments	Obligations	Available Balance:
31,968,500	\$31,968,500	0	0.00	0.00	561.00

Organization/Activity	OYB	Total Allowed	Allowed	Accepted	Pending
SD4 - HIVAIDS/DMELLI	1,257,500	1,257,500	1,257,500	0	0
SD4 - HIVAIDS/HORIZO	8,250,000	8,250,000	8,250,000	0	0
SD4 - HIVAIDS/IMPACT	3,700,000	3,700,000	3,700,000	0	0
SD4 - HIVAIDS/Int'l HIV	1,200,000	1,200,000	1,200,000	0	0
SD4 - HIVAIDS/Peace C	185,300	185,300	185,300	0	0
SD4 - HIVAIDS/Travel/A	561	561	561	0	0
SD4 - HIVAIDS/UNAIDS	15,200,000	15,200,000	15,200,000	0	0
TOTALS	31,968,500	31,968,500	31,968,500	0	0

Pending Annou

29-SEP-1999 03:24 PM

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/06/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F

jm2033

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]

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. TA005032	
5. a. NAME (Last, first, middle initial) Summers, Todd A.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 06/18/99 b. TO 06/26/99		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) 808 17th St. NW Suite 820 Washington DC, 20006		d. OFFICE TELEPHONE NO. [005]		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 10/04/99		10. CHECK NO.	
e. PRESENT DUTY STATION Washington DC,		f. RESIDENCE (City and State) Washington DC,		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)	TO (f)		
COMMENTS: All travel expenses paid by the National Institutes of Health. See attached information.								

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.		DATE 10/16/99	AMOUNT CLAIMED 0.00
TRAVELER SIGN HERE			

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		
APPROVING OFFICIAL SIGN HERE DATE			a. DIFFERENCES, IF ANY (Explain and show amount)		
			b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
			d. NET TO TRAVELER		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR			Certifier's initials: \$ \$ 0.00 \$ \$ 0.00		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE					

18. ACCOUNTING CLASSIFICATION
SEE BLOCK 12 ABOVE

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)

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

Complete
only
for
actual
expense
travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

Summers

[illegible]

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your 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 ▶	0.00
------------------------------	------

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. form	re: Travel authorization [Personally Identifiable Information] [partial] [Accounting data] [partial] (1 page)	05/25/1999	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F

jm2033

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]

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

1. TRAVEL AUTHORIZATION NO.
TA005032

2. DATE
05/25/99

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

TODD A. SUMMERS

5. TITLE OF TRAVELER

Deputy/AIDS Policy

6. SOCIAL SECURITY NUMBER

(b)(6)

9. OFFICE PHONE

456-2437

10. OFFICIAL DUTY STATION

Washington DC, [006]

3. TYPE OF TRAVEL

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

7. AGENCY

8. DIVISION

OPD

11. ☒ Per Diem

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

12. TRAVEL INFORMATION

PURPOSE: Participate in discussions on working with Russian scientists on HIV vaccine research. Trip sponsored by NIH & Russian Ministry of Science.

DATE(S): Travel Begin On 6/18/1999

Travel End On 6/26/1999

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

From: Washington DC,
To: MOSCOW, RUS 226/105

To: SAINT PETERSBURG, RUS 210/ 94

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)

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	0.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 0.00
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.)
All travel expenses to be paid for by the National Institutes of Health.

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)

Mark F. Lutz 6/3/99 (for)
Virginia Apuzzo Asst. to the Pres.

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

NATIONAL INSTITUTES OF HEALTH

**OFFICE OF
AIDS
RESEARCH**

Jack Whitescarver, Ph.D.
Deputy Director

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 2119
E-Mail: jackw@nih.gov

MAY 21 1999

Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, N.W.
Washington, DC 20503

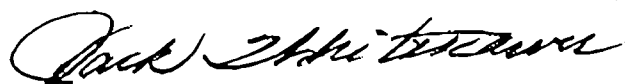
Dear Mr. Summers:

Dr. Neal Nathanson and I are scheduled to visit Russia in June to explore opportunities for U.S. and Russian scientists to collaborate on HIV/AIDS research with particular emphasis on the development and testing of a vaccine against HIV. We have been invited by Dr. Andrei Koslov, Director of the Biomedical Center and Coordinator of the Russian HIV Vaccine Project and will be accompanied by Dr. William Paul, Chief of the Laboratory of Immunology here at the NIH and Dr. Michail Sitkovsky in Dr. Paul's lab and who is from Russia but now a U.S. citizen. We feel this is a critically important fact finding trip that we hope will be beneficial to both U.S. and Russian HIV research interests. As often happens on such visits to other countries, we are scheduled to meet with policy-makers as well and we welcome this opportunity as these individuals are critical in forming bilateral agreements under which the scientists can pursue their research.

I understand that Dr. Koslov has met you on several occasions, the most recent being the World Bank meeting held in Paris, and is inviting you to visit Russia to learn more of their research activities in vaccine development. Dr. Nathanson and I encourage you to accept this invitation and join our team on the visit scheduled in June. Your experience in policy and good judgement would add considerable strength to our assessment of the collaborative opportunities that exist in Russia today. The Office of AIDS Research is prepared to support the cost of your travel and handle logistical arrangements for you. I am sure your presence with our team will be viewed as reinforcing the commitment the President has made to the G8 to promote worldwide participation in developing an effective vaccine against HIV and the pandemic.

We sincerely hope you will give favorable consideration to our invitation and commitment to support your travel and I look forward to a productive and useful visit to Russia.

Sincerely yours,



Jack Whitescarver, Ph.D.



BIOMEDICAL CENTER
Russian HIV Vaccine Project
Ministry of Science and Technologies of Russian Federation

7, Pudozhskaja St., St. Petersburg, Russia 197110 ☎: 7(812) 230-4872, 7(812) 230-4959, 7(812) 230-7969
E-mail: biomed@mailbox.alkor.ru

Fax: 202-456-24-38

May 20, 1999

To: Mr. Todd Summers
Deputy Director,
White House Office of
National AIDS Policy

Dear Mr. Summers,

In accordance with previous agreements may I invite you to come to Russia in the period of June 16- June 27, 1999 to participate in negotiations on the possible collaboration in the field of HIV vaccine development. The program of the visit will include meetings in St. Petersburg and in Moscow.

The host organization is Biomedical Center.

Participants of the meeting will be accommodated in hotel "Astoria" in St. Petersburg and in hotel "Metropol" in Moscow.

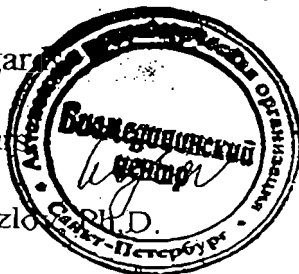
Reference number of Biomedical Center in the Ministry of Foreign Affairs of Russia is 29691.

We are looking forward to see you in St. Petersburg and in Moscow.

With best regards,

Sincerely yours,

Andrei P. Kozlov
Director,
Biomedical Center
Coordinator,
Russian HIV Vaccine Project



FAX COVER SHEET

Date: 20.05.99

Fax: 202- 456-24-38

To: Mr. Todd Summers
Deputy Director,
White House Office of
National AIDS Policy

From: Andrei P. Kozlov
Director,
Biomedical Center

Number of pages including cover sheet: 2

Re: Invitation

Message:

Dear Mr. Todd Summers,

Please, find attached invitation from Biomedical Center on participation in negotiations on the possible collaboration in the field of HIV vaccine development, which will be held in June 1999 in St. Petersburg and Moscow.

For arrangement visa support for you we need fax copy of your passport.

Yours sincerely.



Andrei Kozlov
Director,
Biomedical Center

OAG Official Traveler - Worldwide

Effective 5/1/1999 thru 6/14/1999

Traveler Name: Todd Summers **Id Number:**
Company Name: Executive Office of the President
Dept/Division: Ofc of National AIDS Policy
Address: 736 Jackson Place, NW
Washington, DC 20503
Phone Number: 202-456-2437 **Fax:** 202-456-2438

Friday, June 18, 1999

Washington - Dulles Intl to St. Petersburg, Russian Fed.

<u>Connecting Flights</u>	<u>Depart</u>	<u>Arrive</u>	<u>Connect</u>	<u>Dur</u>	<u>Class</u>
UA*3502/LH 3284	5:45p	IAD 1:55p+1	LED FRA	12:10	

Saturday, June 26, 1999

Moscow, Russian Fed. to Washington - Dulles Intl

<u>Connecting Flights</u>	<u>Depart</u>	<u>Arrive</u>	<u>Connect</u>	<u>Dur</u>	<u>Class</u>
LH 3367/UA 977	2:25p	SVO 7:45p	IAD FRA	13:20	

SUMMERS/TODD*US GOVERNMENT TRAVEL

TODD SUMMERS
 OD
 PU TKT BLDG 10
 18JUN 402-3357 00000

TODD SUMMERS
 OD
 PU TKT BLDG 10
 18JUN 402-3357 00000

MAY 20 1999 INV/ITN:ITIN CUST:3000 BR:35 AGT:1N643

18 JUN 99 - FRIDAY
 UNITED 916 COACH CLASS EQUIP-BOEING 747 JET
 LV: WASH/DULLES 520P NONSTOP MILES- 4080 CONFIRMED
 AR: FRANKFURT 710A ELAPSED TIME- 7:50 ARVL DATE-19 JUN
 DINNER-SNACK-MOVIE
 SEAT RESTRICTED TO AIRPORT CHECKIN

19 JUN 99 - SATURDAY
 LUFTHANSA 3284 COACH CLASS EQUIP-AIRBUS A310 JET
 LV: FRANKFURT 915A NONSTOP MILES- 1091 CONFIRMED
 AR: ST PETERSBURG 155P ELAPSED TIME- 2:40
 BREAKFAST

SURFACE TRANSPORTATION

26 JUN 99 - SATURDAY
 LUFTHANSA 3367 BUSINESS CL EQUIP-BOEING 737 JET
 LV: MOSCOW/SHEREMT 225P NONSTOP MILES- 1262 CONFIRMED
 AR: FRANKFURT 350P ELAPSED TIME- 3:25
 LUNCH SEAT- 3F

UNITED 977 BUSINESS CL EQUIP-BOEING 777 JET
 LV: FRANKFURT 510P NONSTOP MILES- 4080 CONFIRMED
 AR: WASH/DULLES 745P ELAPSED TIME- 8:35
 DINNER-SNACK-MOVIE SEAT-10J

AIR TRANSPORTATION	3596.00	TAX	61.58	TTL	3657.58
		SUB TOTAL			3657.58
		CREDIT CARD PAYMENT			3657.58-
		AMOUNT DUE			0.00

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	05/25/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

TA005032

05/25/99

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

TODD A. SUMMERS

[007]

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by,
Non-Federal Sources

5. TITLE OF TRAVELER

Deputy/AIDS Policy

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

8. DIVISION

OPD

9. OFFICE PHONE

156-2437

10. OFFICIAL DUTY STATION

Washington DC,

11. ☒ Per Diem
☐ Actual Subsistence
(unusual circumstances)*

12. TRAVEL INFORMATION

PURPOSE: Participate in discussions on working with Russian scientists on HIV vaccine research. Trip sponsored by NIH & Russian Ministry of Science.

