FOIA Number: 2018-0764-F

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

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Folder Title:
9/11/2000 New York Marie Claire

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Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	09/07/2000	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/07/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:
9/11/2000 New York Marie Claire

2018-0764-F
jm2212

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]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

T - 9/11/00

UNITED STATES MISSION TO THE UNITED NATIONS

799 UNITED NATIONS PLAZA
NEW YORK, N. Y. 10017-3505

September 12, 2000

UNITED STATES DEPARTMENT OF STATE

JAY T. SNYDER

SENIOR ADVISOR
UNITED STATES DELEGATION TO THE UN

UNITED STATES MISSION
TO THE UNITED NATIONS
799 UN PLAZA
NEW YORK, NY 10017

TEL (212) 415-4165
FAX (212) 415-4162
SNYDER@STATE.GOV

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
The White House
Washington, D. C.

Dear Ms. Thurman:

It was a pleasure to have met you during last evening's reception in honor of Secretary Albright at the Pierpont Morgan Library.

I am looking forward to being able to assist you in your HIV/AIDS initiative.

Sincerely yours,

Jay T. Snyder
Senior Advisor

marie claire

GLENDA BAILEY AND KATHERINE RIZZUTO
EDITOR-IN-CHIEF PUBLISHER

REQUEST THE PLEASURE OF YOUR COMPANY
AT A RECEPTION

IN HONOR OF

THE HONORABLE
MADELEINE K. ALBRIGHT
SECRETARY OF STATE OF THE UNITED STATES OF AMERICA

MONDAY, SEPTEMBER 11
6:30 P.M.- 8:30 P.M.

THE PIERPONT MORGAN LIBRARY
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NEW YORK, NEW YORK

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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Tim Smith

FROM: Cheryl

COMPANY:

DATE:

FAX NUMBER: 736-7336

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hope this is helpful - please call me with questions.

Thanks!

Cheryl (456-2959)

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

1. Mathilde Krim
   Founding Co-Chair and Chairman of the Board
   The American Foundation for AIDS Research (amfAR)
   120 Wall Street, 13th Floor
   New York, NY 10005-3902
   Phone: 212-806-1600
   Fax: 212-806-1601

2. Mary Fisher
   Founder, Family AIDS Network
   87 Main Street
   Nyack, NY 10960
   Phone: 914-353-4833

3. Kate Carr
   Chief Executive Officer
   Elizabeth Glaser Pediatric AIDS Foundation
   805 15th St. NW, #500 Washington
   Washington, DC 20005
   Phone: 202-371-0099
   Fax: 202-371-2044

4) Debra Fraser-Howze
   President/CEO
   National Black Leadership Commission on AIDS
   105 East 22nd Street
   Suite 711
   New York, NY 10010
   Phone: 212-614-0023
   Fax: 212-614-0057

5) Marian Wright Edelman
   Founder and President
   Children's Defense Fund
   25 E Street NW
   Washington, DC 20001
   Phone: 202-628-8787

5) June Osborn, MD
   President, Josiah Macy, Jr. Foundation, and
   Former Chair, National AIDS Commission
   44 East 64th Street
   New York, NY 10021
   Phone: 212-486-2424
   Fax: 212-644-0765

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	09/07/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:
9/11/2000 New York Marie Claire

2018-0764-F
jm2212

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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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.
TOJONA32

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 09/11/00 b. TO 09/11/00

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

d. OFFICE TELEPHONE NO.

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TOJONA32 b. DATE(S) 09/07/00

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)
7120447895	97.00			09/11/00	DCA-Ronald Reagan	LGA-New York - LaG

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 11/14/00 **AMOUNT CLAIMED** ▶ 50.00

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** ▶ $ 50.00

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
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. TOJONA32

TRAVELER'S LAST NAME THURMAN

MILEAGE RATE: 0.000

DATE 19 00 (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)
09/11		D-:Washington, DC											
09/11		Airline Flight											
09/11		A-:MANHATTAN,NY											
09/11		D-:MANHATTAN,NY											
09/11		A:Washington, DC											25 00
09/11		Taxi from airport											
09/11		Taxi to airport											25 00
									SUBTOTALS ▶		0 00	0 00	0 00
									TOTALS ▶		0 00	0 00	50 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 ▶ 50.00

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, 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.

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Clinton Library

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OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.	2. DATE
10JONA32	09/07/00

3. TYPE OF TRAVEL

- [X] 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	6. SOCIAL SECURITY NUMBER	7. DIVISION	8. AGENCY
DIRECTOR, AIDS POLICY	(b)(6)		736 JP

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
456-2959	WASHINGTON, DC [002]	[X] Per Diem [ ] Actual Subsistence (unusual circumstances)* Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Attend reception in honor of Secretary Albright, as part of official capac the ongoing Millennium Summit/United Nations.

DATE(S): Travel Begin On 9/11/2000 Travel End On 9/11/2000

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

- [X] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other (specify) _____

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 0.00
Per Diem/M&IE	0.00
Transportation	97.00
Rental Car	0.00
Miscellaneous	0.00
16. TOTAL	$ 97.00

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

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)

for Brad Kiley

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. Travelers copy
___ 4. Teleticketing Office ___ 5. Funds Manager copy

marie claire

GLENDA BAILEY AND KATHERINE RIZZUTO
EDITOR-IN-CHIEF PUBLISHER

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THE HONORABLE
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SECRETARY OF STATE OF THE UNITED STATES OF AMERICA

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6:30 P.M.-8:30 P.M.

