

FOIA MARKER

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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:

7/9/1999 - 7/11/1999 Chicago

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)	10/04/1999	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	07/06/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

7/9/1999 - 7/11/1999 Chicago

2018-0764-F

jm2197

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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sent 10/25/99

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. TA005297 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 07/09/99 b. TO 07/11/99		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 10/04/99																			
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502		d. OFFICE TELEPHONE NO.		10. CHECK NO.		11. PAID BY																			
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																			
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																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:10%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="width:45%;">POINTS OF TRAVEL</th> </tr> <tr> <th colspan="4"></th> <th style="width:25%;">FROM (e)</th> <th style="width:20%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>7653168175</td> <td>116.00</td> <td>UA</td> <td>C</td> <td>07/09/99</td> <td>DCA-Ronald Reagan ORD-Chicago, IL</td> </tr> </tbody> </table>		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)	7653168175	116.00	UA	C	07/09/99	DCA-Ronald Reagan ORD-Chicago, IL	COMMENTS: No lodging costs associated with travel. Traveler stayed with acquaintances.					
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)																				
7653168175	116.00	UA	C	07/09/99	DCA-Ronald Reagan ORD-Chicago, IL																				
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 10/28/99		AMOUNT CLAIMED ▶		235.00																			
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)																					
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:																					
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):																					
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE				d. NET TO TRAVELER ▶ \$ 235.00																					

KC55XDTA005297

1695000023 8844423 A47

PASSENGER RECEIPT

~~XXXXXXXXXX~~

ARC FLIGHT COUPON XXXX

ISSUED BY

UNITED AIRLINES

XXXXXX

TOUR CODE

AGENT CODE

NAME OF PASSENGER

NAME OF ISSUING AGENT

AMERICAN EXPRESS

PNR/CARRIER CODE

WASHINGTON

PLACE OF ISSUE ISO CODE

DATE OF ISSUE

THURMAN/SANDY MS

NAME OF PASSENGER

THURMAN/SANDY MS

CARRIER

WXXOWB/AA YCADCA

FARE BASIS/TICKET DESIGNATOR

DC US09JUL99

FROM

X/O

FROM

CARRIER

FLIGHT

CLASS DATE

TIME

STATUS

NOT VALID BEFORE

NOT VALID AFTER

TO

DCA

X/O

TO

NOT VALID FOR

THIS IS YOUR RECEIPT

ISSUING AGENT ID

KC52*47

ENDORSEMENTS/RESTRICTIONS

FP VI4486260000010426*1299/ 033015 /FCWAS UA CHI4
9.07 UA WAS49.07YCADCA 98.14 END ZPDCA2ORD2 XFDCA30
RD3

CARRIER

CARRIER FLIGHT CLASS DATE

GATE

NOT VALID FOR TRAVEL
0 016 7653168175 3
AA09910935

FARE

XF

6.00

EQUIV FARE PD.

TAX

USD

98.14

STOCK CONTROL NO TX 889

CK

CPN

ALLOW PCS WT UNCKD

DOCUMENT NUMBER

CK

PCS

WT

UNCKD

TAX

US

7.86

TAX

ZP

4.00

49279436662

0 016 7653168175 3

TOTAL

USD 116.00

MTL COPYRIGHT © AIRLINES REPORTING CORP. 1987 \$-98 STOCK 3426 015401

IF A PASSENGER REQUESTS A RECEIPT, THIS RECEIPT IS VALID FOR THE ENTIRE TRIP. IT IS THE PASSENGER'S RESPONSIBILITY TO OBTAIN A RECEIPT FROM THE ISSUING AGENT.

TAXICAB RECEIPT

Date: 7/1

Origin of trip: Airport
Destination: 333 South State St
Fare: 35 Sign: _____

PASSENGER'S RECEIPT, TAXICAB FARE

Date 7-10

Amount of Fare \$ 25

Other Charges \$ _____

Total \$ _____

Driver's Name _____

Cab Number _____

— TAXICAB RECEIPT —

TIME _____ DATE 7/11 19 99

REC'D FROM _____

FARE AMOUNT \$ 35.00

TRIP FROM 333 South State St.

TRIP TO Airport

ASSN. _____ CAB NO. _____

I.D. NO. _____ TAG NO. _____

SIGNATURE _____
30

Taxi Cab Receipts

Date 7-10 Time: _____
Trip Origin: Airport
Destination _____
Fare: \$ 25 Signature _____

Withdrawal/Redaction Marker

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

WHITE HOUSE
MANAGEMENT

1. TRAVEL AUTHORIZATION NO. TA005297
2. DATE 07/06/99

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

19 JUL 6 P4:43

5. TITLE OF TRAVELER

6. SOCIAL SECURITY NUMBER

DIRECTOR, AIDS POLICY

(b)(6)

7. AGENCY

8. DIVISION

736 Jackson Plac OPD

9. OFFICE PHONE

10. OFFICIAL DUTY STATION

395-1441

WASHINGTON, DC

[002]

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

12. TRAVEL INFORMATION

PURPOSE: Meetings with CAEAR Coalition (Saturday and Sunday morning) including Q & A sessions (Saturday) with city CARE Act coordinators.

DATE(S): Travel Begin On 7/9/1999

Travel End On 7/11/1999

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

From: Washington, DC

To: CHICAGO, IL 104/46

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	115.00
Transportation	116.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 231.00
16. ADVANCE REQUESTED (meals and miscellaneous expenses only)	\$ 0.00

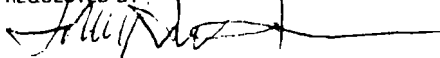
17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

No lodging expenses associated with trip. Traveler will stay with acquaintances.

