

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: 21065

FolderID:

Folder Title:

4/5/2000 - 4/7/2000

Stack:

S

Row:

67

Section:

1

Shelf:

3

Position:

1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/31/2000	b(6)
002. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	03/31/2000	b(6)
003. invoice	re: The Carlyle Hotel (Personal credit card numbers) (2 pages)	04/07/2000	b(6)
004. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/31/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:

4/5/2000 - 4/7/2000

2018-0764-F

jm2209

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(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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OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.

1050NA22

2. DATE

03/31/00

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)

[001]

7. DIVISION

8. AGENCY

736 JP

9. OFFICE PHONE

456-2959

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: 5th-attend Cable Positive Dinner w/ Gephardt, Burman, Waxman. 6th-all day w/Amb.Holbrooke/FINCA Dinner. 7th return. Invites attached.

DATE(S): Travel Begin On 4 / 5 2000

Travel End On 4 / 7 2000

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

From: WASHINGTON, DC

To: MANHATTAN, NY 198/ 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 AUTHORIZATION

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

15. ESTIMATED COSTS

	Amount
Per Diem/Lodging	\$ 396.00
Per Diem/M&IE	115.00
Transportation	97.00
Rental Car	0.00
Miscellaneous	0.00
16. TOTAL	\$ 608.00

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)

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. Travelers copy

4. Teleticketing Office

5. Funds Manager copy

Wednesday, April 11, 1967

Registration 7:00-8:00

Dinner 8:00-9:00

Program 9:00-10:00

Invited Speakers

Richard A. Campbell

Time Warner Inc.

Richard A. Campbell

Public Relations Director

Richard A. Campbell

The New York Marriott Marquis

1221 Broadway (between 40th and 41st Streets)

Program Honors

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions

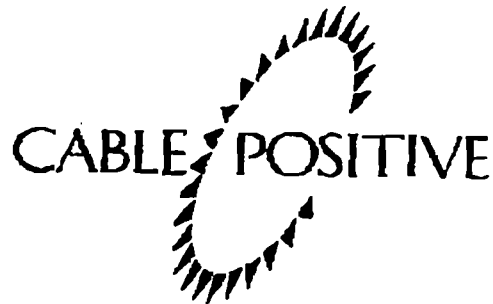
Major Contributions

Major Contributions

Major Contributions

Major Contributions

Major Contributions



c/o El Entertainment Television * 1500 BROADWAY, 29TH FLOOR * NEW YORK, NY 10036-4015
www.cablepositive.org * FAX 212-852-5191

FAX MEMO

PAGE 1 of 3

TO: Sandra L. Thurman, The White House
FROM: Molly McAuliffe, Executive Director, (212) 852-5192
DATE: 1/21/00
MESSAGE:

Happy New Year! It was wonderful to meet you in November at the Women In Cable & Telecommunications gala.

I'm writing to ask if you would like to attend Cable Positive's Fourth Annual Benefit Dinner on April 5 honoring Marc Nathanson, Vice Chairman, Charter Communications, as my guest. We would be honored to have you at this event. Attached is the dinner information.

Additionally, we would be honored if you would write a letter or submit an ad to be placed in our Dinner Book. Please let me know about your attendance and the Program Book.

Again, thank you for all you do. I look forward to taking you up on your offer to have lunch at the White House. Maybe in February, if your schedule permits. Thank you.



March 29, 2000

Sandra Thurman

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

Dear Sandy,

As I mentioned on the phone we have a few donors who have bought tables and will not be attending the event, so we have a number of complimentary tickets that we are able to send out. Therefore, we would be thrilled if you would host one table. We will courier you complimentary tickets. Each table seats eight people.

In addition, because of Mrs. Clinton's and Queen Rania's participation in the event, we would like to elevate the status of the event by inviting influential people and major donors committed to the fight against AIDS and poverty. I am also attaching a fact sheet on the event that you can fax to people if you prefer.

You do not need to reply by mail. Just call/fax or e-mail me the number of complimentary tickets that you would like and the list of guest that will be attending. For security reasons I also need to have their names, social security numbers and dates of births. We need to have a final count by Monday of next week, ideally.

Thank you so very much again for all of your help.

Best regards,

Lawrence Yanovitch
Director of Policy and Research
FINCA International, Inc.



FINCA[®]

INTERNATIONAL, INC.

1101 14th Street, N.W. • 11th Floor • Washington, DC 20005 • 202-682-1510 • FAX 202-682-1535 • EMAIL: 76215,1036@COMPUSERV.COM

The Village Banking Capital Adventure

*Recognizing First Lady Hillary Rodham Clinton's contribution to microfinance programs
and the cause of low-income entrepreneurs worldwide*

On April 6, 2000, Her Majesty Queen Rania Al-Abdullah of Jordan will present an award to First Lady Hillary Rodham Clinton in New York recognizing her commitment to microfinance, or small loans for low-income entrepreneurs. Her Majesty will present this award on behalf of FINCA International, one of the premier microfinance providers, with programs in 19 countries worldwide.

