

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. receipts	re: travel payment (partial) (1 page)	ca. 2000	P6/b(6)
002. form	Standard form 1012 re: travel (partial) (1 page)	n.d.	P6/b(6)
003. note	re: phone number (partial) (1 page)	04/14	P6/b(6)
004. fax	re: invitation (partial) (1 page)	03/27/2000	P6/b(6)

COLLECTION:

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

FOLDER TITLE:

Travel - Jennings: Cincinnati, Ohio April 14, 2000

2011-0747-S

rc431

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]
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CINCINNATI, OH RA# CVGDC1261283

CHRISTOPHER JENNINGS

OUT: 04/14/00 08:49 VEHICLE#: 205333

IN: 04/16/00 10:21 CLASS: ICAR

MILES DRIVEN: 141 RET LOC: CVGXP

3 WE @ 19.98 = 59.94
CONCESSION FEE = 5.39
SLI CHARGES = 26.85
TAX @ 9.000% = 8.30
LDW 3 DAYS @ 17.99 = 53.97

TOTAL = \$ 154.45

BILL TO: VI P6(b)(6)
Oper: 1979

FOR CUSTOMER INQUIRIES PLEASE CALL

1-800-984-9117

Customer Relations File #

413525

THANK YOU for renting from BUDGET

This is your receipt

No other copies will be provided

Closed rental subject to final audit

107.74
Credit [001]
\$46.71

REAGAN NATIONAL AIRPORT

For Questions or Comments: (703)417-4300

Entrance: 06:15 04/14/00 Lane # 04

Exit : 12:14 04/16/00 Lane # 31

License plate VA JN1365

Cashier : 063

Seq. # 4473

Length of stay 6/002 05h. 58m.

Amount paid \$ 42.00 Card

Thank You for Flights *****

Reagan National Airport *****

P6(b)(6)

P6(b)(6)

P6(b)(6)

Entrance: 06:15 04/14/00 Lane # 04

Exit : 12:14 04/16/00 Lane # 31

License plate VA JN1365

Cashier : 063

Seq. # 4473

Length of stay

Amount paid

Thank You for Flights *****

Reagan National Airport *****



Taxi Cab Receipts



DATE: 11/18/99 TIME: _____
TRIP ORIGIN: Holiday Inn
DESTINATION: WH
FARE: \$ 7.00 SIGNATURE [Signature]

Distributed by Longway

GEORGETOWN COURT
3251 PROSPECT STREET, N.W., WASHINGTON, D.C. 20007
(202) 298-6323

RECEIPT FOR PARKING CHARGES

DATE 3/14/00
AMOUNT \$7.00
CASHIER [Signature]

Thank You For Parking With Us!

Taxi Cab Receipt

Time _____ Date 3/29/00
Trip Origin _____
Trip Destination _____
Fare 7.00 Signature _____

*Next time stay at the Capitol's
finest luxury hotel,
Renaissance Mayflower Hotel*

1127 Connecticut Avenue
Washington, D.C. 20036

For Reservations call
1-800-Hotels-1

TAXICAB RECEIPT

Date: 4-5-00

Origin of trip: _____

Destination: _____

Fare: 9.00 Sign: SL



InterParking

1920 L STREET NW
WASHINGTON, DC 20036
202-466-4300

PARKING RECEIPT _____

DATE APR 5/00 \$ 7.00

LOCATION _____
CASHIER SIGNATURE _____

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**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory).

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship 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 if 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 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

TOJDPC022

TRAVELER'S LAST NAME

Jennings

DATE 2000 10	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 2 NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
4/14	5:30am	Depart residence by POV to Airport												
		Parked Car at Airport												
	6:45	Depart on Delta Airlines for Cincinnati, OH												
	8:20	Arrived in Cincinnati picked-up Rental Car												
	9:45													
	4:00													
4/16	10:00am	Dropped off Rental Car												51 48
	10:50													
	12:08													
		Pick-up POV from Airport												42 00
		Parking Garage												
SUBTOTALS ▶														
TOTALS ▶														

