

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:

Subseries:

OA/ID Number: 21073

FolderID:

Folder Title:

12/2/1997 - 12/3/1997 New York City

Stack:

S

Row:

67

Section:

1

Shelf:

1

Position:

2

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	11/26/1997	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	11/26/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

12/2/1997 - 12/3/1997 New York City

2018-0764-F

jm2170

RESTRICTION CODES

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

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

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

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(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]
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TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. TA002001	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L.		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.			
				6. PERIOD OF TRAVEL a. FROM 12/02/97 b. TO 12/03/97			
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION 1 b. DATE(S) 11/26/97			
				e. PRESENT DUTY STATION WASHINGTON, DC			
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached ☐ Check ☐ Cash) D. Balance outstanding		f. RESIDENCE (City and State) Washington		r's Initials			
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 ass transportation AGENT'S VALUATION OF TICKET (a)		Ticket No. 0 114.00 1			
Ticket No. 0 114.00 1		Ticket No. 0 114.00 1					
COMMENTS: The Montel Williams Show will be providing all transportation and lodging.							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE DATE AMOUNT CLAIMED 63.00						63.00	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						\$	
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE DATE							
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)		\$	
b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:				\$			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$ 0.00	
18. ACCOUNTING CLASSIFICATION				d. NET TO TRAVELER		\$ 63.00	

Both Ticket & Hotel were in kind! SA

**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).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.
TA002001

TRAVELER'S LAST NAME
THURMAN

DATE 97 19	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
12/02	12:01A	D-:WASHINGTON, DC											
12/02		:			Air fare								
12/02	12:01A	A-:NEW YORK CITY,NY				31.50			31.50			31.50	
12/02	12:01A	D-:NEW YORK CITY,NY											
12/03	12:01A	A:WASHINGTON, DC											
12/03		Subsistence				31.50			31.50			31.50	
									SUBTOTALS		0.00	63.00	0.00
									TOTALS		0.00	63.00	0.00

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

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

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

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

TOTAL AMOUNT CLAIMED 63.00

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA002001

2. DATE
11/26/97

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

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

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

SANDRA L. THURMAN

5. TITLE OF TRAVELER

6. SOCIAL SECURITY NUMBER

DIRECTOR, AIDS POLICY

(b)(6)

9. OFFICE PHONE

10. OFFICIAL DUTY STATION

632-1090

WASHINGTON, DC

7. AGENCY

8. DIVISION

750 17TH STREET, OPD

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Panelist - The Montel Williams Show, Topic: Women and HIV/AIDS

DATE(S): Travel Begin On 12 / 2 / 1997

Travel End On 12 / 3 / 1997

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

From: WASHINGTON, DC

To: NEW YORK CITY, NY 153 / 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

AMOUNT

Per Diem/Lodging	\$ 153.00
Per Diem/M&IE	63.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 216.00
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.)

The Montel Williams Show will be providing all transportation and lodging.

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

1182200J108E

19. REQUESTED BY

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)

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy



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(O), 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: Todd Summers

PHONE NUMBER: 632-1090

DATE OF REQUEST: 12/2/97

Your Name and Position: Sandra L. Thurman

Nature of Meeting or Event: ☒ Official ☐ Political

Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:
Appear on Montel Williams television show to discuss recently released AIDS statistics and Administration policies and plans.

Dates of Travel: 12/2-12/3/97 Destination(s): New York, NY

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):
Montel Williams Show

Contact at Organization Making the Payment: Mary Duffy, Executive Producer

Address of Organization: 433 W. 55th Street, 2nd Flr.
New York, NY 10019

Phone: (212) 830-0300

Expense:	Amount:	Method:
Transportation (specify): <u>Shuttle to NY and back</u>	<u>\$120 (est.)</u>	☒ In Kind ☒ Reimbursable ☐ Other (Political Only)
Lodging: <u>Carlyle Hotel</u>	<u>\$150 (est.)</u>	☐ In Kind ☒ Reimbursable ☐ Other (Political Only)
Meals:		☐ In Kind ☒ Reimbursable ☐ Other (Political Only)
Misc. (specify): <u>Cab Fare t/f airport</u>	<u>\$50</u>	☐ 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 12B, DEOB) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE: 12/2/97
Approved: Michael J. Scherler Disapproved: _____ Pursuant to: 31 U.S.C. 5135