

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:

9/17/1998 - 9/19/1998 Atlanta

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)	10/06/1998	b(6)
002. receipts	re: Hertz (Personal credit card number) (1 page)	09/19/1998	b(6)
003. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/27/1998	b(6)
004. receipt	re: Airline passenger receipt / boarding pass (Driver's license number) (1 page)	09/16/1998	b(6)
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/27/1998	b(6)
006. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/27/1998	b(6)
007. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/27/1998	b(6)
008. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/06/1998	b(6)
009. receipt	re: Hertz (Personal credit card number) (1 page)	09/19/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

9/17/1998 - 9/19/1998 Atlanta

2018-0764-F

jm2189

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]
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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)]

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- 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]

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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. TA003508	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L. [001]		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 09/17/98 b. TO 09/19/98			
				7. TRAVEL AUTHORIZATION a. NUMBER(S) TA003508 b. DATE(S) 10/06/98			
		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					
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		11. PAID BY			

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)	TO (f)	
Ticket No. 0 1	520.00			08/27/98	ATL-Atlanta,				

COMMENTS:
 No lodging costs associated with travel. Conference organizers will provide transportation to and from Atlanta airport. Flights on 7/17 & 7/19 reflect early morning and late evening activities on 7/18.

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 175.78
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		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 \$ 175.78
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		
18. ACCOUNTING CLASSIFICATION		

Withdrawal/Redaction Marker

Clinton Library

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

1. TRAVEL AUTHORIZATION NO.
TA003508

2. DATE
08/27/98

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)

[003]

7. AGENCY

736 Jackson Place

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Keynote address (8:30 AM, 9/18) at the 3rd Natl. Housing Conference on HIV/AIDS. Reception in honor of Director Thurman on the evening of 9/18.

DATE(S): Travel Begin On 9/17/1998

Travel End On 9/19/1998

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:

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	95.00
Transportation	520.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 615.00

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.)

No lodging costs associated with travel. Conference organizers will provide transportation to and from Atlanta airport. Flights on 9/17 & 9/19 reflect early morning and late evening activities on 9/18.

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

1182200J108E

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)

4. Ticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy



CUSTOMER NBR: 1695000023

QJYXWN

PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

17 SEP 98 - THURSDAY
AIR DELTA AIR LINES INC FLT:1543 COACH SNACK/BRUNCH
LV WASHINGTON REAGAN 500P EQP: 727 STRETCH
DEPART: TERMINAL B/C 02HR 02MIN
AR ATLANTA 702P NON-STOP
REF: R90041
THURMAN/SANDY SEAT-16D

19 SEP 98 - SATURDAY
AIR DELTA AIR LINES INC FLT:690 COACH EQP: MD-80
LV ATLANTA 825A 01HR 44MIN
AR WASHINGTON REAGAN 1009A NON-STOP
ARRIVE: TERMINAL B/C REF: R90041
THURMAN/SANDY SEAT-14C

06 MAR 99 - SATURDAY
OTHER WASHINGTON
THIS DATE IS FOR AMERICAN EXPRESS HISTORICAL DATA ONLY.

. TOTAL AIR FARE USD520.00
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.



Third National HIV/AIDS Housing Conference

AIDS Housing of Washington | 2025 First Avenue, Suite 420 | Seattle, WA 98121-2100

206-448-5242 telephone | 206-441-9485 facsimile

info@aidshousing.org | <http://www.aidshousing.org>

February 24, 1998

Sandra Thurman
Director
Office of National AIDS Policy
808 17th NW, Suite 820
Washington, DC 20006

Dear Sandy:

AIDS Housing of Washington is busily planning the Third National HIV/AIDS Housing Conference (brochure enclosed), which will take place in Atlanta on September 16-20, 1998. I am so pleased to hear from Lynn Cothren that you will be able to attend this important gathering.

I am writing to invite you to address the conference as a speaker for one of our plenary sessions. These sessions occur on Thursday, Friday and Saturday (September 17-19) from 8:30 a.m. - 9:45 a.m., and on Sunday, September 20, from 12:00 p.m. to 1:30 p.m. We would be honored to have you attend and address the conference participants—we expect close to 1000 attendees from all across the country. As Lynn has mentioned to you, we plan to hold a reception in your honor on Friday evening, September 18, which will be followed by a special performance by Sweet Honey in the Rock. Either the Friday or Saturday morning plenary session may be preferable to you given the timing of the reception.

