

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:
6/9/1998 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)	06/05/1998	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/05/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

6/9/1998 New York City

2018-0764-F

jm2181

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 <i>(Read Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. TA002911 4. SCHEDULE NO.															
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL <table style="width:100%;"> <tr> <td style="width:50%;">a. FROM</td> <td style="width:50%;">b. TO</td> </tr> <tr> <td>06/09/98</td> <td>06/09/98</td> </tr> </table>		a. FROM	b. TO	06/09/98	06/09/98	7. TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:50%;">a. NUMBER(S)</td> <td style="width:50%;">b. DATE(S)</td> </tr> <tr> <td>TA002911</td> <td>06/05/98</td> </tr> </table>		a. NUMBER(S)	b. DATE(S)	TA002911	06/05/98						
a. FROM	b. TO																				
06/09/98	06/09/98																				
a. NUMBER(S)	b. DATE(S)																				
TA002911	06/05/98																				
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 632-1090		10. CHECK NO.																	
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) Washington, DC		11. PAID BY																	
8. TRAVEL ADVANCE <table style="width:100%;"> <tr> <td style="width:50%;">a. Outstanding</td> <td style="width:50%;">b. Amount to be applied</td> </tr> <tr> <td>0.00</td> <td>0.00</td> </tr> </table>		a. Outstanding	b. Amount to be applied	0.00	0.00	9. CASH PAYMENT RECEIPT <table style="width:100%;"> <tr> <td style="width:50%;">a. DATE RECEIVED</td> <td style="width:50%;">b. AMOUNT RECEIVED</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>		a. DATE RECEIVED	b. AMOUNT RECEIVED		\$	c. PAYEE'S SIGNATURE									
a. Outstanding	b. Amount to be applied																				
0.00	0.00																				
a. DATE RECEIVED	b. AMOUNT RECEIVED																				
	\$																				
D. Balance outstanding		12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</i>		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 <i>(a)</i></th> <th style="width:10%;">ISSUING CARRIER <i>(b)</i></th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i></th> <th style="width:15%;">DATE ISSUED <i>(d)</i></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 <i>(e)</i></th> <th style="width:20%;">TO <i>(f)</i></th> </tr> </thead> <tbody> <tr> <td>Ticket No. 1 16283149</td> <td>114.00</td> <td></td> <td>06/05/98</td> <td>DCA-Washingt</td> <td>LGA-New York</td> </tr> </tbody> </table>		AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL						FROM <i>(e)</i>	TO <i>(f)</i>	Ticket No. 1 16283149	114.00		06/05/98	DCA-Washingt	LGA-New York	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 10/20/98 AMOUNT CLAIMED 47.50	
AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL																	
				FROM <i>(e)</i>	TO <i>(f)</i>																
Ticket No. 1 16283149	114.00		06/05/98	DCA-Washingt	LGA-New York																
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION <table style="width:100%;"> <tr> <td style="width:80%;">a. DIFFERENCES, IF ANY (Explain and show amount)</td> <td style="width:20%;">\$</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		a. DIFFERENCES, IF ANY (Explain and show amount)	\$																
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15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:33%;">a. VOUCHER NO.</td> <td style="width:33%;">b. D.O. SYMBOL</td> <td style="width:33%;">c. MONTH & YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials: \$													
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		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00																			
18. ACCOUNTING CLASSIFICATION		d. NET TO TRAVELER \$ 47.50																			

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i> 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 <u>2</u> OF <u> </u> PAGES	
							TRAVEL AUTHORIZATION NO. TA002911	
							TRAVELER'S LAST NAME THURMAN	

DATE 98 9	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
6/09	9:30A	D--:Washington, DC											
6/09		:			Air fare								
6/09	10:24A	A--:NEW YORK CITY,N				0.00							
6/09		:			Taxi								3.50
6/09		:			Taxi: Airport to UN								22.00
6/09		:			Taxi: City to Airpo								22.00
6/09	7:30P	D--:NEW YORK CITY,NY											
6/09	8:42P	A:Washington, DC											
										</			

Y 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 47.50

EASYLINK 3748439L001 5JUN98 12:31/12:31 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024562438

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
RTBHRO

DATE: 05 JUN 98
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDRA

07 JUN 98 - SUNDAY

AIR	DELTA AIR LINES INC	FLT:1746	COACH	SNACK/BRUNCH
	LV WASHINGTON NATL		930A	EQP: 727 STRETCH
	DEPART: TERMINAL B/C			54MIN
	AR NEW YORK LGA		1024A	NON-STOP
	ARRIVE: MARINE AIR TERMINAL			
AIR	DELTA AIR LINES INC	FLT:1767	COACH	SNACK/BRUNCH
	LV NEW YORK LGA		730P	EQP: 727 STRETCH
	DEPART: MARINE AIR TERMINAL			01HR 12MIN
	AR WASHINGTON NATL		842P	NON-STOP
	ARRIVE: TERMINAL B/C			

OTHER

ALL SHUTTLE FLIGHT SEATS ASSIGNED AT AIRPORT

02 DEC 98 - WEDNESDAY

OTHER WASHINGTON
HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
RTBHRO

DATE: 05 JUN 98
PAGE: 02

TO: WHITE HOUSE TRAVEL
1500 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDRA

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
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DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
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REMINDER
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ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
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ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
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THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.
THIS TICKET MAY BE USED FOR ANY DELTA SHUTTLE.
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.
THIS RESERVATION PREPARED BY JACK SHAYEGAN.

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OA/Box Number: 21073

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

1. TRAVEL AUTHORIZATION NO. TA002911	2. DATE 06/05/98
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	5. TITLE OF TRAVELER DIRECTOR, AIDS POLICY
6. SOCIAL SECURITY NUMBER (b)(6) [002]	7. AGENCY 736 Jackson Plac
8. DIVISION OPD	9. OFFICE PHONE 632-1090
10. OFFICIAL DUTY STATION WASHINGTON, DC	11. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Luncheon workshop with General Barry McCaffrey

DATE(S): Travel Begin On 6 / 9 1998

Travel End On 6 / 9 1998

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

From: Washington, DC

To: NEW YORK CITY, NY 198 / 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	\$ 0.00
Per Diem/M&IE	31.50
Transportation	114.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 145.50
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, 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)
2. FMD copy
3. Advance of funds
4. Teleticketing Office
5. Funds Manager copy
6. Traveler's copy

EASYLINK 3748439L001 5JUN98 12:31/12:31 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024562438

SALES PERSON: 47

ITINERARY

DATE: 05 JUN 98

CUSTOMER NBR: 1695000023

RTBHRO

PAGE: 01

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THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.
THIS RESERVATION PREPARED BY JACK SHAYEGAN.

Date.....19..

Taxi Cab Receipts

OFFICIAL TAXI RECEIPT

Date_____ Time:_____

Trip Origin: Airport

Destination UN

Fare: \$ 22.00 Signature_____

FROM NY to Sagardia

TO_____

FARE PAID 22.00

SIGNATURE [Signature] #_____

TRE BRIDGE MAN.

CDL PT	DATE	TIME	OPER. ID	AMOUNT
5.	06/09/90	15:14	07875	\$03.50