FOIA Number: 2018-0755-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Patsy Fleming

Subseries: National AIDS Strategy

OA/ID Number: 10181

FolderID:

Folder Title:
Travel - Jeff Levi

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	9	2

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (29 pages)	00/00/1996	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Patsy Fleming (National AIDS Strategy)
OA/Box Number: 10181

FOLDER TITLE:
Travel-Jeff Levi

2018-0755-F
rs3175

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
001. form	[Personally Identifiable Information] [partial] (29 pages)	00/00/1996	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Patsy Fleming (National AIDS Strategy)
OA/Box Number: 10181

FOLDER TITLE:
Travel-Jeff Levi

2018-0755-F
rs3175

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]
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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]

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OFC OF AIDS POLICY

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

5. a. NAME *(Last, first, middle initial)*: LEVI, JEFFREY W.

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

6. PERIOD OF TRAVEL: a. FROM 11/15/96 b. TO 11/15/96

c. MAILING ADDRESS *(Include ZIP Code)*:
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA000748 b. DATE(S) 11/06/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE *(City and State)*: Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding: 0.00

b. Amount to be applied: 0.00

c. Amount due Government *(Attached)* [ ] Check [ ] Cash:

d. Balance outstanding:

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY: FILE COPY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1338662000	98.00 RS	C	11/13/96	Baltimore TS	PHL-Philadel

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, based on the average cost of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE ▶ [signature] DATE 11/21/96 AMOUNT CLAIMED ▶ 14.50

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; id. 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

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

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 ▶ $ 14.50

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF - PAGES

TRAVEL AUTHORIZATION NO. TA000748

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME *(Hour and am/pm)* (b)	DESCRIPTION *(Departure/arrival city, per diem computation, or other explanation of expenses)* (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/15	11:00A	D-:RES: Washington,DC											
11/15		:			Train fare								
11/15	1:06P	A-:PHILADELPHIA/COUNTY,PA											
11/15		:			Taxi from Mtg. to T								7.00
11/15		:			Taxi from Train to								7.50
11/15	5:10P	D-:PHILADELPHIA/COUNTY,PA											
11/15	8:00P	A:RES: Washington,DC											
									SUBTOTALS ▶		0.00	0.00	14.50
									TOTALS ▶		0.00	0.00	14.50

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, 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 expenses 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 ▶ 14.50

STANDARD FORM 1012 BACK (10-77)

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

EXEC. OFFICE OF THE PRESIDENT
MGMT. AND ADMIN.
1996 NOV 13 PM 9:18

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000748	11/06/96

3. TYPE OF TRAVEL
- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employee Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*
JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
202/632-1090	WASHINGTON DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** Rate(s):

12. TRAVEL INFORMATION
PURPOSE: Meeting with Community Groups regarding AIDS and Medicaid

DATE(S): Travel Begin On 11 15 1996 Travel End On 11 15 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: RES: Washington,DC	To: PHILADELPHIA/COUNTY,PA 90/ 34
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: RES: Washington,DC

13. MODE OF TRAVEL
- [ ] Commercial Air
- [ ] Private Vehicle 0.00 Mileage Rate
- [X] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other *(specify)*

14. SPECIAL EXPENSE AUTHORIZED
- [ ] Registration Fees *(meeting, training, etc.)*
- [ ] Commercial Rental Car
- [ ] Excess Baggage not to exceed
- [ ] Other *(Please identify)*

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 0.00
Per Diem/M&IE	25.50
Transportation	98.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 123.50
16. ADVANCE REQUESTED *(payable one full calendar day in advance only)*	$ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*
1172200 J108E

19. REQUESTED BY
Jeffrey Levi 11/13/96

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)*
Carol H. Rasco

21. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
Kelley L. Raines 11/13/96

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Ticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT
BUREAU DIVISION OR OFFICE
OFC OF AIDS POLICY

2. TYPE OF TRAVEL
☒ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.
TA000658

4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*
LEVI, JEFFREY W.

b. SOCIAL SECURITY NO.
(b)(6)

6. PERIOD OF TRAVEL
a. FROM 09/15/96
b. TO 09/16/96

c. MAILING ADDRESS *(Include ZIP Code)*
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.
202/632-1090

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TA000658
b. DATE(S) 08/26/96

e. PRESENT DUTY STATION
WASHINGTON DC

f. RESIDENCE *(City and State)*
Washington, DC

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding 0.00
b. Amount to be applied 0.00
c. Amount due Government *(Attached ☐ Check ☐ Cash)*
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY
FILE COPY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1326218031	458.00	US	Y	09/12/96	DCA-Washingt	MSY-New Orle

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 ▶ Jeffrey Levi DATE 9/17/96 AMOUNT CLAIMED ▶ 122.92

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 ▶ $ 122.92

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000658

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.310 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/15	8:00A	D-:RES: Washington,DC											
09/15		:			Air fare								
09/15	11:07A	A-:NEW ORLEANS,LA				25.50		16.65	42.15			42.15	
09/15		Taxi -Hotel to meeting											5.00
09/16	8:55A	D-:NEW ORLEANS,LA											
09/16		:			17 miles @ $ .310					17	5.27		
09/16		:			Parking Fees -Nat'l								20.00
09/16		:			Taxi - Hotel/Airpor								25.00
09/16	2:00P	A:WASHINGTON DC											
09/16		Subsistence				25.50			25.50			25.50	
									SUBTOTALS ▶		5.27	67.65	50.00
									TOTALS ▶		5.27	67.65	50.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶ 122.92

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 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.

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000658	08/26/96

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*

JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION
202/632-1090	WASHINGTON DC

11. [X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

12. TRAVEL INFORMATION

PURPOSE: Meeting of the Forum for Collaborative HIV Research

DATE(S): Travel Begin On 9 15 1996 Travel End On 9 16 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: RES: Washington,DC	To: NEW ORLEANS,LA 70/ 34
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: WASHINGTON DC

13. MODE OF TRAVEL

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

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 70.00
Per Diem/M&IE	51.00
Transportation	416.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 537.00

16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)* $ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)* HE2200 J108E

19. REQUESTED BY 9/5/96

Patricia S. Fleming

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)*

Carol H. Rasco

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. Advance of funds

___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

September 16, 1996

MEMORANDUM FOR CARMENA

FROM: Jeff Levi

SUBJECT: Expenses for New Orleans trip

departed home: 8:00 a.m. Sunday, September 15, 1996

hotel: $16.65

taxi from hotel to Keystone meeting: $5

September 16

taxi from hotel to airport: $25

National Airport parking: $20

mileage: 17 miles

return to office: 2:00 p.m.

JL's Itinerary

Sunday, September 15, 1996

9:21AM Depart DCA USAIR#2195 - S/8D
11:07AM Arrive New Orleans

Hotel: You made arrangements

Monday, September 16, 1996

8:55AM Depart New Orleans USAIR#447 - S/7C
1:21PM Arrive DCA

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT / BUREAU DIVISION OR OFFICE: OFC OF AIDS POLICY

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

5. a. NAME (Last, first, middle initial): LEVI, JEFFREY W.

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

c. MAILING ADDRESS (Include ZIP Code):
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE (City and State): Washington, DC

6. PERIOD OF TRAVEL: a. FROM 09/23/96 b. TO 09/24/96

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA000668 b. DATE(S) 09/11/96

10. CHECK NO.:

11. PAID BY: FILE COPY

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1326218200	491.00	DL	Y	09/19/96	DCA-Washingt	ATL-Atlanta,

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 ▶ Jeffrey Levi DATE 9/25/96 AMOUNT CLAIMED ▶ 172.03

NOTE: Falsification of a claim on 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 ▶ $ 172.03

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

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.)

(Unlisted items are self explanatory)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000668

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: .000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/23	7:00P	D-:WASHINGTON DC											
09/23		:			Air fare								
09/23	8:50P	A-:ATLANTA,GA				8.50		91.53	100.03			100.03	
09/23		:			Taxi/A/port to Hote								12.00
09/24	7:25P	D-:ATLANTA,GA											
09/24		:			Parking Fees								14.00
09/24	9:07P	A:WASHINGTON DC											
09/24		Subsistence				34.00			34.00			34.00	
09/24		Taxi/Hotel to A/port											12.00
										SUBTOTALS ▶	0.00	134.03	38.00
										TOTALS ▶	0.00	134.03	38.00

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, 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. Furnishing 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 ▶ 172.03

STANDARD FORM 1012 BACK (10-77)

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

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000668	09/11/96

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*: JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
202/632-1090	WASHINGTON DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** Rate(s):

12. TRAVEL INFORMATION

PURPOSE: CDC MEETING ON HIV COUNSELING AND TESTING

DATE(S): Travel Begin On 9 23 1996 Travel End On 9 25 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: WASHINGTON DC
To:
To:
To:
To:
To:

To: ATLANTA, GA 85/ 34
To:
To:
To:
To:
Return to: WASHINGTON DC

13. MODE OF TRAVEL

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

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 170.00
Per Diem/M&IE	85.00
Transportation	491.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 746.00
16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*: 11622200 JOSE

19. REQUESTED BY: Jeffrey Levi 9/11/96

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)*: Carol H. Rasco

21. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*: Ashley L. Raines

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

United States Treasury

15-51
000

P 481,242,230

Check No.

10 04 96 46 PHILADELPHIA, PA - 2036 96762008

LEVI, JEFFRE M1 EOPFMD 0EJ7000001 1101000:

Pay to
the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$****165*5(

VOID AFTER ONE YEA

LEVI VOUCHER TA000668

165 5

058

REGIONAL DISBURSING OFFICER

⑈2036⑈ ⑆000000518⑆ 9676 2008 2⑈ 011096

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OFC OF AIDS POLICY

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

a. NAME (Last, first, middle initial): LEVI, JEFFREY W.

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

6. PERIOD OF TRAVEL: a. FROM 09/30/96 b. TO 10/01/96

c. MAILING ADDRESS (Include ZIP Code):
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA000667 b. DATE(S) 09/11/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE (City and State): Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government (Attached [ ] Check [ ] Cash)	
d. Balance outstanding	

9. CASH PAYMENT RECEIPT: a. DATE RECEIVED b. AMOUNT RECEIVED $ c. PAYEE'S SIGNATURE

11. PAID BY

FILE COPY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
328820586	374.00	DL	M	09/25/96	DCA-Washingt	MCO-Orlando

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 ▶ Jeffrey Levi DATE 10/8/96 AMOUNT CLAIMED ▶ 200.99

NOTE: Falsification of an item in the 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 ▶ $ 200.99

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000667

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/30	2:50P	D-:WASHINGTON DC											
09/30		:			Air fare								
09/30	1:30P	A-:ORLANDO,FL				17.00		65.49	82.49			82.49	
09/30		:			Taxi/A/port to Hote								30.00
09/30		:			Taxi/ADA Mtg. to Ho								5.00
09/30		Taxi/Hotel to ADA Mtg.											5.00
10/01	1:50P	D-:ORLANDO,FL											
10/01		:			Parking Fees @ DCA								18.00
10/01		:			Taxi/ADA Mtg. to Ho								5.00
10/01	4:00P	A:WASHINGTON DC											
10/01		Subsistence				25.50			25.50			25.50	
10/01		Taxi/Hotel to A/port											30.00
		SUBTOTALS ▶									0.00	107.99	93.00
		TOTALS ▶									0.00	107.99	93.00

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, 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 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 ▶ 200.99

STANDARD FORM 1012 BACK (10-77)

Radisson®
BARCELÓ HOTEL ORLANDO
INTERNATIONAL DRIVE

09/30/96

1213 10/01/96

59.00 0.00 1

Mr. Jeff Levi
xx

Radisson Barcelo Hotel Orlando, 10/01/96

09/30	Room	1213	59.00
09/30	Tax		6.49
09/30	Telephone - Lo		0.75
	->#1213 : 351-24		
10/01	Mangoe's Resta		7.06
	->#1213 : CHECK		
	Total		73.30
	Balance		73.30 $

Thank you for choosing Radisson Barcelo Hotel Orlando.

GUEST
SIGNATURE _____

I agree that liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any or the full amount of these charges.

8444 International Drive • Orlando, Florida 32819 • (407) 345-0505 • Fax (407) 352-58

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

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000667	09/11/96

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*: JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION
202/632-1090	WASHINGTON DC

11. [X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Attend Meeting of the American Dental Association to discuss AIDS Dental Programs

DATE(S): Travel Begin On 9 30 1996 Travel End On 10 1 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: WASHINGTON DC	To: ORLANDO, FL 65/ 34
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: WASHINGTON DC

13. MODE OF TRAVEL

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

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 65.00
Per Diem/M&IE	51.00
Transportation	374.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 490.00
16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*: 11602200 J108E

19. REQUESTED BY: Jeffrey Levi 9/11/96

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)*: Carol Rasco

21. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*: [illegible] 9/17/96

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

October 2, 1996

MEMORANDUM FOR CARMENA

FROM: Jeff Levi

SUBJECT: Orlando expenses

The following are my expenses for the Orlando trip:

departed office at 1:30 p.m. September 30th

September 30th:

Taxi from Orlando Airport to hotel:	$30
Taxi from hotel to ADA meeting	$ 5
Taxi from ADA meeting to hotel	$ 5

October 1st:

Taxi from ADA meeting to hotel	$ 5
Hotel night of September 30th	$65.49
Taxi from hotel to airport	$30
Parking at National Airport	$18

arrived DC 4:00 p.m.

EASYLINK 5871262L001 27SEP96 08:03/08:03 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2026321096

SALES PERSON: 50 ITINERARY DATE: 27 SEP 96
CUSTOMER NBR: 1695000023 RLSQQW PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF REF: KC5SXD000667

30 SEP 96 - MONDAY
AIR DELTA AIR LINES INC FLT:1105 COACH
LV WASHINGTON NATL 250P EQP: MD-80
AR ORLANDO INTL 455P NON-STOP
LEVI/JEFF SEAT-30C
HOTEL ORLANDO INTL OUT-01OCT
RADISSON HOTELS WORLDWIDE 1 NIGHT
RADISSON BARCELO HOTEL 1 ROOM CONSORTIUM DISCOUNT
8444 INTERNATIONAL DR RATE-59.00USD PER NIGHT
ORLANDO FL 32819 CANCEL 03 DAYS PRIOR TO ARRIVAL
FONE 407-345-0505
FAX 407-352-5894
GUARANTEED LATE ARRIVAL
CONFIRMATION RK672725

01 OCT 96 - TUESDAY
AIR USAIR FLT:1155 COACH
LV ORLANDO INTL 150P EQP: BOEING 737 300
AR WASHINGTON NATL 358P NON-STOP
LEVI/JEFF SEAT- 5D

30 MAR 97 - SUNDAY
OTHER WASHINGTON

CONTINUED ON PAGE 2

SALES PERSON: 50 ITINERARY DATE: 27 SEP 96
CUSTOMER NBR: 1695000023 RLSQQW PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF REF: KC5SXD000667

. TOTAL AIR FARE USD 374.00
. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO ITENTIFICATION
AT AIRPORT CHECKIN.
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52
.
. 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.
.
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.
JS

Orlando 96

ADA. FDI

World Dental Congress
September 28–
October 1, 1996

American Dental Association

211 East Chicago Ave.
Chicago, IL 60611-2678
ph (312) 440-2500
fx (312) 440-2707

William S. Ten Pas, D.M.D.
President
John S. Zapp, D.D.S.
Executive Director

FDI World Dental Federation

7 Carlisle Street
London W1V 5RG
England
ph 44 171 935 7852
fx 44 171 486 0183

Heinz A. Ernst, Dr. med. dent.
President
Per Åke Zillén, D.D.S.
Executive Director

July 17, 1996

Mr. Jeffrey Levi
Office of National Aids Policy
Executive Office of the President
750 17th Street, N.W.
Washington, DC 20503

Dear Mr. Levi:

Enclosed is a speaker's packet for the 1996 ADA/FDI World Dental Congress and a Preview of the Congress.

Please complete the biographical information and synopsis and audiovisual request forms in the speaker's packet and return them to me by **August 17**. The information is necessary for the Official Program and translations. Please note the other due dates specified on the deadline sheet.

The enclosed Preview to the meeting has been coded for your registration as a speaker. Accordingly, you will automatically be registered without charge for the ADA/FDI World Dental Congress. You can use the registration form to register your staff, family, and guests and to order tickets for courses, tours and special events, many of which are expected to sell out prior to the deadlines. Fees for registering staff, family and guests are on the registration form in the Preview.

The enclosed Preview has also been coded for housing for speakers. We have reserved a block of rooms for speakers Radisson Inn International Drive. If you need housing, please complete the Housing Form in the Preview and mail or fax the form directly to the ADA housing bureau in Orlando, Florida immediately. You are welcome to request another hotel subject to availability.

Thank you for your participation and support. We look forward to working with you in the presentation of an outstanding Scientific Program.

Sincerely,

Patricia Johnson

Patricia A. Johnson
Manager of Program Development
Council on ADA Sessions and International Programs

PAJ:eg
Enclosures

Hotel Information

To Make a Hotel Reservation

Complete the official hotel reservation form, which is located on the inside back cover of this publication. Send the completed form to the ADA/FDI Housing Bureau by mail or fax. **Reservations are not accepted by telephone.**

The written hotel request must be received no later than Thursday, August 15, 1996, to ensure a reservation. Complete the hotel reservation form, detach, place in a separate envelope and mail to:

ADA/FDI Housing Bureau
6700 Forum Drive
Suite 100
Orlando, Florida 32821 USA

Hotel reservation forms may be sent via fax to the ADA/FDI Housing Bureau at (407) 363-5817.
Note: Send only one copy. If you send this form by fax, then do not mail it.

Assignments

Room reservations are processed in the order that they are received. If the first choice of hotel is not available, an alternate hotel assignment may be made at a comparable property. The ADA/FDI Housing Bureau will send an acknowledgement of receipt of the reservation request after they complete the processing procedure, and the hotel will send a confirmation notice to you.

Room Deposits

A $150 deposit per room is required to guarantee a reservation. The hotel reservation form includes a space for a credit card number. If you do not guarantee the reservation by credit card, enclose a check drawn on a US bank, payable to the ADA/FDI Housing Bureau, with the hotel reservation form. **Each room reservation must be guaranteed with a deposit. If a deposit is not included with the request, the reservation will not be processed.** The confirmed hotel will refund the deposit if the reservation is cancelled directly with the ADA/FDI Housing Bureau at least 14 days prior to arrival.