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

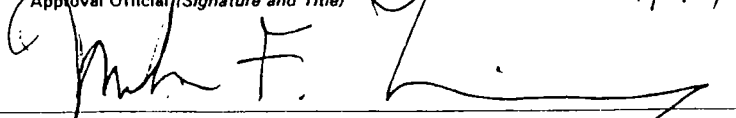
119 2200 J108E

19. REQUESTED BY



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)

 7/9/99

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. FMD copy 3. Advance of funds
4. Teleticketing Office 5. Funds Manager copy 6. Travelers copy

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR OFFICE OF MANAGEMENT & ADMINISTRATION

From: Sandra Thurman
Director
Office of National AIDS Policy
(202) 456-2437

Date: July 6, 1999

Re: Travel Authorization – Chicago, Illinois – July 9 - 11, 1999

This TA requests authorization for me to travel to Chicago, Illinois, July 9 - 11, 1999.

As the AIDS community gears up for the impact of FY2000 Appropriations, I will meet with the CAEAR Coalition Executive Committee on Saturday afternoon – and again Sunday morning for a more expansive breakfast meeting with the addition of other community AIDS leaders. Both of these meetings will afford me the opportunity to relay the Administration's position with regard to reauthorization of the Ryan White CARE Act.

I will also meet with Chicago specific CARE Act coordinators on Saturday morning. I have been asked to take questions and answers in a roundtable discussion regarding reauthorization – and to update the coordinators on current Administration policy.

Please let me know if you have any questions.

EASYLINK 7765173S001 6JUL99 07:49/07:49 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024562439

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY

WXXOWB

DATE: 06 JUL 99
PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

09 JUL 99 - FRIDAY

AIR UNITED AIRLINES FLT:623 COACH
LV WASHINGTON REAGAN 300P
DEPART: TERMINAL B
AR CHICAGO OHARE 353P
ARRIVE: TERMINAL 1

EQP: BOEING 727-200
01HR 53MIN
NON-STOP
REF: XZ5SSO

OTHER CHICAGO OHARE

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

11 JUL 99 - SUNDAY

AIR UNITED AIRLINES FLT:626 COACH
LV CHICAGO OHARE 530P
DEPART: TERMINAL 1
AR WASHINGTON REAGAN 820P
ARRIVE: TERMINAL B

SNACK/BRUNCH
EQP: AIRBUS A320
01HR 50MIN
NON-STOP
REF: XZ5SSO

29 DEC 99 - WEDNESDAY

OTHER WASHINGTON
HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
WXXOWB

DATE: 06 JUL 99
PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

. TOTAL AIR FARE USD116.00
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.

. 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.

FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52

.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.



City of Chicago
Richard M. Daley, Mayor

Department of Public Health

Sheila Lync, RSM
Commissioner

333 South State Street
Chicago, Illinois 60604
(312) 747-9884
(312) 747-9888 (24 hours)
(312) 744-2960 (TTY)

<http://www.ci.chi.il.us>

Ms. Sandy Thurman, Director
Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20503

June 28, 1999

Sandy
Dear Ms. Thurman,

Thank you so much for taking the time to meet with us last week to discuss FY 2000 and FY 2001 Appropriations, CARE Act Reauthorization, and some of the programs we are implementing throughout the Chicago area. Your history of support is invaluable, not only within the area of HIV/AIDS, but in the public health community at large.

We are delighted that you are able to meet with the CAEAR Coalition Executive Committee during our strategy session in Chicago. We would like to invite you to join us for lunch on Sunday, July 11 at 12:00 PM. Given your busy schedule, we understand if you need to meet with us at a different time that day or the day before on Saturday, July 10. Either way, we look forward to sharing with you some of our long term plans around CARE Act Reauthorization and appropriations, and to hear your strategic thoughts, suggestions and ideas about the process, the Administration's thinking, and the overall political climate.

As you know, we are concerned about FY 2000 Appropriations, especially given the constraints on this year's appropriations process. President Clinton's support for increased funding for the CARE Act and other AIDS programs will be critical, particularly in the final stages of the appropriations process. In addition, we are hopeful that the President's FY 2001 budget proposal to Congress will include significantly higher funding levels than this past year's levels for Title I and the other titles, as well as for CDC Prevention and IOPWA.

As we work on appropriations, we simultaneously are working hard on Reauthorization. As we do so, we are gearing up for the challenges and barriers which we are sure to face (as you put it, we must be prepared for a "train crash"). Your assistance, guidance and support in that process is both crucial and essential. Herein lies the importance of ongoing communication between you, us, and our coalition partners (NORA and others). We are so pleased that you are committed to this communication and that we are able to meet with you on a regular basis.



Please
Recycle!



SENT BY FAX TO: HEALTH DEPT. 312-747-9652 FAX FORM 1 CITY OF CHICAGO 00000000

Please contact Tracy at 312-747-9652 or via email at TFisch7@aol.com to let us know when if you are available to join us for lunch on Sunday, July 11. Your tremendous work is needed and appreciated now more than ever. Thank you!

Sincerely,



Tracy Fischman
Director for Policy and Legislative Affairs
Division of STD/HIV/AIDS Public Policy and Programs
CAEAR Coalition Executive Committee Member



Frank Oldham, Jr.
Assistant Commissioner
Division of STD/HIV/AIDS Public
Policy and Programs