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:
3/4/1999 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)	03/02/1999	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/02/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
3/4/1999 Atlanta

2018-0764-F
jm2195

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]
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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]
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: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

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

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

6. PERIOD OF TRAVEL: a. FROM 03/04/99 b. TO 03/04/99

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) TA004621 b. DATE(S) 03/02/99

e. PRESENT DUTY STATION: WASHINGTON, DC

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

10. CHECK NO.:

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)	POINTS OF TRAVEL TO (f)

COMMENTS:
Travel expenses provided by the Democratic Party of Georgia. See original authorization. Military Air with Secretary Slater.

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 L Thurman DATE

AMOUNT CLAIMED ▶ 0.00

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

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 ▶ $ 0.00

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

18. ACCOUNTING CLASSIFICATION

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. TA004621

TRAVELER'S LAST NAME THURMAN

MILEAGE RATE: 0.000

DATE 19 99 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: 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)	SUBSISTENCE (m)	OTHER (n)
03/04	3:30P	D-:WASHINGTON, DC/National											
03/04	5:30P	A-:ATLANTA,GA											
03/04	9:59P	D-:ATLANTA,GA											
03/04	11:59P	A:WASHINGTON, DC/National											
										SUBTOTALS ▶	0.00	0.00	0.00
										TOTALS ▶	0.00	0.00	0.00

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

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

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.

Withdrawal/Redaction Marker
Clinton Library

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002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/02/1999	b(6)

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National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
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EXECUTIVE OFFICE OF THE PRESIDENT

OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

WHITE HOUSE MANAGEMENT

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA004621	03/02/99

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

99 MAR 3 AM

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
DIRECTOR, AIDS POLICY	(b)(6)	736 Jackson Plac	OPD

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
395-1441	WASHINGTON, DC [002]	☒ Per Diem ☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

12. TRAVEL INFORMATION

PURPOSE: Attending the Jefferson Jackson Day Dinner with Secretary Slater.

DATE(S): Travel Begin On 3 / 4 / 1999 Travel End On 3 / 4 / 1999

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

From: WASHINGTON, DC/National	To: ATLANTA,GA 90/ 38
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: WASHINGTON, DC/National

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	0.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 0.00
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.)*

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

119 2200 J108E

19. REQUESTED BY

Dep Director

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)*

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMO copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 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(f), 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: Sarah Holewinski

PHONE NUMBER: 5/441/P: 673-9860

DATE OF REQUEST: 3/3/99

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:

Attending the Jefferson-Jackson Dinner with Dept. of Transportation Secretary Slater

Dates of Travel: 3/4/99 **Destination(s):** Atlanta, GA

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):

Democratic Party of Georgia

Contact at Organization Making the Payment: Berna Jennings

Address of Organization: 100 Spring St. Suite 1120
Atlanta, GA 30309

Phone: 404/885-1998

Expense:	Amount:	Method:*
Transportation (specify): Air	~~1,000.00~~ 1,000.00	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Lodging:		☐ In Kind ☐ Reimbursable ☐ Other (Political Only)
Meals: Dinner	39.00	☒ In Kind ☐ Reimbursable ☐ Other (Political Only)
Misc. (specify):		☐ 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 128, OEOB) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE ☒ Approved ☐ Disapproved Pursuant to: ☐ 31 U.S.C. § 1353 ☐ 5 C.F.R. 2635.204(f)

Counsel's Signature [signature] **Date** 3-3-99

U.S. Department of Transportation
Office of the Secretary of Transportation

400 Seventh St., S.W.
Washington, D.C. 20590

FAX TRANSMISSION COVER

DATE: 3/2 TIME: _____

TO: Sandy Thurman

FAX NUMBER: 456-2439

From: Secretary Slater's Scheduling and Advance Office
U.S. Department of Transportation
400 7th Street, SW
Washington, DC 20590
Telephone: 202-366-9922
Fax: 202-366-7952