Changes and Cancellations

Make any cancellations and/or changes no later than 14 days prior to arrival date, directly with the housing bureau, either in writing, by fax (407) 363-5817 or by telephone (407) 363-5800, hours 8:00 am-7:00 pm Eastern Time Monday through Thursday and 8:00 am-5:00 pm Friday.

Hotels

Code	Hotel	Rate
1.	Buena Vista Palace	$149
2.	Best Western Plaza International	$ 49
3.	Clarion Plaza	$101
4.	Country Hearth Inn	$ 76
5.	Courtyard by Marriott	$109
6.	Days Inn Civic Center	$ 65
7.	Disney's Dixie Landing	$109
8.	Disney's Grand Floridian	$210
9.	Disney's Port Orleans	$109
10.	Disney's Yacht & Beach Resort	$165
11.	Embassy Suites International Drive South	$139
12.	Embassy Suites Plaza International	$159
13.	Embassy Suites Resort	$115
14.	Enclave Suites of Orlando	$ 89
15.	Howard Johnson Lodge South	$ 49
16.	Hawthorn Suites	$109
17.	Hilton Walt Disney World	$145
18.	Holiday Inn International Drive	$ 79
19.	Hotel Royal Plaza	$ 89
20.	Hyatt Regency Grand Cypress	$199
21.	La Quinta Inn	$ 59
22.	Marriott's Orlando World Center	$145
23.	Omni Rosen*	$145
24.	Orlando Marriott International Drive	$104
25.	Peabody Orlando**	$162
26.	Quality Inn Plaza	$ 38
27.	Radisson Inn International Drive	$ 77
28.	Ramada Resort Florida Center	$ 65
29.	Sheraton World Resort	$ 92
30.	Summerfield Suites	$159
31.	Walt Disney World Swan	$172
32.	Wynfield Inn	$ 55

Rates quoted are single/double occupancy and do not include state and local taxes which total 11% to 12%.

Triple/quadruple accommodations are available in most hotels at slightly higher rates.

* Not available – ADA Headquarters Hotel
** Limited housing available – FDI Headquarters Hotel

Direct correspondence to: ADA/FDI Housing Bureau
6700 Forum Drive
Suite 100
Orlando, Florida 32821

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OFC OF AIDS POLICY

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

5. a. NAME *(Last, first, middle initial)*: LEVI, JEFFREY W.

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

6. PERIOD OF TRAVEL: a. FROM 09/20/96 b. TO 09/20/96

c. MAILING ADDRESS *(Include ZIP Code)*:
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA000641 b. DATE(S) 08/15/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE *(City and State)*: Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE
- a. Outstanding: 0.00
- b. Amount to be applied: 0.00
- c. Amount due Government *(Attached [ ] Check [ ] Cash)*:
- d. Balance outstanding:

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED:
- b. AMOUNT RECEIVED: $
- c. PAYEE'S SIGNATURE:

11. PAID BY: FILE COPY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1326218199	140.00	UA	Y	09/19/96	DCA-Washingt	ORD-Chicago,

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 ▶ Jeffrey Levi DATE 9/23/96 AMOUNT CLAIMED ▶ 85.50

NOTE: Falsification of an item on a 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 ▶ $ 85.50

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

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.)

(Unlisted items are self explanatory)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000641

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/20	8:00A	D-:WASHINGTON DC											
09/20		:			Air fare								
09/20	8:59A	A-:CHICAGO, IL				28.50			28.50			28.50	
09/20		:			Parking Fees/DCA A/								12.00
09/20		:			Taxi/Hotel to O'Har								25.00
09/20		:			Taxi/O'Hare to Mtg.								20.00
09/20	7:15P	D-:CHICAGO, IL											
09/20	9:00P	A:RES: Washington,DC											

CLINTON LIBRARY PHOTOCOPY

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

SUBTOTALS ▶	0.00	28.50	57.00
TOTALS ▶	0.00	28.50	57.00

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

TOTAL AMOUNT CLAIMED ▶ 85.50

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 28 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 you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other then SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)

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

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000641	08/15/96

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*
JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
202/632-1090	WASHINGTON DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

12. TRAVEL INFORMATION

PURPOSE: Speak & participate in a panel discussion at the "Reimbursement for HIV Care and Treatment: State-level Strategies" Conference

DATE(S): Travel Begin On 9 20 1996 Travel End On 9 21 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: WASHINGTON DC	To: CHICAGO,IL 119/ 38
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: RES: Washington,DC

13. MODE OF TRAVEL

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

14. SPECIAL EXPENSE AUTHORIZED	15. ESTIMATED COST	AMOUNT
[ ] Registration Fees *(meeting, training, etc.)*	Per Diem/Lodging	$ 119.00
[ ] Commercial Rental Car	Per Diem/M&IE	57.00
[ ] Excess Baggage not to exceed	Transportation	128.00
[ ] Other *(Please identify)*	Rental Car	0.00
	Miscellaneous	0.00
	TOTAL	$ 304.00
	16. ADVANCE REQUESTED *(Meals and non-reimbursable expenses only)*	$ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*
1162200 J108E

19. REQUESTED BY
8/21/96

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)*
Carole Rasco

21. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
Shelley K. Raines 9/17/96

OA FORM 22
REVISED JUNE 1984

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Ticketing Office ___ 5. Funds Manager copy ___ 6. Traveler's copy

Reimbursement for HIV Care and Treatment:

state-level strategies

september 20-21, 1996
chicago, illinois

August 2, 1996

Jeff Levi
National AIDS Policy Office
Washington DC

Dear Mr. Levi,

We invite you to be a guest speaker at an upcoming conference entitled, "Reimbursement for HIV Care and Treatment: State-level Strategies," to be held at the Westin Hotel in Chicago, Illinois on Friday and Saturday, September 20 and 21, 1996. The invitation-only conference is being co-sponsored by AIDS Action Council, AIDS Project Los Angeles, Gay Men's Health Crisis, the National Association of People with AIDS, the National Black Gay and Lesbian Leadership Forum, and the National Minority AIDS Council.

312-943-7200

Conference Sponsors

AIDS Action Council

AIDS Project Los Angeles

Gay Men's Health Crisis

National Association of People with AIDS

National Black Gay and Lesbian Leadership Forum

National Minority AIDS Council

As you know, exciting new developments in clinical treatment for HIV create new challenges for the reimbursement systems that finance care and treatment. The restructuring of the nation's Medicaid program poses a significant challenge to the delivery of health services to persons living with HIV/AIDS. AIDS Drug Assistance Programs (ADAP) in many states came close to exhausting their funds this year. And dramatic moves toward managed care by both private insurance companies and Medicaid change the context in which advocacy for treatment takes place.

For all of these reasons, we felt this was a particularly opportune time to bring together HIV treatment activists from across the country, joined by national advocacy experts, to discuss strategies for ensuring continuing access to treatment for all HIV-infected individuals. Our goal is to leave the conference having developed a guide for participants and others to use that highlights the major challenges for reimbursement and strategic plans for addressing those challenges.

The conference is intended to be a hands-on, interactive event in which participants can share their experiences using approaches that have succeeded in enhancing access to, and reimbursement for, HIV treatment. It will also provide a forum for leading experts on HIV/AIDS and the public and private reimbursement systems to exchange ideas about the future of treatment reimbursement and how the AIDS community, working with other allies, can help to shape it.

Conference Secretariat

IssueSphere

1818 N Street, NW

Suite 300

Washington, DC 20036

202 • 452 • 6500

202 • 452 • 6502

We are asking that you participate in a panel discussion entitled "Preserving and Expanding State ADAP Programs." This panel will be held 2:00 p.m. to 3:45 p.m. on Friday, September 20. Please know that in addition to your presentation, you are welcome to attend all of the other activities and meetings planned for the conference. A schedule of events has been enclosed for your reference. As a speaker, your travel, lodging and meals will be provided. We sincerely hope you will be able to join us this September in Chicago as your presence at the conference will greatly contribute to its success. To accept this invitation or if you have additional questions, please contact Troy Petenbrink at 202/452-6500.

Thank you.

Q & A - ½ hr.
Press - NFO

Reimbursement for HIV Care and Treatment:

state-level strategies

september 20-21, 1996
chicago, illinois

August 2, 1996

Jeff Levi
National AIDS Policy Office
Washington DC

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Conference Sponsors

AIDS Action Council

AIDS Project Los Angeles

Gay Men's Health Crisis

National Association of People with AIDS

National Black Gay and Lesbian Leadership Forum

National Minority AIDS Council

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Thank you.

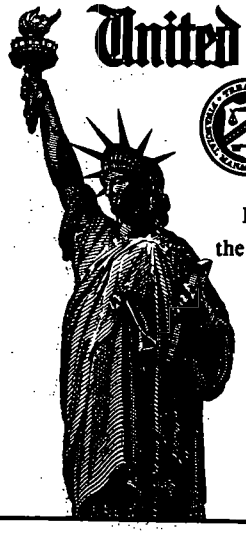
Q & A - ½ hr.
Ross — NFO

Chicago Expenses —

Departed & arr 9/20

Taxi	O'Hare to downtown Chi	$20
Taxi	Downtown Chi to O'Hare	$25
Parking @ Nat'l Airport		$12

Returned 9 pm.



United States Treasury

15-51/000 P 481,242,229

Check No.

10 04 96 43 PHILADELPHIA, PA - 2036 96762007

LEVI, JEFFRE M1 EOPFMD 0EJ7000001 1101000

Pay to the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$*****85*5(

VOID AFTER ONE YEA

LEVI VOUCHER TA000641

058

85 5

REGIONAL DISBURSING OFFICER

⑈2036⑈ ⑆000000518⑆ 96762007⑈ 011096

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT / BUREAU DIVISION OR OFFICE: OFC OF AIDS POLICY

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

5. a. NAME *(Last, first, middle initial)*: LEVI, JEFFREY W.

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

6. PERIOD OF TRAVEL: a. FROM 08/21/96 b. TO 08/24/96

c. MAILING ADDRESS *(Include ZIP Code)*:
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA000616 b. DATE(S) 07/31/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE *(City and State)*: Washington, DC

10. CHECK NO.:

11. PAID BY: FILE COPY

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*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1319959168	636.00	UA	Y	08/21/96	IAD-Washingt	SEA-Seattle,

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 ▶ [signature] DATE 9/3/96 AMOUNT CLAIMED ▶ 345.34

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 ▶ $ 345.34

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(Unlisted items are self explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000616

TRAVELER'S LAST NAME LEVI

MILEAGE RATE: 0.310

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/21	5:20P	D-:WASHINGTON DC											
08/21		:			Air fare								
08/21	7:28P	A-:SEATTLE,WA				17.00		87.55	104.55			104.55	
08/21		:			27 miles @ $ .310					27	8.37		
08/21		:			Taxi to Hotel in Se								45.00
08/22		Subsistence				34.00		87.55	121.55			121.55	
08/23	10:00P	D-:SEATTLE,WA											
08/23		Subsistence				34.00			34.00			34.00	
08/24		:			27 miles @ $ .310					27	8.37		
08/24		:			Parking Fees								15.00
08/24	5:38A	A:RES: Washington,DC											
08/24		Subsistence				8.50			8.50			8.50	

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

SUBTOTALS ▶ 16.74 | 268.60 | 60.00

TOTALS ▶ 16.74 | 268.60 | 60.00

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

TOTAL AMOUNT CLAIMED ▶ 345.34

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5036 25th Avenue N.E. Seattle, WA 98105 (206) 526-5200

JEFF LEVI
AMX TRAVEL
1600 PH AVE
WASHINGTON DC

AIDS PRESIDENT AIDS POLICY
WASH DC
WASHINGTON DC

ARRIVAL	08/21/96
DEPARTURE	08/23/96
# OF PEOPLE	1
ROOM RATE	76.00
ROOM NUMBER	319
FOLIO NUMBER	32170

Signature X_____

Date	Description	Total	Tax	Balance	
08/21/96	Nightly Chg. - Room 319	76.00	11.55	87.55	I
08/22/96	Nightly Chg. - Room 319	76.00	11.55	175.10	I

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

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000616	07/31/96

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*: JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
202/632-1090	WASHINGTON DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Speaker at the Second National HIV/AIDS Housing Conference

DATE(S): Travel Begin On 8 22 1996 Travel End On 8 25 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: RES: Washington,DC	To: SEATTLE,WA 83/ 34
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: RES: Washington,DC

13. MODE OF TRAVEL

- [X] Commercial Air
- [ ] Private Vehicle 0.00 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other *(specify)*

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	$ 249.00
Per Diem/M&IE	119.00
Transportation	636.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 1,004.00
16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*

11622200 J108E

19. REQUESTED BY

Patricia S. Fleming 8/7/96

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)*

Carol H. Rasco

21. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

Patricia A. Dawson 8/7/96

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

JL's Itinerary

Wednesday, August 21
5:20PM Depart IAD UA#171 - S/23C
7:28PM Arrive Seattle

Hotel: Silver Cloud Inn
5036 25th Ave., N.E.
Seattle, WA 98105
P: 206/526-5200
F: 206/522-1450
CNF#32170

Friday, August 23
10:00PM Depart Seattle UA#264 - S/21D

Saturday, August 24
5:38AM Arrive IAD

Facsimile Cover Sheet

To: Jeff Levi
Company: Office of the Nat'l AIDS Policy Coordinator
Phone: 202.632.1090
Fax: 202.632.1096

From: Sarah Nark
Company: AIDS Housing of Washington
Phone: 206-448-5242
Fax: 206-441-9485

800 people

Date: July 29,1996
Pages including this cover page: 3

Fri PM
Sat AM
morning event

Comments:

Jeff,

Here is a copy of the AIDS Housing Conference registration form. Please complete and return as soon as possible.

Also, I have spoken with Betsy regarding your participation and you are scheduled to speak on two panels, one regarding *Media* and the second regarding *National Policy Issues*. Please contact Betsy, at the above number, for further information.

$117

Thank you,

Sarah Nark

Sarah Nark

Westin Hotel
USA WA.

QUESTIONNAIRE:

1. What is your agency's operating budget for 1996? (Do not include housing development budget) Total $_____ AIDS Housing $_____
   Supportive Services $_____
2. Type of agency (check as many as apply)

○ Operate HIV/AIDS-specific residence(s) _____ # of residences _____ # of units/beds

○ Operate residential projects that serve PLWAs, among others # of units/beds currently dedicated to PLWAs _____ ○ Actual # ○ Estimate

○ Provide rental assistance to PLWAs; Annual rental assistance budget _____ Approximate # Served _____

○ Provide housing placement/referral/counseling

○ Owner of HIV/AIDS housing project currently in development. Please indicate federal funding, if any: ○ HOPWA ○ 811 ○ HUD McKinney (SHP) ○ 811 Tax Credits

○ Other _____

○ Low-income housing developer

○ AIDS service provider embarking on housing for first time

○ Other, describe _____

○ Briefly describe your role with the agency _____

SCHOLARSHIPS

Scholarships are available to representatives of programs serving people living with HIV/AIDS. Priority will be given to people of color, representatives of rural/small town projects, and people living with HIV/AIDS who play an active role in an AIDS housing program. Criteria for scholarship award will be based on financial need, geographic distribution, target population(s) served, and the leadership skills the applicant will be able to bring back to his/her community. The number of scholarships available will depend upon total conference funding.

To apply for a scholarship, please complete the entire registration form including the following scholarship portion. Enclose $75.00 to reserve your space. This amount will be applied to your total fees or returned to you if your request is denied and you are otherwise unable to attend the conference. Return completed packet by to the above address.

On a separate piece of paper please answer the following questions:

1. Briefly describe the type(s) of (AIDS) services your agency provides and the population(s) it serves.
2. In a paragraph (no more than 1/2 sheet) describe in your own words what you would like to contribute to the Second National HIV/AIDS Housing Conference and what you would expect to take back to serve your community.

SCHOLARSHIP OPTIONS: – please check one:

In order to make the conference available to as many low-income providers and residents as possible, we ask you to request only the amount that you actually need.

○ Option A — $150.00 Registration credit for the conference. (Participant will pay for the remainder of registration, housing and meals, plus own transportation costs.) ($150.00 value)

○ Option B — $225.00 Registration credit for the conference and $100.00 travel voucher. (Participant will pay $75 registration, full housing and meals, plus any transportation costs over $100.00.) ($325.00 value)

○ Option C — $225.00 Registration credit for the conference, full housing and meals, and $100.00 travel voucher. (Participant will pay $75.00 registration and any transportation costs over $100.00.) ($550.00 value) Scholarship travel must be booked through the official conference travel agency, Metropolitan Travel. Call them toll free at 800-347-8747 between 8:00 a.m. and 5:00 p.m. Pacific time, Monday through Friday. Please do not make travel arrangements until you receive a written confirmation that your scholarship has been awarded.

PLEASE NOTE: Space is limited and reserved on a first-come, first-served basis. Registrations without full payment will not be accepted—except scholarship requests (see above). Registrations with payment received by the Early Bird Registration Deadline of June 1st will be guaranteed a space. AIDS Housing of Washington reserves the right to return registration forms after capacity has been reached.

