

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21066

FolderID:

Folder Title:

Thurman Travel Vouchers

Stack:

S

Row:

67

Section:

1

Shelf:

4

Position:

1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	12/05/2000	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	12/06/2000	b(6)
003. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/02/2001	b(6)
004. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	11/20/2000	b(6)
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	11/22/2000	b(6)
006. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	09/25/2000	b(6)
007. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/25/2000	b(6)
008. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/02/2001	b(6)
009. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/02/2001	b(6)
010. check	re: Direct deposit (Personal) (1 page)	01/08/2000	b(6)
011. form	re: General information sheet [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. forms	re: Direct deposit [Personally Identifiable Information] [partial] (2 pages)	01/00/2000	b(6)
013. form	re: General information sheet [Personally Identifiable Information] [partial] (1 page)	06/27/2000	b(6)
014. form	re: Direct deposit [Personally Identifiable Information] [partial] (1 page)	06/27/2000	b(6)
015. check	re: Direct deposit (Personal) (1 page)	00/00/0000	b(6)

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National AIDS Policy Office

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Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	12/05/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

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TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE WHO DOMESTIC POLICY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. New York 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 12/06/00 b. TO 12/07/00																							
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503				d. OFFICE TELEPHONE NO. (202) 456-2959		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 12/05/00																							
e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) Washington, DC			10. CHECK NO.																							
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied 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																											
<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:15%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:15%;">DATE ISSUED (d)</th> <th colspan="2" style="width:45%;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:25%;">FROM (e)</th> <th style="width:20%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>E-ticket</td> <td>97.00</td> <td></td> <td>12/06/00</td> <td>DCA-Ronald Reagan</td> <td>LGA-New York - LaG</td> </tr> <tr> <td>ACCOUNTING CLASSIFICATION: WHO DOM POL-2001B118A</td> <td></td> <td>98.50 NR-</td> <td></td> <td>97.00</td> <td></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)	E-ticket	97.00		12/06/00	DCA-Ronald Reagan	LGA-New York - LaG	ACCOUNTING CLASSIFICATION: WHO DOM POL-2001B118A		98.50 NR-		97.00		COMMENTS: One day trip greater than 12 hours. Traveler stayed with acquaintances, therefore no lodging costs are included in voucher. Receipts for taxis not available, though each item is within reimbursable amount limits.			
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)																								
E-ticket	97.00		12/06/00	DCA-Ronald Reagan	LGA-New York - LaG																								
ACCOUNTING CLASSIFICATION: WHO DOM POL-2001B118A		98.50 NR-		97.00																									
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 ▶ <i>Sandra L Thurman</i> DATE 1/2/01 AMOUNT CLAIMED ▶ 98.50						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): \$ 0.00 d. NET TO TRAVELER ▶ \$ 98.50																									
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE																													

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>										Complete this information if this is a continuation sheet.		
	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 thru actual expense travel		PAGE <u>2</u> OF TRIP# <u>1</u> PAGES
	Col. (d) 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.										TRAVEL AUTHORIZATION NO. _____ TRAVELER'S LAST NAME THURMAN		

DATE 19 00	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: 0.00 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE		SUBSISTENCE	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
12/06		D--:Washington, DC												
12/06		Airline Flight												
12/06		A--:MANHATTAN BOROUGH, NY				34.50			34.50			34.50		
12/06		Taxi from airport											25.00	
12/06		Taxi (meeting to lodging)											14.00	
12/07		D--:MANHATTAN BOROUGH, NY												
12/07		A:Washington, DC												
12/07		Subsistence												
12/07		Taxi to airport											25.00	
						</								

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 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.	Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form. TOTAL AMOUNT CLAIMED 98.50
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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	12/06/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

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2018-0764-F

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OFFICIAL TDY TRAVELER AUTHORIZATION (Note: See Privacy Act Statement on reverse)						1. AUTHORIZATION NO. [002]			
2. TRAVELER (first name, middle initial, last name)				3. TITLE		4. SOCIAL SECURITY NO.			
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: THURMAN 736 Jackson Place Washington, DC 20503				6A. OFFICE/SERVICE AND DIVISION Director, AIDS Policy 7. OFFICIAL DUTY STATION WHO DOMESTIC POLICY 9. TYPE Washington, DC ☐ ORIGINAL ☐ AMENDMENT		8. OFFICE PHONE NO. 736-UP (202) 456-2959 (☐ COST ☐ NO COST)			
11. TRAVEL PURPOSE (check one) X ☐ SITE VISIT ☐ INFORMATION MEETING ☐ TRAINING ATTENDANCE ☐ SPEECH OR PRESENTATION ☐ CONFERENCE ATTENDANCE ☐ ENTITLEMENT ☐ SPECIAL MISSION ☐ OTHER (SPECIFY)									
12. SPECIFIC TRAVEL PURPOSE X Participating in a meeting that seeks to create public-private partnerships to respond to AIDS globally.									
13. AUTHORIZED OFFICIAL ITINERARY NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.									
DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM:							
12/06/00	WED	TO: Washington	DC						
12/07/00	THU	TO: MANHATTAN BOROUGH	NY	46	198	244		AIR	
-----	---	-----	---	---	---	---	---	---	---
12/07/00	THU	TO: Washington	DC						
YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement)							
	X	15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)							
X		16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22)							
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B) ☐ USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. ☐ USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER.							
	X	17B. MILEAGE RATE AUTHORIZED PER MILE.							
	X	18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).							
19. TRAVELER IS (check one) ☐ a. GOVT CHARGE CARD HOLDER ☐ b. GOVT CHARGE CARD DECLINEE ☐ c. INFREQUENT TRAVELER				20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22) ☐ a. INDIVIDUAL GOVERNMENT CHARGE CARD ☐ b. BLANKET GOVERNMENT CHARGE CARD ☐ c. GOVERNMENT TRANSPORTATION REQUEST ☐ OTHER (explain in item 22)				21. FUNDS OBLIGATED	
22. REMARKS X								A. INITIALS B. DATE	
23. EST. COST TO GOVERNMENT									
A. TOTAL COMMON CARRIER COST								\$	
B. TOTAL PER DIEM AND OTHER								\$ 97.00	
C. TOTAL ESTIMATED COST								\$ 232.50	
24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one) ☐ a. GOVERNMENT ISSUED CHARGE CARD ☐ b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT								25. ADVANCE AUTHORIZED	
X								\$ 329.50	
IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY 0.00									
A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.									
26. NEAR ACCOUNT CLASS.	FUND	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	2001	B118A							
27A. NAME AND TITLE OF AUTHORIZING OFFICIAL					27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN)			27C. DATE	

