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: 21071

FolderID:

Folder Title:
11/18/1999 - 11/20/1999 San Francisco Seattle

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	2	3

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/24/2000	b(6)
002. invoice	re: Regis Hotel (Personal credit card number) (1 page)	11/18/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
11/18/1999 - 11/20/1999 San Francisco Seattle

2018-0764-F
jm2207

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/24/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
11/18/1999 - 11/20/1999 San Francisco Seattle

2018-0764-F
jm2207

RESTRICTION CODES

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

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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]

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.: TOJONA09

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 11/18/99 b. TO 11/20/99

c. MAILING ADDRESS (Include ZIP Code):
OEOB, ROOM 145
MGT&ADMIN
WASHINGTON, DC 20502

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S): b. DATE(S): 01/24/00

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)
76851008229	494.00		11/15/99	IAD-Washington,	DuSFO-San Francisc

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 ▶ 394 24

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 ▶ $ 394 24

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
SEE BLOCK 12 ABOVE

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 TRIP# 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME THURMAN

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)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/18		D-:Washington, DC											
11/18		Airline Flight											
11/18		A-:SAN FRANCISCO,CA				34 50		116 00	150.50			150 50	
11/18		Airport to SF AIDS Found.											32 00
11/18		SFAF to Hotel											15 00
11/18		Lodging Tax											16 24
11/19		D-:SAN FRANCISCO,CA											
11/19		A-:SEATTLE,WA				46 00			46.00			46 00	
11/19		Hotel to Airport											24 00
11/19		Seattle airport to meeting											38 00
11/20		D-:SEATTLE,WA											
11/20		A:Washington, DC											
11/20		Subsistence				34 50			34.50			34 50	
11/20		Seattle Meeting to Airport											38 00
									SUBTOTALS ▶		0 00	0 00	0 00
									TOTALS ▶		0 00	231 00	163 24

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 ▶ 394.24

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 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.

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

WHITE HOUSE MANAGEMENT
99 NOV 15 PM 1:21

1. TYPE OF AUTHORIZATION

- [x] TDY
- [ ] Amendment *(Show items amended)*
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: OPD/AIDS Policy

5. Office Phone: 68959

6. Official Duty Station: 736 JP

7.
- [x] Per Diem
- [ ] Actual Subsistence *(unusual circumstances)**
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Board Meeting - SF AIDS Foundation / Seattle - International AIDS Response reconstruction w/ local AIDS activists

DATE(S): Travel Begin On 11/18/99 Travel End On 11/20/99

ITINERARY: Point of Origin *(City, State)* Washington, DC

Place(s) of Official Visitation *(City, State)* San Francisco, CA 11/18-11/19
Seattle, WA 11/19 (midnight return 11/20)

Point of Return *(City, State)* Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		✓		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			[ ] Determined more advantageous to government * [ ] For convenience of traveler NTE common carrier cost

(c) [ ] **Gov't Owned Vehicle**

(d) [ ] **Other (specify)**

10. ESTIMATED COST	**AMOUNT**
Per Diem/Actual Subsistence	$ 92.00
Transportation	494.00
Rental Car	———
Miscellaneous / Lodging	129.00
TOTAL	$ 715.00

11. SPECIAL EXPENSE AUTHORIZED

- [ ] Registration Fees *(meeting, training, etc.)*
- [ ] Commercial Rental Car
- [ ] Excess Baggage not to exceed
- [ ] Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)*

Direct flight on contract carrier for outbound travel - necessary to keep morning meetings in Washington w/ UNAIDS/World Bank.

14(a) Requested by [signature] Dep Director

15. Accounting data *(Appropriation, division, project, vendor number)*: 1102200 J108E

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*
X [signature] 11/16/99

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
[signature] 11/16/99

17. Date: November 15, 1999

18. Travel Authorization No.: TOJONA09

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

Seattle, WA

TAXICAB RECEIPT

Date: 11/20/99

Time:

Company:

Origin of trip: Mtg @ Gate Fare

Destination: Seattle Airport

Fare: Sign.