DATE(S): Travel Begin On 6/18/1999

Travel End On 6/26/1999

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

From: Washington DC,
To: MOSCOW, RUS 226/105
To:
To:
To:
To:

To: SAINT PETERSBURG, RUS 210/94

Return to: Washington DC,

13. MODE OF TRAVEL

☐ Commercial Air☐ Private Vehicle 0.000 Mileage Rate☐ Rail☐ Military Air☐ Government Owned Vehicle☒ Other (specify)

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	0.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 0.00
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.)

All travel expenses to be paid for by the National Institutes of Health.

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

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)

Virginia Apuzzo

Asst. to the Pres.

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)
4. Ticketing Office

2. FMD copy
5. Funds Manager copy

3. Advance of funds
6. Travelers copy

OFFICE OF
AIDS
RESEARCH

Jack Whitescarver, Ph.D.
Deputy Director

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 2119
E-Mail: jackw@nih.gov

MAY 21 1999

Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, N.W.
Washington, DC 20503

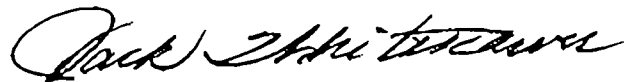
Dear Mr. Summers:

Dr. Neal Nathanson and I are scheduled to visit Russia in June to explore opportunities for U.S. and Russian scientists to collaborate on HIV/AIDS research with particular emphasis on the development and testing of a vaccine against HIV. We have been invited by Dr. Andrei Koslov, Director of the Biomedical Center and Coordinator of the Russian HIV Vaccine Project and will be accompanied by Dr. William Paul, Chief of the Laboratory of Immunology here at the NIH and Dr. Michail Sitkovsky in Dr. Paul's lab and who is from Russia but now a U.S. citizen. We feel this is a critically important fact finding trip that we hope will be beneficial to both U.S. and Russian HIV research interests. As often happens on such visits to other countries, we are scheduled to meet with policy-makers as well and we welcome this opportunity as these individuals are critical in forming bilateral agreements under which the scientists can pursue their research.

I understand that Dr. Koslov has met you on several occasions, the most recent being the World Bank meeting held in Paris, and is inviting you to visit Russia to learn more of their research activities in vaccine development. Dr. Nathanson and I encourage you to accept this invitation and join our team on the visit scheduled in June. Your experience in policy and good judgement would add considerable strength to our assessment of the collaborative opportunities that exist in Russia today. The Office of AIDS Research is prepared to support the cost of your travel and handle logistical arrangements for you. I am sure your presence with our team will be viewed as reinforcing the commitment the President has made to the G8 to promote worldwide participation in developing an effective vaccine against HIV and the pandemic.

We sincerely hope you will give favorable consideration to our invitation and commitment to support your travel and I look forward to a productive and useful visit to Russia.

Sincerely yours,



Jack Whitescarver, Ph.D.



BIOMEDICAL CENTER
Russian HIV Vaccine Project
Ministry of Science and Technologies of Russian Federation

7, Pudozhskaja St., St. Petersburg, Russia 197110 ☎: 7(812) 230-4872, 7(812) 230-4959, 7(812) 230-7969
E-mail: biomed@mailbox.alkor.ru

Fax: 202-456-24-38

May 20, 1999

To: Mr. Todd Summers
Deputy Director,
White House Office of
National AIDS Policy

Dear Mr. Summers,

In accordance with previous agreements may I invite you to come to Russia in the period of June 16- June 27, 1999 to participate in negotiations on the possible collaboration in the field of HIV vaccine development. The program of the visit will include meetings in St. Petersburg and in Moscow.

The host organization is Biomedical Center.

Participants of the meeting will be accommodated in hotel "Astoria" in St. Petersburg and in hotel "Metropol" in Moscow.

Reference number of Biomedical Center in the Ministry of Foreign Affairs of Russia is 29691.

We are looking forward to see you in St. Petersburg and in Moscow.

With best regards

Sincerely yours

Andrei P. Kozlov, Ph.D.
Director,
Biomedical Center
Coordinator,
Russian HIV Vaccine Project



FAX COVER SHEET

Date: 20.05.99

Fax: 202- 456-24-38

To: Mr. Todd Summers
Deputy Director,
White House Office of
National AIDS Policy

From: Andrei P. Kozlov
Director,
Biomedical Center

Number of pages including cover sheet: 2

Re: Invitation

Message:

Dear Mr. ^{Todd}Summers,

Please, find attached invitation from Biomedical Center on participation in negotiations on the possible collaboration in the field of HIV vaccine development, which will be held in June 1999 in St. Petersburg and Moscow.

For arrangement visa support for you we need fax copy of your passport.

Yours sincerely.



Andrei Kozlov
Director,
Biomedical Center

OAG Official Traveler - Worldwide

Effective 5/1/1999 thru 6/14/1999

Traveler Name: Todd Summers

Id Number:

Company Name: Executive Office of the President

Dept/Division: Ofc of National AIDS Policy

Address: 736 Jackson Place, NW
Washington, DC 20503

Phone Number: 202-456-2437

Fax: 202-456-2438

Friday, June 18, 1999

Washington - Dulles Intl to St. Petersburg, Russian Fed.

<u>Connecting Flights</u>	<u>Depart</u>	<u>Arrive</u>	<u>Connect</u>	<u>Dur</u>	<u>Class</u>
UA*3502/LH 3284	5:45p	IAD 1:55p+1	LED FRA	12:10	

Saturday, June 26, 1999

Moscow, Russian Fed. to Washington - Dulles Intl

<u>Connecting Flights</u>	<u>Depart</u>	<u>Arrive</u>	<u>Connect</u>	<u>Dur</u>	<u>Class</u>
LH 3367/UA 977	2:25p	SVO 7:45p	IAD FRA	13:20	

SUMMERS/TODD*US GOVERNMENT TRAVEL

TODD SUMMERS
 OD
 PU TKT BLDG 10
 18JUN 402-3357 00000

TODD SUMMERS
 OD
 PU TKT BLDG 10
 18JUN 402-3357 00000

MAY 20 1999 INV/ITN:ITIN CUST:3000 BR:35 AGT:1N643

18 JUN 99 - FRIDAY

UNITED 916 COACH CLASS EQUIP-BOEING 747 JET
 LV: WASH/DULLES 520P NONSTOP MILES- 4080 CONFIRMED
 AR: FRANKFURT 710A ELAPSED TIME- 7:50 ARVL DATE-19 JUN
 DINNER-SNACK-MOVIE
 SEAT RESTRICTED TO AIRPORT CHECKIN

19 JUN 99 - SATURDAY

LUFTHANSA 3284 COACH CLASS EQUIP-AIRBUS A310 JET
 LV: FRANKFURT 915A NONSTOP MILES- 1091 CONFIRMED
 AR: ST PETERSBURG 155P ELAPSED TIME- 2:40
 BREAKFAST

SURFACE TRANSPORTATION

26 JUN 99 - SATURDAY

LUFTHANSA 3367 BUSINESS CL EQUIP-BOEING 737 JET
 LV: MOSCOW/SHEREMT 225P NONSTOP MILES- 1262 CONFIRMED
 AR: FRANKFURT 350P ELAPSED TIME- 3:25
 LUNCH SEAT- 3F

UNITED 977 BUSINESS CL EQUIP-BOEING 777 JET
 LV: FRANKFURT 510P NONSTOP MILES- 4080 CONFIRMED
 AR: WASH/DULLES 745P ELAPSED TIME- 8:35
 DINNER-SNACK-MOVIE SEAT-10J

AIR TRANSPORTATION	3596.00	TAX	61.58	TTL	3657.58
		SUB TOTAL			3657.58
		CREDIT CARD PAYMENT			3657.58-
		AMOUNT DUE			0.00



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Darlene Blocker	Todd Summers
COMPANY:	DATE:
NIH Office of AIDS Research	August 5, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
301-402-3360	10
PHONE NUMBER:	
3014023357	
RE:	
Trip To Russia	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

COMPLETED
12:35
Jason

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

Attachment B

First/Business - Class Travel
Individual Trip Authorization
For Use of First/Business Travel Accommodations

/_✓_/ Business Class

/_/_/ First-Class 1/

ORGANIZATION: Office of National AIDS Policy (ONAP)/ Executive Office of the President

NAME: Todd A. Summers

GRADE: N/A TITLE: Deputy Director, ONAP

TRIP ORIGIN: Moscow, Russia TRIP DESTINATION: Washington, D.C.

COST:

FIRST/BUSINESS CLASS: \$3657.00

COACH FARE: \$1836.00

ADDITIONAL COST: _____

JUSTIFICATION:

Per Ober, coach fare is completely sold out for the 26 of June.

CARRIER (IF FOREIGN) _____

Signature of Employee

Administrative Approval

AUTHORIZED BY _____

TITLE: OD BUDGET OFFICER

DATE: _____

RETURN TO: Darlene Blocker
31/4B54
301-402-3357

Withdrawal/Redaction Marker

Clinton Library

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

008. lists	re: Hotel receipts [Credit card numbers] (1 page)	06/23/1999	P4/b(4)
------------	---	------------	---------

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

Angleterre Hotel St. Petersburg, 23/06/99

Room No. : 490 Number of Guests : 1
Arrival : 19/06/99 Departure : 23/06/99
Cashier : 10 FOVK 12:27
Page : 1

Mr. Todd Summers
410 5th Street NE
Washington, DC 20002
USA

INFORMATION BILL /1
Booking Reference :

Description	Date	Debit	Credit
Room Charge	19/06	220.00	
City Sales Tax 5%	19/06	13.20	
-Passport Tax	19/06	0.72	
-Room VAT 20%	19/06	44.00	
Restaurant ANGLETERRE 9815	20/06	28.50	
Room Charge	20/06	220.00	
City Sales Tax 5%	20/06	13.20	
-Room VAT 20%	20/06	44.00	
-Breakfast ANGLETERRE 9728	20/06	20.00	
->#490 : CHECK #9728			
Room Charge	21/06	220.00	
City Sales Tax 5%	21/06	13.20	
-Room VAT 20%	21/06	44.00	
-Breakfast ANGLETERRE 9861	21/06	20.00	
->#490 : CHECK #9861			
Room Charge	22/06	220.00	
City Sales Tax 5%	22/06	13.20	
-Room VAT 20%	22/06	44.00	
-Breakfast ANGLETERRE 9988	22/06	20.00	
->#490 : CHECK #9988			
Total		1198.02	
Balance		1198.02	USD