Fax to:

Name

Organization

Fax Number

Date

Remarks

Fax from:

Therese Doran, Conference Registrar
AIDS Housing of Washington

If this transmission is not complete, please call 206.443.3320

Page 1 of 2

[redacted]

SECOND NATIONAL

HIV/AIDS HOUSING
CONFERENCE

REGISTRATION AND SCHOLARSHIP FORM

AUGUST 22-25, 1996
SEATTLE, WASHINGTON

Therese Doran, Conference Registrar
AIDS Housing of Washington
2025 First Avenue, Suite 420
Seattle WA 98121-2100
206.443.3320 *telephone*
206.441.9485 *facsimile*

Name: JEFFREY LEVI

Name & title: DEPUTY DIRECTOR

Organization: Office of National AIDS Policy

Address: The White House

City: Washington State: DC Zip: 20503

Home Phone: 202-632-1090 Work Phone: Fax: 202-632-1096

Demographics *(Optional – for statistical purposes only and kept confidential)*

○ Female ○ Male Age HIV Status Race/Ethnicity

Return completed form by July 15, 1996

Please note special needs:

○ Sign Language Interpretation
○ Wheelchair Access
○ Other _____

Dietary Preferences:

○ Vegetarian ○ Chicken
○ Fish ○ Red Meat
(Vegan & kosher not available)

REGISTRATION FEES: Fee Category – choose one (less applicable discounts)

○ Conference Registration Only (housing & meals on own)	$300.00	$_____
○ Package A: Registration, 3 nights of housing, receptions & social functions, & 9 meals (Thursday lunch to Sunday lunch)	$475.00	$_____
○ Package B: Registration, 4 nights of housing, receptions & social functions, & 11 meals (Wednesday dinner to Sunday lunch)	$525.00	$_____
○ Extra Nights You may stay in the dormitory for the one or two nights preceding and/or following the actual conference. _____ nights @	$35.00	$_____
The dining hall, however, will not be open. ○ Mon. Aug 19 ○ Tues. Aug 20 ○ Sun. Aug 25 ○ Mon. Aug 26		
○ Discounts ○ If current paid member of sponsoring organization on page 10. Member of _____ subtract	$20.00	($_____)
○ If WA State AIDS Housing Provider. subtract	$25.00	($_____)
If payment in full is received before June 1, 1996. subtract	$30.00	($_____)
○ If Double Occupancy in room. Roommate name _____ ○ Please assign roommate subtract	$40.00	($_____)
Total		$_____

PAYMENT INFORMATION:

○ Check or money order attached (payable to AIDS Housing of Washington)

○ Charge my credit card: ○ MasterCard ○ VISA Cardholder's Signature _____ Today's Date _____

Cardholder's Name _____ Credit Card # _____ Exp. Date _____

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT
BUREAU DIVISION OR OFFICE
OFC OF AIDS 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)*
LEVI, JEFFREY W.

b. SOCIAL SECURITY NO.
(b)(6)

6. PERIOD OF TRAVEL
a. FROM 08/21/96
b. TO 08/24/96

c. MAILING ADDRESS *(Include ZIP Code)*
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.
202/632-1090

7. TRAVEL AUTHORIZATION
a. NUMBER(S) TA000616
b. DATE(S) 11/25/96

e. PRESENT DUTY STATION
WASHINGTON DC

f. RESIDENCE *(City and State)*
Washington, DC

10. CHECK NO.

8. TRAVEL ADVANCE
a. Outstanding 0.00
b. Amount to be applied 0.00
c. Amount due Government *(Attached)* ☐ Check ☐ Cash
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED
b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1319959168	636.00 UA	Y	08/21/96	IAD-Washingt	SEA-Seattle,

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

AMOUNT CLAIMED ▶ 366.34

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 ▶ $ 366.34

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel — Col. (d) thru (g): Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expenses, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000616

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.310 NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/21	5:20P	D-:RES: Washington,DC											
08/21		:			Air fare								
08/21	7:28P	A-:SEATTLE,WA				17.00		87.55	104.55			104.55	
08/21		:			27 miles @ $ .310					27	8.37		
08/21		:			Taxi-A/port to Hote								45.00
08/22		Subsistence				34.00		87.55	121.55			121.55	
08/23		:			Taxi-Hotel to A/por								21.00
08/23	10:00P	D-:SEATTLE,WA											
08/23		Subsistence				34.00			34.00			34.00	
08/24		:			27 miles @ $ .310					27	8.37		
08/24		:			Parking Fees								15.00
08/24	5:38A	A:RES: Washington,DC											
08/24		Subsistence				8.50			8.50			8.50	
									SUBTOTALS ▶		16.74	268.60	81.00
									TOTALS ▶		16.74	268.60	81.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶ 366.34

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 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.

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT / BUREAU DIVISION OR OFFICE: OFC OF AIDS POLICY

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: UNTITLED

4. SCHEDULE NO.:

5. a. NAME *(Last, first, middle initial)*: LEVI, JEFFREY W.

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

6. PERIOD OF TRAVEL: a. FROM 08/13/96 b. TO 08/16/96

c. MAILING ADDRESS *(Include ZIP Code)*:
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

7. TRAVEL AUTHORIZATION: a. NUMBER(S) TA000612 b. DATE(S) 07/31/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE *(City and State)*: Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE
- a. Outstanding: 0.00
- b. Amount to be applied: 0.00
- c. Amount due Government *(Attached)* [ ] Check [ ] Cash:
- d. Balance outstanding:

9. CASH PAYMENT RECEIPT
- a. DATE RECEIVED:
- b. AMOUNT RECEIVED: $
- c. PAYEE'S SIGNATURE:

11. PAID BY: FILE COPY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1319959061	330.00	US	Y	08/13/96	DCA-Washingt	TPA-Tampa, F

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 ▶ [signature] DATE 8/21/96 AMOUNT CLAIMED ▶ 294.00

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 ▶ $ 294.00

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

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.)

(Unlisted items are self explanatory)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expenses, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA000612

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
08/13	7:00P	D-:WASHINGTON DC											
08/13		:			Air fare								
08/13	9:41P	A-:TAMPA,FL				6.50		72.00	78.50			78.50	
08/14		Subsistence				26.00		72.00	98.00			98.00	
08/15		Subsistence				26.00		72.00	98.00			98.00	
08/16	4:59P	D-:TAMPA,FL											
08/16	6:00P	A:RES: Washington,DC											
08/16		Subsistence				19.50			19.50			19.50	
									SUBTOTALS ▶		0.00	294.00	0.00
									TOTALS ▶		0.00	294.00	0.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶ 294.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, 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 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.

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

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA000612	07/31/96

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*: JEFFREY W. LEVI

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
Deputy Director	(b)(6)	E03374	OFC OF AIDS POLI

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
202/632-1090	WASHINGTON DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

12. TRAVEL INFORMATION

PURPOSE: Participate in "Preventing Substance Abuse and HIV: A National Leadership Forum

DATE(S): Travel Begin On 8 13 1996 — Travel End On 8 16 1996

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: WASHINGTON DC	To: TAMPA, FL 72/ 26
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: WASHINGTON DC

13. MODE OF TRAVEL

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

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST	AMOUNT
Per Diem/Lodging	$ 216.00
Per Diem/M&IE	91.00
Transportation	332.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 639.00
16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

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

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*

11602200 JTAPE

19. REQUESTED BY: Pam S. Haering 7/2/96

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)*: Carol H. Rasco

21. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*: Ashley A. Raines 8/7/96

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

JL's Itinerary

Tuesday, August 13, 1996

7:00PM Depart DCA USAIR#2333 - S/5B
9:14PM Arrive Tampa

Hotel: Wyndham Harbour Island
725 S. Harbour Boulevard
Tampa, FL
P:813/229-5000
F:813/229-5022
CNF#369
(Guaranteed with Liz on PF's Visa)

Friday, August 16, 1996

2:50PM Depart Tampa USAIR#2286 - S/7D
4:59PM Arrive DCA

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Washington DC 20201

JUL 25 1996

CP—
Please do travel form & make reservations — leaving late Tues — return Fri PM. & reserve hotel room — hold RSVP till PF OKs — Also have you a letter same for PF? This needs to be sent in this week.
JL

Mr. Jeff Levi
Deputy Director
White House Office of National AIDS Policy
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

Dear Mr. Levi:

You are cordially invited to participate in ***Preventing Substance Abuse and HIV: A National Leadership Forum,*** to be held August 14 to 16, in Tampa, Florida. This Forum is being held in response to President Clinton's request to "... convene a meeting of State and local people involved in both public health and drug prevention to develop an action plan that integrates HIV prevention and substance abuse prevention."

The Forum is sponsored by the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the National Institutes of Health, in collaboration with the National Association of State Alcohol and Drug Abuse Directors, the Association of State and Territorial Health Officials, the National Alliance of State and Territorial AIDS Directors, and Join Together.

You are one of seventy-five persons invited to participate in this Forum because of your experience and expertise. Participants include a wide range of leaders representing consumers, the research community, Federal, state and local governments, and national and community-based organizations involved in substance abuse prevention and HIV prevention.

The overall theme of the Forum is to examine how we can work together to implement practical approaches to substance abuse and HIV prevention. The goals are: to convene a forum of national and local leaders in the fields of substance abuse and HIV prevention; and to identify and explore steps for improving collaboration to prevent substance abuse and HIV infection in the United States. A preliminary agenda is enclosed for your review.

Enclosed with this letter, please find logistical information from HI-TECH International, Inc., the contractor for the Forum. Please complete the registration form provided, and return it to HI-TECH.

Please arrange your travel through the appropriate channels at your agency. You also need to secure your accommodations directly with the Wyndham Harbour Island Hotel in Tampa, Florida, (813) 229-5000, and mention "Preventing HIV and Substance Abuse: A National Leadership Forum" ensuring your Government rate of $72.00 per night. For further information, please call Mr. Godfrey Jacobs, HI-TECH International, Inc., at (703) 998-0287, extension 273.

I look forward to seeing you in Tampa in August.

Sincerely yours,

Helene D. Gayle

Helene D. Gayle, M.D., M.P.H.
Forum Co-Chair
Director
National Center for HIV,
STD, and TB Prevention
Centers for Disease Control
and Prevention

Enclosure

HI - TECH INTERNATIONAL, INCORPORATED

2800 SHIRLINGTON ROAD
SUITE 1001
ARLINGTON, VA 22206
(703) 998-0287
(703) 998-0315 Fax

July 24, 1996

Mr. Jeff Levi
Deputy Director
White House Office of National AIDS Policy
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

Subject: Meeting "Preventing Substance Abuse and HIV:
A National Leadership Forum"
August 14-16, 1996
Wyndham Harbour Island Hotel
725 S. Harbour Boulevard
Tampa, Florida
(813) 229-5000
(813) 229-5022 Fax

Dear Mr. Levi:

We are pleased that you will be participating in the subject meeting to be held on Wednesday, August 14, through Friday, August 16, 1996, at the Wyndham Harbour Island Hotel. On Wednesday, the meeting will commence at 8:30 a.m. and adjourn at 5:30 p.m. with a reception following from 6:00 to 7:30 p.m.; on Thursday, the meeting will commence at 8:30 a.m. and adjourn at 5:30 p.m.; and on Friday, the meeting will commence at 8:30 a.m. and adjourn at 1:00 p.m. A continental breakfast will be provided each morning at 7:30 a.m. The registration desk will be open on Tuesday evening from 5:00 to 7:00 p.m.; on Wednesday and Thursday from 7:30 a.m. to 5:30 p.m.; and on Friday from 7:30 a.m. to 1:00 p.m. Staff members will provide you with your name badge and packet of meeting materials at registration, and will be available throughout the conference to provide any assistance you may require.

As mentioned in your invitation letter, HI-TECH International, Inc. is the contractor providing support services for this meeting. **The Wyndham Harbour Island Hotel has reserved a block of rooms at the Government per diem of $72 per night.** ***Please be***

sure to call in your reservation to the Wyndham Hotel at (813) 229-5000 and mention "Preventing Substance Abuse and HIV: A National Leadership Forum" in order to receive this special rate.

A registration form is enclosed for you to complete upon receipt of this letter and return by mail or fax to HI-TECH at (703) 998-0315. Thank you for your prompt response.

I look forward to meeting you in Tampa. In the interim, if you should have any questions regarding your hotel accommodations, transportation, or require any special accommodations, please contact me at (703) 998-0287, extension 233.

Sincerely,

Mary Jane Garner
Logistics Coordinator

Enclosure: Registration Form
Hotel Brochure

PREVENTING SUBSTANCE ABUSE AND HIV:

A NATIONAL LEADERSHIP FORUM

August 14-16, 1996

Wyndham Harbour Island Hotel
725 S. Harbour Island Boulevard
Tampa, Florida
(813) 229-5000
Fax (813) 229-5022

Meeting Schedule

Wednesday, August 14:
Registration/Continental Breakfast-7:30 a.m., Opening Remarks-8:30 a.m., Day I Adjournment-5:30 p.m., Reception-6:00 p.m.

Thursday, August 15:
Continental Breakfast-7:30 a.m., Opening Session-8:30 a.m., Day II Adjournment-5:30 p.m.

Friday, August 16:
Continental Breakfast-7:30 a.m., Opening Session-8:30 a.m., Day III Adjournment-1:00 p.m.

Meeting Site

The meeting site for "Preventing Substance Abuse and HIV: A National Leadership Forum" is the Wyndham Harbour Island Hotel, located in Tampa, Florida. A complimentary shuttle service (approximately a 15 minute ride) is available from the Tampa International Airport to the Wyndham Hotel every hour on the half hour from 7:30 a.m. through 10:30 p.m.

Please complete the registration form **upon receipt**, and fax or mail to:

Mary Jane Garner
HI-TECH International, Inc.
2800 Shirlington Road, Suite 1001
Arlington, VA 22206
(703) 998-0287 Fax (703) 998-0315

Conference Registration Form

Name: Jeffrey Levi Degree(s): _____

Title: [illegible]

Agency: Office of National AIDS Policy

Address: [illegible] 750 17th St NW

City/State/Zip: Washington DC 20502

Telephone: 202 690 7190 Fax: 202 625 0936

Special Needs (e.g., dietary, special access): _____

faxed & mailed 8/2

Note: Please retain bottom copy of this form for your records.

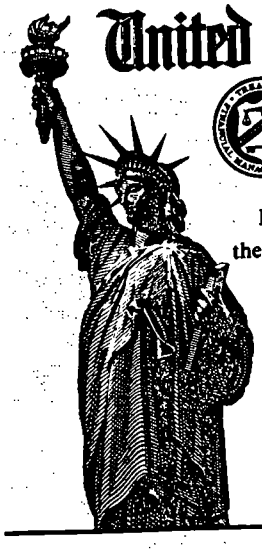
United States Treasury

15-51/000 P 467,107,881

Check No.

09 12 96 18 PHILADELPHIA, PA - 2038 25530959

LEVI, JEFFRE M1 EOPFMD OEJ6000060 11010003



Pay to the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$****294*00

VOID AFTER ONE YEAR

FS 056

REGIONAL DISBURSING OFFICER

LEVI VOUCHER TA000612 294.00

⑈ 2038 3⑈ ⑆000000518⑆ 255309593⑈ 010996

United States Treasury

15-51/000 B 903,454,968

Check No.

06 18 97 95 BIRMINGHAM, AL - 3510 97147738

309846912201 M1 DHHS-CDC R9709B0025 75090421

Pay to the order of

JEFFREY LEVI
WHITE HOUSE OF AIDS POLICY
750 17TH ST NW
WASHINGTON DC 20503

$****339*40

VOID AFTER ONE YEAR

972298001V

⑈3510⑈ ⑆000000518⑆ 97147738⑈ 010697

Re Issued check Rec'd 6/27/97

United States Treasury 15-51/000 B 775,540,885

Check No.

10 18 95 27 BIRMINGHAM, AL - 3510 85260221

309846912201 M1 DHHS-CDC R9601B0023 75090421

Pay to the order of

JEFFREY LEVI
AIDS ACTION FOUNDATION
7520 12TH STREET NW
WASHINGTON DC 20012

$****158*80

VOID AFTER ONE YEAR

952775801V

⑈3510⑈ ⑆000000518⑆ 85260221⑈ 011095

Checks returned via Fed Ex to Towanda 1/16/96
Holding for a new check w/ correct agency

Post-it® Fax Note 7671	Date 12/14/95	# of pages ▶ 1
To Towanda	From Carmena Parris	
Co./Dept.	Co.	
Phone # 404-639-2918	Phone # 202-632-1096	
Fax # 404-639-0944	Fax # 202-632-1090	

11/29 Towanda 639-2918 Cindy Wales 404-639-2918 404/639-4670 Barbara Stewart

Towanda Everson Park
~~Exec~~ 26 Executive Park Drive
Fax 404-639-0944
P: 404-639-2918
Barbara Steward E40
Atlanta GA 30329

FedEx® *USA Airbill*

Tracking Number 5897861970

Sender's Copy

1 From (please print)

Date 1/16/96 Sender's FedEx Account Number

Sender's Name Carmena Parris Phone (202) 632-1090

Company Office of National AIDS Policy Dept./Floor Suite/Room Suite 600

Address 750 17th Street, NW

City Washington State DC Zip 20503

2 Your Internal Billing Reference Information
(Optional) (First 24 characters will appear on invoice)

3 To (please print)

Recipient's Name Towanda Everson Phone (404) 639-2918

Company Centers for Disease Control Dept./Floor Suite/Room E40

26 Executive Park Drive

Address (To "HOLD" at FedEx location, print FedEx address here) (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes)

City Atlanta State GA Zip 30329

For "HOLD" Service check here
☐ Weekday ☐ Saturday (Not available at all locations)

For Saturday Delivery check here
☐ (Extra Charge Not available to all locations)

4 Service*

☐ FedEx Priority Overnight (Next business morning)
☒ FedEx Standard Overnight (Next business afternoon)
☐ FedEx 2Day (Second business day)
☐ FedEx Govt. Overnight (Authorized user only)
☐ FedEx Overnight Freight ☐ FedEx 2Day Freight
(For packages over 150 pounds. Call for delivery schedule.)

*Delivery commitment may be later in some areas.

5 Packaging

☐ FedEx Letter* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other Packaging

*Declared value limit $500

6 Special Handling

Does this shipment contain dangerous goods? ☐ No ☐ Yes (As per attached Shipper's Declaration) ☐ Yes (Shipper's Declaration not required)

☐ Dry Ice Dry Ice, 9, UN 1845 III, ____ x ____ kg 904 (Dangerous Goods Shipper's Declaration not required)

CA ☐ Cargo Aircraft Only

7 Payment

Bill to: ☒ Sender (Account no. in section 1 will be billed) ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

(Enter FedEx account no. or Credit Card no. below)

FedEx Account No. 1509-1666-6

Credit Card No. Exp Date

Total Packages	Total Weight	Total Declared Value*	Total Charges
		$ .00	$

*When declaring a value higher than $100 per package, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY section for further information.

8 Release Signature

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any resulting claims.