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR OFFICE OF MANAGEMENT & ADMINISTRATION

From: Sandra L. Thurman 
Presidential Envoy for AIDS Cooperation, &
Director, Office of National AIDS Policy

Date: December 5, 2000

Re: New York Travel, December 6 -7, 2000

This TA requests authorization for me to travel to New York City, December 6 - 7, 2000.

I will be participating in a meeting that will eventually serve to advise the World Economic Forum on international issues including the global threat of HIV/AIDS. The discussions we have on December 6th, and continuing on December 7th in the form of a breakfast meeting, will allow me to put forth Administration suggestions on how to go about partnering private foundations and public organizations in the fight against AIDS - a very important response mechanism that has, as yet, been difficult to implement.

The meetings will also give me the opportunity to share with the group some of the 'best practices' I have witnessed in Africa, having traveled on behalf of the President on some seven trips to the continent over the past two years. As the Administration seeks to continue its legacy of being on the forefront of the fight against AIDS globally, these meetings will show our continued commitment to working with all sectors to stop the disease.

I will stay with acquaintances, and will therefore not need lodging per diem. Please let me know if you have any questions.

EASYLINK 0584388S001 5DEC00 13:09/13:09 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: SV

ITINERARY

DATE: 05 DEC 00

CUSTOMER NBR: 1695000023

XKBZCA

PAGE: 01

TO: AMERICAN EXPRESS TRAVEL

OEOB ROOM 89

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-783-1136

MS SANDY THURMAN

FOR: THURMAN/SANDY MS

06 DEC 00 - WEDNESDAY

AIR US AIRWAYS FLT:6862 ECONOMY

SNACK

OPERATED BY USAIRWAYS SHUTTLE

LV WASHINGTON REAGAN 100P

EQP: AIRBUS A320

DEPART: TERMINAL B

01HR 12MIN

AR NEW YORK LGA 212P

NON-STOP

ARRIVE: USAIRWAYS LA GUARDIA TERM

REF: XJXHOM

OTHER

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

07 DEC 00 - THURSDAY

AIR US AIRWAYS FLT:6861 ECONOMY

SNACK

OPERATED BY USAIRWAYS SHUTTLE

LV NEW YORK LGA 1200N

EQP: AIRBUS A320

DEPART: USAIRWAYS LA GUARDIA TERM

01HR 22MIN

AR WASHINGTON REAGAN 122P

NON-STOP

ARRIVE: TERMINAL B

REF: XJXHOM

OTHER

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

08 JUN 01 - FRIDAY

OTHER WASHINGTON

AMERICAN EXPRESS

CONTINUED ON PAGE 2

SALES PERSON: SV
CUSTOMER NBR: 1695000023

ITINERARY
XKBZCA

DATE: 05 DEC 00
PAGE: 02

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

FOR: THURMAN/SANDY MS

.FARE IS USD 91.00

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.



One Region. One Future.

December 5, 2000

Adele S. Simmons
Vice Chair and Senior Executive
312/332.8160 direct
adele.simmons@cm2020.org

VIA FACSIMILE

Ms. Sandy Thurman
Director
White House Office of National
AIDS Policy
736 Jackson Place
Washington DC 20503
Fax No.: 202-456-2438

Dear Ms. Thurman,

Klaus Schwab has asked me to advise the World Economic Forum on philanthropic issues. As part of those efforts, I am writing to invite you to a brainstorming discussion to consider how the Forum can encourage business leaders and individuals to create and sustain global public goods.

During the meeting, we would like to discuss ways of increasing the involvement of individuals in addressing key global challenges. The meeting will focus particularly on individuals, their leadership and their philanthropy. The objective is to provide a platform to share best practices and streamline the process of connecting resources with needs.

The definition of global public goods is broad; it includes health, education and the environment as well as human security, human rights and fair systems of governance. Most people are giving locally, which of course is critical. The challenge is to find the best ways to encourage people to address important global issues as well.

The meeting will be on 6 December beginning at 4:00PM and will be held at the Center for Global Philanthropy at the Synergos Institute, 9 East 69th Street, in New York. Klaus Schwab will join us at 5:00 pm.

I will be sending you an agenda and additional materials prior to the meeting.