Central Bank Exchange Rate : 24.230000 RBL



SUMMERS/TODD#US GOVERNMENT TRAVEL

TODD SUMMERS
OD
PU TKT BLDG 10
18JUN
402-3357 00000

TODD SUMMERS
OD
PU TKT BLDG 10
18JUN
402-3357 00000

JUN 08 1999 INV/ITN: 58420 CUST:3000 BR:35 AGT:1N643

18 JUN 99 - FRIDAY

UNITED	916 COACH CLASS	EQUIP-BOEING 747 JET	
LV: WASH/DULLES	520P	NONSTOP	MILES- 4080 CONFIRMED
AR: FRANKFURT	710A	ELAPSED TIME- 7:50	ARVL DATE-19 JUN
DINNER-SNACK-MOVIE		SEAT-44K	

19 JUN 99 - SATURDAY

LUFTHANSA	3284 COACH CLASS	EQUIP-AIRBUS A300 JET	
LV: FRANKFURT	915A	NONSTOP	MILES- 1091 CONFIRMED
AR: ST PETERSBURG	155P	ELAPSED TIME- 2:40	
SEAT RESTRICTED TO AIRPORT CHECKIN ONLY			

SURFACE TRANSPORTATION

26 JUN 99 - SATURDAY

LUFTHANSA	3367 BUSINESS CL	EQUIP-BOEING 737 JET	
LV: MOSCOW/SHEREMT	225P	NONSTOP	MILES- 1262 CONFIRMED
AR: FRANKFURT	350P	ELAPSED TIME- 3:25	
		SEAT- 3F	
UNITED	977 SPCL CLASS	EQUIP-BOEING 777 JET	
LV: FRANKFURT	510P	NONSTOP	MILES- 4080 CONFIRMED
AR: WASH/DULLES	745P	ELAPSED TIME- 8:35	
DINNER-SNACK-MOVIE		SEAT-10J	

THERE IS NO COACH SEATS AVAILABLE ON JUNE 26 RETURN

TICKET NUMBER/S:

SUMMERS/TODD 7957254192-193 VI4486260000010517
CARD 2945.42

AIR TRANSPORTATION	2884.00	TAX	61.42	TTL	2945.42	
					SUB TOTAL	2945.42
					CREDIT CARD PAYMENT	2945.42-
					AMOUNT DUE	0.00

Train
ticket
(I did not
pay for this)

20		РЖД		АСУ «ЭКСПРЕСС»		ПРОЕЗДНОЙ ДОКУМЕНТ		4	112010	
ПОЕЗД		ОТПРАВЛЕНИЕ				ВАГОН	ЦЕНА		колич. человек	ВИД ДОКУМЕНТА
№ шифр	число	месяц	часы	мин.	№ тип	Билет	руб.	Плацкарта		
003 АБ	23.06	23.59			09 л	000636.2	000925.4	01	полный и	
С-ПЕТЕР-ГЛ-МОСКВА ОКТ (2004001-2006004) ФИРМ										
МЕСТА 006 ОКТ										
Ч 112010 СМА 41 0129106 100699 1434 0001065 00567/20-6362Н/Н										
33102400106/САММЕРС:ТОДЛ										
Н-1668.2 РУБ В Т:4:НСП 79.3/5:0/78+СТР:2.3 РУБ У1										
ПРИБЫТИЕ 24.06 В 08.30										

GENERATIONS VISA SERVICE
INVOICE FOR DOCUMENT PROCESSING

DATE OF INVOICE: 6/16/99

CLIENT NAME(S): Summers, Todd

JOB DESCRIPTION: Russian - Consular Fee

AMOUNT DUE: \$110 - (MAKE CHECKS PAYABLE TO GENERATIONS VISA SERVICE)

GENERATIONS VISA SERVICE
1730 K Street N.W. Suite #304
Washington D.C. 20006

Dear Russian Traveler,

Enclosed you will find your Russian visa. Please be careful not to lose it.

Note your arrival and exit dates below. You may enter on or any time after the arrival date and you must depart on or before the exit date.

June 17, 1999
(ARRIVAL DATE)

June 30, 1999
(EXIT DATE)

Remember, you may enter on or any time after the arrival date and you must depart on or before the exit date.

Have a great trip!

GENERATIONS
VISA SERVICE 

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. lists	re: Hotel receipts [Credit card numbers] (1 page)	06/26/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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
010. statement	re: Account summary [Account number] (1 page)	08/02/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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
011. check	re: Personal check (1 page)	06/02/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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
--------------------------	---------------	------	-------------

012. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/06/1999	b(6)
-----------	---	------------	------

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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) Summers, Todd A.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 09/26/99 b. TO 09/28/99		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 10/04/99	
c. MAILING ADDRESS (Include ZIP Code) 808 17th St. NW Suite 820 Washington DC, 20006		d. OFFICE TELEPHONE NO. [012]		10. CHECK NO.		11. PAID BY	
e. PRESENT DUTY STATION Washington DC,							
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)		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	
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		15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR					
17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)		18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE		19. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:		20. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
21. NET TO TRAVELER		22. COMMENTS: All travel expenses provided by Centers for Disease Control.		23. DATE 10/6/99 24. AMOUNT CLAIMED 0.00		25. DATE	

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. form	re: Travel authorization [Accounting data] [partial] (1 page)	09/23/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

WHITE HOUSE
MANAGEMENT

1. TYPE OF AUTHORIZATION

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

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

TODD A. SUMMERS

19 SEP 23 09:01

✓ NO COST

3. Title of Traveler

DEPUTY DIRECTOR

4. AGENCY/DIVISION

OPD/ADS POLICY

5. Office Phone

-62444

6. Official Duty Station

736 JP

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE:

Presenting at the CDC Strategic Planning Meeting

DATE(S): Travel Begin On

9/26/99

Travel End On

9/28/99

ITINERARY: Point of Origin (City, State)

WASHINGTON, DC

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

ATLANTA, GA

Point of Return (City, State)

WASHINGTON, DC

9. MODE OF TRAVEL				
(a) Commercial Transportation				
Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		
‡ First Class must have approval of Agency Head or Deputy				
(b) Privately Owned Vehicle				
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government * ☐ For convenience of traveler NTE common carrier cost	
(c) ☐ Gov't Owned Vehicle				
(d) ☐ Other (specify)				

10. ESTIMATED COST		AMOUNT
Per Diem/Actual Subsistence		\$
Transportation		
Rental Car		
Miscellaneous		
TOTAL		\$ 0
11. SPECIAL EXPENSE AUTHORIZED		
☐ Registration Fees (meeting, training, etc.) ☐ Commercial Rental Car ☐ Excess Baggage not to exceed _____ ☐ Other (Please identify) _____		
12. ADVANCE REQUESTED (meals and miscellaneous expenses only)		\$

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

Center for Disease Control will cover all costs associated w/ travel. 520.00 Airfare /100 (x 2 nights) hotel.

14(a) Requested by *[Signature]*

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)
Budley J. Kiley for Mark Lindsay

15. Accounting data (Appropriation, division, project, vendor number)
(b)(4) [013]

16. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)
[Signature] 9/23/99

17. Date 9/22/99

18. Travel Authorization No. X09100 33

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

Unusually high
+ sending for TA) J

1. TYPE OF AUTHORIZATION

☐ TDY

☐ Amendment
(Show items amended)

☐ Invitational
(Non EOP Employees Only)

☐ Relocation

✓ NO COST

4. AGENCY/DIVISION

OPD/AIDS POLICY

7. ☐ Per Diem

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

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

TODD A. SUMMERS

3. Title of Traveler

DEPUTY DIRECTOR

5. Office Phone

-62444

6. Official Duty Station

736 JP

8. TRAVEL INFORMATION

PURPOSE:

Presenting at the CDC Strategic Planning Meeting

DATE(S): Travel Begin On

9/26/99

Travel End On

9/28/99

ITINERARY: Point of Origin (City, State)

WASHINGTON, DC

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

ATLANTA, GA

Point of Return (City, State)

WASHINGTON, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Coach

Extra Fare*

Air

Coach Tourist

Business *

First Class ‡

X

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto

Other

Rate auth
per mile

☐ Determined more advantageous
to government *

☐ For convenience of traveler
NTE common carrier cost

(c) Gov't Owned Vehicle

(d) Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$

Transportation

Rental Car

Miscellaneous

TOTAL

\$

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

\$

(meals and miscellaneous expenses only)

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

Center for Disease Control will cover all costs associated w/
travel. 520.00 Airfare /100 (x 2 nights) hotel.

14(a) Requested by

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

Approval Official (Signature and Title)

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

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

17. Date

9/22/99

18. Travel Authorization No.

EASYLINK 1132227S001 9SEP99 13:38/13:39 EST
FROM: 49582993 49582993 SATO UD
SATO TRAVEL
TO: 2024562438

SALES PERSON: 17
CUSTOMER NBR: 544215

ITINERARY

UGOMEK

DATE: 09 SEP 99
PAGE: 01

TO: SATOTRAVEL
10 CORP SQ BLVD
BLDG10RM1303
ATLANTA,GA30329

FOR: SUMMERS/TODD

REF: 0,121,75232

26 SEP 99 - SUNDAY

AIR DELTA AIR LINES INC FLT:1285 COACH
LV WASHINGTON REAGAN 800P
DEPART: TERMINAL B
AR ATLANTA 943P

EQP: BOEING 727-200
01HR 43MIN
NON-STOP
REF: SGD3V

SUMMERS/TODD SEAT-10C

28 SEP 99 - TUESDAY

AIR DELTA AIR LINES INC FLT:578 COACH
LV ATLANTA 625P
AR WASHINGTON REAGAN 813P

SNACK
EQP: BOEING 727-200
01HR 48MIN
NON-STOP
REF: SGD3V

SUMMERS/TODD SEAT-11C

SATOTRAVEL CORPORATE SQUARE HRS MON-FRI 8AM-430PM
24 HRS EMERGENCY SERVICE 800-827-7777 SATO ID/JT52
CORPORATE SQUARE PHONE 404-633-0520

PLEASE RETURN ALL UNUSED OFFICIAL TICKETS TO
FMO-CLIFTON RD D-49 TO INSURE A TIMELY REFUND
FREQUENT TRAVELER BENEFITS EARNED IN CONNECTION WITH
OFFICIAL TRAVEL MAY BE USED ONLY FOR OFFICIAL TRAVEL
SHOW GOVT ID FOR PARKING DISCOUNTS AT THE FOLLOWING
LOCATIONS PARK N FLY....PARK AIR EXPRESS...PARK N GO
AND PRESTIGE PARKING...

FARE QUOTED 522.00 R/T

MARRIOTT ATL CENTURY CTR/2000 CENTURY BLVD NE/ATL 30345
PHONE-404-325-0000/FAX 404-325-4920

4:25 PM Flight #1418
6:11 PM

Hotel Confirmation # 81297919
90+ tax/night

Cell: 202-245-0005
202/245-0005



Facsimile Transmission



National Center for HIV, STD, and TB Prevention

Corporate Square - Atlanta, Georgia

TO:

Mr. Todd Summers

Name

Address

Telephone Number

202.456.2438

Facsimile Telephone Number

FROM:

Gaylon Morris

Name

Prevention Support Office, OD, NCHSTP

Office or Division

CORP SQ/BLDG #11/E-07

Building/Room/Mail Stop

404-639-8500

Telephone Number

404-639-8629

Facsimile Telephone Number

DATE:

September 21, 1999

NUMBER OF PAGES (Including cover):

4

SUBJECT:

Agenda

MESSAGE:

Attached is a copy of the agenda for the next meeting of the ACHSP HIV Priorities Working Group meeting scheduled for September 27-28, 1999. A packet containing the agenda and background materials will be sent by overnight mail on Thursday, September 23. If you have any questions regarding the agenda, please let me know. Thanks.