194

Service Conditions, Declared Value, and Limit of Liability – By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. See back of Sender's Copy of this airbill for information and additional terms. We will not be responsible for any claim in excess of $100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of $100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is $500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid.
See the FedEx Service Guide for further details.

Questions?
Call 1-800-Go-FedEx

The World On Time

Rev. Date 5/95 • PART #146163

GBFE 6/95

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED
TRAVEL ORDER 9527758 - JEFFREY LEVI

ACTUAL EXPENSES: MILEAGE & OTHER

DATE	TIME	DESCRIPTION	MILEAGE	OTHER
091395	05:00 PM	LV OFFC VIA TAXI TO AIRPORT		13.00
091395	06:15 PM	WASHINGTON, DC		
091395	07:59 PM	ATLANTA, GA		
091495	05:27 PM	ATLANTA, GA		
091495	07:20 PM	WASHINGTON, DC		
091495		TAXI TO RESIDENCE		25.00
091495	08:00 PM	ARRIVE HOME		
		TOTAL MILEAGE & OTHER		38.00

ACTUAL EXPENSES: PER DIEM

091395 06:15 PM WASHINGTON, DC
091395 07:59 PM ATLANTA, GA

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
091395	63.80	1	19.00	63.80	82.80	82.80

091495 05:27 PM ATLANTA, GA
091495 07:20 PM WASHINGTON, DC

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
091495		1	38.00		38.00	38.00

TOTAL PER DIEM	120.80
TOTAL ACTUAL EXPENSES	158.80

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT
BUREAU DIVISION OR OFFICE: OFC OF AIDS 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): LEVI, JEFFREY W.

FILE COPY

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

c. MAILING ADDRESS (Include ZIP Code):
ONAP
750 17th St., NW - S/600
WASHINGTON, DC 20503

d. OFFICE TELEPHONE NO.: 202/632-1090

6. PERIOD OF TRAVEL
a. FROM: 06/30/96
b. TO: 07/03/96

7. TRAVEL AUTHORIZATION
a. NUMBER(S): XD6A0071
b. DATE(S): 08/02/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE (City and State): Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government (Attached ☐ Check ☐ Cash)	
d. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED	b. AMOUNT RECEIVED $
c. PAYEE'S SIGNATURE	

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
597.00	UA	Y	06/26/96	IAD-Washingt	IAD-Washingt

016130964090
1

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 ▶ Jeffrey Levi DATE 8/5/96 AMOUNT CLAIMED ▶ 114.00

NOTE: Falsification of an item on 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 ▶	$ 114.00

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

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. XD6A0071

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/30	3:30P	D-:RES: Washington,DC											
06/30		:			Air fare								
06/30	7:52P	A-:SAN FRANCISCO/COUNTY,CA				19.00			19.00			19.00	
07/01		Subsistence				38.00			38.00			38.00	
07/02		Subsistence				38.00			38.00			38.00	
07/03	8:00A	D-:SAN FRANCISCO/COUNTY,CA											
07/03	8:00A	A:RES: Washington,DC											
07/03		Subsistence				19.00			19.00			19.00	
									SUBTOTALS ▶		0.00	114.00	0.00
									TOTALS ▶		0.00	114.00	0.00

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶ 114.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, 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 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.

TRAVEL VOUCHER

T.O. NUMBER:	OFFICE:	TYPE OF TRAVEL:	VOUCHER NO.: 1
9527758	HCA71	TEMPORARY DUTY	SCHEDULE NO.:

TRAVELER (PAYEE):	SSN:	PERIOD OF TRAVEL:
JEFFREY LEVI	(b)(6)	9/13/95-9/14/95

MAILING ADDRESS:	OFFICE TELEPHONE:	AUTHORIZED:
	(202)632-1090	

PRESENT DUTY STATION:	RESIDENCE:
	WASHINGTON, DC

ADVANCE OUTSTANDING:
AMOUNT TO BE APPLIED:
AMOUNT DUE GOVERNMENT:

GTR NUMBER:	COST:	TRAVEL MODE:	ISSUED:	POINTS OF TRAVEL:
A1791071	415.00	SATO	9/11/95	WASHINGTON, DC TO ATLANTA, GA AND RETURN

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: _____ TOTAL CLAIMED: 158.80

NET CHECK TO TRAVELER: 158.80

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT:
APPROVED BY: TERESA M SMITH,
ADMINISTRATIVE OFFICER (HCA71) ON 10/16/95

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).

ACCOUNTING CLASSIFICATION:

A2AXB	59210066	21.31	158.80

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)*
Jeffrey Levi

3. Title of Traveler
Deputy Director

4. AGENCY/DIVISION
National AIDS Policy Office

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: Meeting of the Keystone Center re Vice President's request for a report on clinical effectiveness research for AIDS drugs

DATE(S): Travel Begin On 6/30/96 Travel End On 7/03/96

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

Place(s) of Official Visitation *(City, State)* San Francisco, CA

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 494.00
Transportation	596.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 1,140.00

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.)*

6/7/96

14(a) Requested by
Patricia J. Flaherty 6/7/96

15. Accounting data *(Appropriation, division, project, vendor number)*
11602200 J 108E

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)*
Bruce Reed 6/7/96

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
Shelley L Raines

17. Date
6/13/96

18. Travel Authorization No.
XD6A0071

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

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.

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)*
Jeffrey Levi

3. Title of Traveler
Deputy Director

4. AGENCY/DIVISION
National AIDS Policy Office

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: Meeting of the Keystone Center re Vice President's request for a report on clinical effectiveness research for AIDS drugs

DATE(S): Travel Begin On 6/30/96 Travel End On 7/03/96

ITINERARY: Point of Origin *(City, State)* Washington, DC
San Francisco, CA

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

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 494.00
Transportation	596.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 1,140.00

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)*
1102200 7 10&E

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 6/13/96

18. Travel Authorization No. XD6A0071

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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.

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)*: Jeffrey Levi

3. Title of Traveler: Deputy Director

4. AGENCY/DIVISION: National AIDS Policy Office

5. Office Phone: 632-1090

6. Official Duty Station: Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: Meeting of the Keystone Center re Vice President's request for a report on clinical effectiveness research for AIDS drugs

DATE(S): Travel Begin On 6 30 96 Travel End On 7 / 03 / 96

ITINERARY: Point of Origin *(City, State)*: Washington, DC
San Francisco, CA

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

Washington, DC

Point of Return *(City, State)*:

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 494.00
Transportation	596.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 1,140.00

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: Patricia S. Fleming

15. Accounting data *(Appropriation, division, project, vendor number)*: 102200 / 1000

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: 6/28/96

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

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.
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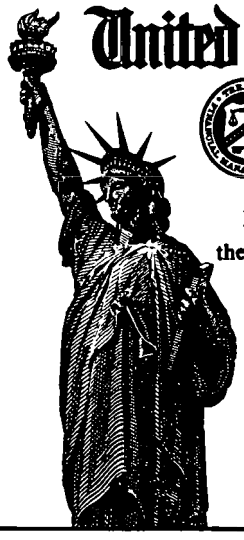
ITEM 14(a)	—	Signature of Traveler.
14(b)	—	Signature of Approving Official.
ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.



United States Treasury

15-51
000

P 459,098,332

Check No.

08 16 96 54 PHILADELPHIA, PA - 2036 95980143

LEVI, JEFFRE M1 EOPFMD 0EJ6000056 11010003

Pay to
the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$****114*00

VOID AFTER ONE YEAR

LEVI VOUCHER XD6A0071

114.00

⑈2036⑈ ⑆000000518⑆ 95980143⑈ 010896

CP — —

CA trip —

no hotel or

additional travel —

left home - 3:30 p. 6/30

returned home 8:00 am 7/3

(changed to redeye)

check faxed.

TRAVEL VOUCHER

T.O. NUMBER:	OFFICE:	TYPE OF TRAVEL:	VOUCHER NO.: 1
9523553	HCA71	TEMPORARY DUTY	SCHEDULE NO.:

TRAVELER (PAYEE):	SSN:	PERIOD OF TRAVEL:
JEFFREY LEVI	(b)(6) redacted	7/11/95-7/12/95

MAILING ADDRESS:	OFFICE TELEPHONE:	AUTHORIZED:
	(202)632-1090	

PRESENT DUTY STATION:	RESIDENCE:
	WASHINGTON, DC

ADVANCE OUTSTANDING:
AMOUNT TO BE APPLIED:
AMOUNT DUE GOVERNMENT:

GTR NUMBER:	COST:	TRAVEL MODE:	ISSUED:	POINTS OF TRAVEL:
A1640531	415.00	SATO	7/6/95	WASHINGTON, DC TO ATLANTA, GA AND RETURN

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: _____ TOTAL CLAIMED: 210.50

NET CHECK TO TRAVELER: 210.50

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT:
APPROVED BY: TERESA M SMITH,
ADMINISTRATIVE OFFICER (HCA71) ON 01/23/96

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).

ACCOUNTING CLASSIFICATION:

A2AXB 59210066 21.21 210.50

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED
TRAVEL ORDER 9523553 - JEFFREY LEVI

ACTUAL EXPENSES: MILEAGE & OTHER

DATE	TIME	DESCRIPTION	MILEAGE	OTHER
071195	06:00 AM	LV HOME VIA TAXI TO AIRPORT		24.00
071195	07:20 AM	WASHINGTON, DC		
071195	09:07 AM	ATLANTA, GA		
071195		TAXI TO HOTEL		18.00
071295	07:18 PM	ATLANTA, GA		
071295	09:00 PM	WASHINGTON, DC		
071295		TAXI TO RESIDENCE		21.00
071295	10:30 PM	ARRIVE HOME		
		TOTAL MILEAGE & OTHER		63.00

ACTUAL EXPENSES: PER DIEM

071195 07:20 AM WASHINGTON, DC
071195 09:07 AM ATLANTA, GA

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
071195	81.36	1	28.50	81.36	109.86	109.50

071295 07:18 PM ATLANTA, GA
071295 09:00 PM WASHINGTON, DC

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
071295		1	38.00		38.00	38.00

TOTAL PER DIEM	147.50
TOTAL ACTUAL EXPENSES	210.50

TRAVEL ORDER 9523553 - JEFFREY LEVI

ITINERARY ADJUSTMENT JUSTIFICATION

TRAVELER WAS AN DAY LATE DUE TO BUSINESS
MEETING IN WASHINGTON, DC.

United States Treasury

15-51
000

B 793,572,513

Check No.

01 26 96 57 BIRMINGHAM, AL 3510 23533958

309846912201 M1 DHHS-CDC R9604B0034 75090421

Pay to
the order of

JEFFREY LEVI
WHITE HOUSE OF AIDS POLICY
750 17TH STREET NW
WASHINGTON DC 20503

$****210*50

VOID AFTER ONE YEAR

952355301V

⑈3510⑈ ⑆000000518⑆ 235339588⑈ 010196

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OFC OF POLICY DEV

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: XD6A0060

4. SCHEDULE NO.:

6. a. NAME *(Last, first, middle initial)*: LEVI, JEFFREY W.

FILE COPY

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

6. PERIOD OF TRAVEL: a. FROM 05/21/96 b. TO 05/25/96

c. MAILING ADDRESS *(Include ZIP Code)*:
C/O OFC OF POLICY DEVELOP
OEOB RM 145 17TH & PENN
WASHINGTON, DC 20500

d. OFFICE TELEPHONE NO.:

7. TRAVEL AUTHORIZATION: a. NUMBER(S) XD6A0060 b. DATE(S) 06/14/96

e. PRESENT DUTY STATION: WASHINGTON DC

f. RESIDENCE *(City and State)*:

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding	0.00
b. Amount to be applied	0.00
c. Amount due Government *(Attached [ ] Check [ ] Cash)*	
D. Balance outstanding	

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY:

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH *(List by number below and attach passenger coupon; if cash is used show claim on reverse side)*

I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER *(Initials)* (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1301546133	221.00	UA	Y	05/17/96	DCA-Washingt	SFO-San Fran

COMMENTS:
Night of 5/21 was at Hilton Hotel rather than Fairmont because room was not held; no charge for room, just phone expense. Note: TA requested subsistence.

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 ▶ Jeffrey Levi DATE 6/19/96 AMOUNT CLAIMED ▶ 711.22

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 ▶ $ 711.22

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. XD6A0060

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
05/21	4:00P	D-:WASHINGTON DC											
05/21		:			Air fare								
05/21	9:13P	A-:SAN FRANCISCO/COUNTY,CA				19.00			19.00			19.00	
05/21		:			Taxi SFO to Hotel								32.00
05/22		:			Taxi from Consbrtiu								6.50
05/22		:			Taxi from Hilton to								5.00
05/22		:			Taxi to AIDS Resear								8.00
05/22		Subsistence				38.00		127.68	165.68			165.68	
05/22		Authorized Business Calls											22.34
05/23		Subsistence				38.00		127.68	165.68			165.68	
05/23		Authorized Business Calls											16.94
05/23		Fax transmission											4.00
05/24		Subsistence				38.00		127.68	165.68			165.68	
05/24		Authorized Business Calls											5.40
05/24		Fax transmission											11.00
05/25	8:00A	D-:SAN FRANCISCO/COUNTY,CA											
05/25		:			Parking Fees DCA								36.00
05/25		:			Taxi Hotel to SFO								10.00
05/25	9:00P	A:WASHINGTON DC											
05/25		Subsistence				38.00			38.00			38.00	
									SUBTOTALS ▶		0.00	554.04	157.18
									TOTALS ▶		0.00	554.04	157.18

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, 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 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 ▶ 711.22

CUSTOMER RECEIPT

DATE 5/22 TIME _____ AMT. 6.10

FROM C C TO Hilton

DRIVER _____ CAB NO. _____

LUXOR CABS • 2230 JERROLD AVE • SAN FRANCISCO

In the event that I do not redeem this pledge within 30 days from the date hereof, I agree that the same may be sold at private sale without notice to me.

Signature _____ Date _____

CUSTOMER RECEIPT

DATE 5/22 TIME _____ AMT. 5.00

FROM Hilton TO Fairmont

DRIVER _____ CAB NO. _____

LUXOR CABS • 2230 JERROLD AVE • SAN FRANCISCO

In the event that I do not redeem this pledge within 30 days from the date hereof, I agree that the same may be sold at private sale without notice to me.

Signature _____ Date _____

PASSENGER'S RECEIPT, TAXICAB FARE

Date 5/22/96

Amount of Fare $_____

Other Charges $_____

Total . . . . $ 5.2

Driver's Name _____

Cab Number _____

from SFO to Fairmont

PASSENGER'S RECEIPT, TAXICAB FARE

to Ag Corner

Date 5/22/96

Amount of Fare $_____

Other Charges $_____

Total . . . . $ 8-

Driver's Name _____

Cab Number _____

DOOR to DOOR AIRPORT EXPRESS

Reservation Coupon

(415) 775-5121

NAME: LEVIA

HOTEL: _____ ROOM NO.: 630

NO. IN PARTY: 1 PRICE: $ 10.00

DATE: 05/25/96 TIME: 7:00AM DEPOSIT: 3.00

AGENT: _____ BALANCE: 7.00

Please allow 10 minutes on pick up for traffic delays. Price include 2 bags per passenger. $1 for each additional bag.

PSC 1169

RECEIPT

Received $ 10.00

Name _____

Date 5/27/96 Time _____

DOOR to DOOR AIRPORT EXPRESS

775-5121

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)*: Jeffrey Levi

3. Title of Traveler: Deputy Director

4. AGENCY/DIVISION: National AIDS Policy Office

5. Office Phone: 632-1090

6. Official Duty Station: Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: ~~Technical Meetings~~ Regional Briefings

DATE(S): Travel Begin On 5/21/96 Travel End On 5/25/96

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

Place(s) of Official Visitation *(City, State)*: Los Angeles, CA; San Francisco, CA

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 511.38
Transportation	457.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	$ 1,028.38

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.)*

GOVERNMENT RATE NOT AVAILABLE AT HOTEL. REQUESTING ACTUAL SUBSISTENCE.

14(a) Requested by: Jeffrey Levi 5/16/96

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)*: Carol H. Rasco

15. Accounting data *(Appropriation, division, project, vendor number)*: 1162200 J108E

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*: Ashley L. Raines

17. Date: 5/18/96

18. Travel Authorization No.: X LEM 0060

OA FORM 22

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.

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)*

Jeffrey Levi

3. Title of Traveler

Deputy Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: ~~Meetings~~ Regional Briefings

DATE(S): Travel Begin On 5/21/96 Travel End On 5/25/96

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

Place(s) of Official Visitation *(City, State)* Los Angeles, CA; San Francisco, CA

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

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 511.38
Transportation	457.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	$ 1,028.38

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.)*

GOVERNMENT RATE NOT AVAILABLE AT HOTEL. REQUESTING ACTUAL SUBSISTENCE.

14(a) Requested by

[signature] 5/17/96

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)*

[signature]

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

11622000 J 1086

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

[signature]

17. Date

5/18/96

18. Travel Authorization No.

YTA0060

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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.

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ITEMS 15 & 16	—	Self Explanatory.
ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

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)*

Jeffrey Levi

3. Title of Traveler

Deputy Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: ~~Townhall meetings~~ Regional Briefings

DATE(S): Travel Begin On 5/21/96 Travel End On 5/25/96

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

Place(s) of Official Visitation *(City, State)* Los Angeles, CA; San Francisco, CA

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 511.38
Transportation	457.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	$ 1,028.38

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☐ 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.)*

GOVERNMENT RATE NOT AVAILABLE AT HOTEL. REQUESTING ACTUAL SUBSISTENCE.

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.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

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.

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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.

Expenses for San Francisco trip:

Departure from ONAP office, 4 p.m. 5/21/96
Return to residence, 9 p.m. 5/25/96

Taxi: SFO to Fairmont Hotel	$32.00
Taxi: Center for AIDS Prevention Studies to Community Consortium for AIDS Research (5/22)	$8.00
Taxi: Community Consortium to Hilton Hotel (5/22)	$6.50
Taxi: Hilton to Fairmont Hotel (5/22)	$5.00
Shuttle: Fairmont to SFO (5/25)	$10.00
Hilton Hotel (phone charge)	$9.99
Fairmont Hotel (room, phone, fax)	$433.00
Parking (DCA)	$36.00
Total	**$540.49**

(Note: Night of 5/21 was at Hilton Hotel rather than Fairmont because room was not held; no charge for room, just phone expense.)