If additional space is required, continue on another SF 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,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

**TOTAL
AMOUNT
CLAIMED ▶**

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


**Corporate
Services**

 Attention : Christopher Jenning
 Fax Number : 12024565557
 Generated On : 4/04/00 @ 09:58 AM

 Record Locator : QAXVMI
 Agent ID : 47
 Page: 1

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

Account Name

AMERICAN EXPRESS TRAVEL

OEOB ROOM 87

WASHINGTON DC 20502

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

Travel arrangements

prepared exclusively for :

Christopher Jennings

April 14, 2000

Friday

DELTA AIR LINES

Flight: 741

COACH - Class

Boeing 757

Seat : 22F

From : WASH/NATIONAL

DEPARTING AT 6:45 AM

No Meal Service

Flight time: 01:35

To : CINCINNATI, OH

ARRIVING AT 8:20 AM

411 Miles

Departure Terminal: TERMINAL B

Arrival Terminal: TERMINAL 3

BUDGET CAR RENTAL CINCINNATI, OH

Type/Size: INTERMEDIATE/MID SIZE

Confirmation #: 23637498US3-

19.98 USD PER DAY

UNL

6.67 USD Per Extra Hour

Reserved: 4/14/00 Through 4/16/00, 2 Days

Pick Up Time : 08:20 AM

Drop Off Time : 07:00 AM

10am

April 16, 2000

Sunday

DELTA AIR LINES

Flight: 1791

COACH - Class

Boeing 757

Seat : 21e 10D

From : CINCINNATI, OH

DEPARTING AT 7:25 AM

No Meal Service

Flight time: 01:20

To : WASH/NATIONAL

ARRIVING AT 8:45 AM

411 Miles

Departure Terminal: TERMINAL 3

Arrival Terminal: TERMINAL B

October 1, 2000

Sunday

HAVE A GREAT TRIP

Panel
 8:30
 on Health Care Policy
 9:45
 1-800-221-1212

Withdrawal/Redaction Marker

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THE WHITE HOUSE
WASHINGTON

10/11/01
11:45 AM
10/11/01
10/11/01

Q 20 (b)(6)

Car: 1998 daily unlimited mileage
Budget

Santa Monica

Depart 10:00 AM after 7:00 PM
7:25 - 8:45 AM

Bob Logan - Home

cell

fax

P6(b)(6)

[003]

e-mail: roberttlogan@fuse.net

Sup

RSV #

**PHOTOCOPY
PRESERVATION**

WHITE HOUSE MANAGEMENT AND ADMINISTRATION
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)

Christopher C. Jennings

3. Title of Traveler

Deputy Assistant to the President for Health Policy

4. AGENCY/DIVISION

DPD/DPC

5. Office Phone

6-5560

6. Official Duty Station

Washington, D.C.

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: To attend meeting with the Council of Aging of Southwestern Ohio

DATE(S): Travel Begin On 4/14/00

Travel End On 4/16/00

ITINERARY: Point of Origin (City, State) Washington, D.C.

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

Point of Return (City, State) Washington, D.C.

9. MODE OF TRAVEL

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 46.00
Transportation	505.00
Rental Car	30.00
Miscellaneous	50.00
TOTAL	\$ 631.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

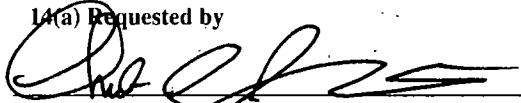
12. ADVANCE REQUESTED

(meals and miscellaneous expenses only)

\$

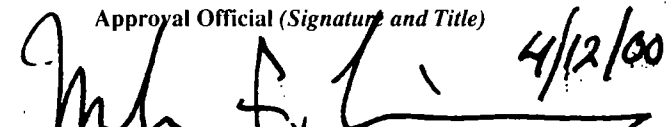
13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

14(a) Requested by



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)

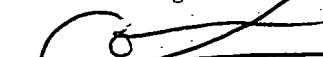
 4/12/00

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

1102200 J1234

16. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)



17. Date

4/12/00

18. Travel Authorization No.

TOJDPC022

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

Instructions for Completing Travel Authorization

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

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

**Corporate
Services**

Attention : Christopher Jenning
Fax Number : 12024565557
Generated On : 4/04/00 @ 09:58 AM

Record Locator : QAXVMI
Agent ID : 47
Page: 2

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

Account Name**AMERICAN EXPRESS TRAVEL**

OEOB ROOM 87

WASHINGTON DC 20502

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

. TOTAL AIR FARE USD

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

. SECURITY ALERT INFORMATION

DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.