**Advisory Committee for HIV and STD Prevention
HIV Priorities Working Group
Corporate Square, Building 11, Conference Room 1413
Corporate Boulevard, Atlanta, Georgia**

September 27 - 28, 1999

AGENDA

Monday, September 27

8:30 am	Welcome and Introductions	Robert Fullilove Helene Gayle
8:40	Meeting Charge	Robert Fullilove
8:45	Overview/Context Setting	Ron Valdiserri
9:00	Overview of CDC HIV/AIDS Five Year Budget Trends	Carmine Bozzi Lynn Mercer
9:10	Questions and Answers	
9:30	Surveillance Overview	Kevin DeCock Laura Kann
10:00	Questions and Answers	
10:15	BREAK	
10:30	Research Overview	Martha Rogers Harold Jaffe
11:00	Questions and Answers	
11:15	Intervention/Program Implementation Overview	David Holtgrave Lloyd Kolbe
11:45	Questions and Answers	
12:00	Technical Assistance Overview	Janet Cleveland Diane Allensworth
12:30 pm	Questions and Answers	
12:45	LUNCH	
1:45	Program Evaluation Overview	David Holtgrave Stephen Banspach
2:15	Questions and Answers	

2:30	Cross-Cutting Presentations (10 minutes each) NCHS NIOSH PHPPO	Geraldine McQuillan Janice Huy Thomas Hearn
3:00 pm	Questions and Answers	
3:15	Presentation of Unmet Needs by Mission Category	Ron Valdiserri
3:30	Questions and Answers	
3:45	BREAK	
4:00	Discussion of CDC's HIV FY 1999 Prevention Portfolio • major prevention gaps/shortfalls • unmet prevention needs	Robert Fullilove
5:00	Meeting Adjourned	

**Advisory Committee for HIV and STD Prevention
HIV Priorities Working Group
Corporate Square, Building 11, Conference Room 1413
Corporate Boulevard, Atlanta, Georgia .**

September 27 - 28, 1999

AGENDA

Tuesday, September 28

8:30 am	Review of Monday's Discussion/"Housekeeping"	Robert Fullilove*
8:45	Continue Discussion of CDC's HIV FY 1999 Prevention Portfolio	Robert Fullilove*
10:30	BREAK	
10:45	Generation of Working Group Recommendations • Are there major prevention gaps or shortfalls in CDC's FY 1999 HIV prevention portfolio? If so, what are they? • Are there important/significant unmet needs in CDC's FY 1999 HIV prevention portfolio? If so, what are they? • What important budgetary questions cannot be answered with the current budget information? What additional data might be needed? • What type and level of budget data should ACHSP review on a regular basis in order to give appropriate advice to CDC?	Robert Fullilove*
12:30 pm	LUNCH	
1:30	Continue Generation of Working Group Recommendations	Robert Fullilove*
3:00	BREAK	
3:15	Discussion of Next Steps	Robert Fullilove* Helene Gayle
4:00	Meeting Adjourned	Kathy Cahill

*Or designee if unavailable

Travel Expense Worksheet

Name: Todd Summers City Residence: Washington, DC

Dates of Travel: 9/26/99 - 9/28/99

Transportation to Airport: Time Left Office/ Residence 3 AM/PM

Taxi Amount: \$ _____ or Auto Mileage _____

(Please obtain receipt from driver. If tipping, have him include tip in price of fare, not separate as tip.)

Departing Airline Information: Date: 9/26 (Give Approx. time if not sure.)

LV: (City) <u>Washington</u>	via (Airline) <u>Delta</u>	<u>4:00</u> AM/PM
AR: (City) <u>Atlanta</u>	via (Airline) _____	<u>5:30</u> AM/PM
LV: CITY _____	via (Airline) _____	_____ AM/PM
AR: (City) _____	via (Airline) _____	_____ AM/PM

Other Expenses: Other taxis while in city of duty, miscellaneous expenses/purchases, rental car, telephone calls, etc. related to duty. Be sure to turn in receipts for all Expenditures over \$25.00. Must Have Receipt For Rental Car If One was AUTHORIZED.

<u>Date</u>	<u>Type of Expense</u>	<u>Amount</u>
<u>9/26</u>	<u>Taxi to hotel</u>	<u>\$ 46.-</u>
<u>9/28</u>	<u>Hotel</u>	<u>\$ 212.89</u>
_____	_____	<u>\$ _____</u>

Returning Airline Information: Date: 9/28 (Give approx. times if not sure.)

LV: (City) <u>Atlanta</u>	via (Airline) <u>Delta</u>	<u>1:30</u> AM/PM
AR: (City) <u>Washington</u>	via (Airline) _____	<u>3:00</u> AM/PM
LV: (City) _____	via (Airline) _____	_____ AM/PM

TRANSPORTATION TO OFFICE OR RESIDENCE:

Taxi Amount: \$ _____ Or Auto Mileage _____

Parking at Airport: \$ _____ Arrived Office or Residence 3:30 AM/PM

PLEASE SEND ME AIRLINE TICKET STUB, HOTEL RECEIPTS, AND ANY OTHER RECEIPTS YOU MAY HAVE ACCUMULATED THAT WILL HELP ME DO YOUR VOUCHER. (Contact Person; Paulette Ford at (404)639-8008

CDC

*U.S. Department of Health & Human Services
CENTERS FOR DISEASE CONTROL AND PREVENTION
1600 Clifton Road, N.E., MSE07
Corporate Square, Bldg 11, RM 2111.01
Atlanta, Georgia 30329*

National Center for HIV, STD, & TB Prevention

*From the Desk of :
Paulette Ford
(T) 404 639-8008
(F) 404-639-8600*

Date: September 30, 1999

To: **TODD SUMMERS**
202-456-2444(P)

Subject: Expense form for Meeting held September 26-27

MESSAGE: I was able to get a copy of your hotel receipt. Pls complete the following form with any other claims and send to the address above.

Number of Pages: 2

CDC
CENTERS FOR DISEASE CONTROL

AND PREVENTION==

Withdrawal/Redaction Marker

Clinton Library

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

014. list	re: Hotel receipt [Credit card number] (1 page)	09/28/1999	P4/b(4)
-----------	---	------------	---------

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F

jm2033

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]

Office of HIV/AIDS Policy

Office of Public Health and Science
U.S. Public Health Service/DHHS
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel. (202) 690-5560



☐ Room 736-E

Fax. (202) 690-6584

☐ Room
736-E

Fax.
(202) 690-7560

TO: Cheryl
202-456-2438

FROM: Shellie Abramson
202-260-8863

Thanks

U.S. Department of Health and Human Services

***** Travel Order *****

Travel Order No. :	4436BAU001	Trans. :	194.00
Appropriation No.:	7510120	Per Diem:	28.50
Traveler Name :	CHERYL BAUERLE	Other :	50.00
Region/Division :	REG99A/OS/HQ	Total :	272.50
Duty Station :	WASHINGTON DC	Advance :	
Approx. Departure:	10/02/00		
Approx. Return :	10/02/00		

Justification:

***** PURPOSE *****

TO PARTICIPATE IN THE US CONFERENCE ON AIDS

***** ITINERARY *****

WASHINGTON TO ATLANTA

ATLANTA TO WASHINGTON

 LODGING M&IE
 38.00

**** Accounting Information ****

CAN	OBJECT CLASS	AMOUNT
011990136	21.51	259.00
011990136	21.9M	13.50

***** Funds Certifier *****

LAUREN BEAUCH

Type of Travel:

 PER DIEM = IN U.S.
 TYPE = LODGING PLUS

Special Authorizations: Taxicab

Recommended by:

 Name: LAVONNIA Y PERSAUD
 Position: MANAGEMENT ANALYST
 Date:

Regional Travel Approvals

 Signature: _____ Date: _____
 Position: _____

Authorized by:

 Name: (PENDING AUTHORIZATION)
 Position:
 Date:

 No signature required. This Travel
 Order has been electronically
 approved by the person named to the
 left of this statement. For
 verification call: 301 443 4131

+
Name: CHERYL BAUERLE

Itinerary Order No:

4436BAU001 +

Depart WASHINGTON

Arrive ATLANTA

Via

Hotel Name:

Hotel Street:

Hotel City/St:

Rent-Car Name:

Rent-Car City:

DC Date: 10/02/00

GA Date: 10/02/00

Carrier:

Travel Mode: AIR

Phone:

Phone:

Depart ATLANTA

Arrive WASHINGTON

Via

Hotel Name:

Hotel Street:

Hotel City/St:

Rent-Car Name:

Rent-Car City:

GA Date: 10/02/00

DC Date: 10/02/00

Carrier: USAIR

Travel Mode: AIR

Phone:

Phone:

Name: CHERYL BAUERLE

** Travel Order No:

4436BAU001

*** PURPOSE ***
TO PARTICIPATE IN THE US CONFERENCE ON AIDS

REGION	OPDIV	CAN	OBJECT CLASS	PROJECT CODE	OBLIGATED AMT.
99	A	011990136	21.51		259.00
99	A	011990136	21.9M		13.50

09/27/00 WED 15:29 FAX

005.