JL's Itinerary

Tuesday, May 21, 1996

5:00PM Depart DCA UA#623
5:58PM Arrive Chicago O'Hare
6:55PM Depart Chicago UA#155
9:13PM Arrive San Francisco

Hotel: The Fairmont
950 Mason Street
San Francisco
P:425/772-5000
F: 415/837-0587
CNF#4342

(The night of 5/21 confirmed w/Ed Millner, Res. Mgr.#772-5489 and guaranteed with Patty)
JL: The first 2 nights @$160+ tax; all others $99.00+ tax.

Saturday, May 25

8:00AM Depart San Francisco UA#142
2:03PM Arrive Chicago, O'Hare
3:14PM Depart Chicago UA#618
5:53PM Arrive DCA

United States Treasury

15-51/000 P 442,587,046

Check No.

07 01 96 37 PHILADELPHIA, PA 2038 23863137

000000000000 M1 EOPFMD OEJ6000043 11010003

Pay to the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$****711*22

VOID AFTER ONE YEAR

LEVI VOUCHER XD6A0060

711.22

⑈ 20383 ⑈ ⑆000000518⑆ 238631371⑈ 010796

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL	3. VOUCHER NO.
PDC	☑ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL
LEVI, JEFFREY	(b)(6)	a. FROM 3/29/69 b. TO 3/29/69
c. MAILING ADDRESS (Include ZIP Code) 7520 12th Street, NW. Washington, DC 20012	d. OFFICE TELEPHONE NO. 202/632-1090	7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0040 b. DATE(S) 3/27/96
e. PRESENT DUTY STATION Washington, DC	f. RESIDENCE (City and State) See "C"	10. CHECK NO.

FILE COPY

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding		a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied		c. PAYEE'S SIGNATURE		
c. Amount due Government (Attached: ☐ Check ☐ Cash)				
D. Balance outstanding				

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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1229641422	$116.00	DLT	Y	3/28/96	Washington, DC	New York City (R/T)

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 _____ AMOUNT CLAIMED ▶ $ 114 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 telephone 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 ▶ Jeffrey Levi DATE 5/7/96

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 _____

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 ▶	$

18. ACCOUNTING CLASSIFICATION

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) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO. XD6A0040

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/29	7:00AM	Taxi from Residence to DCA											22 00
	8:30AM	Depart from DCA to LAG											
	9:25AM	Arrive LAG											
		Taxi from LAG to NYC											19 10
		Bridge toll											3 50
		Taxi from NYC to LAG											16 40
		Bridge toll											3 50
		Taxi from DCA to Office											12 00
	6:00PM	Arrive Office							38 00			38 00	
									SUBTOTALS ▶				
									TOTALS ▶			38 00	76 50

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶ $114.50

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.

* U.S. GPO: 1994-300-892/60201

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

- [X] TDY
- [ ] Amendment *(Show items amended)*
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Relocation

2. Traveler *(First name, middle initial, last name)*
~~Patricia S. Fleming~~ Jack Levi

3. Title of Traveler
Director

4. AGENCY/DIVISION
National AIDS Policy Office

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

7.
- [X] Per Diem
- [ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: To conduct meetings with officials in New York City regarding AIDS research

DATE(S): Travel Begin On 3/29/96 Travel End On 3/29/96

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

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

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

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 38.00
Transportation	116.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	$ 214.00

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
Patricia S. Fleming

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)* Carol Rasco
Dep Assist to the President

15. Accounting data *(Appropriation, division, project, vendor number)*
11602200 J 108E

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
Shirley L Cairns

17. Date
3/27/96

18. Travel Authorization No.
XD60CC40

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

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)*
Patricia S. Fleming

3. Title of Traveler
Director

4. AGENCY/DIVISION
National AIDS Policy Office

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To conduct meetings with officials in New York City regarding AIDS research

DATE(S): Travel Begin On 3/29/96 Travel End On 3/29/96

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

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

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

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

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(b) **Privately Owned Vehicle**

Auto	Other	Rate auth per mile	
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(c) ☐ **Gov't Owned Vehicle**

(d) ☐ **Other (specify)**

10. ESTIMATED COST	AMOUNT
Per Diem/Actual Subsistence	$ 38.00
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☐ 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
Patricia S. Fleming

15. Accounting data *(Appropriation, division, project, vendor number)*
11X2000 1001

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 3/29/96

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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ITEMS 17 & 18	—	To be completed by personnel assigning T/A numbers.

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)*
Patricia S. Fleming

3. Title of Traveler
Director

4. AGENCY/DIVISION
National AIDS Policy Office

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To conduct meetings with officials in New York City regarding AIDS research

DATE(S): Travel Begin On 3/27/96 Travel End On 3/29/96

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

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

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 38.00
Transportation	116.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	$ 214.00

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.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

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.

May 2, 1996

MEMORANDUM FOR CARMENA

FROM: Jeff

SUBJECT: NY expenses – for Mar 29, 1996

Departed 7520 12th Street NW: 7:00 a.m.

Taxi from 12th Street to DCA $22.00

Taxi from LGA $19.10
Toll from LGA (no receipt) $3.50

Taxi to LGA $16.40
Toll from LGA $3.50

Taxi from DCA to 750 17th Street $12.00

Arrived 17th Street: 6:00 p.m.

United States Treasury

15-51
000

P 433,041,999

Check No.

05 21 96 82 PHILADELPHIA, PA - 2038 23062702

000000000000 M1 EOPFMD 0EJ6000038 11010003

Pay to
the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$*****95*50

VOID AFTER ONE YEAR

LEVI VOUCHER XD6A0040

95

051

⑈ 20383 ⑈ ⑆000000518⑆ 23062702③ 010596

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: PDC

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: LEVI, JEFFREY

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

c. MAILING ADDRESS *(Include ZIP Code)*: 7520 12th Street, NW. Washington, DC 20012

d. OFFICE TELEPHONE NO: 202/632-1090

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE *(City and State)*: See "C"

6. PERIOD OF TRAVEL: a. FROM 3/29/69 b. TO 3/29/69

7. TRAVEL AUTHORIZATION: a. NUMBER(S) XD6A0040 b. DATE(S) 3/27/96

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: FILE

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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1229641422	$116.00	DLT	Y	3/28/96	Washington, DC	New York City (R/T)

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 ▶ [signature] DATE

AMOUNT CLAIMED ▶ $ 114 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 telephone 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 ▶ [signature] DATE 5/16/96

17. FOR FINANCE OFFICE USE ONLY

COMPUTATION: Per Diem $ 19 00

a. DIFFERENCES, IF ANY *(Explain and show amount)*: 4 days 38.00

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: $ 95 50

Certifier's initials: [initials] 7/96

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: $ 0

d. NET TO TRAVELER ▶ $ 95 50

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

[illegible] 76.50

[illegible] 19.00

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) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or 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 ____ OF PAGES

TRAVEL AUTHORIZATION NO. XD6A0030

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
3/7	6:00AM	Residence to DCA											25 00
		MARTA (Train)from Atlanta Airport to Hotel											1 50
		Atlanta Hilton & Towers						81 00	38 00				119 00
3/8		MARTA to Atlanta Airport											1 50
	6:00PM	Arrive Residence							38 00				38 00
		Taxi from DCA to Residence											22 00

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

SUBTOTALS ▶

TOTALS ▶ 207 00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, 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 ▶ $207.00

* U.S. GPO: 1994-300-892/60201

Paid Separate

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

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

FILE COPY

2. TYPE OF TRAVEL: ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: LEVI, Jeffrey

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

c. MAILING ADDRESS *(Include ZIP Code)*: 7520 12th Street, NW
Washington, DC 20012

d. OFFICE TELEPHONE NO.: 202-632-1090

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE *(City and State)*: see "c"

6. PERIOD OF TRAVEL: a. FROM 3/7/96 b. TO 3/8/96

7. TRAVEL AUTHORIZATION: a. NUMBER(S) XD6A0030 b. DATE(S) 2/22/96

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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1223328386	$447.00	DELTA	Y	2/28/96	Wash./DCA	Atlanta-R/T

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 ▶ J. Levi DATE 3/20/96 AMOUNT CLAIMED ▶ $ 207 00

NOTE: Falsification of any 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 telephone 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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

18. ACCOUNTING CLASSIFICATION

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

[X] TDY [ ] Amendment *(Show items amended)*

[ ] Invitational *(Non EOP Employees Only)* [ ] Relocation

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

Jeffrey Levi

3. Title of Traveler

Deputy Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

202/632-1090

6. Official Duty Station

Washington, DC

7. [X] Per Diem

[ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

8. TRAVEL INFORMATION

PURPOSE: Participate in ~~DCD~~ CDC Prevention Meeting

DATE(S): Travel Begin On 3/6/96 Travel End On 3/8/96

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

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 238.00
Transportation	447.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 735.00

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.)*

~~GOV'T Conference Trip~~ - Centers for Disease Control

14(a) Requested by

Jeffrey Levi

Carol H. Rasco, Assistant to the President for Domestic Policy

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

11622000 J10BE

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)*

Shirley A Veares

17. Date 2/22/96

18. Travel Authorization No. XDOA0030

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

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.

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)*

Jeffrey Levi

3. Title of Traveler

Deputy Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

202/632-1090

6. Official Duty Station

Washington, DC

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: Participate in CDC Prevention Meeting

DATE(S): Travel Begin On 3/6/96 Travel End On 3/8/96

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

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡-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	$ 238.00
Transportation	447.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 735.00

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.)*

[illegible] this trip - Agency Request

14(a) Requested by

Carol H. Rasco, Assistant to the President for Domestic Policy

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)*

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

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

17. Date 1/5/96

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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.

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)*

Jeffrey Levi

3. Title of Traveler

Deputy Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

202/632-1090

6. Official Duty Station

Washington, DC

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: Participate in CDC ~~DCH~~ Prevention Meeting

DATE(S): Travel Begin On 3/6/96 Travel End On 3/9/96

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

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 238.00
Transportation	447.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 735.00

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.)*

~~Request Business Class~~

14(a) Requested by

Carol H. Rasco, Assistant to the President for Domestic Policy

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)*

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

16. Funds are available to defray travel cost specified above

Funds Manager's Certification *(Signature)*

17. Date

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

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.

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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.

Jeff Levi's Schedule

Thursday, March 7

7:00AM Depart DCA Delta #1141 - S/42F
8:46AM Arrive Atlanta

Hotel: Atlanta Hilton & Towers
255 Courtland Street
P: 404/659-2000
F: 404/524-0111
CNF#155327556
(1 night)

Friday, March 8

5:25PM Depart Atlanta Delta #196 - S/24A
6:59PM Arrive DCA

Dep: 6am 3/7/96

Ret: 6pm 3/8/96

Hotel:

Taxi 25.00
22.00

MARTA 1.50
1.50

United States Treasury

15-51
000

P 410,379,268

Check No.

04 12 96 29 PHILADELPHIA, PA - 2036 87961285

000000000000 M1 EOPFMD 0EJ6000033 11010003

Pay to the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$****207*00

VOID AFTER ONE YEAR

LEVI VOUCHER XD6A0030

207.00

"20361" :000000518: 87961285" 010496

Cc Reid.

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

FILE COPY

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*
LEVI, Jeffrey

b. SOCIAL SECURITY NO.
(b)(6)

c. MAILING ADDRESS *(Include ZIP Code)*
750 17th Street, NW
Suite 600
Washington, DC 20503

d. OFFICE TELEPHONE NO.
202/632-1090

6. PERIOD OF TRAVEL
a. FROM 1/7/96
b. TO 1/8/96

7. TRAVEL AUTHORIZATION
a. NUMBER(S) XD6A0018
b. DATE(S) 12.19.95

e. PRESENT DUTY STATION
Washington, DC

f. RESIDENCE *(City and State)*

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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1210435478	$170.00	UA	Y	1/4/96	Washington, DC	Denver, CO
43156	$51.00	Train	Coach	1/9/96	New York City	Wash. Union Station

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 ▶ [signature] DATE 2/20/96 AMOUNT CLAIMED ▶ $110 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 telephone 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):* $

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

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) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO. XD6A0018

TRAVELER'S LAST NAME LEVI

DATE 19 96 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
1/7	1:00PM	Depart DCA for Denver											
1/8	6:05P	Depart Denver tp Cleveland											
		Taxi to Airport											11 00
1/9	8:15P	Depart Cleveland to LAG											
1/10	2:30A	Depart NY Penn Station											51 00
	7:30A	Arrive Penn Station											
		Parking DCA											48 00
									SUBTOTALS ▶				
									TOTALS ▶				110 00

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶ $110.00

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, 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.

*U.S. GPO: 1994-300-892/60201

Issued By **Continental**

SEQ# 182

LEVI/JEFF

TO LGA

FLIGHT 596

SEAT 23C

Continental

BOARDING PASS

Name of Customer: LEVI/JEFF

From: CLEVELAND

To: NEW YORK

Carrier	Flight	Class	Date	Departure Time
CO	596	Y	09JAN	815P

Gate	Boarding Time	Seat	
C09	745P	23C	NO

****
* NOT VALID WITHOUT *
* FLIGHT COUPON ATTACHED *
****

THANK YOU FOR CHOOSING CONTINENTAL AIRLINES!

ISSUED BY UNITED AIRLINES

BOARDING PASS

NAME OF PASSENGER: LEVI/JEFFREY

FREQUENT FLIER NUMBER

FROM: CHICAGO/OHARE

TO: DENVER

CARRIER: UNITED

CARRIER	FLIGHT	CLASS	DATE	TIME
UA	941		6JAN	715P

DATE	SEAT	SMOKE
	24A	NO

PCS WT UNDOO BAGGAGE ID NUMBER

08190-0

ISSUED BY UNITED AIRLINES

BOARDING PASS

NAME OF PASSENGER: LEVI/JEFFREY

FREQUENT FLIER NUMBER

FROM: DENVER

TO: CLEVELAND

CARRIER: UNITED

CARRIER	FLIGHT	CLASS	DATE	TIME
UA	1794	Y	8JAN	605P

DATE	SEAT	SMOKE
B29	22F	NO

PCS WT UNDOO BAGGAGE ID NUMBER

58190-6

ISSUED BY UNITED AIRLINES

BOARDING PASS

NAME OF PASSENGER: LEVI/JEFFREY

FREQUENT FLIER NUMBER

FROM: WASH/NATIONAL

TO: CHICAGO/OHARE

CARRIER: UNITED

CARRIER	FLIGHT	CLASS	DATE	TIME
UA	815	Y	6JAN	500P

DATE	SEAT	SMOKE
24	24A	NO

PCS WT UNDOO BAGGAGE ID NUMBER

08190-0

Carmena:

here are the details of my trip to Denver.

The original ticket had me leaving on January 7 and returning on January 8.

Due to the impending snowstorm, I left on the same flights on January 6th. (DCA to Chicago; Chicago to Denver.)

I was scheduled to return to DC on January 8th via Chicago. Instead, the following occurred:

I flew from Denver to Cleveland on January 8th on UA flight 1794 (departing Denver at 6:05 pm)

I stayed overnight in Cleveland.

On January 9th, unable to get into DC, I flew on Continental 596 departing at 8:15 p.m. to LaGuardia.

On January 10th, I took a train from Penn Station to Union Station, leaving at 2:30 a.m. and returning to DC at 7:30 am.

In addition to the cost of my original ticket ($170), which was paid for already, I had the following expenses that need reimbursement:

Limo to Denver airport	$11.00
Train fare from NY to DC	$51.00
Parking at National Airport	$48.00

I don't need a per diem -- I stayed with a friend in Denver and with my brother in Cleveland.

Jeff

Governor's AIDS Council
DCEED-A3, 4300 Cherry Creek Drive South
Denver, CO 80222-1530
(303)692-2719 FAX (303)782-5393
Roy Romer, Governor

AGENDA
Governor's AIDS Council Meeting
Monday, January 8, 1996
8:30 a.m. - 10:30 a.m.
Location: Glendale Community Center
999 S Clermont St., Denver

I. 8:30 - 8:35 Introductions

II. 8:30 - 9:00 Public Hearing Ryan White Title II
Richard Blair, Jeff Hill, Karen Ringen

III. 9:00 - 9:30 Reports
Report from Chair
Approval of Minutes
Tom Doyle
Rocky Mountain Regional Conference--GAC reception--Feburary Feb. 1, 4:30 to 5:30
Report from Executive Director
Record Retention/Anonymous Testing Hearings--Rebecca Bannister
Needle Exchange--Paul Simons
Drug Reimbursement--Pam Snyder
Colorado Ethnic Intimidation Act--Equality Lobby

IV. 9:30 - 10:30 Jeff Levi, Deputy Director, White House Office on AIDS Policy

V. 10:30 Adjourn

Sem. Jan 7
5:00 DCA UA #815
6:05 Chicago UA 797
6:50 8:29
Denver Monday Jan 8
3:45 Denver UA 234
7:07 Chicago UA 114
8:15
DCA 10:58
$186.00

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)*
Jeffrey Levi

3. Title of Traveler
Deputy Director
Office of National AIDS Policy

4. AGENCY/DIVISION
OPD

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To speak at a meeting of the Governor's AIDS Council at the invitation of the Colorado Department of Health

DATE(S): Travel Begin On 01/07/96 Travel End On 01/08/96

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

Place(s) of Official Visitation *(City, State)* Denver, CO

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	$ 114.00
Transportation	400.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 564.00

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
Jeffrey Levi 12/11/95

15. Accounting data *(Appropriation, division, project, vendor number)*
11x2220 3102 A

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)*
Patricia Fleming 12/11/95

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*
Shelley Raines

17. Date 12/19/95

18. Travel Authorization No. XDA0018

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

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.