This event, the Village Banking Capital Adventure, will be held at Cipriani 42nd Street, 110 East 42nd Street in New York City. FINCA anticipates broad attendance at the event from members of the business, banking, and investment communities. The event will profile several of the 130,000 clients whom FINCA currently serves, and will reflect the diverse cultures of the countries where FINCA works.

FINCA's unique solution to poverty is not only compassionate, it makes good business sense. FINCA provides low-income families with access to small amounts of capital that they then use to start or improve small businesses. With investment, these small businesses can grow to provide a steady income for poor families, and often, as they continue to grow, jobs for family members and neighbors. These businesses can have a powerful revitalizing effect on the poorest of neighborhoods. You might think that lending to poor families represents a huge credit risk. In fact, the opposite is true; FINCA's worldwide repayment rate on its loans stands at better than 96%. Mrs. Clinton has supported microfinance programs for many years, and has personally visited FINCA programs in Uganda, Kyrgyzstan, Nicaragua, Honduras, and the United States.

This event will focus attention on microfinance as a practical solution to poverty, and on those individuals and organizations who support it. Individual tickets and tables may be purchased. For more information, please contact:

Soledad Gompf, Director of Development, FINCA International, Inc., 1101 14th Street, NW, Washington, DC 20005. Phone: 202-682-1510; fax: 202-682-1535. E-mail: sgompf@villagebanking.org.

*Foundation for International Community Assistance
Banking on the Poor[™]*



**Corporate
Services**

Attention : Sandy Ms Thurman
Fax Number : 12024562439
Generated On : 3/31/00 @ 11:48 AM

Record Locator : VYZSUE
Agent ID : 47
Page: 1

1600 Pennsylvania Ave, N W - O E O B 87 - Washington, DC 20502
Phone: (202) 456-5208 / Fax: (202) 456-6670

Account Name

AMERICAN EXPRESS TRAVEL

OEOB ROOM 87

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-456-6670

MS SANDY THURMAN

Travel arrangements

prepared exclusively for :

Ms Sandy Thurman

April 5, 2000

Wednesday

DELTA AIR LINES	Flight: 1756	COACH - Class	Boeing 727	CONFIRMED	
From : WASH/NATIONAL	DEPARTING AT 2:30 PM			SNACK/BRUNCH	Flight time: 01:03
To : NYC LAGUARDIA	ARRIVING AT 3:33 PM				214 Miles
Departure Terminal: TERMINAL B					
Arrival Terminal: MARINE AIR TERMINAL					

April 7, 2000

Friday

DELTA AIR LINES	Flight: 1747	COACH - Class	Boeing 727	CONFIRMED	
From : NYC LAGUARDIA	DEPARTING AT 9:30 AM			SNACK/BRUNCH	Flight time: 01:18
To : WASH/NATIONAL	ARRIVING AT 10:48 AM				214 Miles
Departure Terminal: MARINE AIR TERMINAL					
Arrival Terminal: TERMINAL B					

September 27, 2000

Wednesday

HAVE A GREAT TRIP

TOTAL AIR FARE USD97.00

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.

For Itinerary changes, please contact your travel office via telephone.



**Corporate
Services**

Attention : Sandy Ms Thurman
Fax Number : 12024562439
Generated On : 3/31/00 @ 11:48 AM

Record Locator : VYZSUE
Agent ID : 47
Page : 2

1600 Pennsylvania Ave, N W - O E O B 87 - Washington, DC 20502
Phone: (202) 456-5208 / Fax: (202) 456-6670

Liability Agreement. American Express Travel Related Services Company, Inc. ("Amex") acts only as agent for the airlines, hotels, and other contractors providing services ("suppliers"). By utilizing the services represented by this itinerary, client agrees that neither Amex or its parent, affiliates, subsidiaries or Representatives shall be or become liable for any loss, costs, expense, injury, accident or direct, punitive special, consequential, or indirect damages to person or property resulting from (i) the acts or omissions of such suppliers, (ii) acts of God, force majeure or from any other acts beyond Amex's control.

For customers purchasing travel from within the state of California: Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than \$50 for transportation or travel services which was not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed \$15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a \$35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and other services are sold to you either on a refundable or non-refundable basis. For refundable tickets, if all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank. For non-refundable tickets, if any service is cancelled by you for any reason, sums paid by you for those services will not be returned.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UB#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within 30 days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within 14 days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties apply to these arrangements. Details will be provided upon request.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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FOLDER TITLE:

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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. TOJONA22 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L. [002]				b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 04/05/00 b. TO 04/07/00	
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) 03/31/00	
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)	TO (f)	
7779374111		97.00		04/05/00	DCA-Ronald Reagan LGA-New York - L		
COMMENTS: Trip Number 1. No lodging costs associated with travel. Traveler stayed with acquaintances.							
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 _____ AMOUNT CLAIMED ▶ 250.34 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): _____ d. NET TO TRAVELER ▶ \$ 250.34		
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 ▶					\$ 0.00		
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)	Show amount incurred for each meal, including tax and tips, and daily total
thru (g)	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. TRIP# 1 PAGE 2 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME
THURMAN

DATE 00	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
04/05		D--WASHINGTON, DC											
04/05		Airline Flight											
04/05		A--MANHATTAN,NY				34 50			34.50			34 50	
04/05		Airport to Hotel											25 00
04/05		Hotel to Event											6 00
04/06		Subsistence				46 00			46.00			46 00	
04/06		Authorized Business Calls											35 24
04/06		UN to Lunch meeting											4 70
04/06		UN to Hotel											7 40
04/06		Hotel to FINCA Dinner											11 00
04/06		FINCA Event to Hotel											11 00
04/07		D--MANHATTAN,NY											
04/07		A:WASHINGTON, DC											
04/07		Subsistence				34 50			34.50			34 50	
04/07		Authorized Business Calls											10 00
04/07		Hotel to Airport											25 00
									SUBTOTALS ▶		0 00	115 00	135 34
									TOTALS ▶		0 00	115 00	135 34

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

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 your 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 ▶	250.34
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MTL 87302
STOCK 1438
1977

99 3426 8777
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC5ST0J0NA022

PASSENGER RECEIPT

1695000023 0054076 A47

ISSUED BY
NAME OF ISSUING AGENCY
NAME OF PASSENGER
X/O
X/O
ENDORSEMENTS/RESTRICTIONS

DELTA AIR LINES INC
AMERICAN EXPRESS
THURMAN/SANDY MS
NOT VALID FOR
TRANSPORTATION

AGENT CODE
A09910935
DC US05APR00
6 0011/
KC52947

NAME OF PASSENGER
THURMAN/SANDY MS
DCA
DLGA DL1756 Y 05APRYCALGADC
DCA DL1747 Y 07APRYCALGADC

FP VI44862600000010426*1210/
0.00 DL WAS40.00YCALGADC 00.00 END ZPDCALGA XFDCA3L
GA3

FARE 6.00
TAX USD 80.00
TAX US 6.00
TAX ZP 5.00
TOTAL USD 97.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 009 CK
58706810724

CPN
DOCUMENT NUMBER
0 006 7779374111 1

CARRIER
CARRIER
GATE
SEAT
SMOKE
NOT VALID FOR TRAVEL
0 006 7779374111 1
AA09910935

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

BOARDING PASS

 **Delta Air Lines**
THURMAN/SANDYMS

GJW01V

FLIGHT DATE CLASS ORIGIN DEPARTS
DL1751 07APR Y NYC-LAGUARDIA 1130A
OPERATED BY COACH DESTINATION
DELTA AIR LINES INC WAS-R REAGAN NA

SEAT

ANY

NOT VALID WITHOUT
FLIGHT COUPON ATTACHED

SEQ NO
040

BAGS
01
LGA03531B/JG

BOARDING PASS

THURMAN/SANDYMS

FLIGHT DATE
DL1751 07APR

ORIGIN
NYC-LAGUARDIA
DESTINATION
WAS-R REAGAN NA

OPERATED BY DELTA AIR LINES INC

SEAT

ANY

SEQ NO
040

BAGS
01

STAPLE
HERE

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. invoice	re: The Carlyle Hotel (Personal credit card numbers) (2 pages)	04/07/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:

4/5/2000 - 4/7/2000

2018-0764-F

jm2209

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
004. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/31/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:

4/5/2000 - 4/7/2000

2018-0764-F

jm2209

RESTRICTION CODES

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

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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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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.

T0J0N4022

2. DATE

03/31/00

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)

200 MAR 31 PM 4:40

SANDRA L. THURMAN

5. TITLE OF TRAVELER

6. SOCIAL SECURITY NUMBER

DIRECTOR, AIDS POLICY

(b)(6)

[004]

7. DIVISION

8. AGENCY

736 JP

9. OFFICE PHONE

10. OFFICIAL DUTY STATION

456-2959

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: 5th-attend Cable Positive Dinner w/ Gephardt, Burman, Waxman. 6th-all day w/Amb. Holbrooke/FINCA Dinner. 7th return. Invites attached.

DATE(S): Travel Begin On 4 / 5 2000

Travel End On 4 / 7/ 2000

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

From: WASHINGTON, DC

To: MANHATTAN, NY 198/ 46

To:

To:

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON, DC

MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

SPECIAL EXPENSE AUTHORIZED

ESTIMATED COST

AMOUNT

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

Per Diem/Lodging	\$	396.00
Per Diem/M&IE		115.00
Transportation		97.00
Rental Car		0.00
Miscellaneous		0.00
16. TOTAL	\$	608.00

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)

1102200 J108E

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. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Travelers copy