SALES PERSON: 76
CUSTOMER NBR: 553300

ITINERARY

VBICGJ

DATE: 27 SEP 00
PAGE: 01

TO: 200 INDEPENDENCE AVE SW
WASHINGTON DC 20201

FOR: BAUERLE/CHERYL

REF: 0,217,7500W

02 OCT 00 - MONDAY

AIR DELTA AIR LINES INC FLT:1402 COACH
LV ATLANTA 525P

AR WASHINGTON REAGAN 708P
ARRIVE: TERMINAL B
BAUERLE/CHERYL SEAT-43E

SNACK
EQP: BOEING 757
01HR 43MIN
NON-STOP
REF: D100UF

THANK YOU FOR USING SATOTRavel.
LOCAL PHONE NUMBER 301-984-8894 MON-FRI 730AM-530P
ON TRAVEL STATUS CALL 800-496-3628 MON-FRI 730AM-530P
FOR AFTER HOURS EMERGENCY SERVICE, CALL 800 827-7777.
YOUR REFERENCE CODE IS SABRE V075
FREQUENT FLYER MILES ARE PROPERTY OF THE US GOVERNMENT
IT IS YOUR RESPONSIBILITY TO FAX APPROVED
TRAVEL AUTHORIZATION TO THE SATOTRavel OFFICE. OUR
FAX NUMBER IS 301-984-8868.
NON CONTRACT CARRIER REQUIRES WRITTEN JUSTIFICATION.
NON CONTRACT CARRIER FARES NOT GTD UNTIL TICKETED.
EFF FEB 21, 2000 TRX FEE OF 13.50 WILL BE CHARGED
GOVT FARE IS 180.50

SALES PERSON: 76
CUSTOMER NBR: 553300

ITINERARY

VBICGJ

DATE: 27 SEP 00
PAGE: 01TO: 200 INDEPENDENCE AVE SW
WASHINGTON DC 20201

FOR: BAUERLE/CHERYL

REF: 0,217,7500W

02 OCT 00 - MONDAY

AIR US AIRWAYS FLT:5836 ECONOMY
OPERATED BY US EXP-MESA
LV ATLANTA 300PAR WASHINGTON REAGAN 445P
ARRIVE: TERMINAL B
BAUERLE/CHERYL SEAT- 6DEQP: EMBRAER 145 JET
01HR 45MIN
NON-STOP
REF: VBICKV

THANK YOU FOR USING SATOTRAVEL.
LOCAL PHONE NUMBER 301-984-8894 MON-FRI 730AM-530P
ON TRAVEL STATUS CALL 800-496-3628 MON-FRI 730AM-530P
FOR AFTER HOURS EMERGENCY SERVICE, CALL 800 827-7777.
YOUR REFERENCE CODE IS SABRE V075
FREQUENT FLYER MILES ARE PROPERTY OF THE US GOVERNMENT
IT IS YOUR RESPONSIBILITY TO FAX APPROVED
TRAVEL AUTHORIZATION TO THE SATOTRAVEL OFFICE. OUR
FAX NUMBER IS 301-984-8868.
NON CONTRACT CARRIER REQUIRES WRITTEN JUSTIFICATION.
NON CONTRACT CARRIER FARES NOT GTD UNTIL TICKETED.
EFF FEB 21, 2000 TRX FEE OF 13.50 WILL BE CHARGED
GOVT FARE IS 180.50



ATL MARQUIS
265 PEACHTREE CENTER AVENUE
ATLANTA, GA 30303
Tel: 404-521-0000
Fax: 404-586-6299

u⁵¹

ARRIVAL CONFIRMATION

Confirmation Number: 82271908

Guests in Room: 1

Guest Name: BAUERLE, CHERYL

Number of Rooms: 1 Arrive: 01 Oct 2000 #Nights: 1

Depart: 02 Oct 2000

Guarantee Method: Credit card guarantee

Bed Type: ROOM - QUALITY

Rate Program: GOVT/MILITARY

Cancellation Policy:

RATE INFORMATION			
ARRIVAL DATE	ROOM RATE		ARRIVAL DATE
2000 Oct 01	9300/Per Night		

SPECIAL REQUESTS	REQUEST STATUS
1 KING BED	Guaranteed
NON-SMOKING ROOM	Guaranteed
6 PM CANCEL POLICY	Noted
I.D. REQUIRED	Noted
NON-COMMISSIONABLE RATE	Noted

(comments if applicable)

HOTEL DIRECTIONS
SOUTH ON I-75/85 - TAKE EXIT 249A/COURTLAND ST. GO TO 3RD LIGHT, TURN RIGHT ONTO INT'L BLVD. GO 1 BLOCK TO PEACHTREE CENTER AVENUE. TURN RIGHT. HOTEL IS 2 BLOCKS ON THE RIGHT. ** NORTH ON I75/85 TAKE EXIT 248C/INT'L BLVD. TURN LEFT ON INT'L, THEN RIGHT ON PEACHTREE CENTER AVENUE. HOTEL IS 2 BLOCKS ON THE RIGHT.

Legal Disclaimer:

This confirmation notice has been transmitted to you by fax for your convenience. Marriott's record of this confirmation notice is the official record of this reservation. Subsequent alterations to this electronic message after its transmission will be disregarded.

Toll Free Number: 1-800-228-9290 or your local international toll free number

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
015. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	10/15/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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

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

Todd A. Summers

5. TITLE OF TRAVELER

Deputy/AIDS Policy

6. SOCIAL SECURITY NUMBER

(b)(6)

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

Washington DC,

1. TRAVEL AUTHORIZATION NO.
TA003864

2. DATE
10/15/98

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show Remarks amended)
☐ Funded by
Non-Federal Sources

7. AGENCY

[015]

8. DIVISION

OPD

11. ☒ Per Diem

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

12. TRAVEL INFORMATION

PURPOSE: Attending the US Conference on AIDS. See attached invitation from the National Minority AIDS Council.

DATE(S): Travel Begin On 10/28/1998

Travel End On 10/31/1998

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

From: Washington, DC

To: DALLAS/FORT WORTH, TX 94/ 42

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) _____

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

Per Diem/Lodging	\$ 0.00
Per Diem/M&IE	147.00
Transportation	364.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 511.00
ADVANCED REQUIRING	\$ 0.00

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

OTHER (See remarks below)

Lodging and registration expenses covered by National Minority AIDS Council. See attached authorization form.

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

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)



TRAVEL EXPENSES FROM OUTSIDE SOURCE

WHITE HOUSE OFFICE

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 or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. 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.

CONTACT PERSON: SARAH HOLEWINSKI

PHONE NUMBER: 5-1441

DATE OF REQUEST: 10/15/98

Your Name and Position:

TODD SUMMERS, DEPUTY DIRECTOR, OFFICE OF NATL AIDS POLICY

Nature of Meeting or Event

☒ Official

☐ Political

Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:

Attending the US Conference on AIDS

Dates of Travel: 10/28-10/31/98

Destination(s): Dallas, Texas

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):

NATIONAL Minority AIDS Council

Contact at Organization Making the Payment:

Paul Kawata OR VERNELL HENRY

Address of Organization:

NATIONAL Minority AIDS Council

1931 13th Street, NW WASHINGTON, DC 20009

Phone:

483-6622(202) / vhenry@nmac.org

Expense:

Amount:

Method:

Transportation (specify):

- ☐ In Kind
☐ Reimbursable
☐ Other (Political Only)

Lodging:

ADAMS MARK Hotel

350⁰⁰

- ☒ In Kind
☐ Reimbursable
☐ Other (Political Only)

Meals:

- ☐ In Kind
☐ Reimbursable
☐ Other (Political Only)

Misc. (specify):

Registrations

375⁰⁰

- ☒ In Kind
☐ Reimbursable
☐ Other (Political Only)

*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization.

You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, OE08) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

☐ Approved

☐ Disapproved

Pursuant to:

☐ 51 U.S.C. 51353

☐ 5 C.F.R. 2635.204(f)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
016. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/28/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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

1. TRAVEL AUTHORIZATION NO. TA005267		2. DATE 06/28/99	
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 L. THURMAN		5. TITLE OF TRAVELER DIRECTOR, AIDS POLICY	
6. SOCIAL SECURITY NUMBER (b)(6)		7. AGENCY 736 Jackson Plac	
8. DIVISION OPD		9. OFFICE PHONE 395-1441	
10. OFFICIAL DUTY STATION WASHINGTON, DC		11. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

12. TRAVEL INFORMATION

PURPOSE: Planning group meeting to discuss World AIDS Day 1999 focus -children orphaned by AIDS- in cooperation with the President's Initiative on Africa

DATE(S). Travel Begin On 7/1/1999

Travel End On 7/2/1999

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

From: Washington, DC

To: MANHATTAN BOROUGH, NY 195/ 46

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)

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	46.00
Transportation	76.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 122.00

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.)

No lodging costs associated with travel. Traveler will stay with acquaintances.

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

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)

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 2451644S001 28JUN99 15:38/15:39 EST
 FROM: 62029160
 AMERICAN EXPRESS TRAVEL
 TO: 2024562438

SALES PERSON: 47 ITINERARY DATE: 28 JUN 99
 CUSTOMER NBR: 1695000023 VCYXKQ PAGE: 01

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

FOR: THURMAN/SANDY MS

01 JUL 99 - THURSDAY

AIR	DELTA AIR LINES INC	FLT:1768	COACH	MULTI MEALS
	LV WASHINGTON REAGAN		830P	EQP: BOEING 727-200
	DEPART: TERMINAL B			01HR 00MIN
	AR NEW YORK LGA		930P	NON-STOP
	ARRIVE: MARINE AIR TERMINAL			REF: KEJ6WF

02 JUL 99 - FRIDAY

AIR	DELTA AIR LINES INC	FLT:1763	COACH	SNACK/BRUNCH
	LV NEW YORK LGA		530P	EQP: BOEING 727-200
	DEPART: MARINE AIR TERMINAL			01HR 12MIN
	AR WASHINGTON REAGAN		642P	NON-STOP
	ARRIVE: TERMINAL B			REF: KEJ6WF

25 DEC 99 - SATURDAY

OTHER WASHINGTON
 HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY

VCYXKQ

DATE: 28 JUN 99
PAGE: 02

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

FOR: THURMAN/SANDY MS

. TOTAL AIR FARE USD76.00

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

. SECURITY ALERT INFORMATION

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

. REMINDER

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

FOR AFTER HOURS EMERGENCIES

CALL 800-847-0242/YOUR HOTLINE CODE IS KC52

.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR OFFICE OF MANAGEMENT & ADMINISTRATION

From: Sandra Thurman
Director
Office of National AIDS Policy
(202) 456-2437

Date: June 28, 1999

Re: **Travel Authorization –New York, NY – July 1-2, 1999**

This TA requests authorization for me to travel to New York, NY, July 1-2, 1999.

On World AIDS Day 1998, the President set-aside \$10 million in US emergency relief funding to help identify effective policies and programs for children orphaned by AIDS -- and to begin to build support for community-based responses that strengthen families, villages, and the young people most in danger of being caught in the crossfire of this epidemic.

As the AIDS community begins to prepare for World AIDS Day 1999 – with the continued theme of children orphaned by AIDS – my participation in this planning meeting will help to push the President's initiative, and further the Administration's objectives with regard to a more global focus in managing the epidemic. In addition, World AIDS Day continues to be a high profile venue in which to emphasize the President's commitment to the epidemic. In this respect, I will be afforded the opportunity to highlight the Administration's accomplishments.

The meeting will contain many key leaders in the fight to end the AIDS epidemic including several Presidential Advisory Council members.

I have signed my own travel authorization as my Deputy Director, Todd Summers is currently out of the office on official business. Please let me know if you have any questions.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
017. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	07/06/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA005297

2. DATE
07/06/99

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 L. THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

736 Jackson Plac

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Meetings with CAEAR Coalition (Saturday and Sunday morning) including
& A sessions (Saturday) with city CARE Act coordinators.

DATE(S): Travel Begin On 7, 9 1999

Travel End On 7, 11, 1999

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

From: Washington, DC

To: CHICAGO, IL 104/ 46

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)

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	115.00
Transportation	116.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 231.00
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.)

No lodging expenses associated with trip. Traveler will stay with acquaintances.