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 ☐ Relocation *(Non-EOP Employees Only)*

2. Traveler *(First name, middle initial, last name)*
Jeffrey Levi

3. Title of Traveler
Deputy Director
Office of National AIDS Policy

4. AGENCY/DIVISION
OPD

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To speak at a meeting of the Governor's AIDS Council at the invitation of the Colorado Department of Health

DATE(S): Travel Begin On 01/07/96 Travel End On 01/08/96

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

Place(s) of Official Visitation *(City, State)* Denver, CO

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) ☒ Govt Owned Vehicle

(d) ☒ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	$114.00
Transportation	400.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$564.00

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
Jeffrey Levi 12/11/95

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)*
Latrus Fleming 12/11/95

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date
12/19/95

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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

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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.

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)*
Jeffrey Levi

3. Title of Traveler
Deputy Director
Office of National AIDS Policy

4. AGENCY/DIVISION
OPD

5. Office Phone
632-1090

6. Official Duty Station
Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To speak at a meeting of the Governor's AIDS Council at the invitation of the Colorado Department of Health

DATE(S): Travel Begin On 01/07/96 Travel End On 01/08/96

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

Place(s) of Official Visitation *(City, State)* Denver, CO

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	$ 114.00
Transportation	400.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 564.00

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)*

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

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

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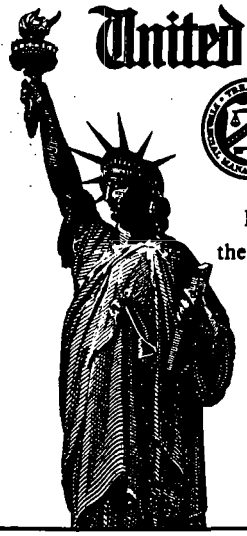

United States Treasury

15-51 / 000 P 393,017,979

Check No.

03 04 96 00 PHILADELPHIA, PA - 2038 16807172

V05687 M1 EOPFMD 0EJ6000030 11010003

Pay to the order of

LEVI, JEFFREY
C/O OPD
OEOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

$****110*00

VOID AFTER ONE YEAR

LEVI VOUCHER XD6A0018

110.00

⑈ 20383 ⑈ ⑆000000518⑆ 16807172⑈ 010396

check Paid 11/29/95 Given to SC

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)
a. NAME (Last, first, middle initial): LEVI, Jeffrey

FILE COPY

b. SOCIAL SECURITY NO. (b)(6)

c. MAILING ADDRESS (Include ZIP Code)
7520 12th Street, NW
Washington, DC 20012

d. OFFICE TELEPHONE NO. 202/632-1090

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE (City and State): same as "C"

6. PERIOD OF TRAVEL
a. FROM 6/5/95
b. TO 6/9/95

7. TRAVEL AUTHORIZATION
a. NUMBER(S) 72700
b. DATE(S)

10. CHECK NO.

11. PAID BY

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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1175840868	$697.00	USAIR	MUL	6/5/95	Wash/National Westchester Cnty.	Westchester Cnty.,NY Wash/Dulles/San Fran/ Dulles

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 ▶ [signature] DATE 7/14/95 AMOUNT CLAIMED ▶ $ 184

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 telephone 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 ▶ [signature] DATE 8/30/95

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: SC $ 184

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): $

d. NET TO TRAVELER ▶ $ 184

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

S1 06 01 184

Alta Bates

MEDICAL CENTER

April 11, 1995

Jeff Levi
Deputy Director
Office of National AIDS Policy
The White House
750 17th Street, N.W.
Washington, DC 20503

Dear Mr. Levi:

I would like to confirm the details for your participation in our conference "AIDS UPDATE FOR PRIMARY CARE" on Wednesday, June 7, 1995 at Mills College which is located at 5000 MacArthur Boulevard in Oakland, California.

The conference is scheduled from 8:00 a.m. to 5:30 p.m. I have enclosed a conference program outline and postcard announcement so that you can review the program and the presentation times. Within the next few weeks you will receive the conference brochure. As you see, your 30 minute presentation on HIV Research, Care and Prevention: A Public Policy Update is scheduled from 11:50-12:20. Please try to leave a few moments at the end of your presentation for questions.

We will provide reimbursement for any travel expenses you may incur. Air transportation will be reimbursed for a round trip, coach class ticket purchased in advance.

Many of the workshop rooms have no window coverings and therefore cannot be darkened to adequately view slides. We strongly encourage use of overheads, handouts and other teaching tools. If your presentation is contingent on a using slides, we will make every effort to accommodate your needs.

I will need three things from you prior to the conference:

First, please return the enclosed card listing any audiovisual equipment you will need and any special set up you require for your workshop.

Second, a copy of your curriculum vitae for your introduction.

Third, we would like each speaker to provide an outline of his/her topic or other pertinent materials helpful to the participants for the conference syllabus.

In order to meet our printing deadlines, we must receive your syllabus material no later than May 1st. A pre-addressed label is enclosed for your use when sending in these three items.

Please feel free to call me at (510) 204-3884 if you have any questions or if I can be of any help. We are looking forward to a very interesting conference.

Sincerely,

Caroline Carey

Caroline Carey
Medical Education Conference Coordinator

Alta Bates Medical Center
[illegible] Ashby Avenue, Berkeley, CA 94705
[illegible]

CIRCLE OF CARE

THE STEWART B. MCKINNEY FOUNDATION

P.O. Box 338
Fairfield, CT 0643(
Tel.: (203) 255-796(
Fax: (203) 254-333(

Lucie McKinney, Chair

February 23, 1995

Office of National AIDS Policy
Jeff Levi, Deputy Director
7520 12th St. NW
Washington, D.C. 2012

Dear Jeff,

I am very pleased and proud to inform you that the Board of Directors of The Stewart B. McKinney Foundation has selected you to be one of their 1995 Circle of Care Award Recipients. Every year we honor those individuals who generously offer their time and expertise to ensure a continuum of options for person with HIV disease.

This year's awards ceremony and dinner will be held on Monday, June 5, 1995 at The Fairfield County Hunt Club in Westport, Connecticut at 6:30 p.m..

We will also be honoring Rabbit Ears Productions who has written a book and produced a film of the issues facing children affected by HIV/AIDS; and Evergreen Network for their work with children and families both infected and affected with AIDS. Dr. Karen Hein will be honoring us in being our keynote speaker.

I hope you and your guest(s) will be able to attend so we can honor you in person. Please call me at your earliest convenience to discuss the evening in more detail. Thank you.

Very truly yours,

Lucie McKinney

Lucie McKinney
Chairman

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 2 OF

TRAVEL AUTHORIZATION NO. TA9401

TRAVELER'S LAST NAME Traveler

DATE 19 95 (a)	TIME *(Hour and am/pm)* (b)	DESCRIPTION *(Departure/arrival city, per diem computation, or other explanation of expenses)* (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
06/05	3:05P	D-:WASHINGTON HEADQUARTERS											
06/05	4:35P	A-:WESTCHESTER/COUNTY, NY				13.00			13.00			13.00	
06/06	8:30A	D-:WESTCHESTER/COUNTY, NY											
06/06	2:23P	A-:SAN FRANCISCO/COUNTY, C				38.00			38.00			38.00	
06/07		Subsistence				38.00			38.00			38.00	
06/08		Subsistence				38.00			38.00			38.00	
06/09	10:10P	D-:SAN FRANCISCO/COUNTY, C											
06/09		Subsistence				38.00			38.00			38.00	
06/10	6:30A	A:WASHINGTON HEADQUARTERS											
06/10		Subsistence				19.00			19.00			19.00	
									SUBTOTALS ▶		0.00	184.00	0.00
									TOTALS ▶		0.00	184.00	0.00

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, 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 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 ▶ 184.00

STANDARD FORM 1012 BACK (10-77)

EXEC. OFC. PRESIDENT
WH. ADMIN. OFC.

1995 MAY 19 PM 4:03

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72706

Date of Request May 15, 1995

TRAVELER:

Name: ~~Patricia S. Fleming~~ Jeff Levi ~~750-17 Street~~ ☒ White House Staff

Extension: 632-1090 Room: Suite 600 ☐ Other: _____

2. **PURPOSE(s) and DATE(s):** ~~May 24-28, 1995 Site Visits & Speech to NY AIDS~~ ~~Coalition Fundraiser~~ June 5, 1995 - To accept the 1995 Circle of Care Award

June 6-7, 1995 Alta Bates Medical Center for "AIDS Update for Primary Care"

3. **ITINERARY:** ~~Washington/New York/Washington~~ Washington/Westport, CT/Oakland, CA/Wash.

(List all cities where stopovers occur.)

4.	DEPARTURE			RETURN		
	Date: 6/5/95 ~~5/24/95~~	Time: 10:35AM ~~7:00 AM~~	Mode: Train ~~Train~~	Date: 6/10/95 ~~5/28/95~~	Time: 10:38AM ~~6:00 PM~~	Mode: AIR ~~Train~~

5. **FUNDING SOURCE:**

☒ OFFICIAL ☐ POLITICAL ☐ 501 (c) (3) ☐ OTHER Alta Bates Medical Center

SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
☐ Commercial Car Rental ☒ Taxi	☐ Yes ☐ No ☐ Amount $_____
☒ Hotel Name: ~~Cramercy Park~~	Recipient's Signature: _____
☐ Other: 100	Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** Jeffrey Levi

(I have read and agree to the terms set forth on the reverse side.)

8. **APPROVING SIGNATURES:**

Office Head: Patricia S. Fleming

Approving Official (Political or Foreign Travel): _____

Special Assistant to the President and Director of White House Operations: _____

FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____ Account: 341

(REV. 6/21/89)

B118A 441 - M5400

ORIGINAL (Return with Voucher)

10/10/95

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)*: Jeffrey Levi

3. Title of Traveler: Deputy Director

4. AGENCY/DIVISION: Office of Policy

5. Office Phone: 632-1090

6. Official Duty Station: Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To speak to a meeting of the Goverors AIDS Council at the invitation of the Colorado Dept. of Health

DATE(S): Travel Begin On 11 / 05 / 95 Travel End On 11 / 07 / 95

ITINERARY: Point of Origin *(City, State)* Washington, ~~Dulles~~ DC

Place(s) of Official Visitation *(City, State)* Denver, CO

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 114.00
Transportation	400.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 564.00

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: Jeffrey Levi

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)*: Patricia S. Fleming

15. Accounting data *(Appropriation, division, project, vendor number)*: 115-2200 T104

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*: Andrea Ambrose

17. Date: 10/10/95

18. Travel Authorization No.: XD&A0003

OA FORM 22
REVISED FEBRUARY 1993

ORIGINATING OFFICE

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.

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)*: Jeffrey Levi

3. Title of Traveler: Deputy Director

4. AGENCY/DIVISION: Office of Policy

5. Office Phone: 632-1090

6. Official Duty Station: Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To speak to a meeting of the Governor's AIDS Council at the invitation of the Colorado Dept. of Health

DATE(S): Travel Begin On 11 05 95 Travel End On 11 07 95

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

Place(s) of Official Visitation *(City, State)* Denver, CO

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 114.00
Transportation	400.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	$ 564.00

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)*

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

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

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.

EASYLINK 9343211M001 5OCT95 10:38/10:55 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2026321096

SALES PERSON: 50 ITINERARY DATE: 05 OCT 95
CUSTOMER NBR: 1695000023 RZYAGI PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF

05 NOV 95 - SUNDAY

AIR	UNITED AIRLINES	FLT:517	COACH	LUNCH
	LV WASHINGTON DULLES		1205P	EQP:BOEING 757
	AR DENVER		149P	NON-STOP
	LEVI/JEFF	SEAT-30D		

07 NOV 95 - TUESDAY

AIR	UNITED AIRLINES	FLT:918	COACH	LUNCH
	LV DENVER		1040A	EQP:BOEING 777
	AR WASHINGTON DULLES		347P	NON-STOP
	LEVI/JEFF	SEAT-32H		

. TOTAL AIR FARE USD 400.00
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52
.....
.....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.
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

R to Denver.

11/5 (noon)

IAD or DCA

~~12 95~~ UA #517 Denver 14 9

~~8 30~~ IAD ~~13 9~~ 34 7

~~10 40~~ —

to Speak to meeting of Governor's AIDS Council at invitation of CO Dept of Health

~~pd~~ $38 92 X 3 = 114

Transportation 400

Tax 50

564

U.S. GOVERNMENT PRINTING OFFICE 1993-346-776

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

- [X] TDY
- [ ] Amendment *(Show items amended)*
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Relocation

2. Traveler *(First name, middle initial, last name)*: Jeffrey Levi

3. Title of Traveler: Deputy Director

4. AGENCY/DIVISION: OPD

5. Office Phone: 632-1090

6. Official Duty Station: Washington, DC

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

8. TRAVEL INFORMATION

PURPOSE: To attend a meeting of the Prevention Subcommittee of the Presidential Advisory Council on HIV/AIDS

DATE(S): Travel Begin On 11/~~17~~ 18/95 Travel End On 11/~~19~~ 20/95

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

Place(s) of Official Visitation *(City, State)* San Francisco, Ca

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

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		X		

‡ 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	$ 274.00
Transportation	243.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	$ 577.00

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)*
Patricia S. Flanagan

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

16. Funds are available to defray travel cost specified above
Funds Manager's Certification *(Signature)*

17. Date

18. Travel Authorization No.

OA FORM 22

EASYLINK 2653581M001 7NOV95 10:29/10:29 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2026321096

SALES PERSON: 48 ITINERARY DATE: 07 NOV 95
CUSTOMER NBR: 1695000023 RGEIUV PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF

18 NOV 95 - SATURDAY

AIR	UNITED AIRLINES	FLT:621	COACH	SNACK
	LV WASHINGTON NATL		500P	EQP:AIRBUS A320
	AR CHICAGO OHARE		608P	NON-STOP
	LEVI/JEFF	SEAT-27F		
AIR	UNITED AIRLINES	FLT:153	COACH	DINNER
	LV CHICAGO OHARE		700P	EQP:BOEING 757
	AR SAN FRANCISCO		933P	NON-STOP
	LEVI/JEFF	SEAT-20E		

20 NOV 95 - MONDAY

AIR	UNITED AIRLINES	FLT:808	COACH	LUNCH
	LV SAN FRANCISCO		120P	EQP:BOEING 747 400
	AR CHICAGO OHARE		721P	NON-STOP
	LEVI/JEFF	SEAT-53D		
AIR	UNITED AIRLINES	FLT:628	COACH	
	LV CHICAGO OHARE		815P	EQP:AIRBUS A320
	AR WASHINGTON NATL		1058P	NON-STOP
	LEVI/JEFF	SEAT-26C		

19 MAY 96 - SUNDAY
OTHER WASHINGTON
WAS

CONTINUED ON PAGE 2

SALES PERSON: 48 ITINERARY DATE: 07 NOV 95
CUSTOMER NBR: 1695000023 RGEIUV PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF

. TOTAL AIRFARE USD 243.00
. SECURITY ALERT INFORMATION
DUE TO THE FAA SECURITY ALERT, YOU MAY BE REQUIRED TO
PRESENT A PHOTO IDENTIFICATION AT AIRPORT CHECK-IN
.
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52
.
.....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.
.
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

OPD Paging

Carmena:

I need to do a travel authorization for me to go to SF on November 17th and return late on November 19th. Purpose: to attend a meeting of the prevention subcommittee of the Presidential Advisory Council on HIV/AIDS. I'll need a hotel.

Thanks.

EASYLINK 2140070M001 6NOV95 11:29/11:29 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2026321096

SALES PERSON: 48 ITINERARY DATE: 06 NOV 95
CUSTOMER NBR: 1695000023 RGEIUV PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF

17 NOV 95 - FRIDAY

AIR	UNITED AIRLINES	FLT:559	COACH	
	LV WASHINGTON NATL		200P	EQP:BOEING 727
	AR CHICAGO OHARE		258P	NON-STOP
	LEVI/JEFF	SEAT-22F		
AIR	UNITED AIRLINES	FLT:145	COACH	DINNER
	LV CHICAGO OHARE		330P	EQP:741
	AR SAN FRANCISCO		557P	NON-STOP
	LEVI/JEFF	SEAT-48J		

20 ~~19~~ NOV 95 - SUNDAY

AIR	UNITED AIRLINES	FLT:808	COACH	LUNCH
	LV SAN FRANCISCO		120P	EQP:BOEING 747 400
	AR CHICAGO OHARE		721P	NON-STOP
	LEVI/JEFF	SEAT-56D		
AIR	UNITED AIRLINES	FLT:628	COACH	
	LV CHICAGO OHARE		815P	EQP:AIRBUS A320
	AR WASHINGTON NATL		1058P	NON-STOP
	LEVI/JEFF	SEAT-25C		

19 MAY 96 - SUNDAY
OTHER WASHINGTON
WAS

Lv: Sat. Nov 18 5:00 P DCA → CHI 6:08 P UA #621
CHI 7:00 P SF 9:33 A UA #153
Ret: Mon. Nov 20 CHI SF
CHI DCA

CONTINUED ON PAGE 2

SALES PERSON: 48 ITINERARY DATE: 06 NOV 95
CUSTOMER NBR: 1695000023 RGEIUV PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: LEVI/JEFF

. TOTAL AIRFARE USD 243.00
. SECURITY ALERT INFORMATION
DUE TO THE FAA SECURITY ALERT, YOU MAY BE REQUIRED TO
PRESENT A PHOTO IDENTIFICATION AT AIRPORT CHECK-IN
.
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52
.
.....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.
.
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

THE WHITE HOUSE
WASHINGTON

September 20, 1995

Towanda:

Here are the original receipts and travel expense report for Mr. Levi.