. REMINDER

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

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

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*Reception and Party Honoring
The Western College Program's
Senior Class
And
Dean's Advisory Council
April 15, 2000
7:30 p.m.
Kaufman Residence*

[004]

P6/(b)(6)

*You are cordially invited to the
Western College Program Dinner
to honor the Class of 2000*

*Marcum Conference Center
Friday, April 14, 2000
6:30 p.m.*

RSVP to Sharon Long by Friday, April 7, 529-5643

January 25, 2000

Dear Members of Western's new Dean's Advisory Council,

Just a quick note to let you know that the weekend of April 14 works best for the majority of the members of the Dean's Advisory Council. So that will be the weekend for the meeting. I will send a full agenda for the meeting in a few weeks. But we will have a reception/dinner on Friday, April 14 at 6:30 p.m. I am having the graduating seniors attend the meeting so that alumni and soon-to-be alumni can mix and mingle. The Provost and a few other administrators as well as the Western faculty will also be at the reception/dinner. Saturday we will devote to business. Saturday evening I will host a reception at my home. We will conclude with breakfast on Sunday. I will look forward to seeing you then. 8-8:30 am

Sincerely,

Burton I. Kaufman
Dean

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

1. TYPE OF AUTHORIZATION

☒ TDY

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(Show items amended)

☐ Invitational
(Non EOP Employees Only)

☐ Relocation

2. Traveler (First name, middle initial, last name)

Christopher C. Jennings

3. Title of Traveler

Deputy Assistant to the President for Health Policy

4. AGENCY/DIVISION

7. ☒ Per Diem

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

5. Office Phone

6-5560

6. Official Duty Station

Washington, D.C.

8. TRAVEL INFORMATION

PURPOSE: To attend meeting with the Council of Aging of Southwestern Ohio

DATE(S): Travel Begin On 4/14/00

Travel End On 4/16/00

ITINERARY: Point of Origin (City, State) Washington, D.C.

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

Cincinnati, Ohio

Point of Return (City, State)

Washington, D.C.

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$	46.00
					Transportation		505.00
					Rental Car		30.00
					Miscellaneous		50.00
					TOTAL	\$	631.00
(b) Privately Owned Vehicle					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.)

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.

FAX COVER SHEETFrom: Sharon Long**Miami University**

School of Interdisciplinary Studies

Oxford, Ohio 450563 Pages Date: 4-5-00
(including cover sheet)**FAX: 513 529-5849**To: Chris JenningsCompany: The White House Dept.: _____

FACSIMILE NUMBER TO SEND TO: _____

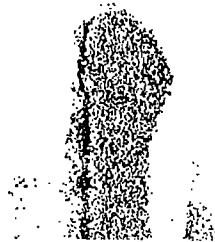
202/456-5557State (or Country) Name: Washington, DC City Name: _____**SPECIAL INSTRUCTIONS:**

