

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:

7/5/1998 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)	07/23/1998	b(6)
002. invoice	re: American Express Travel (Personal credit card number) (1 page)	07/30/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

7/5/1998 New York City

2018-0764-F

jm2183

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. TA003258 4. SCHEDULE NO.																																					
5. a. NAME (Last, first, middle initial) [001] THURMAN, SANDRA L.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. FROM</td> <td style="width:50%; border-bottom: 1px solid black;">b. TO</td> </tr> <tr> <td style="text-align: center;">07/31/98</td> <td style="text-align: center;">07/31/98</td> </tr> </table>		a. FROM	b. TO	07/31/98	07/31/98	7. TRAVEL AUTHORIZATION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. NUMBER(S)</td> <td style="width:50%; border-bottom: 1px solid black;">b. DATE(S)</td> </tr> <tr> <td style="text-align: center;">TA003258</td> <td style="text-align: center;">07/23/98</td> </tr> </table>		a. NUMBER(S)	b. DATE(S)	TA003258	07/23/98																												
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TA003258	07/23/98																																										
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 395-1441		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%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. Outstanding</td> <td style="width:50%; border-bottom: 1px solid black; text-align: center;">0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">b. Amount to be applied</td> <td style="border-bottom: 1px solid black; text-align: center;">0.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">c. Amount due Government (Attached ☐ Check ☐ Cash)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">D. Balance outstanding</td> </tr> </table>		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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">a. DATE RECEIVED</td> <td style="width:50%; border-bottom: 1px solid black;">b. AMOUNT RECEIVED</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">c. PAYEE'S SIGNATURE</td> </tr> </table>		a. DATE RECEIVED	b. AMOUNT RECEIVED		\$	c. PAYEE'S SIGNATURE																											
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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) ▶ <i>Traveler's Initials</i>																																									
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET</th> <th style="width:10%;">ISSUING CARRIER</th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width:15%;">DATE ISSUED</th> <th colspan="2" style="width:45%;">POINTS OF TRAVEL</th> </tr> <tr> <th style="text-align: center;">(a)</th> <th style="text-align: center;">(b)</th> <th style="text-align: center;">(c)</th> <th style="text-align: center;">(d)</th> <th style="width:22.5%;">FROM</th> <th style="width:22.5%;">TO</th> </tr> <tr> <th style="text-align: center;">(e)</th> <th colspan="5"></th> </tr> </table>		AGENT'S VALUATION OF TICKET	ISSUING CARRIER	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL		(a)	(b)	(c)	(d)	FROM	TO	(e)						<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">ISSUING CARRIER</th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width:15%;">DATE ISSUED</th> <th style="width:22.5%;">FROM</th> <th style="width:22.5%;">TO</th> </tr> <tr> <th style="text-align: center;">(b)</th> <th style="text-align: center;">(c)</th> <th style="text-align: center;">(d)</th> <th style="text-align: center;">(e)</th> <th style="text-align: center;">(f)</th> </tr> </table>		ISSUING CARRIER	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	FROM	TO	(b)	(c)	(d)	(e)	(f)	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">ISSUING CARRIER</th> <th style="width:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width:15%;">DATE ISSUED</th> <th style="width:22.5%;">FROM</th> <th style="width:22.5%;">TO</th> </tr> <tr> <th style="text-align: center;">(b)</th> <th style="text-align: center;">(c)</th> <th style="text-align: center;">(d)</th> <th style="text-align: center;">(e)</th> <th style="text-align: center;">(f)</th> </tr> </table>		ISSUING CARRIER	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	FROM	TO	(b)	(c)	(d)	(e)	(f)
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Ticket No. 1 17446483		114.00		07/30/98		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.								<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">DATE</td> <td style="width:50%; border-bottom: 1px solid black;">AMOUNT CLAIMED</td> </tr> <tr> <td style="text-align: center;">10/20/98</td> <td style="text-align: center;">0.00</td> </tr> </table>		DATE	AMOUNT CLAIMED	10/20/98	0.00																														
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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				17. FOR FINANCE OFFICE USE ONLY COMPUTATION																																			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				a. DIFFERENCES, IF ANY (Explain and show amount)				\$																																			
a. VOUCHER NO.				b. D.O. SYMBOL				c. MONTH & YEAR																																			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:				\$																																			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):				\$ 0.00																																			
DATE				d. NET TO TRAVELER ▶				\$ 0.00																																			
18. ACCOUNTING CLASSIFICATION																																											