Carmen

TRAVEL EXPENSE WORKSHEET

NAME Jeff Levi

PERIOD COVERED 9 / 13 95 THROUGH 9 / 14 95

DEPARTING TRAVEL INFORMATION
Leave office or residence: Date 9 / 13 95 time 5:00PM am/pm
Number of miles _____ (if private auto)
OR Taxi/Limo $ 13.00 (please furnish receipts if over $25.00)
Courtesy ride to airport - yes/no

AIRPORT LOCATION

	Location	Date	Time	Flight No.#
LV:	Wash/National	9/13/95	6:15 am/pm	DLT#951
AR:	Atlanta	9/13/95	7:59 am/pm	
LV:			am/pm	
AR:			am/pm	

Limo/Taxi: Date / / from airport to Residence $
(please furnish receipts if over$25.00)

LODGING INFORMATION (please furnish receipts)

Date	Location	Daily Rate
9/ 13/ 95 to 9 / 14 / 95	Atlanta	$ 63.80
/ / to / /		$

OTHER EXPENSES: (Limo/taxi, airport parking, etc. Be sure to turn in receipts for all expenditures over $25.00. [no receipts required for meals])

Date	Type of Expense	Amount
		$
		$
		$

RETURN TRAVEL INFORMATION (Please furnish ticket stubs)

Limo/Taxi: Date / / From: _____ to airport $

AIRPORT LOCATION

	Location	Date	Time	Flight No.#
LV:	Atlanta	9/14/95	5:27 am/pm	DLT #196
AR:	Wash/National	9/14/95	7:20 am/pm	
LV:			am/pm	
AR:			am/pm	

Arrive at residence: Date 9/ 14/ 95 time 8 am/pm
Number of miles _____ (if private auto)
OR Taxi/Limo $ 25.00 (please furnish receipts if over $25.00)
Courtesy ride from airport - yes/no

TRAVEL VOUCHER

T.O. NUMBER: | OFFICE: HCA71 | TYPE OF TRAVEL: TEMPORARY DUTY | VOUCHER NO.: 1 | SCHEDULE NO.:

TRAVELER (PAYEE): | SSN: | PERIOD OF TRAVEL:

MAILING ADDRESS: | OFFICE TELEPHONE: | AUTHORIZED:

PRESENT DUTY STATION: | RESIDENCE:

ADVANCE OUTSTANDING:
AMOUNT TO BE APPLIED:
AMOUNT DUE GOVERNMENT:

GTR NUMBER: | COST: | TRAVEL MODE: | ISSUED: | POINTS OF TRAVEL:

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: [signature] DATE: 7/26/95 TOTAL CLAIMED:

NET CHECK TO TRAVELER:

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).

ACCOUNTING CLASSIFICATION:

TRAVEL REIMBURSEMENT INSTRUCTIONS

Your travel to Atlanta, Georgia is being funded by the Centers for Disease Control (CDC).

While your airline tickets have been prepaid, other related travel expenses including those for lodgings, meals, and ground transportation expenses (e.g., taxicabs) are not payable in advance, but will be reimbursed to you upon submission of a travel voucher.

The maximum Government daily per diem rate for Atlanta, Georgia is $119.00 per day--this includes up to $81.00 (including applicable taxes) for lodgings and $38.00 per day for meals and incidental subsistence expenses. Please note that the day of departure from your home or office, and the day of return, will be prorated on a quarter-day basis depending on your travel itinerary. The reimbursement is limited to expenses incurred for your official travel only, and will cover only official conference days. Amounts spent in excess of those stated above are not reimbursable.

After completion of your trip, your voucher claim must be submitted to the Centers for Disease Control. Please furnish a listing of the expenses you incur as a result of your attendance at this conference/meeting including the following information:

1. Airline ticket coupon. (Coupon must be returned with receipts; please do not misplace).

2. Your actual travel itinerary including stopovers and delays. (A Travel Expense Report is included for your convenience).

3. Public transportation and taxis used to and from airport terminals. Receipts are required for all transportation fares.

4. Hotel receipt.

5. The complete mailing address of the place you want your reimbursement check sent.

Blank travel vouchers are provided for your signature (please sign by the X). **ONLY YOUR SIGNATURE IS NECESSARY--DO NOT FILL OUT THE VOUCHER FORM!**

Please return the signed vouchers, receipts and other information as soon as possible in the self-addressed envelope enclosed (Centers for Disease Control, Division of HIV/AIDS Prevention, 1600 Clifton Road, N.E., E-40, Atlanta, Georgia 30333, ATTN: Towanda Everson).

Upon receipt of the above listed information, CDC will complete your voucher and process it for payment.

Mr. Levi,

Thank you for confirming September 14, 1995, for your presentation at the HIV Prevention Forum.

I will be glad to help with all of your plans. I know that you are very busy, but if you could please answer a few questions about your trip, we can begin the process:

Jeff Levi
Washington, D.C. to Atlanta - National Airport?
The presentation is Thursday, September 14th - Do you plan to come that day or September 13?
If September 14th - What time?
If September 13th - What time? I will be glad to make a hotel reservation
I will make your airline reservations after you indicate your day of travel and times that you prefer.
Social Security Number? (b)(6)
If arriving on Wednesday, September 13th, please give me a credit card number to guarantee your room.

The information above will allow us to have your travel orders prepared. After your orders are approved in Atlanta, I will forward to your office for their approval.

Please call me with any questions you might have, (404) 639-2918.

Cindy Waters

late PM 9/13

Return PM 9/14
(4/5 flights)

HHS/PHS/CENTERS FOR DISEASE CONTROL

TRAVEL ORDER

TRAVEL ORDER #: 9527758 DATE INITIATED: 08/21/95
NAME OF TRAVELER: JEFFREY LEVI (b)(6)
ORGANIZATION: OD ODD (HCA71)
DUTY STATION:

---------- PURPOSE AND ITINERARY ----------

PURPOSE: TRAVELER WILL BE SPEAKING AT THE HIV PREVENTION FORUM.

POINT OF ORIGIN: WASHINGTON, DC DEPARTURE DATE: 09/13/95

DUTY POINTS	ARRIVAL DATES
**********	**********
ATLANTA, GA	09/13/95
WASHINGTON, DC	09/16/95

MODE OF TRAVEL: AIR

---------- AUTHORIZATIONS ----------

1. USE OF LOCAL TRANSPORTATION, INCLUDING TAXICABS, AUTHORIZED WHEN ADVANTAGEOUS TO THE GOVERNMENT AND JUSTIFIED ON THE VOUCHER.
2. TRAVEL AND PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND FTR.
3. HOTEL RECEIPTS REQUIRED.
4. THE FOLLOWING ARE AUTHORIZED:

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE. (FUNDS ARE AVAILABLE)

APPROVED BY: TERESA M SMITH,
ADMINISTRATIVE OFFICER (OPA71) ON 08/22/95

CDC-1 1/89 (COMPUTERIZED MODIFICATION OF TRAVEL ORDER HHS-1)

ACTUAL ITINERARY

TRAVEL ORDER 9527758 - JEFFREY LEVI

TICKET PICK-UP DATE - 09/12/95

DATE	TIME	DESTINATION	TRAVEL DETAILS
091395	06:15 PM	WASHINGTON, DC	DL 951
091395	07:59 PM	ATLANTA, GA	MIE: 38 LDG: 81
091495	05:27 PM	ATLANTA, GA	DL 196
091495	07:20 PM	WASHINGTON, DC	MIE: 38

TRAVELER: JEFFREY LEVI TRAVEL ORDER: [illegible]7758 PAGE 2

---------- ACCOUNTING DATA ----------

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	415.00	0.00	0.00
PER DIEM	128.50	0.00	0.00
OTHER	50.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	593.50	0.00	0.00

ALLOW	CAN	OBJ		OBJ	OBJ	
*****	********	******		******	******	
A2AXB	59210066	21.31	415.00	0.00		0.00
A2AXB	59210066	21.31	178.50	0.00		0.00

RESERVATION INFORMATION

HOTEL: HAMPTON INN
CONF. 82421970
320-6600

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV/AIDS PREVENTION

Centers for Disease Control and Prevention
Division of HIV/AIDS
1600 Clifton Road, N.E.
Building 26, Executive Park
Atlanta, Georgia 30333

FACSIMILE TRANSMISSION

TO: Carmena

Address:

Telephone No.: (202) 632-1090

Facsimile No.: (202) 632-1096

FROM: Cindy Watus

Address:

Telephone No.: (404) 639-2918

Facsimile No.: (404) 639-0944

Date: August 24, 1995 Number of Pages: 8
(Excluding cover sheet)

Subject: Mr. Lewis travel/meeting information

Comments: Please call if you need anything further.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV/AIDS PREVENTION

Centers for Disease Control and Prevention
Division of HIV/AIDS
1600 Clifton Road, N.E.
Building 26, Executive Park
Atlanta, Georgia 30333

FACSIMILE TRANSMISSION

TO: Jeff Lewis Attn: Carmena	FROM: Cindy Waters
Address:	Address:
Telephone No.: (202) 632-1090	Telephone No.: (404) 639-2918
Facsimile No.: (202) 632-1096	Facsimile No.: (404) 639-0944

Date: _____ Number of Pages: _____
(Excluding cover sheet)

Subject: Mr. Lewis - info

Comments: Please approve attached agenda.
Also, what will you need for your presentation (slide projector, overhead, etc.)

HIVVIC008 (3/95)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

September 4, 1995

Jeff Levi
Deputy Director
White House Executive Office
Of National AIDS Policy
750 17th Street, N.W.
Suite 600
Washington, D.C. 20503

Dear Mr. Levi:

Thank you for agreeing to speak at the IHV Prevention Forum in the Division of HIV/AIDS Prevention on Thursday, September 14, 1995. An agenda is enclosed for your review and approval.

The meeting will be held at Executive Park, Building 26, Conference Room A. The meeting runs from 3:00-4:00. If you would like to provide handouts, please notify Ms. Cindy Waters and arrangements will be made to produce copies.

Ms. Waters will be contacting you to confirm your audiovisual needs and to make any final arrangements. We will have a prepaid airline ticket for you to pickup at the airport prior to your departure. A room has been reserved in your name at the Hampton Inn for the evening of September 13, 1995 confirmation #82421970. Meanwhile, if you have any questions, do not hesitate to call Ms. Waters at (404) 639-2918.

Please use the previously transmitted travel reimbursement form for hotel and miscellaneous expenses you incur on the trip and return to:

Centers for Disease Control and Prevention
Attention: Ms. Towanda Everson
1600 Clifton Road, N.E., Mailstop E40
Atlanta, Georgia 30333

TENTATIVE AGENDA

JEFF LEVI

Mr. Levi - This is a tentative agenda for your review and revision. Is there anyone in Atlanta that you would like for us to arrange a meeting?

Thursday, September 14, 1995

09:45 - 10:00 a.m.	Pickup at Hotel - Cindy Waters
10:00 - 10:30 a.m.	Helene Gayle - tentative Corporate Square, Building 11, Room 2106
10:30 - 10:45 a.m.	Drive to Executive Park - Cindy Waters
10:45 - 11:30 a.m.	Open
11:30 - 12:00 p.m.	Ronald Valdiserri and Gary West Executive Park Building 26 Ronald Valdiserri's office
12:00 - 01:00 p.m.	Lunch
01:00 - 03:00 p.m.	Open
03:00 - 04:00 p.m.	HIV PREVENTION FORUM
05:00	To the Airport

Note: Jim Curran will be out of town September 13-15, 1995

I look forward to seeing you and hearing your presentation.

Sincerely yours,

Dennis Jones for

Susan E. Dietz, R.N., M.S.
Acting Chief,
Training and Technical Support Systems Branch
Division of HIV/AIDS Prevention

Enclosure

TRAVEL SCHEDULE

JEFF LEVI

PLANE (Prepaid Ticket at the Airport)

September 13, 1995 (Wednesday)

DEP	Washington, D.C. (National)	6:15 p.m.	Delta Airlines #951
AR	Atlanta, GA	7:59 p.m.	

September 14, 1995 (Thursday)

DEP	Atlanta, GA	5:27 p.m.	Delta Airlines #196
AR	Washington, D.C. (National)	7:20 p.m.	

HOTEL

Hampton Inn
1975 North Druid Hills Road, N.E.
Atlanta, Georgia 30329
(404) 320-6600
Confirmation Number 82421970

OPTIONS

Taxi (NE/Chamblee/Doraville) - 455-1750 (approximately $25.00)
MARTA Train Service also available (Brookhaven is the nearest station). Fare $1.50

CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION

Centers for Disease Control and Prevention
Division of HIV/AIDS
1600 Clifton Road, N.E.
Building 26, Executive Park
Atlanta, Georgia 30333

FACSIMILE TRANSMISSION

TO: Carmen

Address:

Telephone No.: (202) 632-1090

Facsimile No.: (202) 632-1096

FROM: Cindy Waters

Address:

Telephone No.: (404) 639-2918

Facsimile No.: (404) 639-0944

Date: Aug. 17, 1995 Number of Pages: 1
(Excluding cover sheet)

Subject: Mr. Reis travel schedule

Comments: I will fax dates, etc. by next week.
Thanks,

HIVVIC008 (3/95)

Office of HIV/AIDS Policy
Office of the Assistant Secretary for Health
U.S. Public Health Service/DHHS
200 Independence Avenue, S.W. Rm. 733-E
Washington, D.C. 20201
Tel. (202) 690-5560
Fax. (202) 690-6584

To: Jeff Levi ONAPC

Fax: 632-1096

From: Francess E. Page, R.N., M.P.H.
Service Fellow
(202) 690-6373

Date: _____

This fax contains _____ pages + cover

Comments:

Carmena –
Please do travel authorization form for this trip to Atlanta. CDC will pay. We need PF signature before she is out.
If you could find out ~~when~~ from CDC how to do travel that would be great.
d'd like to go on the morning of 7/11 – When is the earliest flight?
Thanks jl

July 11
DCA 7 30 A - Atlanta 9 07 A
Dlt. #1411
Sat o
404 ~~633~~ 0520

July 10
DCA 8 20 P – 10 03 P Atlanta

July 12
A 5 22 P – 7 20 P DCA
A 7 18 P – 9 00 P DCA
Dlt #266 $415.00
Pickup anytime after July 5

Towanda for travel info.
404-639-0956

R/T $282.00

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

JUN 22 1995

Dear Colleague:

On behalf of the U.S. Public Health Service, I am writing to request your participation in the upcoming meeting, "Implementation and Evaluation of U.S. Public Health Service Recommendations for HIV Counseling and Testing of Pregnant Women, Prevention of Perinatal Transmission, and Linkages to Care for HIV-Infected Women and Children." This meeting will be held July 11-12, 8:30 a.m. to 5:00 p.m., at the Westin Peachtree Hotel, 210 Peachtree Street, N.W., Atlanta, Georgia.

The purpose of the meeting is to seek your advice on a plan and strategies to: (1) ensure that all pregnant women are offered HIV counseling and testing and that if infected, they and their children are entered into a continuum of medical care and support services; (2) fully evaluate the implementation of the effectiveness of recommendations for counseling and testing for pregnant women, therapy to reduce the risk of perinatal transmission, and PCP prophylaxis for infants and children; (3) continue to monitor trends in HIV infection among women and children.

The first day will begin with a morning plenary session to present the issues, followed by working group sessions that will continue during the morning of the second day. The working groups will work independently to discuss counseling, testing, and prevention needs of women; provision of care and services for HIV-infected pregnant women and children, and evaluation and surveillance needs for monitoring the epidemic in women and children. A discussion of the working group reports will be held at the afternoon plenary session on the second day.

You are being invited to participate as part of the working groups. Please confirm your participation on or before COB Friday, June 23 by sending the enclosed form *by fax* to Ms. Connie Granoff, Division of HIV/AIDS, Centers for Disease Control and Prevention at (404) 639-0944. Upon confirmation, you will receive further instructions regarding travel and hotel arrangements, briefing documents and agenda items. If you have questions, you may contact Ms. Granoff at (404) 639-2918.

We believe that this consultative process will provide valuable input into the development of sound public health policy. We look forward to your participation.

Sincerely yours,

Philip R. Lee, M.D.
Assistant Secretary for Health

Enclosures

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 79801

Date of Request: August 28, 1995

1. TRAVELER'S NAME: Jeff Levi

Extension:	Room:	
632-1090	600	☒ White House Staff ☐ Other:

2. PURPOSE(s) AND DATE(s):

HIV Prevention Forum
September 13-14, 1995

3. ITINERARY (*List all cities where stopovers occur*):

Washington/Atlanta/Washington

4. DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
9/13/95	6:15PM	AIR	9/14/95	5:27PM	AIR

5. FUNDING SOURCE:

☐ Official ☐ Political ☐ 501 (c)(3) ☒ Other: Centers for Disease Control

Please Read Instructions Regarding Travel Expenses on Reverse side of this Form

6. SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED	
☐ Commercial Car Rental ☒ Taxi	☐ Yes ☐ No ☐ Amount $	
Hotel Name: Hampton Inn	Recipient's Signature:	Date:
Other:		

7. TRAVELER'S SIGNATURE (I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE):

Jeffrey Levi

8. APPROVING SIGNATURES:

Office Head: Patsy S. Thomasson

Approving Official (*Political or Foreign Travel*):

Special Assistant to the President and Director of White House Operations:

9. FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: Account:

(REV. 6/3/93)

ORIGINAL (Return with Voucher)

Void

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72709

Date of Request April 26, 1995

1. **TRAVELER:**

Name: Jeff Levi ☒ White House Staff

Extension: 202/632-1090 Room: ☐ Other:

2. **PURPOSE(s) and DATE(s):** To attend HIV Prevention Community Planning Consultants' Meeting, May 10, 1995

3. **ITINERARY:** Washington/Atlanta/Washington

(List all cities where stopovers occur.)

4.

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
5/10/95	7:20AM	Air	5/10/95	9:00PM	Air

5. **FUNDING SOURCE:**

☐ OFFICIAL ☐ POLITICAL ☐ 501 (c) (3) ☒ OTHER Centers for Disease Control

6.

SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
☐ Commercial Car Rental ☒ Taxi	☐ Yes ☐ No ☐ Amount $
☐ Hotel Name:	Recipient's Signature:
☐ Other:	Date:

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** Jeffrey Levi

(I have read and agree to the terms set forth on the reverse side.)

8. **APPROVING SIGNATURES:**

Office Head: Patricia S. Fleming

Approving Official (Political or Foreign Travel):

Special Assistant to the President and Director of White House Operations:

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

Control No.: Account:

(REV. 6/21/89)

ORIGINAL (Return with Voucher)

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: April 26, 1995

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule, you must complete the information below. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation if one was received.

Your name and position:

Jeff Levi
Deputy Director
Office of National AIDS Policy

Nature of meeting or similar function and how it relates to your official duties:

HIV Prevention Community Planning Conultants' Meeting, Atlanta, GA, May 10, 1995.