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NEW YORK, NEW YORK

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Attention :	Sandy Ms Thurman	Record Locator :	WEIATB
Fax Number :	12024562439	Agent ID :	47
Generated On :	9/07/00 @ 10:26 AM	Page:	1

Corporate Services

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Account Name
AMERICAN EXPRESS TRAVEL
OEOB ROOM 89
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-783-1136
MS SANDY THURMAN

Travel arrangements
prepared exclusively for :

Ms Sandy Thurman

September 11, 2000 **Monday**

DELTA AIR LINES Flight: **1760** COACH - Class Boeing 727 **CONFIRMED**
From : **WASH/REAGAN** **DEPARTING AT 4:30 PM** SNACK/BRUNCH Flight time: 01:14
To : **NYC LAGUARDIA** **ARRIVING AT 5:44 PM** 214 Miles
Departure Terminal: TERMINAL B
Arrival Terminal: MARINE AIR TERMINAL

DELTA AIR LINES Flight: **1771** COACH - Class Boeing 727 **CONFIRMED**
From : **NYC LAGUARDIA** **DEPARTING AT 9:00 PM** SNACK/BRUNCH Flight time: 00:59
To : **WASH/REAGAN** **ARRIVING AT 9:59 PM** 214 Miles
Departure Terminal: MARINE AIR TERMINAL
Arrival Terminal: TERMINAL B

March 6, 2001 **Tuesday**

HAVE A GREAT TRIP

. TOTAL AIR FARE USD97.00
AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.
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ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

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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
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.....
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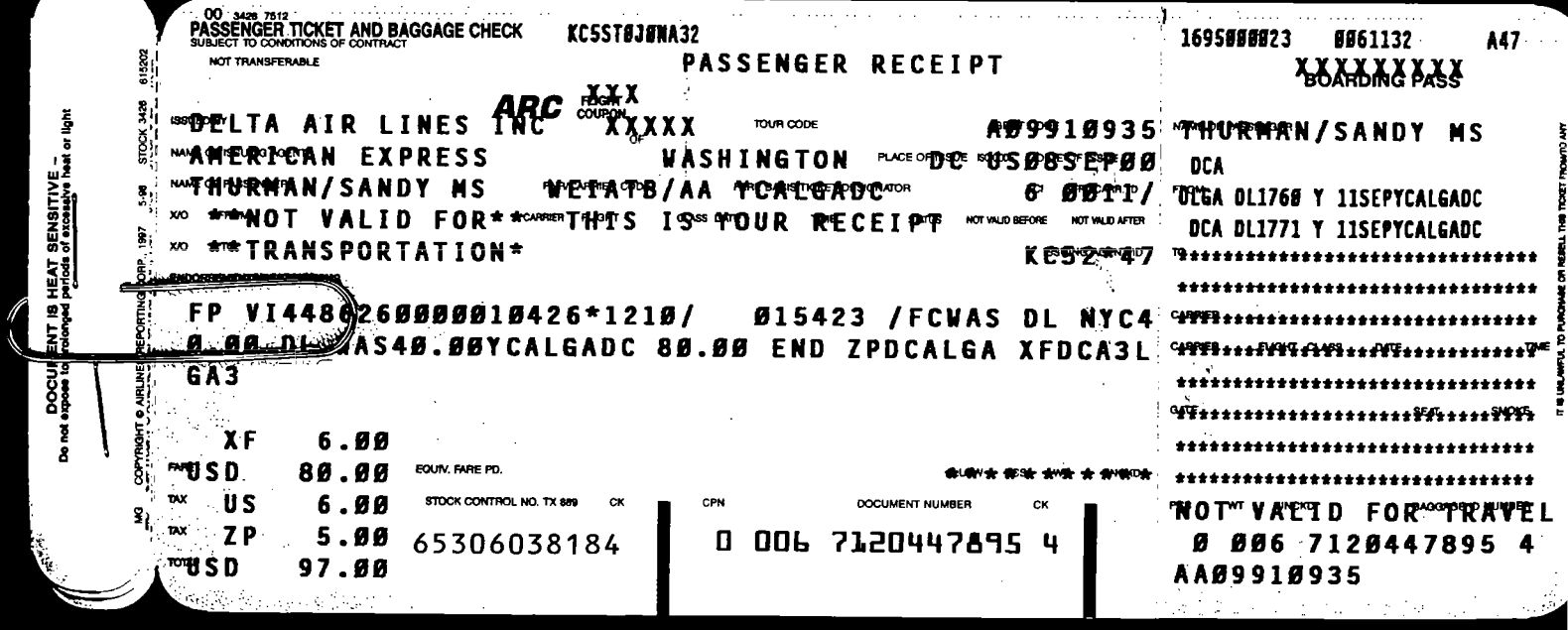

00 3426 7512
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC5ST0J0NA32

PASSENGER RECEIPT

ARC XXX

DELTA AIR LINES INC XXXXX AA9910935

AMERICAN EXPRESS WASHINGTON DC US08SEP00

THURMAN/SANDY MS WETATB/AA TCALGADC 6 0011/

NOT VALID FOR** THIS IS YOUR RECEIPT

**TRANSPORTATION*

KC52 47

FP VI4486260000010426*1210/ 015423 /FCWAS DL NYC4
0.00 DL WAS40.00YCALGADC 80.00 END ZPDCALGA XFDCA3L
GA3

XF 6.00
USD 80.00 EQUIV. FARE PD.
TAX US 6.00
TAX ZP 5.00
TOTAL USD 97.00

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DCA DL1771 Y 11SEPYCALGADC
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