Contact: Catherine Grunden

Number of Pages to Follow: _____

Comments: _____

SCHEDULE FOR SECRETARY SLATER
Thursday, March 4, 1999
TRAVEL TO ATLANTA, GA

Weather:
Security:

	Pager: 888/562-1848
Advance:	Joe Carey
	Pager: 800/800-7759
Desk:	Natalie Hartman
	Pager: 800/800-7759
DC FBO:	Signature Aviation
	Phone: 703/417-3500
Atlanta FBO:	Mercy Aviation
	Phone: 404/765-1300

DRAFT #2

Thursday, March 4, 1999

3:00 pm ***Depart DOT en route Reagan Washington National Airport, Signature Aviation***

3:30 pm ***Wheels up en route Atlanta, GA***

NOTE: Aircraft is paid for by the Democratic Party of Georgia.

Aircraft:	Signature Charter
Tail Number:	567CA
Flight Time:	2 hours
Time Change:	None
Manifest:	Secretary Slater
	Sandy Thurman
	Senator Cleland + one staff
	Congressman Sanford
	Congressman Lewis
	Congresswoman McKinney
	Security

5:30 pm ***Arrive Atlanta Hartsfield International Airport, Mercury Aviation***

NOTE: Secretary Slater will be met by Joe Carey and Jerry Gray, Deputy Chief of Staff to Governor Barnes.

NOTE: Transportation will be provided by the Democratic Party of Georgia.

5:35 pm ***Depart en route 285 International Boulevard***

Drive Time: 30-55 minutes

TBD ***Arrive Georgia World Congress Center***

NOTE: A reception will already be in progress.

TBD pm
7:00 pm **RECEPTION/FUNDRAISER FOR DEMOCRATIC PARTY OF GEORGIA HONORING JEFFERSON JACKSON**
Georgia World Congress Center
285 International Boulevard
Atlanta, GA
Phone: 404/223-4000
Facsimile: 404/223-4011
Contact: Berna Jennings
Phone: 404/885-1998
Facsimile: 404/873-4396
(Open)

7:00 pm
10:00 pm **KEYNOTE DINNER ADDRESS/FUNDRAISER FOR DEMOCRATIC PARTY OF GEORGIA HONORING JEFFERSON JACKSON**
Georgia World Congress Center
285 International Boulevard
Atlanta, GA
Phone: 404/223-4000
Facsimile: 404/223-4011
Contact: Berna Jennings
Phone: 404/885-1998
Facsimile: 404/873-4396
(Open)

NOTE: There will be approximately 2000 people in attendance. This is no head table. Please see tab for table seating assignments.

10:00 pm ***Depart en route Atlanta Hartsfield International Airport***

10:30 pm ***Wheels up en route Reagan Washington National Airport***

Aircraft:	Signature Charter
Tail Number:	567CA
Flight Time:	2 hours
Time Change:	None
Manifest:	Secretary Slater
	Sandy Thurman
	Senator Cleland + one staff
	Congressman Sanford
	Congressman Lewis
	Congresswoman McKinney
	Security

12:15 am ***Arrive Reagan Washington National Airport, Signature Aviation***

NOTE: Transportation will be provided by

Sarah T. Holewinski

03/03/99 12:47:28 PM

Record Type: Record

To: Douglas R. Matties/OA/EOP

cc: Ashley L. Raines/OA/EOP
Subject: Travel authorization

Left on Dawn's chair around 12:40 PM - just in case she was to be away for hours and hours. Also sent a follow up email and will either call or walk over in about 30 minutes to make sure.

I understand how difficult this all is. Unfortunately my schedule and this arrangement is not only impacting my life/health/sleep and Sandy's ability to work smoothly in the office - it's impacting Ginny and Sandy's relationship. THAT is incredibly unfortunate - and I feel incredibly bad. Would it help to go over and sit down with Ginny for a few minutes so she can just yell and scream?

Thanks for all of your understanding and patience - I appreciate it on a daily basis (especially in the usual crisis situation), but seldom have the opportunity to thank you for it.

Sa