Date and place(s) of travel:

May 10, 1995, Atlanta, GA

Persons or entity making the payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

Centers for Disease Control and Prevention

Nature of expense(s) paid for:

Airfare to Atlanta	$414.00 R/T
Airport Shuttle	20.00 R/T
Taxi Home/DCA	60.00 R/T

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

In-kind

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.

HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDER

TRAVEL ORDER #: 9523553 DATE INITIATED: 07/03/95
NAME OF TRAVELER: JEFFREY LEVI (b)(6)
ORGANIZATION: OD ODD (HCA71)
DUTY STATION:

---------- PURPOSE AND ITINERARY ----------

PURPOSE: TRAVELER WILL BE PARTICIPATING IN THE IMPLEMENTATION AND EVALUATION OF U.S. PUBLIC HEALTH SERVICE RECOMMENDATIONS FOR COUNSELING AND TESTING OF PREGNANT WOMEN, PREVENTION OF PERINATAL TRANSMISSION, AND LINKS TO CARE FOR HIV-INFECTED WOMEN AND CHILDREN.

POINT OF ORIGIN: WASHINGTON, DC DEPARTURE DATE: 07/10/95

DUTY POINTS	ARRIVAL DATES
**********	**********
ATLANTA, GA	07/10/95
WASHINGTON, DC	07/12/95

MODE OF TRAVEL: AIR

---------- AUTHORIZATIONS ----------

1. USE OF LOCAL TRANSPORTATION, INCLUDING TAXICABS, AUTHORIZED WHEN ADVANTAGEOUS TO THE GOVERNMENT AND JUSTIFIED ON THE VOUCHER.
2. TRAVEL AND PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND FTR.
3. HOTEL RECEIPTS REQUIRED.
4. THE FOLLOWING ARE AUTHORIZED:
   MEETING ATTENDANCE

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE. (FUNDS ARE AVAILABLE)

APPROVED BY: TERESA M SMITH,
ADMINISTRATIVE OFFICER (HCA71) ON 07/05/95

CDC-1 1/89 (COMPUTERIZED MODIFICATION OF TRAVEL ORDER HHS-1)

Mailed to Atlanta on 7/25/95
See ltr. on PF's travel same dates

TRAVELER: JEFFREY LEVI TRAVEL ORDER: 0523553 PAGE 2

---------- ACCOUNTING DATA ----------

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	415.00	0.00	0.00
PER DIEM	266.50	0.00	0.00
OTHER	50.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	731.50	0.00	0.00

ALLOW	CAN	OBJ		OBJ		OBJ	
*****	********	******		******		******	
A2AXB	59210066	21.21	415.00		0.00		0.00
A2AXB	59210066	21.21	316.50		0.00		0.00

RESERVATION INFORMATION

HOTEL: WESTIN PEACHTREE PLAZA HOTEL
ATLANTA, GA
659-1400

ACTUAL ITINERARY

TRAVEL ORDER 9523553 - JEFFREY LEVI

TICKET PICK-UP DATE - 07/06/95

DATE	TIME	DESTINATION	TRAVEL DETAILS
11			
071~~8~~95	07:20 AM	WASHINGTON, DC	DL 1411
071095	09:07 AM	ATLANTA, GA	MIE: 38 LDG: 81
071295	07:18 PM	ATLANTA, GA	DL 266
071295	09:00 PM	WASHINGTON, DC	MIE: 38

JUSTIFICATIONS

TRAVEL ORDER 9523553 - JEFFREY LEVI

MEETING ATTENDANCE

TRAVEL IS CONSISTENT WITH THE CDC'S ONGOING EFFORTS IN THE CONTROL AND PREVENTION OF HIV/AIDS.

CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION

Centers for Disease Control and Prevention
Division of HIV/AIDS
1600 Clifton Road, N.E.
Building 26, Executive Park
Atlanta, Georgia 30333

FACSIMILE TRANSMISSION

TO: Carmen A

Address:

Telephone No.: 202-632-1098

Facsimile No.: 202-632-1096

FROM: Towanda Everson

Address: Mail Stop E-45

Telephone No.: 404-639-0905

Facsimile No.: 639-0973

Date: 7-7-95 Number of Pages: (Excluding cover sheet)

Subject: Jeff Levi + Patsy Ellenis

Comments:

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72708

Date of Request June 27, 1995

1. **TRAVELER:**

Name: Jeff Levi ☒ White House Staff

Extension: 632-1090 Room: Suite 600 ☐ Other: _____

2. **PURPOSE(s) and DATE(s):** To participate in a working group on "Implementation and Evaluation of U. S. Public Health Service Recommendations for HIV Counseling and Testing of Pregnant Women, Prevention of Perinatal Transmission, and Linkages to Care for HIV-Infected Women and Children." July 11-12, 1995.

3. **ITINERARY:** Washington/Atlanta/Washington
(List all cities where stopovers occur.)

4.

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
7/11/95	7:30AM	Air	7/12/95	7:18PM	AIR

5. **FUNDING SOURCE:**

☒ OFFICIAL ☐ POLITICAL ☐ 501 (c) (3) ☐ OTHER _____

6.

SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
☐ Commercial Car Rental ☐ Taxi	☐ Yes ☐ No ☐ Amount $_____
☐ Hotel Name: Westin Peachtree Plaza	Recipient's Signature: _____
☐ Other: _____	Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** Jeffrey Levi
(I have read and agree to the terms set forth on the reverse side.)

8. **APPROVING SIGNATURES:**

Office Head: Patricia S. Fleming

Approving Official
(Political or Foreign Travel): _____

Special Assistant to the President and
Director of White House Operations: _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

Control No.: _____ Account: _____

(REV. 6/21/89)

ORIGINAL (Return with Voucher)

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: July 27, 1995

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule, you must complete the information below. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation if one was received.

Your name and position:

Jeff Levi
Deputy Director
Office of National AIDS Policy

Nature of meeting or similar function and how it relates to your official duties:

Implementation and Evaluation of U. S. Public Health Service Recommendations for HIV Counseling and Testing of Pregnant Women, Prevention of Perinatal Transmission, and Linkages of Care for HIV-Infected Women and Children.

Date and place(s) of travel:

July 11-12, 1995, Atlanta, GA

Persons or entity making the payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

Centers for Disease Control

Nature of expense(s) paid for:		
	Air Fare	$282.00
	Taxis	60.00
	Hotel	125.00

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE

2. TYPE OF TRAVEL
☐ TEMPORARY DUTY
☐ PERMANENT CHANGE OF STATION

3. VOUCHER NO.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: LEVI, Jeffrey

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

6. PERIOD OF TRAVEL
a. FROM: 6/5/95
b. TO: 6/9/95

c. MAILING ADDRESS *(Include ZIP Code)*:
7520 12th Street, NW
Washington, DC 20012

d. OFFICE TELEPHONE NO.: 202/632-1090

7. TRAVEL AUTHORIZATION
a. NUMBER(S)
b. DATE(S)

e. PRESENT DUTY STATION: Washington, DC

f. RESIDENCE *(City and State)*: same as "C"

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 to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ *Traveler's Initials*

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
1175840868	$697.00	USAIR	MUL	6/5/95	Wash/National Westchester Cnty.	Westchester Cnty.,NY Wash/Dulles/San Fran/ Dulles

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 ▶ Jeffrey Levi DATE 7/14/95 AMOUNT CLAIMED ▶ $

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 telephone 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):* $

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

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) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or 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 ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO. LEVI

TRAVELER'S LAST NAME

DATE 19 95 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
6/5	3:05PM	Depart Wash/National)	Paid for by the Stewart B. McKinney Foundation										
	4:35PM	ARRIVE Westchester)											
6/6	8:30AM	Depart Westchester)											
	9:47AM	Arrive Dulles)											
	11:55AM	Depart Dulles											
	2:23PM	Arrive San Francisco to participate in "AIDS Update for Primary Care"											
6/9	10:10PM	Dept. San Francisco	(Paid for by Alta Bates Medical Center)										
6/10	5:44AM	Arrive Dulles											
									SUBTOTALS ▶				
									TOTALS ▶				

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

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

TOTAL AMOUNT CLAIMED ▶

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.

U.S. GPO: 1994-300-892/60201

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Seth Robinson

FAX NUMBER: 456-6472

FROM: Carmena Parris

DATE: 6-5-95

PAGES INCLUDING COVER SHEET: 4

COMMENTS:

Per our Conversation.

(b)(6)

7520 12th St. NW

DC 20012

Alta Bates
MEDICAL CENTER

April 11, 1995

Jeff Levi
Deputy Director
Office of National AIDS Policy
The White House
750 17th Street, N.W.
Washington, DC 20503

Dear Mr. Levi:

I would like to confirm the details for your participation in our conference "AIDS UPDATE FOR PRIMARY CARE" on Wednesday, June 7, 1995 at Mills College which is located at 5000 MacArthur Boulevard in Oakland, California.

The conference is scheduled from 8:00 a.m. to 5:30 p.m. I have enclosed a conference program outline and postcard announcement so that you can review the program and the presentation times. Within the next few weeks you will receive the conference brochure. As you see, your 30 minute presentation on HIV Research, Care and Prevention: A Public Policy Update is scheduled from 11:50-12:20. Please try to leave a few moments at the end of your presentation for questions.

We will provide reimbursement for any travel expenses you may incur. Air transportation will be reimbursed for a round trip, coach class ticket purchased in advance.

Many of the workshop rooms have no window coverings and therefore cannot be darkened to adequately view slides. We strongly encourage use of overheads, handouts and other teaching tools. If your presentation is contingent on a using slides, we will make every effort to accommodate your needs.

I will need three things from you prior to the conference:

First, please return the enclosed card listing any audiovisual equipment you will need and any special set up you require for your workshop.

Second, a copy of your curriculum vitae for your introduction.

Third, we would like each speaker to provide an outline of his/her topic or other pertinent materials helpful to the participants for the conference syllabus.

In order to meet our printing deadlines, **we must receive your syllabus material no later than May 1st**. A pre-addressed label is enclosed for your use when sending in these three items.

Please feel free to call me at (510) 204-3884 if you have any questions or if I can be of any help. We are looking forward to a very interesting conference.

Sincerely,

Caroline Carey

Caroline Carey
Medical Education Conference Coordinator

Alta Bates Medical Center
Berkeley, CA 94705

CIRCLE OF CARE
THE STEWART B. McKINNEY FOUNDATION

P.O. Box 338
Fairfield, CT 06430
Tel.: (203) 255-7965
Fax: (203) 254-3337

Lucie McKinney, Chairman

February 23, 1995

Office of National AIDS Policy
Jeff Levi, Deputy Director
7520 12th St. NW
Washington, D.C. 2012

Dear Jeff,

I am very pleased and proud to inform you that the Board of Directors of The Stewart B. McKinney Foundation has selected you to be one of their 1995 Circle of Care Award Recipients. Every year we honor those individuals who generously offer their time and expertise to ensure a continuum of options for person with HIV disease.

This year's awards ceremony and dinner will be held on Monday, June 5, 1995 at The Fairfield County Hunt Club in Westport, Connecticut at 6:30 p.m..

We will also be honoring Rabbit Ears Productions who has written a book and produced a film of the issues facing children affected by HIV/AIDS; and Evergreen Network for their work with children and families both infected and affected with AIDS. Dr. Karen Hein will be honoring us in being our keynote speaker.

I hope you and your guest(s) will be able to attend so we can honor you in person. Please call me at your earliest convenience to discuss the evening in more detail. Thank you.

Very truly yours,

Lucie McKinney

Lucie McKinney
Chairman

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Seth Robinson

FAX NUMBER: 456-6472

FROM: Jeff Levi

DATE: June 1, 1995

PAGES INCLUDING COVER SHEET: 6

COMMENTS:

This is the original paper work -- there are slight changes in my travel plans:

I will be flying up to NY on Monday afternoon (instead of the train); and I will be returning from San Francisco Friday June 9th instead of Saturday June 10th.

Thanks.

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: May 15, 1995

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule, you must complete the information below. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation if one was received.

Your name and position:

Jeff Levi
Deputy Director
Office of National AIDS Policy

Nature of meeting or similar function and how it relates to your official duties:

"AIDS Update for Primary Care"

Date and place(s) of travel:

June 5 - To Westport, CT to accept an award fromthe Steward B. McKinney Foundation
The 1995 Circle of Care Award
June 6-7 - Oakland, CA, Conference on "AIDS Update for Primary Care"

Persons or entity making the payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

Alta Bates Medical Center

Nature of expense(s) paid for:

Air Fare	$341.00
Hotel	555.00
Taxi	45.00

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

The U.S. Treasury (Air Fare only)
Hotel and Taxi (In-kind)

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72706

Date of Request May 15, 1995

1. **TRAVELER:**

Name: Jeff Levi ~~Patricia S. Fleming~~ 750-17 Street ☒ White House Staff

Extension: 632-1090 Room: Suite 600 ☐ Other: _____

2. **PURPOSE(s) and DATE(s):** ~~May 24-28, 1995 Site Visits & Speech to NY AIDS~~

~~Coalition Fundraiser~~ June 5, 1995 - To accept the 1995 Circle of Care Award

June 6-7, 1995 Alta Bates Medical Center for "AIDS Update for Primary Care"

3. **ITINERARY:** ~~Washington/New York/Washington~~ Washington/Westport, CT/Oakland, CA/Wash.

(List all cities where stopovers occur.)

4.	DEPARTURE			RETURN		
	Date: 6/5/95 ~~5/24/95~~	Time: 10:35AM ~~7:00 AM~~	Mode: Train ~~Train~~	Date: 6/10/95 ~~5/28/95~~	Time: 10:38AM ~~6:00 PM~~	Mode: AIR ~~Train~~

5. **FUNDING SOURCE:**

☒ OFFICIAL ☐ POLITICAL ☐ 501 (c) (3) ☐ OTHER Alta Bates Medical Center

6.	SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
	☐ Commercial Car Rental ☒ Taxi	☐ Yes ☐ No ☐ Amount $ _____
	☒ Hotel Name: ~~Cranbey Park~~	Recipient's Signature: _____
	☐ Other: _____	Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** Jeffrey Levi

(I have read and agree to the terms set forth on the reverse side.)

8. **APPROVING SIGNATURES:** Patricia S. Fleming

Office Head: _____

Approving Official (Political or Foreign Travel): _____

Special Assistant to the President and Director of White House Operations: _____

9. *FOR TRANSPORTATION OFFICE USE ONLY:*

Control No.: _____ Account: _____

(REV. 6/21/89)

ORIGINAL (Return with Voucher)

THE WHITE HOUSE
WASHINGTON

May 15, 1995

MEMORANDUM TO CAROL RASCO

From: Carmena Parris
Office of National AIDS Policy

I have been instructed by Seth Robinson to send the enclosed travel request for Jeff Levi to your office for approval. After approval has been granted his office should be called to pick it up.

Thanks for your assistance.

Enclosure

********** -JOURNAL- ********** DATE JUN-01-1995 ***** TIME 16:33 ********

NO.	COM	PAGES	DURATION	X/R		IDENTIFICATION	DATE	TIME	DIAGNOSTIC
22	OK	07	00:04'45	XMT	T	95442228	JUN-01	13:15	840440AC0800
23	OK	08	00:05'29	XMT	T	98980435	JUN-01	13:21	800450AC7820
24	OK	03	00:01'22	XMT	T	94348092	JUN-01	13:27	8424903C7820
25	OK	07	00:04'10	XMT	T	93320207	JUN-01	13:35	840450AC7820
26	OK	07	00:04'48	XMT	T	97973504	JUN-01	13:40	840450AC7820
27	OK	02	00:01'09	RCV		2024081818	JUN-01	13:48	050250AC7820
28	623	00	00:00'00	XMT	T	95440378	JUN-01	13:49	800400000000
29	OK	07	00:04'33	XMT	T	95473174	JUN-01	13:52	8004502C7820
30	OK	07	00:03'26	XMT	T	96629682	JUN-01	13:57	8024903C7820
31	OK	07	00:05'15	XMT	T	94622340	JUN-01	14:01	8404402C0800
32	OK	11	00:04'43	RCV		GROUP3	JUN-01	14:07	010240AC2800
01	OK	02	00:00'48	XMT	T	97973504	JUN-01	14:14	840450AC7820
02	OK	07	00:04'09	XMT	T	93318606	JUN-01	14:15	800450AC7820
03	OK	05	00:02'35	RCV		4562407	JUN-01	14:21	050240AC2800
04	OK	02	00:01'17	RCV		EOP OASIS FAX	JUN-01	14:35	0502402C2800
05	623	00	00:00'00	XMT	T	95440378	JUN-01	14:38	800400000000
06	OK	04	00:02'38	XMT	T	94622340	JUN-01	14:43	8404402C0800
07	OK	08	00:04'41	XMT	T	9 456 2878	JUN-01	14:54	800450AC7820
08	OK	06	00:04'00	RCV		GROUP3	JUN-01	15:04	010250AC7820
09	OK	01	00:01'23	RCV		2028980639	JUN-01	15:08	0502502C7820
10	OK	08	00:04'40	XMT	T	96908425	JUN-01	15:11	800450AC7820
11	OK	08	00:04'03	XMT	T	96906262	JUN-01	15:16	8424903C7820
12	OK	08	00:04'43	RCV		703 442 9826	JUN-01	15:20	050240AC2800
13	OK	01	00:00'33	XMT	T	93957289	JUN-01	15:26	800450AC7820
14	OK	08	00:04'40	XMT	T	94567028	JUN-01	15:28	800450AC7820
15	OK	04	00:03'07	RCV		202 690 7203	JUN-01	15:34	050250CC7820
16	OK	07	00:04'46	XMT	T	94831135	JUN-01	15:38	800450AC7820
17	OK	08	00:05'22	XMT	T	93957289	JUN-01	15:44	800450AC7820
18	OK	08	00:04'40	XMT	T	96906274	JUN-01	15:54	840450AC7820
19	OK	07	00:04'06	XMT	T	95540189	JUN-01	16:00	840450AC7820
20	407	00	00:00'51	XMT	T	96471770	JUN-01	16:27	840450AC7820
21	OK	06	00:02'51	XMT	T	94566472	JUN-01	16:30	840450AC7A20

-WHITE HOUSE AIDS POLICY -

********** - 202 632 1096- **********