Hope you had a pleasant ride
Thank you for your business

DATE 11-19-99
CAB NO. 461
DRIVER
FROM
TO 1537836
AMOUNT $38—

"Service with Pride"
PHONE
(206) 246-9999

AmericanAirlines BOARDING PASS

NAME OF PASSENGER THURMAN/SANDY MS

FROM SEATTLE TACOMA
TO CHICAGO OHARE
AMERICAN AIRLINES

CARRIER AA FLIGHT 1188 CLASS Y DATE 19NOV TIME 312P

GATE C15 BOARDING TIME 242P SEAT 18E SMOKE NO

PREMIUM

47K /SER

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY **AmericanAirlines**

BOARDING PASS

DATE OF ISSUE 19NOV99 PLACE OF ISSUE SEATTLE TACOMA US

ISS. AGENT ID 47K /SER

NAME OF PASSENGER (NOT TRANSFERABLE) THURMAN/SANDY MS

FROM SEATTLE TACOMA
TO CHICAGO OHARE

CARR. AA FLIGHT 1188 CLASS Y DATE 19NOV TIME 312P

PNR CODE RHDLQJ /AF

BOARDING PASS ONLY

PREMIUM
SEAT/SMOKE
18E NO

TICKET LIFTED USED

NOT VALID
WITHOUT FLIGHT COUPON

00105867696660

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY **AmericanAirlines**

BOARDING PASS

DATE OF ISSUE 19NOV99 PLACE OF ISSUE SEATTLE TACOMA US

ISS. AGENT ID 47K /SER

NAME OF PASSENGER (NOT TRANSFERABLE) THURMAN/SANDY MS

FROM CHICAGO OHARE
TO WASHINGTON REAG

CARR. AA FLIGHT 1532 CLASS Y DATE 19NOV TIME 1000P

PNR CODE RHDLQJ /AF

BOARDING PASS ONLY

PREMIUM
SEAT/SMOKE
20B NO

NOT VALID
WITHOUT FLIGHT COUPON

00105867696671

AmericanAirlines BOARDING PASS

NAME OF PASSENGER THURMAN/SANDY MS

FROM CHICAGO OHARE
TO WASHINGTON REAG
AMERICAN AIRLINES

CARRIER AA FLIGHT 1532 CLASS Y DATE 19NOV10

GATE K1 BOARDING TIME 930P SEAT 20B

CN CK-IN

PREMIUM

47K /SER

SFran

Taxi Cab Receipts

Date: 11/18/99 Time: _____

Trip Origin: SFAF

Destination: Hotel

Fare: $ 15 Signature _____

San Fran

Taxi Cab Receipts

Date 11/18 Time: _____

Trip Origin: Airport

Destination SFAF

Fare: $ 32 Signature _____

San Francisco Taxi Cab

PASSENGER'S RECEIPT

Date 11/18/99

Amount of Fare $ 24

Tips . . . . $ _____

Total . . . . $ _____

Driver's Name _____

Cab Number _____

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. invoice	re: Regis Hotel (Personal credit card number) (1 page)	11/18/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21071

FOLDER TITLE:
11/18/1999 - 11/20/1999 San Francisco Seattle

2018-0764-F
jm2207

RESTRICTION CODES

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P1 National Security Classified Information [(a)(1) of the PRA]
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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)]

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San Francisco Taxi Cab

PASSENGER'S RECEIPT

Date 11/18/99

Amount of Fare $ 24

Tips . . . . $ _____

Total . . . . $ _____

Driver's Name _____

Cab Number _____

SFran

Taxi Cab Receipts

Date: 11/18/99 Time: _____

Trip Origin: SFAF

Destination: Hotel

Fare: $ 15 Signature _____

SanFran

Taxi Cab Receipts

Date 11/18 Time: _____

Trip Origin: Airport

Destination SFAF

Fare: $ 32 Signature _____

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY **American Airlines**

BOARDING PASS

DATE OF ISSUE	19NOV99
ISO	US
ISS. AGENT ID.	47K /SER
PLACE OF ISSUE	SEATTLE TACOMA
NAME OF PASSENGER (NOT TRANSFERABLE)	THURMAN/SANDY MS
FROM	SEATTLE TACOMA
TO	CHICAGO OHARE
CARR. / FLIGHT / CLASS / DATE / TIME	AA 1188 Y 19NOV 312P
PNR CODE	RHDLQJ /AF

ENDORSEMENTS/RESTRICTIONS **************************

BOARDING PASS ONLY

PREMIUM
SEAT/SMOKE
18E NO

FARE ***********
TAX ***********
TAX ***********
TAX ***********
TOTAL ***********

EQUIV. FARE PAID ***********

0010586769666 0

NOT VALID WITHOUT FLIGHT COUPON

TICKET LIFTED
USED

American Airlines BOARDING PASS

NAME OF PASSENGER THURMAN/SANDY MS
FROM SEATTLE TACOMA
TO CHICAGO OHARE
AMERICAN AIRLINES

CARRIER	FLIGHT	CLASS	DATE	TIME
AA	1188	Y	19NOV	312P

GATE	BOARDING TIME	SEAT	SMOKE
C15	242P	18E	NO

ADDITIONAL SEAT INFORMATION
PREMIUM
47K /SER

TAXICAB RECEIPT

Seattle, WA

Date: 11/20/99

Time:

Company:

Origin of trip: [illegible] Gates [illegible]

Destination: Seattle Airport

Fare:

Sign.