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

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)

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

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR OFFICE OF MANAGEMENT & ADMINISTRATION

From: Sandra Thurman
Director
Office of National AIDS Policy
(202) 456-2437

Date: July 6, 1999

Re: **Travel Authorization – Chicago, Illinois – July 9 - 11, 1999**

This TA requests authorization for me to travel to Chicago, Illinois, July 9 - 11, 1999.

As the AIDS community gears up for the impact of FY2000 Appropriations, I will meet with the CAEAR Coalition Executive Committee on Saturday afternoon – and again Sunday morning for a more expansive breakfast meeting with the addition of other community AIDS leaders. Both of these meetings will afford me the opportunity to relay the Administration's position with regard to reauthorization of the Ryan White CARE Act.

I will also meet with Chicago specific CARE Act coordinators on Saturday morning. I have been asked to take questions and answers in a roundtable discussion regarding reauthorization – and to update the coordinators on current Administration policy.

Please let me know if you have any questions.

EASYLINK 7765173S001 6JUL99 07:49/07:49 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: 47

ITINERARY

DATE: 06 JUL 99

CUSTOMER NBR: 1695000023

WXXOWB

PAGE: 01

TO: AMERICAN EXPRESS TRAVEL

OEGB ROOM 87

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-456-6670

MS SANDY THURMAN

FOR: THURMAN/SANDY MS

09 JUL 99 - FRIDAY

AIR UNITED AIRLINES FLT:623 COACH

LV WASHINGTON REAGAN

300P

DEPART: TERMINAL B

AR CHICAGO OHARE

353P

ARRIVE: TERMINAL 1

EQP: BOEING 727-200

01HR 53MIN

NON-STOP

REF: XZ5SSO

OTHER CHICAGO OHARE

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

11 JUL 99 - SUNDAY

AIR UNITED AIRLINES FLT:626 COACH

LV CHICAGO OHARE

530P

DEPART: TERMINAL 1

AR WASHINGTON REAGAN

820P

ARRIVE: TERMINAL B

SNACK/BRUNCH

EQP: AIRBUS A320

01HR 50MIN

NON-STOP

REF: XZ5SSO

29 DEC 99 - WEDNESDAY

OTHER WASHINGTON

HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
WXXOWB

DATE: 06 JUL 99
PAGE: 02

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

FOR: THURMAN/SANDY MS

. TOTAL AIR FARE USD116.00
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

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

. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

. ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

. FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52

.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.



City of Chicago
Richard M. Daley, Mayor

Department of Public Health

Sheila Lync, RSM
Commissioner

333 South State Street
Chicago, Illinois 60604
(312) 747-9884
(312) 747-9888 (24 hours)
(312) 744-2960 (TTY)

<http://www.ci.chi.il.us>



Please
Recycle!

Ms. Sandy Thurman, Director
Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20503

June 28, 1999

Sandy
Dear Ms. Thurman,

Thank you so much for taking the time to meet with us last week to discuss FY 2000 and FY 2001 Appropriations, CARE Act Reauthorization, and some of the programs we are implementing throughout the Chicago area. Your history of support is invaluable, not only within the area of HIV/AIDS, but in the public health community at large.

We are delighted that you are able to meet with the CAEAR Coalition Executive Committee during our strategy session in Chicago. We would like to invite you to join us for lunch on Sunday, July 11 at 12:00 PM. Given your busy schedule, we understand if you need to meet with us at a different time that day or the day before on Saturday, July 10. Either way, we look forward to sharing with you some of our long term plans around CARE Act Reauthorization and appropriations, and to hear your strategic thoughts, suggestions and ideas about the process, the Administration's thinking, and the overall political climate.

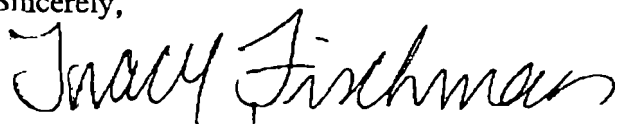
As you know, we are concerned about FY 2000 Appropriations, especially given the constraints on this year's appropriations process. President Clinton's support for increased funding for the CARE Act and other AIDS programs will be critical, particularly in the final stages of the appropriations process. In addition, we are hopeful that the President's FY 2001 budget proposal to Congress will include significantly higher funding levels than this past year's levels for Title I and the other titles, as well as for CDC Prevention and HIOPWA.

As we work on appropriations, we simultancously are working hard on Reauthorization. As we do so, we are gearing up for the challenges and barriers which we are sure to face (as you put it, we must be prepared for a "train crash"). Your assistancc, guidance and support in that process is both crucial and essential. Herein lies the importance of ongoing communication between you, us, and our coalition partners (NORA and others). We are so pleased that you are committed to this communication and that we are able to meet with you on a regular basis.

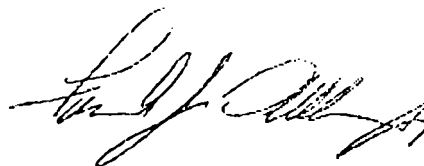


Please contact Tracy at 312-747-9652 or via email at TFisch7@aol.com to let us know when if you are available to join us for lunch on Sunday, July 11. Your tremendous work is needed and appreciated now more than ever. Thank you!

Sincerely,



Tracy Fischman
Director for Policy and Legislative Affairs
Division of STD/HIV/AIDS Public Policy and Programs
CAEAR Coalition Executive Committee Member



Frank Oldham, Jr.
Assistant Commissioner
Division of STD/HIV/AIDS Public
Policy and Programs

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
018. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	07/07/1999	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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

Cancelled

1. TRAVEL AUTHORIZATION NO.
TA005311

2. DATE
07/07/99

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

SANDRA L. THURMAN

19 JUL 8 P3:53

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

7. AGENCY

736 Jackson Plac

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Participating in the NAACP 90th Annual Convention as a panelist: 'The NAACP Response to Black America's Health Crisis'. See attached invitation.

DATE(S): Travel Begin On 7/14/1999

Travel End On 7/14/1999

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

From: Washington, DC

To: MANHATTAN BOROUGH, NY 195/ 46

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)

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	34.50
Transportation	76.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 110.50

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.)

18. ACCOUNTING DATA (Appropriation, division)

(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)

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

7/9/99

EASYLINK 9698442S001 7JUL99 12:22/12:22 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: 50

ITINERARY

DATE: 07 JUL 99

CUSTOMER NBR: 1695000043

WJLYIH

PAGE: 01

TO: SANDY THURMAN

FOR: THURMAN/SANDY

14 JUL 99 - WEDNESDAY

AIR	DELTA AIR LINES INC	FLT:1752	COACH
	LV WASHINGTON REAGAN		1230P
	DEPART: TERMINAL B		
	AR NEW YORK LGA		130P
	ARRIVE: MARINE AIR TERMINAL		
AIR	DELTA AIR LINES INC	FLT:1765	COACH
	LV NEW YORK LGA		630P
	DEPART: MARINE AIR TERMINAL		
	AR WASHINGTON REAGAN		800P
	ARRIVE: TERMINAL B		

SNACK/BRUNCH
EQP: BOEING 727-200
01HR 00MIN
NON-STOP
REF: CG66Q7
SNACK/BRUNCH
EQP: BOEING 727-200
01HR 30MIN
NON-STOP
REF: CG66Q7

14 JAN 00 - FRIDAY

OTHER WASHINGTON

CONTINUED ON PAGE 2

SALES PERSON: 50
CUSTOMER NBR: 1695000043

ITINERARY
WJLYIH

DATE: 07 JUL 99
PAGE: 02

TO: SANDY THURMAN

FOR: THURMAN/SANDY

. TOTAL AIR FARE USD 76.00

.
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

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

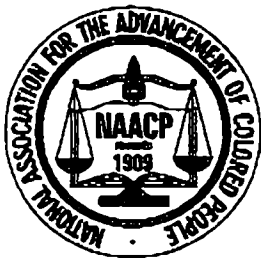
.
REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

.
.....
AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670

.....
FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52

.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
4805 MT. HOPE DRIVE • BALTIMORE, MD 21215-3297 • (410) 358-8900

KWEISI MFUME

President & Chief Executive Officer

July 7, 1999

Sandy Thurman

Director

Office of National AIDS Policy

JULIAN BOND

Chairman, Board of Directors

Dear Ms. Thurman:

This year the NAACP proudly celebrates its 90th Birthday. Our 90th Annual Convention will be held in New York City, the city of our founding, July 10-15, 1999. This year's Convention promises to be an especially exciting and historic one as we celebrate the birthday of the nation's oldest and largest civil rights organization.

We would be enormously gratified if you will accept this invitation to be a Panelist at our Health Workshop on Wednesday, July 14, 1999 for 3:00 pm-5:00 pm. at the New York Hilton Hotel. Our theme for this convention is "NAACP: 90 YEARS OF MAKING DEMOCRACY WORK!"

We would like you to prepare a 10 min presentation on HIV/AIDS issues and advocacy as part of a five person panel entitled *The NAACP Response to Black America's Health Crisis*. The panel will engage in a forty-minute question and answer session with the audience after all panelists have presented. I would appreciate a response by Friday, June 25, 1999 in order to appropriately plan for convention activities.

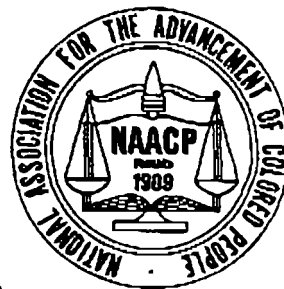
We hope very much that you can join us. It will indeed be an honor if you will do so. Please contact me at 410/486-9147 if you require additional information or wish to discuss this in more detail.

Sincerely,

Caya B. Lewis, MPH
National Health Coordinator



90th Annual NAACP Convention



HEALTH WORKSHOP

New York Hilton & Towers
1335 Avenue of the Americas, New York, NY

Wednesday, July 14, 1999
3:00-5:00 PM

“The NAACP Response to Black America’s Health Crisis”

Moderator: Rupert Richardson, NAACP Health Committee Chair, Baton Rouge, LA

Panelists:

Dr. Helene Gayle
Director, National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention
Atlanta, GA

Debra Fraser Howze
Executive Director/CEO
Black Leadership Commission on AIDS
New York, NY

Dr. Harold P. Freeman
Chairman, President’s Cancer Panel
Director of Surgery
Harlem Hospital Center
New York, NY

Dr. Therman E. Evans
Founder & President, Wholelife Associates
Elkins Park, PA

Dr. Charles Butler
NAACP Health Committee
Coatesville, PA

Sandra L. Thurman
Director
Office of National AIDS Policy
NAACP 90th Annual Convention
New York, July 14th

12:30 – 1:30 PM Delta Airlines Shuttle Flight #1752
Departing Washington National en route LaGuardia

Taxi New York Hilton & Towers
1335 Avenue of the Americas
P: 212/586-7000
F: 212/315-1374

Room 540 - 8:45 am in Imperial
2:45 pm

3 – 5:00 PM Health Workshop Panel
“The NAACP Response to Black America’s Health Crisis”

Moderator: Rupert Richardson, NAACP Health Committee Chair

Cancer + heart disease also

Panelists: ~~Dr. Helene Gayle~~

*Administration is doing?
AIDS + Africa issues...
Overview, America, African.*

Debra Fraser-Howze – on AIDS, advocacy issues

Dr. Harold P. Freeman, Chairman
President’s Cancer Panel, Director of Surgery – Harlem
Hospital Center, New York

Dr. Therman E. Evans, Founder & President,
Wholelife Associates, Pennsylvania

Dr. Charles Butler, NAACP Health Committee

Sandy Thurman

1st hand

Remarks Each panelist will have 10 minutes in which to present. A question and answer session will follow once all panelists have spoken.