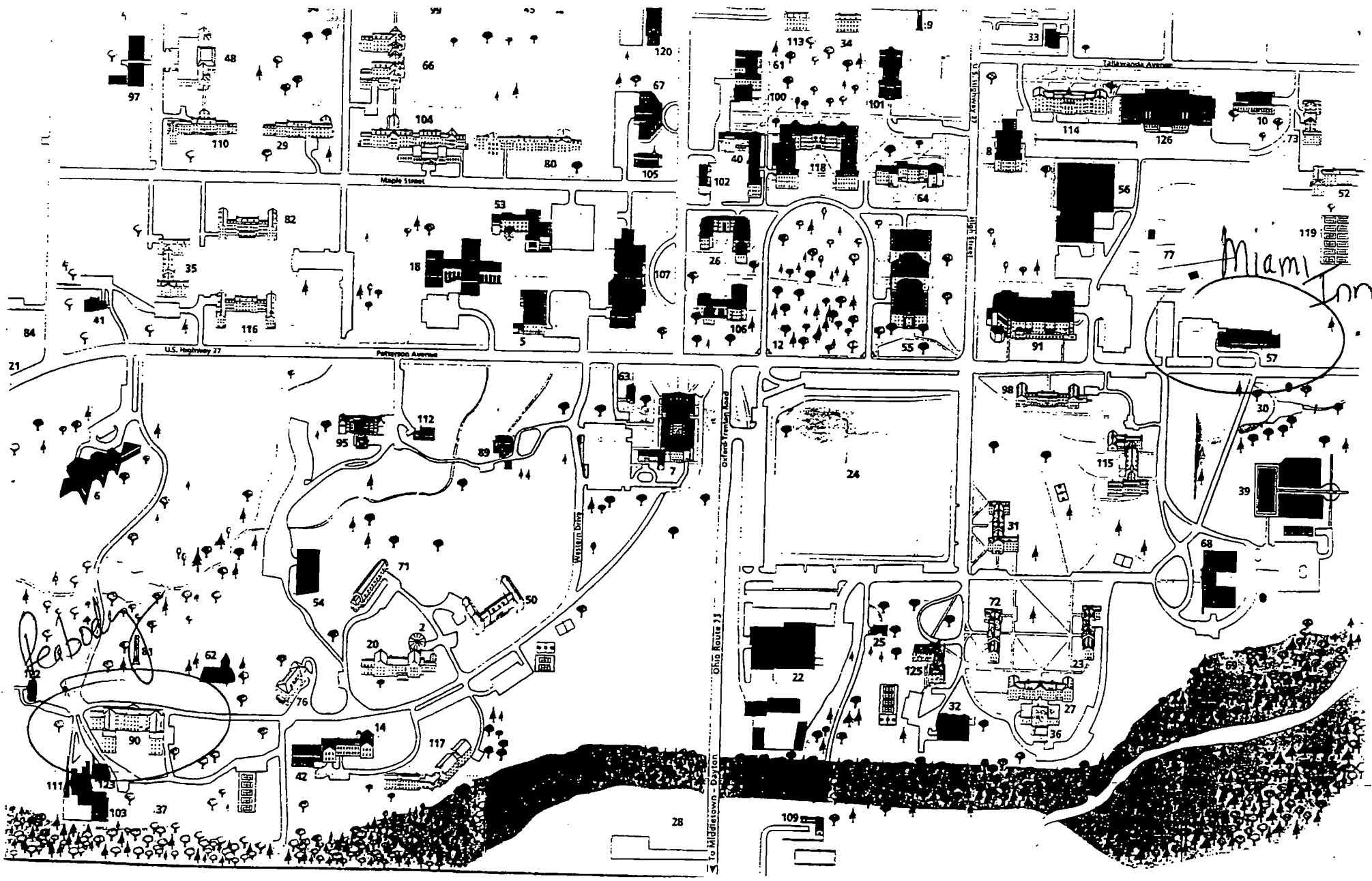
Information on WCP Dean's
Advisory Council meeting April 14-16, 2000

Information was also mailed to you
on 4/3/00

We look forward to seeing you on April 14!