Hope you had a pleasant ride
Thank you for your business

STITA TAXI

"Service with Pride"
PHONE
(206) 246-9999

AMOUNT $38
TO 1531 [illegible]
FROM
DRIVER
CAB NO. 164
DATE 11-19-99

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

1. TYPE OF AUTHORIZATION

☒ TDY ☐ Amendment *(Show items amended)*

☐ Invitational *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra L. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: OPD/AIDS Policy

5. Office Phone: 60959

6. Official Duty Station: 736 JP

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

8. TRAVEL INFORMATION

PURPOSE: Board Meeting - SF AIDS Foundation / Conference Presentation w/ local AIDS activists

DATE(S): Travel Begin On 11/8/99 Travel End On 11/12/99

ITINERARY: Point of Origin *(City, State)*: Washington, DC

Place(s) of Official Visitation *(City, State)*: San Francisco, CA 11/10-11/11
Seattle, WA 11/11

Point of Return *(City, State)*: Washington, DC

9. MODE OF TRAVEL				
(a) Commercial Transportation				
Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		P		

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	
			☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 92.00
Transportation	494.00
Rental Car	
Miscellaneous	129.00
TOTAL	$ 715.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees *(meeting, training, etc.)*
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other *(Please identify)*

12. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $

13. * Special Provisions/Remarks *(Justification for first class /business/ extra fare travel, annual leave enroute, actual subsistence, etc.)*

Direct flight on contract carrier. Most economical travel - necessary to keep meeting meetings in Washington DC/ UNAIDS/World Bank.

14(a) Requested by

15. Accounting data *(Appropriation, division, project, vendor number)*

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official *(Signature and Title)*

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

17. Date: November 15, 1999

18. Travel Authorization No.: TDSONA99

PHOTOCOPY PRESERVATION

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

PRIVACY ACT STATEMENT — The information requested is required to document the authorization and reimbursement of the individuals who travel at government expense on official business. Its routine use is restricted to officers and employees of Executive Office of the President agencies for performance of their official duties. Disclosure is voluntary, but failure to provide all or part of the information may delay or prevent authorization of travel. This information is collected under the authority of 31 U.S.C. 66a, 41 U.S.C. 3101, 3102, 3309; and General Accounting Office and General Services Administration policies and procedures.

Instructions for Completing Travel Authorization

ITEM 1	—	Check: TDY block if travel is of routine nature by an employee of your agency. Invitational block if travel is to be performed by a person who is not employed by your agency. Relocation block if authorization is for a person being transferred from or to another geographical locality. Amendment block if making change to existing Travel Authorization.
ITEMS 2 – 6	—	Self Explanatory.
ITEM 7	—	Check appropriate box for the type of reimbursement authorized. List rate or rates applicable.
ITEM 8	—	Provide information on travel itinerary.
ITEM 9	—	Check mode of travel authorized.
ITEM 10	—	Compute cost of per diem or actual subsistence utilizing the information in **Item 10**. Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost. Miscellaneous could include rental car, registration fees, taxi cabs, etc.
ITEM 11	—	Check appropriate box for any special expenses authorized.
ITEM 12	—	Complete **only** if an advance of funds is requested.
ITEM 13	—	Space provided for justifications and other miscellaneous information.
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

FAX

San Francisco AIDS Foundation

TO: Sandra Thurman

SENT TO FAX #: 202-456-2439

FROM: Joe Fenn

SENDER's PHONE# (415) 487-3053

DATE: 9.28.99

NUMBER OF PAGES (including cover): 4

NOTES:

San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142-6182

Return FAX: (415) 487-3059

SF AIDS FOUNDATION
SAN FRANCISCO AIDS FOUNDATION
995 MARKET STREET, SUITE 200, SAN FRANCISCO, CALIFORNIA 94103
VISITORS' ENTRANCE: ONE 6TH STREET AT MARKET

September 27, 1999

Sandra Thurman
Director, Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman: Sandy

I am following up on a conversation that Pat Christen had with your office inquiring about your availability to attend the November meeting of the Board of Directors of the San Francisco AIDS Foundation.

The meeting is on Thursday evening November 18 and will be held at the Foundation's offices at 995 Market Street in San Francisco. The meeting is from 5:30 – 9:00pm and includes a light supper.

The board has recently been discussing the disparate outcomes that individuals and/or communities effected by HIV may experience as a result of their gender, race, ethnicity, socio-economic status or other relevant demographic characteristics. In this regard, questions have risen about trends in the global pandemic. The board would appreciate hearing your overview of the international AIDS crisis, plus any regional/continental differences you would like to point out. The board is also interested in hearing an overview of the epidemiology of AIDS around the world and your thoughts on the impact an unchecked AIDS epidemic will have on the world economy in the next 5-10 years.