We appreciate your continuing commitment to AIDS housing issues and are very grateful for your willingness to take part in the Third National HIV/AIDS Housing Conference. Please let me know your preference for when you would like to speak to the conference as soon possible so that we can plan the other plenary speakers around your schedule. I look forward to seeing you in Atlanta.

Warmly,



Betsy Lieberman
Executive Director

62439


**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: 42
CUSTOMER NBR: 1695000023

ITINERARY

QJYXWN

DATE: 17 SEP 98
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

REF: KC5SXDYA003508

17 SEP 98 - THURSDAY

AIR

DELTA AIR LINES INC FLT:1285
LV WASHINGTON REAGAN
DEPART: TERMINAL B/C
AR ATLANTA

COACH
800P

941P

EQP: 727 STRETCH
01HR 41MIN
NON-STOP
REF: R90041

CAR

THURMAN/SANDY
ATLANTA

SEAT-14D

HERTZ RENT A CAR
1-INTER CAR AUTO A/C

CORP ID-77761

PICK UP-941P

RETURN-19SEP/725A

RATE IS GUARANTEED

WEEKEND RATE-USD32.00

EXTRA DAY-45.00

EXTRA HOUR-11.00

CONFIRMATION NUMBER

UNLIMITED MILEAGE
UNLIMITED MILEAGE
UNLIMITED MILEAGE
A48707CADAE

19 SEP 98 - SATURDAY

AIR

DELTA AIR LINES INC FLT:1874
LV ATLANTA

COACH
725A

905A

AR WASHINGTON REAGAN

ARRIVE: TERMINAL B/C

THURMAN/SANDY

SEAT-13D

SNACK/BRUNCH
EQP: MD-80
01HR 40MIN
NON-STOP
REF: R90041

06 MAR 99 - SATURDAY

OTHER WASHINGTON

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CONTINUED ON PAGE 2



**Corporate
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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: 42
CUSTOMER NBR: 1695000023

ITINERARY

QJYXWN

DATE: 17 SEP 98
PAGE: 02

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1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

REF: KCSSXDTA003508

. TOTAL AIR FARE USD520.00

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
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FOR AFTER HOUR EMERGENCIES
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OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

TA003508

08/27/98

TRAVELER (First name, middle initial, last name)

ANDRA L. THURMAN

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☐ Mixed
☐ Political

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☐ Amendment
 (Show items amended)
☐ Funded by
 Non-Federal Sources

4. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

736 Jackson Place

8. DIVISION

OPD

9. OFFICE PHONE

95-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Keynote address (8:30 AM, 9/18) at the 3rd Natl. Housing Conference on HIV/AIDS. Reception in honor of Director Thurman on the evening of 9/18.

DATE(S): Travel Begin On 9/17/1998

Travel End On 9/19/1998

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:

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

95.00

Transportation

520.00

Rental Car

0.00

Miscellaneous

0.00

TOTAL

\$ 615.00

16. ADVANCE REQUESTED

\$ 0.00

(meals and miscellaneous expenses only)

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

to lodging costs associated with travel. Conference organizers will provide transportation to and from Atlanta airport. Flights on 7/17 & 7/19 reflect early morning and late evening activities on 7/18.

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. Ticketing Office

5. Funds Manager copy

6. Travelers copy



CUSTOMER NBR: 1695000023

QJYXUN

PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

17 SEP 98 - THURSDAY
AIR DELTA AIR LINES INC FLT:1543 COACH SNACK/BRUNCH
LV WASHINGTON REAGAN 500P EQP: 727 STRETCH
DEPART: TERMINAL B/C 02HR 02MIN
AR ATLANTA 702P NON-STOP
REF: R90041
THURMAN/SANDY SEAT-16D

19 SEP 98 - SATURDAY
AIR DELTA AIR LINES INC FLT:690 COACH EQP: MD-80
LV ATLANTA 825A 01HR 44MIN
AR WASHINGTON REAGAN 1009A NON-STOP
ARRIVE: TERMINAL B/C REF: R90041
THURMAN/SANDY SEAT-14C

06 MAR 99 - SATURDAY
OTHER WASHINGTON
THIS DATE IS FOR AMERICAN EXPRESS HISTORICAL DATA ONLY.

. TOTAL AIR FARE USD520.00
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.