	SCHEDULE F EXPENSES AND MOUNTS 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. (g) thru (n) (e) 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. (f) 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. (k) Show expenses, such as: taxi/limosine 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. TA003258 TRAVELER'S LAST NAME THURMAN					
DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED				
	(Hour and am/pm)	(Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER		
			BREAK-FAST	LUNCH	DINNER	TOTAL									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)		
98															
7/31	9:30A	D-WASHINGTON, DC				Airfare									
7/31	:	:													
7/31	10:24A	A-MANHATTAN BOROUGH, NY													
7/31	7:30P	D-MANHATTAN BOROUGH, NY													
7/31	8:42P	A-WASHINGTON, DC													
additional space is required, continue on another 1012-A BACK, leaving the front blank.									SUBTOTALS ▶		0.00	0.00	0.00		
									TOTALS ▶		0.00	0.00	0.00		
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. app. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), 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 due individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain lists of such reimbursements to the Government. The information will be furnished 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 ▶	0.00					

KC55XDTA003258

1695000023 0034352 A47

PASSENGER RECEIPT

XBRADING PASS

ARC FLIGHT
COMPANY X

SUED BY
DELTA AIR LINES INC XXXXX

TOUR CODE

AGENT CODE

NAME OF PASSENGER

ME OF ISSUING AGENT
AMERICAN EXPRESS

PLACE OF ISSUE DC US30 JUL 98

THURMAN/SANDRA

ME OF PASSENGER
THURMAN/SANDRA

PNR/CARRIER CODE

WASHINGTON

DC US30 JUL 98

FROM

CARRIER

FLIGHT

TXLYVO/AA YCADCA

STATUS

NOT VALID BEFORE

NOT VALID AFTER

OLGA DL1746 Y 31JULYCADCA

TO DCA DL1767 Y 31JULYCADCA

NOT VALID FOR THIS IS YOUR RECEIPT

ISSUING AGENT ID

KC52*47

**TRANSPORTATION*

FP AX378391361201004*1299/ 724547 /FCWAS DL NYC48

.62 DL WAS48.62YCADCA 97.24 END ZPDCA1LGA1 XFDCA3LG

A3

RE XF 6.00

USD 97.24

US 8.76

TAL ZP 2.00

USD 114.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 889

CK

CPN

ALLOW PCS WT UNCKD

DOCUMENT NUMBER

CK

51366035066

0 006 1174464836 2

CARRIER

CARRIER FLIGHT CLASS DATE TIME

DATE SEAT SMOKE

PCS WT UNCKD BAGGAGE ID NUMBER

NOT VALID FOR TRAVEL

0 006 1174464836 2

AA09910935

IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET FROM ANY
ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY

Delta Air Lines

BOARDING PASS

DATE OF ISSUE
31 JUL 98

ISS. OFF. CODE

ISS

PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER COUPON

BOARDING PASS 8

ISS. AGT. ID
DL/7P

PLACE OF ISSUE

/DCAFD5

US

NAME OF PASSENGER

THURMAN/SANDRA

NAME OF PASSENGER (NOT TRANSFERABLE)

THURMAN/SANDRA

WAS-R REAGAN NATL
NYC-LAGUARDIA

CARRIER/FLIGHT
DL 1748

CLASS/DATE
Y31JUL1030A

TIME
1030A

WAS-R REAGAN NATL
NYC-LAGUARDIA

OP BY DELTA AIR LINE

ENDORSEMENTS/RESTRICTIONS

ORIGINAL ISSUE

ARE CALCULATION

BOARDING PASS ONLY

ISSUED IN EXCHANGE FOR

PNR CODE
N3P819 /DL

CONL. TRF. NO.

SEAT/SMOKE

ANY NO

CARRIER/FLIGHT

CLASS/DATE

TIME

DL 1748 Y31JUL1030A

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EQUIV. FARE PAID

FORM OF PAYMENT

PCS: CK WT: UNCK WT:

SEQ. NO. ALLOW. PCS: CK WT: UNCK WT:

ADDITIONAL SEAT INFORMATION

PCS: CK WT: UNCK WT: SEQ. NO. PCS: CK WT: UNCK WT:

BAGGAGE ID: NR

STOCK CONTROL NUMBER TX

00611151339942

NOT VALID

WITHOUT FLIGHT COUPON

DOCUMENT NUMBER

0SDCAFD5 /7P

Withdrawal/Redaction Marker

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**Corporate
Services**

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

INVOICE/ITINERARY

SALES PERSON: 47 ITINERARY/INVOICE NO. 0034352
CUSTOMER NBR: 1695000023 TXLYVO

DATE: 30 JUL 98
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDRA

REF: KC5SXDTA003258

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.
THIS RESERVATION PREPARED BY JACK SHAYEGAN.
THIS TICKET MAY BE USED FOR ANY DELTA SHUTTLE.
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.