Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	Standard form 1164 re: SSN (partial) (1 page)	ca. 1997	P6/b(6)

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

FOLDER TITLE:
Jeanne Lambrew [Various Dates]

2011-0747-S
rc435

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]

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)*: JEANNE LAMBREW

3. Title of Traveler: SENIOR DIRECTOR OF HEALTH POLICY

4. AGENCY/DIVISION: NEC/OPD

5. Office Phone

6. Official Duty Station: WASHINGTON DC

7. ☐ Per Diem
☐ Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: TO ATTEND SIXTH PRINCETON CONFERENCE FINANCING LONG-TERM CARE: POLICY OPTIONS AND THEIR ECONOMIC IMPACT

DATE(S): Travel Begin On 4/30/99 Travel End On 5/1/99

ITINERARY: Point of Origin *(City, State)*: WASHINGTON, DC

Place(s) of Official Visitation *(City, State)*: PRINCETON, NJ

Point of Return *(City, State)*: WASHINGTON, DC

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	$ 149.00
Transportation	110.00
Rental Car	
Miscellaneous	30.00
TOTAL	$ 289.00

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

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.

DA FORM 22
EVISED FEBRUARY 1993

ORIGINAL (RETURN WITH [illegible])

Council on the Economic Impact of Health System Change
Sixth Princeton Conference

FINANCING LONG-TERM CARE: POLICY OPTIONS AND THEIR ECONOMIC IMPACT

APRIL 29 – MAY 1, 1999

Note: Thursday night's program will be held at the
Hyatt Regency Princeton
102 Carnegie Center, Princeton NJ
(609) 987-1234

Agenda

Thursday evening, April 29: Hyatt Regency Princeton

6:00 p.m. Registration and cocktail reception (*Witherspoon Room)*

7:00 p.m. Dinner

8:00 p.m. **Introductory session: Welcome and Opening Remarks**

Uwe E. Reinhardt, James Madison Professor of Political Economy, Princeton University

Jack Ebeler, Senior Vice President, the Robert Wood Johnson Foundation

Stuart Altman, Chair, Council on the Economic Impact of Health System Change

8:20 p.m. **Keynote**: ***Financing Long-Term Care: There has got to be a better way***

Speaker: **Sen. David Durenberger**, Consultant, Durenberger/Foote and Public Policy Partners, L.L.C; U.S. Senator from Minnesota (1978 to 1995); Chair, Citizens for Long-Term Care

What opportunities are developing for restructuring our long-term care financing system? Can we provide appropriate care along with economic security to those who need care? What is the role of tax policy, social insurance programs, and private insurance in assuring an adequate long-term care policy for the future?

#1408

cc: Jeanne

Council on the Economic Impact of Health System Change

Save the Dates!

April 29th (evening) through May 1st, 1999
Princeton, New Jersey

Sixth Princeton Conference
Financing Long-Term Care: Policy Options and their Economic Impact

Featured Speakers:
Sen. David Durenberger, Judith Feder, Joshua Weiner, Robyn Stone, Mark Meiners, Mitch Greenlick, John Rother, Lynn Etheredge, James Callahan

http://ihp.brandeis.edu/council (781) 736-3807

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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

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

2. VOUCHER NUMBER:

3. SCHEDULE NUMBER:

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

5. PAID BY: Cooli

4. CLAIMANT

a. NAME (Last, first, middle initial): Lambrew, Jeanne

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

c. MAILING ADDRESS (Include ZIP Code): OEOB, Rm. 224

d. OFFICE TELEPHONE NUMBER: 456-5377

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.)*

DATE 19 97 (a)	CODE (b)	(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)
7/14	A	17th & Penn. Ave	Longworth Bldg.			8 00		
7/16	A	"	"			5 00		
7/16	A	Capitol (Senate)	OEOB 17th & Penn.			5 00		
7/24	A	OEOB	Cannon Bldg			6 50		
7/29	A	OEOB	Capitol (Senate)			5 00		

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

(Explain expenditures in specific detail.)

If additional space is required continue on the back.

SUBTOTALS CARRIED FORWARD FROM THE BACK

TOTALS: 29 50

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

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 ▶ Jeanne A. Lambrew DATE 7/11/97

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

1164-210

STANDARD FORM 1164 (Rev.11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7

6. EXPENDITURES—*Continued*

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

(Explain expenditures in specific detail.)

DATE 19__ *(a)*	CODE *(b)*	*(c)* FROM	*(d)* TO	MILEAGE RATE ¢ / NO. OF MILES *(e)*	AMOUNT CLAIMED: MILEAGE *(f)*	AMOUNT CLAIMED: FARE OR TOLL *(g)*	AMOUNT CLAIMED: ADD. PERSONS *(h)*	AMOUNT CLAIMED: TIPS AND MISCEL-LANEOUS *(i)*
Total each column and enter on the front, subtotal line ▶								

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. Chapter 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 other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency 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 taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or 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.

*U.S.GPO:1996-404-763/40060

PASSENGER'S RECEIPT, TAXICAB FARE

Date 7-29-97

Amount of Fare ..$ 5 00

Other Charges ...$ 6 00

Total .....$

Driver's Name

Cab Number 239

Taxi Cab Receipts

Date 7-14 Time:

Trip Origin:

Destination

Fare: $ 8 22 Signature

Taxi Cab Receipts

DATE: 7/16/97 TIME:

TRIP ORIGIN:

DESTINATION:

FARE: $ 5 00 SIGNATURE:

TAXICAB RECEIPT

Date: 7-16-

Time:

Company:

Origin of trip:

Destination:

Fare: $ 100 Sign.

Hope you had a pleasant ride
Thank you for your business

RECEIPT W. Taylor

DATE 7-24-97 AMOUNT $6.50

RECEIVED FROM

DESTINATION

CAB # CAP TOL 1585 DRIVER I.D.#

PASSENGER THANK YOU!

VERIFY CAB NUMBER BEFORE SIGNING RECEIPT