I hope you can join us. Could you please reply to Sarah Saffar (sarah.saffar@weforum.org) at your earliest convenience?

Sincerely

A handwritten signature in cursive script that reads "Adele Simmons". To the right of the signature is the handwritten text "E. R".

Adele Simmons

UNITED NATIONS FOUNDATION

R.E. TURNER
CHAIR

TIMOTHY E. WIRTH
PRESIDENT

Fax

To: Cheryl	From: John Phellips
Fax:	Pages: 2
Phone:	Date: 12/5/00
Re:	CC:

Per your request.

In addition to the wed mtg, there will be a breakfast at 8am on Thursday at the Harvard Club, 27 W. 44th St, in the Slocum room. This will be a continuation and closure of the wed mtg.

Let me know if you have any questions.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/02/2001	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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]

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE WHO DOMESTIC POLICY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L [003]		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/15/00 b. TO 11/16/00		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 01/02/01	
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503		d. OFFICE TELEPHONE NO. (202) 456-2959		10. CHECK NO.		11. PAID BY	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied 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					
E-ticket ACCOUNTING CLASSIFICATION: WHO DOM POL-2001B118A		AGENT'S VALUATION OF TICKET (a) 401.00	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c) 97.00 NR-	DATE ISSUED (d) 11/15/00	POINTS OF TRAVEL FROM (e) DCA-Ronald Reagan ATL-Atlanta, GA Ai TO (f) 401.00	
COMMENTS: Rental car cancelled. Member of IWF transported traveler to lodging at no cost. Traveler stayed with acquaintances, therefore no lodging costs are included in voucher. Receipts for taxis not available, though each item is within reimbursable amount limits.							
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 ▶ <i>Sandra L Thurman</i> DATE 1/2/02 AMOUNT CLAIMED 97.00						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 ▶ \$ 97.00			
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 <i>(Unlisted items are self explanatory)</i>										Complete this information if this is a continuation sheet. PAGE <u>2</u> OF <u>1</u> PAGES					
		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 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.		
		TRAVEL AUTHORIZATION NO.															
		TRAVELER'S LAST NAME THURMAN															
DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED						
19 <u>00</u>	(Hour and am/pm)	(Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER				
(a)	(b)	(c)	BREAK-FAST	LUNCH	DINNER	TOTAL								(d)	(e)	(f)	(g)
11/15		D-:Washington, DC															
11/15		Airline Flight															
11/15		A-:ATLANTA, GA				28	50			28.50					28	50	
11/15		Taxi from airport														20	
11/16		D-:ATLANTA, GA															
11/16		A:Washington, DC															
11/16		Subsistence				28	50			28.50					28	50	
11/16		Taxi to airport														20	
										SUBTOTALS		0 00	0 100	0 100			
										TOTALS		0 00	57 100	40 100			
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.			
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.			
TOTAL AMOUNT CLAIMED														97.00			

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)

~~XXXXXXXXXX~~ SANDRA L. THURMAN

3. Title of Traveler

Director

4. AGENCY/DIVISION

OPD/ONAP

5. Office Phone

62959

6. Official Duty Station

736 Jackson Place

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE:

To speak to the International Woman's Forum + attend/
make remarks to their evening gathering

DATE(S): Travel Begin On 11/15/00

Travel End On 11/16/00

ITINERARY: Point of Origin (City, State)

Washington, DC

Place(s) of Official Visitation (City, State)

Atlanta, GA

Point of Return (City, State)

Washington, DC

9. MODE OF TRAVEL

Commercial Transportation				
Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business*	First Class ‡
		☒		

* First Class must have approval of Agency Head or Deputy

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

\$ 38

Transportation

401

Rental Car

46

Miscellaneous

TOTAL

\$ 485

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.)

No lodging costs associated with travel. Traveler will stay with acquaintances.

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

11/9/00

18. Travel Authorization No.

EASYLINK 6138726S001 9NOV00 14:42/14:42 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: 50

ITINERARY

DATE: 09 NOV 00

CUSTOMER NBR: 1695000043

UAMTON

PAGE: 01

TO: AMERICAN EXPRESS TRAVEL

OEOb ROOM 89

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-783-1136

FOR: THURMAN/SANDY

15 NOV 00 - WEDNESDAY

AIR DELTA AIR LINES INC FLT: ~~925~~ ²⁰⁹⁷

COACH

LV WASHINGTON REAGAN

~~1000A~~ 9:00 AM

EQP: MD-80

DEPART: TERMINAL B

01HR 54MIN

AR ATLANTA

~~1154A~~ 10:54 AM

NON-STOP

REF: SWJCYF

CAR THURMAN/SANDY SEAT-35D

ATLANTA

DOLLAR RENT A CAR

INTER CAR AUTO A/C

PICK UP-1154

RETURN-16NOV/10A

DAILY RATE-USD46.00

UNLIMITED MILEAGE

CONFIRMATION NUMBER

R0333943

RATE-GUARANTEED

CALL-404 766-0244

~~800 800-8282~~

16 NOV 00 - THURSDAY

AIR DELTA AIR LINES INC FLT: 9711

COACH

LV ATLANTA

1025A

EQP: BOEING 727-200

AR WASHINGTON REAGAN

1210P

01HR 45MIN

ARRIVE: TERMINAL B

NON-STOP

THURMAN/SANDY

SEAT-22C

REF: SWJCYF

15 MAY 01 - TUESDAY

OTHER WASHINGTON

CONTINUED ON PAGE 2

SALES PERSON: 50
CUSTOMER NBR: 1695000043

ITINERARY
UAMTON

DATE: 09 NOV 00
PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 89
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-783-1136