Although the agenda for the meeting is in the early planning stages, I can tell you that your presentation would be 45-60 minutes with approximately 15-30 minutes of Q&A. Your presentation would be given during the public portion of the board meeting. Members of the press may be in attendance. However, the Q&A will be in Executive Session with only board members and senior staff present.

I am enclosing some recent board materials that I hope you will find helpful in preparing for this meeting. Please feel free to contact me with any comments or questions. Also, please let me know if we can be of any assistance with travel accommodations.

Sincerely,

Joe Fera

Joseph W. Fera
Liaison to the Board of Directors

Looking forward to seeing you again. pw

ENDS STATEMENTS

(Rev. November 1998)

END THE PANDEMIC AND HUMAN SUFFERING CAUSED BY HIV

I. End the pandemic
- A. HIV exists at the lowest possible rates
  - 1. New HIV infections exist at a continually diminishing rate in San Francisco.
  - 2. Individuals most at risk have the self-knowledge, objective knowledge, skills and tools to practice safe behaviors in San Francisco.
    - a) People know their HIV status as early as possible after exposure to HIV.
    - b) People know their treatment options as soon as possible following exposure to HIV.
- B. Public policies reflect an informed community, a supportive social structure and necessary funding.
  - 1. Elected officials and other policy/decision makers create and enact legislation/decisions that promote the ends of the San Francisco AIDS Foundation.

II. End the human suffering cause by HIV
- A. People with HIV have their basic human needs met.
  - 1. People with HIV in San Francisco have adequate and stable housing.
    - a) Homelessness for people with HIV in San Francisco exists at a continually diminishing rate:
      - (1) People with HIV in San Francisco who are homeless find long-term housing
      - (2) People with HIV in San Francisco at risk for homelessness maintain their housing
  - 2. People with disabling HIV, those with low and very low income, or those who are multi-diagnosed will be given priority.
- B. People affected by HIV have hope, dignity, quality of life and choice.
  - 1. People with HIV will live for the longest possible period.
  - 2. The human rights of people with HIV are honored and protected.
  - 3. People have the self-knowledge, objective knowledge, skills and tools to make informed choices about HIV treatment.
    - a) People choosing treatment have the support they need to obtain maximum benefit from HIV treatment.
  - 4. People with HIV have access to the best available treatment options for themselves
- C. A wide range of treatment options exists, and barriers to treatments are removed for people with HIV.
  - 1. People know their HIV status as soon as possible after infection
- D. Public policies reflect an informed community, a supportive social structure and necessary funding
  - 1. Elected officials and other policy/decision makers create and enact legislation/decisions that promote the ends of the San Francisco AIDS Foundation.

Throughout the year, the Board of Directors of the San Francisco AIDS Foundation has been attempting to answer the following questions:

1. What are the implications of disparate outcomes in HIV-related morbidity and mortality for different demographic populations based on housing status, income, race/ethnicity, sexual orientation, age, substance use, chronic mental illness, gender and treatment history?

2. In an environment of diminishing resources and increasing complexity, what are the implications for the scope of our ends?

3. What elements of our organization contribute to providing institutional stability, nimbleness as well as leadership and influence in the epidemic? How do we maintain them?

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FOR: THURMAN/SANDY MS

18 NOV 99 - THURSDAY				
AIR	UNITED AIRLINES	FLT:209	COACH	DINNER
	LV WASHINGTON DULLES		1400	EQP: AIRBUS A320
				05HR 56MIN
	AR SAN FRANCISCO		1656	NON-STOP
	ARRIVE: NORTH TERMINAL			REF: TDSG5W
	THURMAN/SANDY M SEAT-10D			
19 NOV 99 - FRIDAY				
AIR	UNITED AIRLINES	FLT:2006	COACH	
	LV SAN FRANCISCO		0825	EQP: BOEING 737 300
	DEPART: NORTH TERMINAL			02HR 06MIN
	AR SEATTLE TACOMA		1031	NON-STOP
				REF: TDSG5W
AIR	AMERICAN AIRLINES	FLT:1188	ECONOMY	DINNER
	LV SEATTLE TACOMA		1512	EQP: BOEING 737-800
				03HR 36MIN
	AR CHICAGO OHARE		2050	NON-STOP
	ARRIVE: TERMINAL 3			REF: RHDLQJ
AIR	AMERICAN AIRLINES	FLT:1532	ECONOMY	
	LV CHICAGO OHARE		2200	EQP: FOKKER 100
	DEPART: TERMINAL 3			01HR 36MIN
20 NOV 99 - SATURDAY				
	AR WASHINGTON REAGAN		0036	NON-STOP
	ARRIVE: TERMINAL B			REF: RHDLQJ
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