FOIA Number: 2018-0764-F

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:
2/21/1998 - 2/24/1998 Atlanta

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	1	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)	02/13/1998	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	02/13/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

2/21/1998 - 2/24/1998 Atlanta

2018-0764-F
jm2174

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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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.
TA002267

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
THURMAN, SANDRA L.   [001]

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

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

d. OFFICE TELEPHONE NO.
632-1090

e. PRESENT DUTY STATION
WASHINGTON, DC

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

6. PERIOD OF TRAVEL
a. FROM 02/21/98
b. TO 02/24/98

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TA002267
b. DATE(S) 02/13/98

10. CHECK NO.

11. PAID BY

8. TRAVEL ADVANCE

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

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

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

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET *(a)*	ISSUING CARRIER *(Initials)* *(b)*	MODE CLASS OF SERVICE AND ACCOMMODATIONS *(c)*	DATE ISSUED *(d)*	POINTS OF TRAVEL: FROM *(e)*	POINTS OF TRAVEL: TO *(f)*
1137271928	520.00			02/20/98	DCA-Washingt	ATL-Atlanta,

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ Sandra Thurman   DATE

AMOUNT CLAIMED ▶ 76.00

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶   DATE

17. *FOR FINANCE OFFICE USE ONLY*
COMPUTATION

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

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

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

d. NET TO TRAVELER ▶ $ 76.00

18. ACCOUNTING CLASSIFICATION

SYLINK 5653041L001 19FEB98 15:52/15:58 EST
ROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2026321096

SALES PERSON: 42 ITINERARY DATE: 19 FEB 98
CUSTOMER NBR: 1695000023 RVZMVT PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

21 FEB 98 - SATURDAY
AIR DELTA AIR LINES INC FLT:801 COACH
LV WASHINGTON NATL 400P EQP: BOEING 757
DEPART: NEW TERMINAL
AR ATLANTA 557P NON-STOP
THURMAN/SANDY SEAT-39C

22 FEB 98 - SUNDAY
CAR ATLANTA DOLLAR RENT A CAR
PICK UP-1954 1-INTER CAR AUTO A/C
RETURN-24FEB/0725
RATE IS GUARANTEED
WEEKEND RATE-USD39.00 UNLIMITED MILEAGE
CONFIRMATION NUMBER D1778892
CALL-404 766-0244

24 FEB 98 - TUESDAY
AIR DELTA AIR LINES INC FLT:1874 COACH SNACK/BRUNCH
LV ATLANTA 725A EQP: BOEING 757
AR WASHINGTON NATL 855A NON-STOP
ARRIVE: NEW TERMINAL
THURMAN/SANDY SEAT-20D

CONTINUED ON PAGE 2

Withdrawal/Redaction Marker
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JTIVE OFFICE OF THE PRESIDENT
FICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

T

1. TRAVEL AUTHORIZATION NO. TA002267

2. DATE 02/13/98

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

VELER *(First name, middle initial, last name)*

DRA L. THURMAN

[002]

TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
IRECTOR, AIDS POLICY	(b)(6)	750 17TH STREET,	OPD

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
632-1090	WASHINGTON, DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** Rate(s):

12. TRAVEL INFORMATION

PURPOSE: All- day briefings with the Centers for Disease Control in Atlanta, HIV/ AIDS Division

DATE(S): Travel Begin On 2/21/1998 Travel End On 2/24/1998

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

From: Washington DC To: ATLANTA, GA 97/ 38

To:
To:
To:
To:
To: Return to: Washington DC

13. MODE OF TRAVEL

- [X] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] 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 (38 x 2 days)	72.00
Transportation	520.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ ~~520.00~~ 592.
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.

ANNUAL LEAVE OR NON-DUTY DAYS
Leave is authorized on 2/22 as shown. Traveler will not be reimbursed for per diem on this date. Official business on 2/21 and 2/23.