FOR: THURMAN/SANDY

. TOTAL AIR FARE USD 401

.
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
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REMINDER
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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.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	11/20/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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]
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- 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]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE WHO DOMESTIC POLICY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L [004]		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/21/00 b. TO 11/22/00		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 11/20/00	
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503		d. OFFICE TELEPHONE NO. (202) 456-2959		10. CHECK NO.		11. PAID BY	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied 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							
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)		
E-ticket Ticket 1 ACCOUNTING CLASSIFICATION: WHO DOM POL-2001B118A		91.00	95.50	11/21/00	DCA-Ronald Reagan LGA-New York - LaG 91.00		
COMMENTS: One day trip greater than 12 hours. Traveler stayed with acquaintances, therefore no lodging costs are included in voucher. Receipts for taxis not available, though each item is within reimbursable amount limits.							
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 1/2/01 AMOUNT CLAIMED ▶ 95.50							
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 ▶		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR					\$ \$ \$ 0.00 \$ 95.50		
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 <i>(Unlisted items are self explanatory)</i> 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 meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. (i) Show total subsistence expense incurred for actual expense travel. (j) 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 <u>2</u> OF <u>1</u> PAGES TRIP# <u>1</u>	
									TRAVEL AUTHORIZATION NO.	
									TRAVELER'S LAST NAME THURMAN	

travel authorization.														
DATE 19 00	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)		SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
11/21		D-:Washington, DC												
11/21		Airline Flight												
11/21		A-:MANHATTAN BOROUGH, NY				34.50			34.50			34.50		
11/21		Event to Lodging											11.00	
11/21		Taxi (Airport to event)											25.00	
11/22		D-:MANHATTAN BOROUGH, NY												
11/22		A:Washington, DC												
11/22		Subsistence												
11/22		Lodging to Airport											25.00	

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 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.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 95.50

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	11/22/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F
jm2237

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]
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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 TDY TRAVELER AUTHORIZATION (Note: See Privacy Act Statement on reverse)						1. AUTHORIZATION NO.			
2. TRAVELER (first name, middle initial, last name)				3. TITLE		4. SOCIAL SECURITY NO.			
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: THURMAN				6A. OFFICE/SERVICE AND DIVISION Director, AIDS Policy [005]		7. OFFICIAL DUTY STATION WHO DOMESTIC POLICY			
736 Jackson Place Washington, DC 20503				9. WHERE ☐ ORIGINAL ☐ AMENDMENT		10. CATEGORY ☐ SINGLE TRIP ☐ LOA			
11. TRAVEL PURPOSE (check one) ☐ SITE VISIT ☐ INFORMATION MEETING ☐ TRAINING ATTENDANCE ☐ SPEECH OR PRESENTATION ☐ CONFERENCE ATTENDANCE ☐ ENTITLEMENT ☐ SPECIAL MISSION ☐ OTHER (SPECIFY)				12. SPECIFIC TRAVEL PURPOSE X					
Speaking at the MTV/LifeBeat Concert being recorded for World AIDS Day 2000. Please see attached information.									
AUTHORIZED OFFICIAL ITINERARY									
NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.									
DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM:							
11/21/00	TUE	TO: Washington	DC	46	198	244		AIR	
11/22/00	WED	TO: MANHATTAN BOROUGH NY		46	198	244			
-----	---	-----	---	---	---	---	---	---	---
11/22/00	WED	TO: Washington	DC						
YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement on the SF 1012, Travel Voucher.)							
	X								
X		15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)							
		16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22)							
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (if YES, check one box below and complete item 17B) ☐ USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. ☐ USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER.							
	X	18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).							
19. TRAVELER IS (check one) ☐ GOVT CHARGE CARD HOLDER ☐ GOVT CHARGE CARD DECLINEE ☐ INFREQUENT TRAVELER				20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22) ☐ INDIVIDUAL GOVERNMENT CHARGE CARD ☐ BLANKET GOVERNMENT CHARGE CARD ☐ GOVERNMENT TRANSPORTATION REQUEST ☐ OTHER (explain in item 22)				21. FUNDS OBLIGATED A. INITIALS B. DATE	
22. REMARKS X				23. EST. COST TO GOVERNMENT					
One day trip greater than 12 hours.				A. TOTAL COMMON CARRIER COST				\$	
				B. TOTAL PER DIEM AND OTHER				\$ 91.00	
				C. TOTAL ESTIMATED COST				\$ 34.50	
				25. ADVANCE AUTHORIZED				\$ 125.50	
24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one) ☐ a. GOVERNMENT ISSUED CHARGE CARD ☐ b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT								0.00	
IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.									
26. NEAR ACCOUNT CLASS.	FUND	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	2001 B118A								
27A. NAME AND TITLE OF AUTHORIZING OFFICIAL				27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN)				27C. DATE	

62009/62855

EASYLINK 1898589S001 20NOV00 10:25/10:25 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: SV