Signature of Sender: S. LongTelephone Number of Sender: 513 529-5643

DEAN'S ADVISORY COUNCIL MEETING**April 14-16, 2000***Chris - Your reservation
is at The Miami Inn***April 14 (Friday)****4:00-6:00 p.m.****Arrival and Check-In: Miami Inn or Marcum Conference Center****6:30-9:00 p.m.****Dinner Marcum Conference Center
Remarks by Provost Ronald Crutcher
Entertainment****April 15 (Saturday)****Note: Other than Continental Breakfast, all meetings will be in 120 Peabody Hall****7:00-8:15 a.m.****Continental Breakfast (Marcum Conference Center or The Inn)****8:30-9:00 a.m.****Dean's Report on Western College Program****9:00-9:45 a.m.****Faculty Panel on Western College Program****9:45-10:30 a.m.****President James Garland's Vision Statement (120 Peabody)****10:30-10:45 a.m.****Break****10:45-12:00 p.m.****"WCP Program: A Students' Perspective" (Student Panel)****12:00-1:00 p.m.****Lunch (Alexander Dining Hall)****1:00-1:45 p.m.****Recruitment (Jeannie Brown Leonard)****1:45-2:30 p.m.****Co-Curricular and Extra-Curricular Planning
(Residence Life Staff)****2:30-2:45 p.m.****Break****2:45-4:00 p.m.****Alumni Affairs and Activities (Discussion and Planning Session)****4:00-4:15 p.m.****Closing Remarks****5:45-7:15 p.m.****Dinner (DiPaolo's)****7:30-10:00 p.m.****Reception (Kaufman Residence)****April 16 (Sunday)****8:00-8:30 a.m.****Breakfast and Adjournment (120 Peabody Hall)**





MIAMI
UNIVERSITY

SCHOOL OF INTERDISCIPLINARY STUDIES

WESTERN COLLEGE PROGRAM

OXFORD, OHIO 45056-1981

(513) 529-5643

(513) 529-5849 FAX

3/27/00

4 pages total

To: Christopher Jennings

202/456-5557

From: Shana Long

Attached are invitations you should have received and a letter Band sent out in January. A letter will be coming with final details the end of this week.

Please let us know if you are planning to attend the WCP Alumni Advisory Meeting weekend.

Thanks!

513/529-5643 Phone

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


**Corporate
Services**

Attention : Christopher Jenning
 Fax Number : 12024565557
 Generated On : 4/04/00 @ 09:58 AM

Record Locator : QAXVMI
 Agent ID : 47
 Page: 3

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

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

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

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

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

FAXDate March 24, 2000Number of pages including cover sheet 2

TO: Christopher Jennings
The White House
(Special Advisor to the President for
Health Policy)

Phone

Fax Phone 202 456-5557

CC:

FROM: Robert D. Logan, CEO
Council on Aging of
Southwestern Ohio

Holiday Office Park
644 Linn Street, Suite 1100
Cincinnati, Ohio 45203

Phone (513) 721-1025

Fax Phone (513) 651-2534

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

Please see attached letter.

Confidentiality Notice: This fax transmission is personal and confidential to the addressee. It contains confidential information which is legally privileged and intended only for the addressee. If you are not the addressee or his, her, or its authorized agent for the receipt of confidential information, please be advised that you are not an authorized party for the receipt of his/her information and any disclosure, copying, distribution or taking of action in reliance on the contents hereof, except direct delivery to the addressee, is strictly prohibited and at your own risk. In the event of mistaken receipt, please call the sender immediately regarding your receipt and promptly destroy this fax. Your cooperation is greatly appreciated.



**Council on Aging of
Southwestern Ohio**

Holiday Office Park - Suite 1100
644 Linn Street
Cincinnati, Ohio 45203
513-721-1025
Fax 513-721-0090

March 24, 2000

Mr. Christopher Jennings
Special Advisor to the President for Health Policy
The White House
Washington, D.C. 20500

Dear Mr. Jennings,

I would like to invite you to come to Cincinnati, Ohio on April 14, 2000 to tour a model adult day care center and meet with staff, participants and caregivers of elderly persons who have disabilities to talk about the President's long term care initiative.

For more information please call me at 513 345-8606.

Sincerely,

Robert D. Logan
Chief Executive Officer

RDL:mr

Area Agency on Aging

The Area Agency on Aging for Planning and Service Area No. 1 (Butler, Clermont, Clinton, Hamilton and Warren Counties)
Sponsored by a Title III Grant under the Older Americans Act administered through the Ohio Department of Aging
Also supported by the City of Cincinnati and the Butler and Hamilton County Tax Levies