Taxi to LaGuardia

6:30 – 8 PM Delta Airlines Shuttle Flight #1765
Departing LaGuardia en route Washington National

212/261-5835

8:00 PM Car return to 736 JP

Contacts

Cheryl
Sarah
Garage

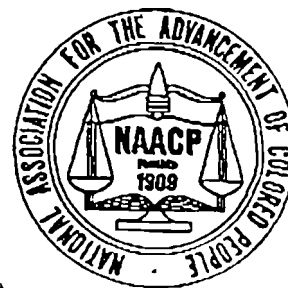
Page: Signal
Page: 672-9860
202/757-1467

Office: 202/456-2959
Office: 202/395-1441

*Sharon 212/581-2000
Cory Lewis*



90th Annual NAACP Convention



HEALTH WORKSHOP

New York Hilton & Towers
1335 Avenue of the Americas, New York, NY

Wednesday, July 14, 1999
3:00-5:00 PM

“The NAACP Response to Black America’s Health Crisis”

Moderator: Rupert Richardson, NAACP Health Committee Chair, Baton Rouge, LA

Panelists:

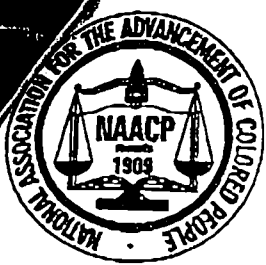
Dr. Helene Gayle
Director, National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention
Atlanta, GA

Debra Fraser Howze
Executive Director/CEO
Black Leadership Commission on AIDS
New York, NY

Dr. Harold P. Freeman
Chairman, President’s Cancer Panel
Director of Surgery
Harlem Hospital Center
New York, NY

Dr. Therman E. Evans
Founder & President, Wholelife Associates
Elkins Park, PA

Dr. Charles Butler
NAACP Health Committee
Coatesville, PA



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
4805 MT. HOPE DRIVE • BALTIMORE, MD 21215-3297 • (410) 358-8900

KWEISI MFUME
President & Chief Executive Officer

July 7, 1999

JULIAN BOND
Chairman, Board of Directors

Sandy Thurman
Director
Office of National AIDS Policy

Dear Ms. Thurman:

This year the NAACP proudly celebrates its 90th Birthday. Our 90th Annual Convention will be held in New York City, the city of our founding, July 10-15, 1999. This year's Convention promises to be an especially exciting and historic one as we celebrate the birthday of the nation's oldest and largest civil rights organization.

We would be enormously gratified if you will accept this invitation to be a Panelist at our Health Workshop on Wednesday, July 14, 1999 for 3:00 pm-5:00 pm. at the New York Hilton Hotel. Our theme for this convention is "NAACP: 90 YEARS OF MAKING DEMOCRACY WORK!"

We would like you to prepare a 10 min presentation on HIV/AIDS issues and advocacy as part of a five person panel entitled *The NAACP Response to Black America's Health Crisis*. The panel will engage in a forty-minute question and answer session with the audience after all panelists have presented. I would appreciate a response by Friday, June 25, 1999 in order to appropriately plan for convention activities.

We hope very much that you can join us. It will indeed be an honor if you will do so. Please contact me at 410/486-9147 if you require additional information or wish to discuss this in more detail.

Sincerely,

Caya B. Lewis, MPH
National Health Coordinator

Withdrawal/Redaction Marker

Clinton Library

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

019. list	re: Credit card invoice [Credit card number] (4 pages)	07/01/1999	P4/b(4)
-----------	--	------------	---------

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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
--------------------------	---------------	------	-------------

020. list	e: Credit card invoice [Credit card number] (4 pages)	07/01/1999	P4/b(4)
-----------	---	------------	---------

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F

jm2033

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
021. form	re: Travel authorization [Personally Identifiable Information] [partial] [Accounting data] [partial] (1 page)	10/13/1998	P4/b(4), b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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

1. TRAVEL AUTHORIZATION NO.
TA003841

2. DATE
10/13/98

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 L. THURMAN

[021]

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

736 Jackson Place

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: AIDS Walk Atlanta (speaker on stage), AIDS Walk Reception

DATE(S): Travel Begin On 10/18/1998

Travel End On 10/19/1998

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

From Washington, DC

To: ATLANTA, GA 97/ 38

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)

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	\$ 97.00
Per Diem/M&IE	57.00
Transportation	522.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 676.00

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)

(b)(4)

19. RECOMMENDATION

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)

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

SALES PERSON: 74
CUSTOMER NBR: 1695000023

ITINERARY
SWODDA

DATE: 14 OCT 98
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY MS

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

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

***** Travel Voucher *****

Name : CHERYL S BAUERLE
 Address : 1325 13TH STREET NW # 106
 WASHINGTON DC 20005
 Duty Station: WASHINGTON DC
 Office Phone: 202-456-2439 (TDY Travel)
 Department : REG99A/OS/HQ

Period of Travel
 From: 07/05/00 To: 07/16/00

Travel Number : 0225BAU001
 Approve Date : _____

Travel Advance Information

Voucher Submitted On: _____

Outstanding :	Date received :
Amount Applied :	Amount Received: 3272.71
Amount due Government:	Check Attached : _____
Balance Outstanding :	Payee signature: _____

I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (41 CFR Chpts. 301-304)

***** GTRs and Tickets *****

Traveler's Initials: _____

Ticket No. & Date	Value	Carrier	Mode	Departure/Arrival
75423		NW 3	AIR	WASHINGTON DC
XXXXX		SA 5	AIR	DURBAN NS
				DURBAN NS
				WASHINGTON DC
TOTAL TICKET COST	8284.10			

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.

Amount Claimed : 3272.71
 Amount Applied : _____
 Net To Traveler: 3272.71

Signature: Cheryl S. Bauerle
 CHERYL S BAUERLE

Date: Aug. 22, 2000
 SSN: 592 14 0903

This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

Approving official

Signature: _____ Date: _____
 (PENDING AUTHORIZATION)

This voucher is certified correct and proper for payment

Authorized certifying official

Signature: _____ Date: _____



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Elaine Roski FROM: Cheryl Barocke
COMPANY: DATE: Aug. 22, 2000
FAX NUMBER: 301-480-8382 TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:
RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

The original is in the mail.
Thank you!
Cheryl

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1470
CONNECTION TEL 93014808382
CONNECTION ID INTL REFUGEE HEA
ST. TIME 08/22 13:42
USAGE T 00'52
PGS. 2
RESULT OK



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Elaine Roski FROM: Cheryl Bawche
COMPANY: DATE: Aug. 22, 2000
FAX NUMBER: 301-480-8382 TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:
RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

The original is in the mail.
Thank you!
Cheryl

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
022. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	10/29/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

OFFICIAL TDY TRAVELER AUTHORIZATION

(Note: See Privacy Act Statement on reverse)

1. AUTHORIZATION NO.

Dream Halloween [022]

2. TRAVELER (first name, middle initial, last name)

SANDRA L THURMAN

3. TITLE

Director, AIDS Policy

4. SOCIAL SECURITY NO.

(b)(6)

5. ADDRESS TO WHICH REIMBURSE:

736 Jackson Place

Washington, DC 20503

WHO DOMESTIC POLICY

7. OFFICIAL DUTY STATION

Washington, DC

73. JP

8. OFFICE PHONE NO.

(202) 456-0

9. TYPE

☒ X

10. CATEGORY

☒ SINGLE

11. TRAVEL PURPOSE (check one)

☐ SITE VISIT

☐ INFORMATION MEETING

☐ TRAINING ATTENDANCE

☐ PRESENTATION

☐ REFERENCE ATTENDANCE

☐ OTHER

☒ X

12. SPECIFIC TRAVEL PURPOSE

Receiving the 2000 "AIDS FIGHTER" award conferred by AIDS Foundation at their annual conference

13. AUTHORIZED OFFICIAL ITINERARY

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

DATE (a)	WEEK- DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS PORTATION (h)	MODE OF TRANSPORTATION (i)
		CITY	STATE	MBIE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM							
		Washington							
10/28/00	SAT	TO LOS ANGELES	CA	46	135		181	AIR	
10/29/00	SUN	LOS ANGELES	CA	46	135		181		
		TO							
10/29/00	SUN	Washington							

YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)
	X	
X		15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)
	X	
	X	16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22)
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B) ☐ USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT ☐ USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER
X		18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).

19. TRAVELER IS (check one)	20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22)	21. FUNDS OBLIGATED	A. INITIALS
☒ a. GOVT CHARGE CARD HOLDER	☒ a. INDIVIDUAL GOVERNMENT CHARGE CARD	☐ b. GOVERNMENT TRANSPORTATION REQUEST	B. DATE
☐ b. GOVT CHARGE CARD DELINEE	☐ b. BLANKET GOVERNMENT CHARGE CARD	☐ OTHER (explain in item 22)	
☐ c. INFREQUENT TRAVELER			

22. REMARKS	23. EST. COST TO GOVERNMENT
One day trip greater than 12 hours.	A. TOTAL COMMON CARRIER COST \$ 249.
Lodging is 36 dollars above per diem, but under 150% of the reimburseable amount.	B. TOTAL PER DIEM AND OTHER \$ 169.
	C. TOTAL ESTIMATED COST \$ 418.

24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one)	25. ADVANCE AUTHORIZED
☒ a. GOVERNMENT ISSUED CHARGE CARD	\$ 0.
☐ b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT	

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY

A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.

