Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Standard form 1164 re: SSN and Address (partial) (1 page)	04/26/1999	P6/b(6)
002. form	Standard form 1164 re: SSN and Address (partial) (1 page)	04/13/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Chris Jennings (Meetings, Trips, Events)
OA/Box Number: 17044

FOLDER TITLE:
Elizabeth Baylor [1999]

2011-0747-S
rc410

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
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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OPD/DPC

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

6. PAID BY

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): BAYLOR ELIZABETH [0013]

b. SOCIAL SECURITY NO.: P6/(b)(6)

c. MAILING ADDRESS (Include ZIP Code): P6/(b)(6)

d. OFFICE TELEPHONE NUMBER: 202 456-5593

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A—Local travel
B—Telephone or telegraph, or
C—Other Expenses *(itemized)*

DATE 1994 (a)	CODE (b)	(Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
4/16		TAXI to MARRIOTT	HOTEL, WASH D.C			6 00		
4/16		TAXI FROM HART Bldg	to White House			5 00		
		PURPOSE: To deliver package to Chris Jennings						

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 11 00

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* $ 11.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL HERE: X [signature] DATE: 4/28/94

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE: DATE:

ACCOUNTING CLASSIFICATION

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE: X Elizabeth E Baylor DATE: 4-26-94

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

THE WESTIN
FAIRFAX
WASHINGTON, D.C.

Home of the Jockey Club

2100 Massachusetts Avenue, NW · Washington, DC 20008 · (202) 293-2100

Date 4-16-99 Time 10:15am

Origin of Trip Senate Hart Bldg.

Destination 15th & Penna Ave, NW

Fare $5.00

Cab # _____ Signature E Berge

TAXI CAB RECEIPT

DATE AND TIME: April 16, 1999

CAB FARE FROM: 17th & G Sts. TO: 1221 22nd St, NW

CAB CO: John H Humphrey NO. _____

No. OF PASSENGERS 1 **TOTAL FARE $** 6.00

SIGNATURE: E Berge

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OA/Box Number: 17044

FOLDER TITLE:
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To Doug 4/13/99

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: OPD/DPC

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial): BAYLOR, Elizabeth

b. SOCIAL SECURITY NO.: P6/(b)(6)

c. MAILING ADDRESS (Include ZIP Code): P6/(b)(6) [002]

d. OFFICE TELEPHONE NUMBER: (202) 456-5593

5. PAID BY

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A—Local travel
B—Telephone or telegraph, or
C—Other Expenses *(itemized)*

DATE 19 99 (a)	CODE (b)	(Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PERSONS (h)	TIPS AND MISCELLANEOUS (i)
4/7		TAXI TO ALEXANDRIA, VA & RETURN				38 00		
4/12		TAXI TO HHS BLDG & RETURN				10 00		
		PURPOSE: To pick up packages						

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 48 00

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* $ 48.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance 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).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

ACCOUNTING CLASSIFICATION

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ X Elizabeth Baylor DATE 4-12-99

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

1164-210

9 pm

TAXI CAB RECEIPT

DATE: 4-7-99

CAB FARE FROM: 17th & G streets

TO: 809 Cameron St Alexandria VA 22314

NO. OF PASSENGERS: 1 TOTAL FARE: $16.80 + 3.00

CAB CO. & NO.: V-21 DRIVER: A Wilson

TAXI CAB RECEIPT

9 pm 4:48 PM DATE: 4-7-99

CAB FARE FROM:

TO:

NO. OF PASSENGERS: 1 TOTAL FARE: $16.80 + 3.00

CAB CO. & NO.: V-21 DRIVER: A Wilson

Taxi Cab Receipts

Date 4-12-99 Time: 2:30 pm

Trip Origin: H & Jackson Place, NW

Destination 200 Independence Ave, SW

Fare: $ 5.00 Signature J. Gonzalez

Taxi Cab Receipts

Date 4-12-99 Time: 3:10 pm

Trip Origin: 200 Independence Ave, SW

Destination 15th Pennsylvania Ave, NW

Fare: $ 5.00 Signature J. Gonzalez