ITINERARY

DATE: 20 NOV 00

CUSTOMER NBR: 1695000023

VJMRKJ

PAGE: 01

TO: AMERICAN EXPRESS TRAVEL

OEOB ROOM 89

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-783-1136

MS SANDY THURMAN

FOR: THURMAN/SANDY MS

21 NOV 00 - TUESDAY

AIR US AIRWAYS FLT:6852 ECONOMY

SNACK

OPERATED BY USAIRWAYS SHUTTLE

LV WASHINGTON REAGAN 0800

EQP: AIRBUS A320

DEPART: TERMINAL B

01HR 12MIN

AR NEW YORK LGA 0912

NON-STOP

ARRIVE: USAIRWAYS LA GUARDIA TERM

REF: VQONAC

OTHER

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

22 NOV 00 - WEDNESDAY

AIR US AIRWAYS FLT:6855 ECONOMY

SNACK

OPERATED BY USAIRWAYS SHUTTLE

LV NEW YORK LGA 0900

EQP: AIRBUS A320

DEPART: USAIRWAYS LA GUARDIA TERM

01HR 18MIN

AR WASHINGTON REAGAN 1018

NON-STOP

ARRIVE: TERMINAL B

REF: VQONAC

OTHER

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

23 MAY 01 - WEDNESDAY

OTHER WASHINGTON

AMERICAN EXPRESS

CONTINUED ON PAGE 2

SALES PERSON: SV
CUSTOMER NBR: 1695000023

ITINERARY
VJMRKJ

DATE: 20 NOV 00
PAGE: 02

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

FOR: THURMAN/SANDY MS

.FARE IS USD 91.00
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.

EVENTS | ARTISTS | NEWS | MUSIC | MUSIC | MUSIC | MUSIC | MUSIC



**LIFEbeat's
NSYNC PSA**



Join the mailing list

Sign-up to find out
information first on
upcoming events



volunteer

for more info on



Music With A Message: World AIDS Day 2000

November 21, 2000

New York, New York USA

Levi's Jeans and LIFEbeat,
The Music Industry Fights
AIDS present "Music With A
Message: World AIDS Day
2000," a concert benefiting LIFEbeat's youth HIV prevention
programs on Tuesday, November 21 at 8pm.



Levi's & LIFEbeat Present
Music With A Message:
World AIDS Day
2000

This year's line-up includes 98 Degrees, Mya, Outkast, Baha Men, Pink, The Corrs and other special guests to be announced. The event will be co-hosted by Carson Daly and Pink and will be broadcast on MTV as part of their World AIDS Day programming on December 1st.

Tickets are currently on sale at the Beacon Theater box office and all Ticketmaster locations. To charge by phone, call the following numbers: 212-307-7171, 631-888-9000, 201-507-8900, 212-307-7200.

All concert proceeds will benefit LIFEbeat's youth HIV prevention efforts. For each person who logs on to levi.com on December 1st through the 7th, Levi's Jeans will donate \$1.00 up to \$50,000.

This is the third year that Levi's and LIFEbeat have joined forces to support HIV/AIDS education. By directing all the concert proceeds to its teen-focused HIV/AIDS prevention Programs, LIFEbeat has been instrumental in educating youth about the importance of HIV prevention issues.

To purchase tickets online at Ticketmaster paste the following web address into your browser:

https://ticketing.ticketmaster.com/cgi/purchasePage.asp?event_id=315A8C1F9C23



Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	09/25/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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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. UNTITLED 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L. [006]		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 09/27/00 b. TO 09/28/00		7. TRAVEL AUTHORIZATION a. NUMBER(S) TOJONA34 b. DATE(S) 09/25/00	
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					
See Attached Ticket 1		AGENT'S VALUATION OF TICKET (a) 97.00	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) DCA-Ronald Reagan LGA-New York - LaG TO (f)	
COMMENTS: One day trip greater than 12 hours. Traveler stayed with acquaintances, therefore no lodging costs are included in voucher. Receipts for taxis not available, though each item is within reimbursable amount limits.							
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 ▶ <i>Sandra L. Thurman</i> DATE 1/2/01 AMOUNT CLAIMED ▶ 89.50						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 ▶ \$ 89.50	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE							

STANDARD FORM 1012 BACK (10-77)

Withdrawal/Redaction Marker

Clinton Library

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007. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	09/25/2000	b(6)

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

1. TRAVEL AUTHORIZATION NO. TO SONA 84	2. DATE 09/25/00
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

[007]

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. DIVISION

OPD

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: **Meeting with R.P. Eddy of Amb Holbrooke's Office at the United Nations w/ to newly appointed PEACs position.**

DATE(S): Travel Begin On **9/27/2000**

Travel End On **9/28/2000**

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 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	34.50
Transportation	97.00
Rental Car	0.00
Miscellaneous	0.00
16. TOTAL	\$ 131.50

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

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)

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

AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX AirFAX


**Corporate
Services**

 Attention : Sandy Ms Thurman
 Fax Number : 12024562439
 Generated On : 9/25/00 @ 08:20 AM

 Record Locator : VNMUEE
 Agent ID : 47
 Page: 1

 1600 Pennsylvania Ave, N W - O E O B 87 - Washington, DC 20502
 Phone: (202) 456-2250 / Fax: (202) 456-6670

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 27, 2000**Wednesday**

DELTA AIR LINES	Flight: 1746	COACH - Class	738	CONFIRMED	
From : WASH/REAGAN	DEPARTING AT 9:30 AM			SNACK/BRUNCH	Flight time: 01:05
To : NYC LAGUARDIA	ARRIVING AT 10:35 AM				214 Miles
Departure Terminal: TERMINAL B					
Arrival Terminal: MARINE AIR TERMINAL					

September 28, 2000**Thursday**

DELTA AIR LINES	Flight: 1757	COACH - Class	738	CONFIRMED	
From : NYC LAGUARDIA	DEPARTING AT 2:30 PM			SNACK/BRUNCH	Flight time: 01:07
To : WASH/REAGAN	ARRIVING AT 3:37 PM				214 Miles
Departure Terminal: MARINE AIR TERMINAL					
Arrival Terminal: TERMINAL B					

March 24, 2001**Saturday**

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.

