Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. invoice	re: American Express Travel (Personal credit card number) (1 page)	10/23/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
10/23/1997 - 10/24/1997 New York City

2018-0764-F
jm2165

RESTRICTION CODES

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

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

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

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

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

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

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

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

Director
3. Title of Traveler

4. AGENCY/DIVISION

Office of National AIDS Policy

5. Office Phone	6. Official Duty Station
632-1090	808 17th St. NW Sute 820

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

8. TRAVEL INFORMATION

PURPOSE: Site Visit - Gay Men's Health Center

DATE(S): Travel Begin On 10/23/97 Travel End On 10/24/97

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

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

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	$ 0
Transportation	114.00
Rental Car	
Miscellaneous	0
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.)*

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*
11822000 J108E

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

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

17. Date 10/23/97

18. Travel Authorization No. XD8A0005

OA FORM 22
REVISED FEBRUARY 1993

PHOTOCOPY PRESERVATION

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

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.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

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

3. Title of Traveler: Director

4. AGENCY/DIVISION: Office of National AIDS Policy

5. Office Phone: 632-1000

6. Official Duty Station: 808 17th St. NW Suite 820

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

8. TRAVEL INFORMATION

PURPOSE: Site Visit - Gay Men's Health Center

DATE(S): Travel Begin On 10/23/97 Travel End On 10/24/97

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

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

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	$ 0
Transportation	114.00
Rental Car	
Miscellaneous	0
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.)*

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*: 11822OC 7108L

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)*: Shelley Kaines

17. Date: 10/3/97

18. Travel Authorization No.: XDSA0005

OA FORM 22
REVISED FEBRUARY 1993

PHOTOCOPY PRESERVATION

ADVANCE OF FUNDS

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.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

Sandra L. Thurman

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

Director

3. Title of Traveler

4. AGENCY/DIVISION

Office of National AIDS Policy

5. Office Phone	**6. Official Duty Station**	**7.** ☐ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*
632-1090	808 17th St. NW Suite 820	

8. TRAVEL INFORMATION

PURPOSE: Site Visit - Gay Men's Health Center

DATE(S): Travel Begin On 10/23/97 Travel End On 10/24/97

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

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

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

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$
Transportation	114.00
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.)*

14(a) Requested by

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

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

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

17. Date

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

PHOTOCOPY PRESERVATION

FUNDS MANAGER

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.
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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.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☐ TDY ☐ Amendment *(Show items amended)*

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

Sandra L. Thurman

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

Director

3. Title of Traveler

4. AGENCY/DIVISION

Office of National AIDS Policy

5. Office Phone	**6. Official Duty Station**	**7.** ☐ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*
632-1090	808 17th St. NW Suite 320	

8. TRAVEL INFORMATION

PURPOSE: Site Visit -- Gay Men's Health Center

DATE(S): Travel Begin On 10/23/97 Travel End On 10/24/97

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

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

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

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$
Transportation	114.00
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.)***

14(a) Requested by

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

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

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

17. Date

18. Travel Authorization No.

65

OA FORM 22
REVISED FEBRUARY 1993

PHOTOCOPY PRESERVATION

TRAVELER'S COPY

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.

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

KC5SXDBA8005
AGENT COUPON
ARC FLIGHT COUPON X TOUR CODE FEVV

ISSUED BY DELTA AIR LINES INC XXXXX AGENT CODE A09910935
AMERICAN EXPRESS WASHINGTON DC US23OCT97
THURMAN/SANDRA RXHONT/AA YCADCA 6 0011/
NOT VALID FOR AGENT COUPON
**TRANSPORTATION* KC52*51

FP AX378380642241004*1299/ 151797 /FCWAS DL NYC48
.62 DL WAS48.62YCADCA 97.24 END ZPDCA1LGA1 XFDCA3LG
A3

FARE	XF	6.00
	USD	97.24
TAX	US	8.76
TAX	ZP	2.00
TOTAL	USD	114.00

42593701743 0866 K 13P T 16 76
0 006 1112339192 2

1695000823 0028272 AS1
NAME OF PASSENGER THURMAN/SANDRA
DCA
DLGA DL1752 Y 23OCTYCADCA
DCA DL1767 Y 24OCTYCADCA
NOT VALID FOR TRAVEL
0 006-1112339192 2
AA09910935

DOCUMENT IS HEAT SENSITIVE

Attn: Chris
1 of 2

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. invoice	re: American Express Travel (Personal credit card number) (1 page)	10/23/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
10/23/1997 - 10/24/1997 New York City

2018-0764-F
jm2165

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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.
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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]

AMERICAN EXPRESS
TRAVEL RELATED SERVICES COMPANY, INC.
WHITE HOUSE TRAVEL OFFICE
Old Executive Office Building, Room 87
Washington, D.C. 20500-0001
Telephone: 202 456-2250
Fax: 202 456-6670
After Hours Emergency: 800 847-0242
Your code number is KC52

AMERICAN EXPRESS® Corporate Services

INVOICE/ITINERARY

SALES PERSON: 51 ITINERARY/INVOICE NO. 0028272 DATE: 23 OCT 9
CUSTOMER NBR: 1695000023 RXHQNT PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDRA REF: KC5SXD8A0005

COST 114.00 USD
. 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
.
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BE REDEEMED FOR PERSONAL USE.
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EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
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THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

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