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

1182200 J10SE

19. REQUESTED BY

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency progams 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)*

2/20/98

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel — *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.
(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
(i) Complete for per diem and actual expense travel.
(j) Show total subsistence expense incurred for actual expense travel.
(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO. TA002267

TRAVELER'S LAST NAME THURMAN

MILEAGE RATE: 0.000

DATE 1998 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	MEALS: BREAKFAST (d)	MEALS: LUNCH (e)	MEALS: DINNER (f)	MEALS: TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	AMOUNT CLAIMED: SUBSISTENCE (m)	AMOUNT CLAIMED: OTHER (n)
02/21	4:00P	D-:Washington DC											
02/21		Subsistence										0.00	
02/22		:			Air fare								
02/22	5:57P	A-:ATLANTA,GA				38.00			38.00			38.00	
02/23		Subsistence				38.00			38.00			38.00	
02/24	7:25P	D-:ATLANTA,GA											
02/24	8:55A	A:Washington DC											
02/24		Subsistence										0.00	

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

	MILEAGE	SUBSISTENCE	OTHER
SUBTOTALS	0.00	76.00	0.00
TOTALS	0.00	76.00	0.00

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 ▶ 76.00

WORLDWIDE TRAVEL ASSISTANCE COMES WITH EVERY TICKET.

WORLDWIDE CUSTOMER CARE
Travel Service

The Travel Advantage

With American Express® Travel Service, our assistance doesn't stop once your trip begins. We're there for you with over 1,700 travel locations in more than 120 countries. So if something unexpected comes up, feel comfortable knowing we're there to assist you with travel services. Visit any travel network office and, as part of our commitment, we'll provide these services free of office charges:*

- ✔ Reconfirmation of airline tickets
- ✔ Sightseeing arrangements
- ✔ Hotel and car rental reservations
- ✔ Airline flight rescheduling

We're More Than Travel Services

Before, during and after your trip, you'll have travel related financial needs. American Express Travel Service offices can assist you almost anywhere in the world.†

- ✔ Foreign currency exchange
- ✔ American Express Travelers Cheques
- ✔ Emergency American Express Cardmember services

Thank You & Have A Great Trip

* Service free of charge to customers who have purchased an air ticket, cruise or tour package from any American Express Travel Network location. All of these services are subject to local laws and regulations; all customers are responsible for any charges imposed by travel suppliers and any cost of required long-distance telephone calls and messenger/courier services.
† Travel Financial Services are not available at all offices and are subject to local laws and cash availability.

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

KCSSXOTA002267

PASSENGER RECEIPT

ARC

ISSUED BY DELTA AIR LINES INC XXXXX
TOUR CODE
AGENT CODE A09910935
NAME OF ISSUING AGENT AMERICAN EXPRESS WASHINGTON
PLACE OF ISSUE DC DATE OF ISSUE US20FEB98
NAME OF PASSENGER THURMAN/SANDY
PNR/CARRIER CODE RVZMVT/AA FARE BASIS/TICKET DESIGNATOR YCADCA 6 0011/
NOT VALID FOR THIS IS YOUR RECEIPT
**TRANSPORTATION*
ISSUING AGENT ID KC52*47
ENDORSEMENTS/RESTRICTIONS

F0 AX3783913612010004*1299/ 218312 /FCWAS DL ATL23
4.86 DL WAS234 86YCADCA 469.72 END ZPDCA1ATL1 XFDCA
3ATL3

XF 6.00
FARE USD 469.72
US 42.28
ZP 2.00
TOTAL USD 520.00

ALLOW PCS WT UNCKD
STOCK CONTROL NO. TX 500 CK
4633679704 3
CPN DOCUMENT NUMBER CK
0 006 1137271928 5
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

1695000023 0030382 A42
X

NAME OF PASSENGER THURMAN/SANDY
FROM DCA
TO ATL DL801 Y 21FEBYCADCA
TO DCA DL1874 Y 24FEBYCADCA

CARRIER FLIGHT CLASS DATE TIME
GATE SEAT SMOKE
PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 006 1137271928 5
AA09910935

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DOCUMENT SENSITIVE -
Do not expose to prolonged periods of excessive heat or light

pa- nies, ation d by alf of not or ely lla- in- s, of ees or out of hori- nc.