Withdrawal/Redaction Marker

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STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>							Complete this information if this is a continuation sheet. TRIP# 1 OF 2 PAGES			
	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 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.	
	TRAVEL AUTHORIZATION NO.									TRAVELER'S LAST NAME THURMAN	

DATE 19 00	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
11/13		D-:Washington, DC											
11/13		Airline Flight											
11/13		A-:BOSTON,MA											
11/13		D-:BOSTON,MA											
11/13		A:Washington, DC											
11/13		Taxi return to airport											15.00
11/13		Taxi to meeting											15.00

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 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.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 30.00

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

2. Traveler (First name, middle initial, last name) SANDRA L. THURMAN		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Amendment (Show items amended) ☐ Invitational (Non EOP Employees Only) ☐ Relocation	
3. Title of Traveler DIRECTOR		4. AGENCY/DIVISION OPD/ONAD	
5. Office Phone 62959	6. Official Duty Station 736 Jackson Place		
8. TRAVEL INFORMATION		7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

PURPOSE: **Chairing of Prevention Panel on AIDS in Africa - "Africa Now! A Leadership Summit to Define African Priorities for AIDS"**

DATE(S): Travel Begin On **11/13/00** Travel End On **11/13/00**

ITINERARY: Point of Origin (City, State) **Washington, DC**
Place(s) of Official Visitation (City, State) **Boston, MA**

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT	
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$	
Rail		Air			Transportation		151.00	
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car			
		☒			Miscellaneous			
First Class must have approval of Agency Head or Deputy					TOTAL		\$ 151.00	
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED			
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)			
			☐ For convenience of traveler. NTE common carrier cost		☐ Commercial Rental Car			
(c) Govt Owned Vehicle					☐ Excess Baggage not to exceed			
(d) Other (specify)					☐ 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.)

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 9, 2000	18. Travel Authorization No.	

EASYLINK 5731434S001 9NOV00 09:24/09:24 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: 47

ITINERARY

DATE: 09 NOV 00

CUSTOMER NBR: 1695000023

UFFBNY

PAGE: 01

TO: AMERICAN EXPRESS TRAVEL

OEOB ROOM 89

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-783-1136

MS SANDY THURMAN

FOR: THURMAN/SANDY MS

13 NOV 00 - MONDAY

AIR US AIRWAYS FLT:6402 ECONOMY

SNACK

OPERATED BY USAIRWAYS SHUTTLE

LV WASHINGTON REAGAN

730A

EQP: AIRBUS A319

DEPART: TERMINAL B

01HR 26MIN

AR BOSTON

856A

NON-STOP

ARRIVE: TERMINAL B

REF: UFFCRO

OTHER

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

AIR US AIRWAYS FLT:6521 ECONOMY

SNACK

OPERATED BY USAIRWAYS SHUTTLE

LV BOSTON

1200N

EQP: AIRBUS A319

DEPART: TERMINAL B

01HR 41MIN

AR WASHINGTON REAGAN

141P

NON-STOP

ARRIVE: TERMINAL B

REF: UFFCRO

OTHER

SEAT ASSIGNED AT AIRPORT CHECK IN ONLY

08 MAY 01 - TUESDAY

OTHER WASHINGTON

HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
UFFBNY

DATE: 09 NOV 00
PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEGB ROOM 89
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-783-1136
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

. TOTAL AIR FARE USD151.00

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.



Africa Now!

A Leadership Summit to Define African Priorities for AIDS

Harvard AIDS Institute

November 12-14, 2000

Harvard University, Cambridge MA

Phone: 617-432-6106 | Fax: 617-432-5222

Email: africanow@sci.harvard.edu

FAX TO: (202) 456-2439

9 PAGES

October 31, 2000

Sandy Thurman
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington DC 20503

Dear Sandy,

We hope to welcome you to Cambridge next month for **Africa Now! A Leadership Summit to Define African Priorities for AIDS**. As you know, this summit will be held Sunday, November 12 through Tuesday, November 14, 2000.

As you may already know we have moved the summit from the Charles Hotel to the American Academy of Arts and Sciences, in order to accommodate additional participants. The American Academy of Arts and Sciences is located at 200 Beacon Street, Cambridge, MA, USA (telephone: +1-617-576-5000; fax: +1-617-576-5052; URL: www.amacad.org).

AGENDA

Attached you will find a draft agenda for the summit. Please note that this is a draft of the final document. In order to set the stage for a high quality discussion, we welcome your input. Review the agenda, and let us know by November 3 if you have any suggestions.

As you are aware, we intend this meeting to be interactive with a focused, quality discussion. Therefore, we have asked some participants to take on specific roles in the meeting. We would like you to serve as Chair along with Prime Minister Geingob, during Session II: Prevention Now! on Monday November 13, 2000.

The role of the **Chair** is to capture and summarize the key points of the overall session. The Chair should encourage and direct discussion from all participants and present additional issues when appropriate. Chairs should warn presenters and discussants that their allotted speaking time is almost over so there is enough time for open discussion.