26. NEAR ACCOUNT CLASS	FUND	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CEN B
2001	B118A								

27A. NAME AND TITLE OF AUTHORIZING OFFICIAL	27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN)	27C. DATE

EASYLINK 7633985S001 27OCT00 14:09/14:09 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024562439

SALES PERSON: 47 ITINERARY DATE: 27 OCT 00
CUSTOMER NBR: 1695000023 SKJJKT PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 89
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-783-1136
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

28 OCT 00 - SATURDAY

AIR UNITED AIRLINES FLT:187 ECONOMY LUNCH
LV WASHINGTON DULLES 1120A EQP: BOEING 757
05HR 17MIN
AR LOS ANGELES 137P NON-STOP
ARRIVE: TERMINAL 7 REF: RNBSJA
THURMAN/SANDY M SEAT-13C

HOTEL LOS ANGELES OUT-29OCT
RADISSON HOTELS WORLDWIDE 1 NIGHT
RADISSON HUNTLEY 1 ROOM GOVERNMENT RATE
1111 SECOND ST RATE-135.00USD PER NIGHT
SANTA MONICA CA 90403 CANCEL BY 04P DAY OF ARRIVAL
FONE 310-394-5454
FAX 310-458-9776
GUARANTEED LATE ARRIVAL
CONFIRMATION 0GQLRWH
RD-MGALES

AIR UNITED AIRLINES FLT:204 ECONOMY
LV LOS ANGELES 1159P EQP: AIRBUS A320
DEPART: TERMINAL 7 04HR 47MIN

29 OCT 00 - SUNDAY

AR WASHINGTON DULLES 646A NON-STOP
REF: RNBSJA

21 APR 01 - SATURDAY

OTHER WASHINGTON
HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
SKJJKT

DATE: 27 OCT 00
PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 89
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-783-1136
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

. TOTAL AIR FARE USD249.00
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

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

. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

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

.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.



BOARD OF DIRECTORS

Joe Cristina
Chair

Rick Zbur
Vice-Chair

Kevin Fari
Treasurer

Elena R. Baca
Secretary

Matthew C. Bousquette
John Chiang

Jodi S. Cohen
Frank Foretich

Robert E. Frangenberg
Samuel A. Fusco

Linda Gersh
David Haddad

Meryl Holland
Sarah R. Ingram

David James
Marcy E. Kaplan

Robert A. Kors
John Maceri

Donna Nichols
Gary Paulsen

Jerry J. Ruiz
Mark Spohn

Jeff Towns
Ken Weikel

Judy A. Willis

EXECUTIVE ADVISORY BOARD

Jill E. Barad
Chair

Richard A. Bernstein
John G. Bowes

John Eyle
Paul Fireman

Michael Goldstein
Thomas J. Kalinske

Bob Mackie
Paul S. Pressler

Doris Roberts
Dan Romanelli

HEALTH & SOCIAL SERVICES
ADVISORY BOARD

James M. Oleske, M.D., *Chair*
Department of Pediatrics
UMDNJ-New Jersey Medical School

Michael T. Brady, M.D.
Epidemiology and HIV Program
Columbus Children's Hospital

Joseph A. Church, M.D.
Division of Clinical Immunology and Allergy
Los Angeles Children's Hospital

Marilyn Crain, M.D.
Family Center
Children's Midtown Center

L. Michelle Eagle, P.A.-C.
Department of Pediatrics
University of Florida-HSC

Victor F. German, M.D.
The University of Texas
Health Science Center at San Antonio

Andrea Kovacs, M.D.
Pediatrics & Pathology
USC School of Medicine

Katherine Luzuriaga, M.D.
Department of Pediatrics
UMASS Medical School

EXECUTIVE DIRECTOR
Catherine Brown

6033 West Century Blvd.

Suite 260

Los Angeles,

CA 90045

Phone: 310.258.0850

Fax: 310.258.0851

Email: caaf4kids@aol.com

Website: www.caaf4kids.org

July 18, 2000

Sandra L. Thurman
Director National Office on AIDS Policy
The White House
Washington, DC 20500

Dear Sandy:

It is my pleasure, on behalf of the Board of Directors and the Executive Advisory Board of the Children Affected by AIDS Foundation, to formally request the honor of presenting you with the 2000 "Ribbon of Dreams" Award in the Children's Advocacy category at our annual fundraising event, *Dream Halloween*. You were unanimously chosen as this year's recipient as we would like to cast a spotlight on your commitment to the HIV/AIDS epidemic and to your career-long accomplishments.

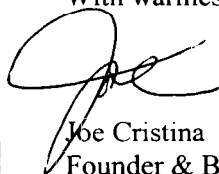
As an individual who cares very deeply about the children in this country and around the world who are grievously affected by HIV/AIDS, I would like to extend the Children Affected by AIDS Foundation's heartfelt appreciation for your tireless work on their behalf. Through both your domestic and international achievements, you have helped to ensure a brighter future for millions of children affected by AIDS.

Your tireless efforts have shed light and rallied support for this devastating epidemic's silent minority. You have been the global advocate for not only the children ravaged by AIDS but also the children left behind. You have built and encouraged partnerships between the public and private sector to ensure that every child possible receives the care and love they deserve. And, you have focused everyone's attention on the devastation that is now upon our global family due to the lack of resources, education and understanding related to HIV/AIDS.

Dream Halloween 2000 will take place on Saturday, October 28th at the Barker Hangar in Santa Monica, California. Our host will once again be Jamie Lee Curtis. We would be honored if you would be able to attend and accept this well deserved award.

Thank you for your kind consideration. I look forward to speaking with you soon and to your favorable response.

With warmest regards,


Joe Cristina
Founder & Board Chair

Making a difference in the lives of children affected by AIDS

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
023. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	01/24/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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. TOJONA13	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 12/07/99 b. TO 12/08/99		4. SCHEDULE NO.	
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. [023]		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 01/24/00		10. CHECK NO.	
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) Washington, DC		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)							
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)		
Electronic Ticket 96.50				12/07/99	DCA-Ronald Reagan LGA-New York - L		
COMMENTS: One day trip greater than 12 hours. No lodging costs associated with travel. Traveler stayed with acquaintances.							
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.						DATE 1/24/00 AMOUNT CLAIMED 127.50	
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) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol). d. NET TO TRAVELER	
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						\$ 0.00	
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE						\$ 127.50	

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER

(Unlisted items are self explanatory)

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

Complete only for actual expense travel

- Col. (d) 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** 1 **PAGES**

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

THURMAN

DATE 19 <u>99</u> (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	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)										
12/07		D--WASHINGTON, DC														
12/07		Airline Flight														
12/07		A--MANHATTAN, NY				34	50			34.50			34	50		
12/07		Airport to press interview													24.00	
12/07		Site visit to DIFFA event													13.00	
12/07		Interview to site visit													13.00	
12/07		DIFFA to lodging													16.00	
12/08		D--MANHATTAN, NY														
12/08		A:WASHINGTON, DC														
12/08		Subsistence														
12/08		Lodging to airport													27.00	
										SUBTOTALS	0	00	0	100	0	100
										TOTALS	0	00	34	50	93	100

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED 127.50

Press interview

TAXI CAB RECEIPT

DATE AND TIME: 12/7
CAB FARE FROM: Airport TO: 71st + Broadway
CAB CO: _____ NO. _____
No. OF PASSENGERS _____ TOTAL FARE \$ 24

SIGNATURE: _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. _____
Time _____ Date 12/8 19 99
Cab# _____ ID# _____
Origin of Trip To Airport - La Guardia
Destination _____ Fare \$ 27
Signature _____

Taxi Cab Receipts

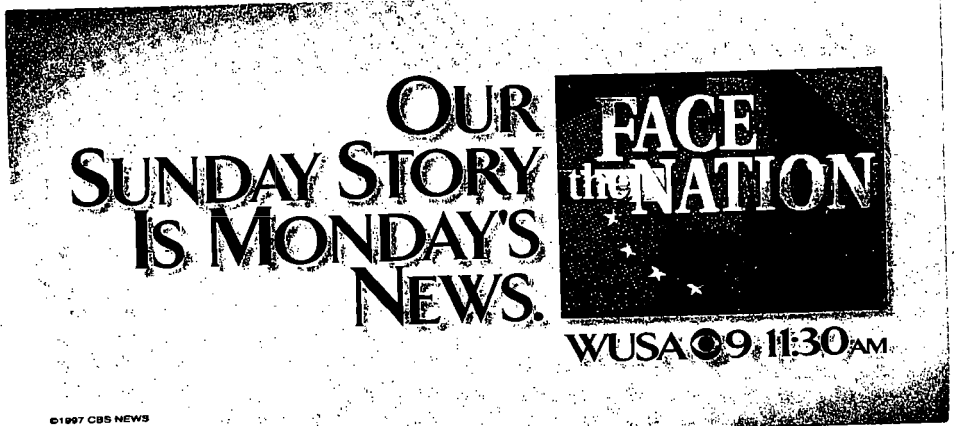
DATE: 12/7/99 TIME: _____
TRIP ORIGIN: DIFFA
DESTINATION: _____
FARE \$ 16 SIGNATURE: _____

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. _____
Time _____ Date 12/7/99 1999
Cab# _____ ID# _____
Origin of Trip 71st & Broadway
Destination Housing Works Fare \$ 13
Signature _____

RECEIPT _____
DATE 10/7 AMOUNT 13
RECEIVED FROM Chasing Wards
DESTINATION DIFFA
CAB # _____ DRIVER I.D.# _____
PASSENGER _____ THANK YOU!

VERIFY CAB NUMBER BEFORE SIGNING RECEIPT



CLINTON LIBRARY PHOTOCOPY

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
024. form	re: Travel authorization [Accounting data] [partial] (1 page)	12/07/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Travel Voucher

2018-0764-F
jm2033

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]

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

TICKET
OFFICIAL TRAVEL AUTHORIZATION

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

Sandra L. Thurman

3. Title of Traveler

Director

5. Office Phone

6-2959

6. Official Duty Station

736 JP

☒ TDY

☒ Amendment
(Show items amended)

☐ Invitational
(Non EOP Employees Only)

☐ Relocation

4. AGENCY/DIVISION

OPD/AIDS

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE:

~~Assigned~~: present remarks at the Design Industry Foundation
fighting AIDS awards banquet, attend housing works site visit, interview
and photo shoot for AIDS and Understanding
Magazine.

DATE(S): Travel Begin On 12 / 7 / 99

Travel End On 12 / 8 / 99

ITINERARY: Point of Origin (City, State)

Washington, DC

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

New York, NY

Washington, DC

Point of Return (City, State)

9. MODE OF TRAVEL				
(a) Commercial Transportation				
Rail	Coach		Air	First Class ‡
Coach	Extra Fare*	Coach Tourist	Business †	
		☒		
‡ First Class must have approval of Agency Head or Deputy				
(b) Privately Owned Vehicle				
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government * ☐ For convenience of traveler NTE common carrier cost	
(c) ☐ Gov't Owned Vehicle				
(d) ☐ Other (specify)				

10. ESTIMATED COST		AMOUNT
Per Diem/Actual Subsistence		\$ 46.00
Transportation		96.50
Rental Car		
Miscellaneous		
TOTAL		\$ 142.50
11. SPECIAL EXPENSE AUTHORIZED		
☐ Registration Fees (meeting, training, etc.) ☐ Commercial Rental Car ☐ Excess Baggage not to exceed _____ ☐ Other (Please identify) _____		
12. ADVANCE REQUESTED		\$
(meals and miscellaneous expenses only)		

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

No lodging needed. Traveler staying with acquaintances.

[024]

14(a) Requested by

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)

Paul F. L. 12/7/99

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

(b)(4)

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

17. Date

12/7/99

18. Travel Authorization No.

T0500A 13

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.

CLINTON LIBRARY PHOTOCOPY.