Third National HIV/AIDS Housing Conference

AIDS Housing of Washington | 2025 First Avenue, Suite 420 | Seattle, WA 98121-2100

206-448-5242 telephone | 206-441-9485 facsimile

info@aidshousing.org | <http://www.aidshousing.org>

February 24, 1998

Sandra Thurman
Director
Office of National AIDS Policy
808 17th NW, Suite 820
Washington, DC 20006

Dear Sandy:

AIDS Housing of Washington is busily planning the Third National HIV/AIDS Housing Conference (brochure enclosed), which will take place in Atlanta on September 16-20, 1998. I am so pleased to hear from Lynn Cothren that you will be able to attend this important gathering.

I am writing to invite you to address the conference as a speaker for one of our plenary sessions. These sessions occur on Thursday, Friday and Saturday (September 17-19) from 8:30 a.m. - 9:45 a.m., and on Sunday, September 20, from 12:00 p.m. to 1:30 p.m. We would be honored to have you attend and address the conference participants—we expect close to 1000 attendees from all across the country. As Lynn has mentioned to you, we plan to hold a reception in your honor on Friday evening, September 18, which will be followed by a special performance by Sweet Honey in the Rock. Either the Friday or Saturday morning plenary session may be preferable to you given the timing of the reception.

We appreciate your continuing commitment to AIDS housing issues and are very grateful for your willingness to take part in the Third National HIV/AIDS Housing Conference. Please let me know your preference for when you would like to speak to the conference as soon possible so that we can plan the other plenary speakers around your schedule. I look forward to seeing you in Atlanta.

Warmly,



Betsy Lieberman
Executive Director

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/27/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

9/17/1998 - 9/19/1998 Atlanta

2018-0764-F
jm2189

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]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- 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]

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

1. TRAVEL AUTHORIZATION NO.
TA003508

2. DATE
08/27/98

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)

[006]

7. AGENCY

736 Jackson Plac

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Keynote address at the 3rd Natl. Housing Conference on HIV/AIDS.

DATE(S): Travel Begin On 9/17/1998

Travel End On 9/19/1998

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:

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	95.00
Transportation	520.00
Rental Car	80.78
Miscellaneous	0.00
TOTAL	\$ 695.78
16. ADVANCE REQUESTED (Fees 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 associated with travel. Flights on 7/17 & 7/19 reflect early morning and late evening activities on 7/18.

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. Ticketing Office

5. Funds Manager copy

6. Travelers copy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/27/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

9/17/1998 - 9/19/1998 Atlanta

2018-0764-F

jm2189

RESTRICTION CODES

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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)]

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- 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]

OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA003508

2. DATE
08/27/98

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
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☐ 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)

[007]

7. AGENCY

736 Jackson Plac

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

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☐ 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	95.00
Transportation	520.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 615.00

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.)

No lodging costs associated with travel. Conference organizers will provide transportation to and from Atlanta airport. Flights on 9/17 & 9/19 reflect early morning and late evening activities on 9/18.

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

1182200J108E

19. REQUESTED BY

[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)

[Signature]

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

[Signature]

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)
4. Ticketing Office

2. FMD copy
5. Funds Manager copy

3. Advance of funds
6. Travelers copy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	10/06/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

9/17/1998 - 9/19/1998 Atlanta

2018-0764-F

jm2189

RESTRICTION CODES

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

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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. TA003508	
						4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL			
				a. FROM 09/17/98		b. TO 09/19/98	
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO. 395-1441		7. TRAVEL AUTHORIZATION			
				a. NUMBER(S) TA003508		b. DATE(S) 10/06/98	
e. PRESENT DUTY STATION WASHINGTON, DC		f. RESIDENCE (City and State) Washington, DC		10. CHECK NO.			
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT		11. PAID BY	
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied				\$			
c. Amount due Government (Attached ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE					
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)					
		Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER <i>(Initials)</i> (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
Ticket No. 0 1		520.00			08/27/98		ATL-Atlanta,
COMMENTS: No lodging costs associated with travel. Conference organizers will provide transportation to and from Atlanta airport. Flights on 7/17 & 7/19 reflect early morning and late evening activities on 7/18.							
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	
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).						175.78	
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).)					17. FOR FINANCE OFFICE USE ONLY		
					COMPUTATION		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					a. DIFFERENCES, IF ANY (Explain and show amount)		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.					c. MONTH & YEAR		
b. D.O. SYMBOL					Netifier's initials:		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					d. NET TO TRAVELER		
18. ACCOUNTING CLASSIFICATION					\$ 175.78		

**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.

PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO.