In addition we would also like you to speak at the Press Conference on Tuesday afternoon, November 14, 2000.

We appreciate your help with this effort, as it will assist in making this meeting a success.

PRINCIPLES OF COLLABORATION

A second document—*Principles of Collaboration when Confronting AIDS in Africa*—is included with this letter for your review and consideration. The *Principles of Collaboration* summarizes the key points of the summit and should be considered throughout the summit's discussion. This document will form the basis for future efforts from **Africa Now!** and will be released to the media at the conclusion of the summit.

Again, this is a draft document; you are encouraged to submit suggestions before the summit begins. Also, we have allocated time in the agenda on Tuesday, November 14 to review this document in detail.

Do not hesitate to be in touch, should you have any questions or comments. Thanks once more for being a part of this critical discussion.

Best regards,

A handwritten signature in dark ink, appearing to read 'R. Marlink'.

Richard Marlink, MD
Executive Director

Attachments: Agenda (draft)
Principles of Collaboration when Confronting AIDS in Africa (draft)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	01/02/2001	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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]

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE WHO DOMESTIC POLICY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/02/00 b. TO 11/03/00		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 01/02/01	
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503		d. OFFICE TELEPHONE NO. (202) 456-2959		10. CHECK NO.		11. PAID BY	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied 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					
E-ticket 220.00 ACCOUNTING CLASSIFICATION: WHO DOM POL-2001B118A		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)	
137.00 NR- 220.00 COMMENTS: Traveler stayed with acquaintances, therefore no lodging costs are included in voucher. Receipts for taxis not available, though each item is within reimbursable amount limits.		137.00	NR-	220.00	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 ▶ <i>Sandra L Thurman</i> DATE 1/2/01 AMOUNT CLAIMED ▶ 137.00		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): \$ 0.00					
18. ACCOUNTING CLASSIFICATION SEE BLOCK 12 ABOVE		d. NET TO TRAVELER ▶ \$ 137.00					

STANDARD FORM 1012 BACK (10-77)

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, ONAP

4. AGENCY/DIVISION

ONAP/DPD

5. Office Phone

6-2959

6. Official Duty Station

736 Jackson Place

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE:

To meet with Ambassador Holbrooke & USUN staff in preparation for the upcoming UN general assembly on AIDS worldwide.

DATE(S): Travel Begin On 11/2/00

Travel End On 11/3/00

ITINERARY:

Point of Origin (City, State) Washington, DC

Place(s) of Official Visitation (City, State) New York, NY

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$	92
					Transportation		220
					Rental Car		
					Miscellaneous		
					TOTAL	\$	312.00
(b) First Class must have approval of Agency Head or Deputy					11. SPECIAL EXPENSE AUTHORIZED		
					☐ Registration Fees (meeting, training, etc.)		
					☐ Commercial Rental Car		
					☐ Excess Baggage not to exceed		
					☐ Other (Please identify)		
(c) Gov't Owned Vehicle					12. ADVANCE REQUESTED \$		
(d) Other (specify)					(meals and miscellaneous expenses only)		

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

No lodging needed. Traveller will stay with acquaintance

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

18. Travel Authorization No.

EASYLINK 9919270S001 31OCT00 17:33/17:33 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2024562439

SALES PERSON: 47

ITINERARY

DATE: 31 OCT 00

CUSTOMER NBR: 1695000023

VFHDNG

PAGE: 01

TO: AMERICAN EXPRESS TRAVEL

OEOB ROOM 89

WASHINGTON DC 20502

TEL 202-456-2250/FAX 202-783-1136

MS SANDY THURMAN

FOR: THURMAN/SANDY MS

02 NOV 00 - THURSDAY

RAIL AMTRAK SERVICE

CONFIRMATION 2V149115

LV WASHINGTON DC 900A

AR NEW YORK PENN NY 1159A

TRAIN 106

AMTRAK YF METBSN

03 NOV 00 - FRIDAY

RAIL AMTRAK SERVICE

CONFIRMATION 2V149115

LV NEW YORK PENN NY 400P

AR WASHINGTON DC 659P

TRAIN 121

AMTRAK YF METBSN

29 APR 01 - SUNDAY

OTHER WASHINGTON

HAVE A GREAT TRIP

CONTINUED ON PAGE 2

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
VFHDNG

DATE: 31 OCT 00
PAGE: 02

TO: AMERICAN EXPRESS TRAVEL
OEOP ROOM 89
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-783-1136
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

. TOTAL AIR FARE USD220.00

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.



OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Elaine Roski FROM: Cheryl
COMPANY: DATE: 1/12/00
FAX NUMBER: 301-480-8382 TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:

RE:

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

NOTES/COMMENTS:

Here they are - I apologize
for the wait. Please let me
know if you need anything
else.

Cheryl (456-2959)

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

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. check	re: Direct deposit (Personal) (1 page)	01/08/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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
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011. form	re: General information sheet [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

RESTRICTION CODES

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

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

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]
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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]
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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.