TA003508

TRAVELER'S LAST NAME

THURMAN

DATE 98 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 (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
09/17	8:00P	D-:WASHINGTON, DC												
09/17		:												
09/17	9:41P	A-:ATLANTA, GA				28.50			28.50			28.50		
09/17		:											80.78	
09/18		Subsistence				38.00			38.00			38.00		
09/19	7:25A	D-:ATLANTA, GA												
09/19	9:05P	A:WASHINGTON, DC												
09/19		Subsistence				28.50			28.50			28.50		
SUBTOTALS										0.00	95.00	80.78		
TOTALS										0.00	95.00	80.78		

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**

175.78

62439


**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: 42
CUSTOMER NBR: 1695000023

ITINERARY

QJYXWN

DATE: 17 SEP 98
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

REF: KC5SXDTA003508

17 SEP 98 - THURSDAY

AIR DELTA AIR LINES INC FLT:1285 COACH
LV WASHINGTON REAGAN 800P
DEPART: TERMINAL B/C
AR ATLANTA 941P

EQP: 727 STRETCH
01HR 41MIN
NON-STOP
REF: R90041

CAR THURMAN/SANDY SEAT-14D
ATLANTA HERTZ RENT A CAR
PICK UP-941P 1-INTER CAR AUTO A/C
RETURN-19SEP/725A
RATE IS GUARANTEED
WEEKEND RATE-USD32.00
EXTRA DAY-45.00
EXTRA HOUR-11.00
CONFIRMATION NUMBER

UNLIMITED MILEAGE
UNLIMITED MILEAGE
UNLIMITED MILEAGE
A48707CADAR

CORP ID-77761

19 SEP 98 - SATURDAY

AIR DELTA AIR LINES INC FLT:1874 COACH
LV ATLANTA 725A

AR WASHINGTON REAGAN
ARRIVE: TERMINAL B/C
THURMAN/SANDY SEAT-13D

905A

SNACK/BRUNCH
EQP: MD-80
01HR 40MIN
NON-STOP
REF: R90041

06 MAR 99 - SATURDAY

OTHER WASHINGTON

THIS DATE IS FOR AMERICAN EXPRESS HISTORICAL DATA ONLY.

CONTINUED ON PAGE 2



**Corporate
Services**

AMERICAN EXPRESS
TRAVEL RELATED SERVICES COMPANY, INC.
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Third National HIV/AIDS Housing Conference

AIDS Housing of Washington | 2025 First Avenue, Suite 420 | Seattle, WA 98121-2100

206-448-5242 telephone | 206-441-9485 facsimile

info@aidshousing.org | <http://www.aidshousing.org>

February 24, 1998

Sandra Thurman
Director
Office of National AIDS Policy
808 17th NW, Suite 820
Washington, DC 20006

Dear Sandy:

AIDS Housing of Washington is busily planning the Third National HIV/AIDS Housing Conference (brochure enclosed), which will take place in Atlanta on September 16-20, 1998. I am so pleased to hear from Lynn Cothren that you will be able to attend this important gathering.

I am writing to invite you to address the conference as a speaker for one of our plenary sessions. These sessions occur on Thursday, Friday and Saturday (September 17-19) from 8:30 a.m. - 9:45 a.m., and on Sunday, September 20, from 12:00 p.m. to 1:30 p.m. We would be honored to have you attend and address the conference participants—we expect close to 1000 attendees from all across the country. As Lynn has mentioned to you, we plan to hold a reception in your honor on Friday evening, September 18, which will be followed by a special performance by Sweet Honey in the Rock. Either the Friday or Saturday morning plenary session may be preferable to you given the timing of the reception.

We appreciate your continuing commitment to AIDS housing issues and are very grateful for your willingness to take part in the Third National HIV/AIDS Housing Conference. Please let me know your preference for when you would like to speak to the conference as soon possible so that we can plan the other plenary speakers around your schedule. I look forward to seeing you in Atlanta.

Warmly,



Betsy Lieberman
Executive Director

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