GENERAL INFORMATION SHEET

NAME: Michael E. Iskowitz
First Middle Initial Last

TITLE: Consultant CO CS

BUSINESS NAME & ADDRESS

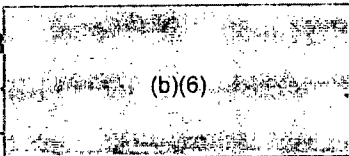
The White House Office of National AIDS Policy
136 Jackson Place, NW
Washington, DC 20503
TEL: 202-456-2959 FAX: 202-456-2439

INTERNET ADDRESS: _____

HOME ADDRESS:

1715 15th St. NW #22
Washington, DC 20009
TEL: 202-265-1603

D.O.B.
S.S.N.
P.P.#



[011]

Airport Preference: National

Seating Preference: aisle ☒ window ☐ smoking ☐ nonsmoking ☒

Please add any additional information about your specific assignment that I should be aware of:

Please return to Elaine Roski OS/OPHS/Office of International & Refugee Health
Tel. # 301-443-9942 Fax: 301-443-6288

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. forms	re: Direct deposit [Personally Identifiable Information] [partial] (2 pages)	01/00/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

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]
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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]

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc.). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

(b)(6)

EMPLOYEE NAME
(as on payroll records)

Thurman Sandra L

(Last, First, Initials)

[012]

TELEPHONE NUMBER (WORK)

202 456 2958

(HOME)

202 544 2778

2. TYPE OF ACCOUNT

- ☒ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☒ Travel
☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.

See instructions on back of form.

ROUTING TRANSIT NUMBER

(b)(6)

ACCOUNT NUMBER

ACCOUNT TITLE Sandra L. Thurman
(Account Holder's Name)

INSTITUTION NAME Wachovia Bank, N.A.

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION
(Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT
(Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:
New Total \$

ALLOTTEE NAME
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

Need a
Voided
check

5. AUTHORIZATION

* Sandra Thurman
EMPLOYEE'S SIGNATURE

11/3/00
DATE

6. AGENCY USE:

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

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1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

(b)(6)

EMPLOYEE NAME
(as on payroll records)

ISKOWITZ, MICHAEL

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

202 265 6211

(HOME)

Same

2. TYPE OF ACCOUNT



Checking



Savings

TYPE OF PAYMENT



Net Pay



Travel



Other Federal
employment related
payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT
NUMBER

(b)(6)

ACCOUNT NUMBER

ACCOUNT TITLE
(Account Holder's Name)

MICHAEL E. Iskowitz

FINANCIAL INSTITUTION NAME

US Senate Federal Credit Union

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)



Savings (whole dollar amounts only)



Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)



SAVINGS



CHECKING

ACTION
(Check One)



START



CANCEL



CHANGE

AMOUNT
(Check One)



INCREASE TO:



DECREASE TO:



New Total \$

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

Need a
voided
check

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

Michael E. Iskowitz

DATE

11/5/00

6. AGENCY USE:



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Elaine Roski

COMPANY:

FROM:

Cheryl Bauerle

DATE:

June 12, 2000

FAX NUMBER:

301-480-8382

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

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

NOTES/COMMENTS:

I think this is everything you need -
pls. let me know. Thank you!

Cheryl

everything you
need. Thank

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

(202) 456-2438 (fax)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. form	rc: General information sheet [Personally Identifiable Information] [partial] (1 page)	06/27/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

RESTRICTION CODES

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

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

GENERAL INFORMATION SHEET

NAME: Cheryl S. Bauerle
First Middle Initial Last

TITLE: Associate Director CO CS

BUSINESS NAME & ADDRESS:

white House Office of National AIDS Policy
736 Jackson Place, NW
Washington DC 20503
TEL: 202-456-2959 FAX 202-456-2439

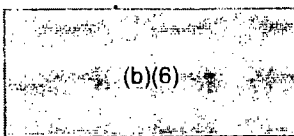
INTERNET ADDRESS:

HOME ADDRESS:

[013]

1325 13th str. NW #106
Washington, DC 20005
TEL: 202-231-9831

D.O.B.
S.S.N.
P.P.#



Airport Preference: National

Seating Preference: aisle P window ___ smoking ___ nonsmoking ___

Please add any additional information about your specific assignment that I should be aware of:

Please return form to Elaine Roski, OS/OPHS/Office of International & Refugee Health
Room 18-74; Tel. # 301-443-9942 or Fax: 301-~~443-6288~~ 480-8382
Jun 23, 2000 N:\Dr. Roscoe Moore\GenInfoSheet

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. form	re: Direct deposit [Personally Identifiable Information] [partial] (1 page)	06/27/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

FOLDER TITLE:

Thurman Travel Vouchers

2018-0764-F

jm2237

RESTRICTION CODES

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DIRECT DEPOSIT**INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS**

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1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

(b)(6)

EMPLOYEE NAME
(as on payroll records)

Bauerle Cheryl S.

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

202 456 2959

(HOME)

202 234 9831

2. TYPE OF ACCOUNT

- ☒ Checking
☐ Savings

TYPE OF PAYMENT

- ☐ Net Pay
☒ Travel
☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section.
 See instructions on back of this form.

ROUTING TRANSIT
NUMBER

(b)(6)

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

Cheryl S. Bauerle

First Union

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

- ☐ Savings (whole dollar amounts only)
☐ Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

- ☐ SAVINGS
☐ CHECKING

ACTION
(Check One)

- ☐ START
☐ CANCEL
☐ CHANGE

AMOUNT
(Check One)

- ☐ INCREASE TO:
☐ DECREASE TO:
 New Total \$

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION

*

EMPLOYEE SIGNATURE

Cheryl S. Bauerle

DA

06/27/00

6. AGENCY USE:

FORM 2231

AGENCY C

DE
FINATREASURY
MANAGEMENT SERVICE

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
015. check	re: Direct deposit (Personal) (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21066

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Thurman Travel Vouchers

2018-0764-F

jm2237

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