

FOIA MARKER

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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-Patsy Fleming [1]

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)	00/00/1997	b(6)

COLLECTION:

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

FOLDER TITLE:

Travel-Patsy Fleming [1]

2018-0755-F

rs3176

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]

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CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OFFICE OF AIDS POLIC	2. VOUCHER NUMBER 3. SCHEDULE NUMBER <i>pd</i>
Read the Privacy Act Statement on the back of this form.			5. PAID BY FILE COPY
4. a. NAME FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)	
c. MAILING ADDRESS ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE PHONE NUMBER 202/632-1090	

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED				
		(Explain expenditures in specific detail.)			MILEAGE (f)	FARE OR TOLL (g)	ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)	
		(a)	(b)						(c) FROM
01/22	A	Parking @ Retrovirology Conference					17.00		
01/28	A	Parking @ official function given by HHS					7.00		
		<i>Taxi</i>							
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK		0	0.00	0.00	0.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))				TOTALS		0	0.00	24.00	0.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).) Sign Original Only	10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only Patricia S. Fleming DATE 2/4/97
APPROVING OFFICIAL SIGN HERE 9. This claim is certified correct and proper for payment. Sign Original Only AUTHORIZED CERTIFYING OFFICER SIGN HERE	11. CASH PAYMENT RECEIPT a. PAYEE (Signature) b. DATE RECEIVED c. AMOUNT \$
DATE DATE	12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Jan. 22, 1997
Parkers Retrovirology Conference



RECEIPT

01/22 1997

DATE	PARKING
CSHR	17.00
	TOTAL

TAXI DRIVER'S CUSTOMER RECEIPT

Company/Ass'n. 2 p. 19

Time Date 1-28 19 97

Cab# 19 ID#

Origin of Trip

Destination Fare \$ 7.00

Signature C. Roach

United States Treasury ¹⁵⁻⁵¹/₀₀₀ P 506,470,788

Check No.

02 18 97 42 PHILADELPHIA, PA - 2036 99309701
FLEMING, PAT M1 EOPFMD 0EJ7000015 11010003

Pay to
the order of

FLEMING, PATRICIA S.
C/O OPD
OEGB RM 145 17TH& PENN NW
WASHINGTON DC 20502

\$*****24*00

VOID AFTER ONE YEAR

LOCAL TRAVEL

24 *00
REGIONAL DISBURSING OFFICE

036100 0000005180 9930970170 010297

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OFFICE OF AIDS POLIC	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			
4.	a. NAME FLEMING, PATRICIA S. c. MAILING ADDRESS ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503	b. SOCIAL SECURITY NO. (b)(6) d. OFFICE PHONE NUMBER 202/632-1090	5. PAID BY FILE COPY

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

DATE	C O D E	Show appropriate code in col. (b): A. Local travel B. Telephone or telegraph, or C. Other Expenses (itemized)	MILEAGE RATE	AMOUNT CLAIMED			
				MILEAGE	FARE OR TOLL	ADD. PER. SONS	TIPS AND MISCEL. LANEUS
(a)	(b)	(c) FROM (d) TO	(e) NO OF MILES	(f)	(g)	(h)	(i)
12/15	A	Parking/Presidential Advisory Coun. mtg			16.00		
12/16	A	Parking/Presidential Adv. Council Mtg			16.00		
12/18	A	Parking/Fox News Interview			4.50		
SUBTOTALS CARRIED FORWARD FROM THE BACK				0	0.00	0.00	0.0
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))				0	0.00	36.50	0.0

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

DATE

APPROVING OFFICIAL SIGN HERE

9. This claim is certified correct and proper for payment. Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE

DATE

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

Sign Original Only

CLAIMANT SIGN HERE

Patricia S. Fleming DATE 12/20/09

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION



Central
Parking
System

RECEIPT

Council mtg

Location: *#12*

Amount: \$ *16.00*

Date: *12-15-96*

By: *(Signature)*

CPS-13 12/87



Central
Parking
System

RECEIPT

Council mtg

Location: *#12*

Amount: \$ *16.00*

Date: *12/16/96*

By: *(Signature)*

CPS-13 12/87

ENTER #10000-000
0006 10:13AM 12/18/96

*Fox News Interview
400 N. Capitol*

THANK YOU FOR PARKING
COLONIAL PARKING

4.50

001CASHIER #10000-000
0007 10:14AM 12/18/96

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OFFICE OF AIDS POLIC	2. VOUCHER NUMBER
			3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			5. PAID BY
4.	a. NAME FLEMING, PATRICIA S.	b. SOCIAL SECURITY NO. (b)(6)	FILE COPY
	c. MAILING ADDRESS ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503	d. OFFICE PHONE NUMBER 202/632-1090	

6. EXPENDITURES		(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)		AMOUNT CLAIMED				
DATE	CODE	EXPLAIN EXPENDITURE IN SPECIFIC DETAIL	MILEAGE RATE	MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LEANEOUS	
(a)	(b)	(c) FROM (d) TO	(e) NO OF MILES	(f)	(g)	(h)	(i)	
11/14	A	Taxi from Willard Hotel to Office			6.00			
11/20	A	Calling card refills for binder			16.29			
SUBTOTALS CARRIED FORWARD FROM THE BACK			0	0.00	22.29		0.00	
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h))			TOTALS		0	0.00	22.29	0.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a.) Sign Original Only		10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only	
APPROVING OFFICIAL SIGN HERE	DATE	CLAIMANT SIGN HERE	DATE
9. This claim is certified correct and proper for payment. Sign Original Only		11. CASH PAYMENT RECEIPT	
AUTHORIZED CERTIFYING OFFICER SIGN HERE		a. PAYEE (Signature)	b. DATE RECEIVED
			c. AMOUNT
		12. PAYMENT MADE BY CHECK NO.	

ACCOUNTING CLASSIFICATION

[illegible]

SHIPPED TO

WRITTEN BY: [REDACTED] DATE: 1960
 APPROVED BY: [REDACTED] DATE: 1/20/61
 PG. 3
 KITCHEN ALBUM

DUPLICATE TOPS FORM NO. 5042

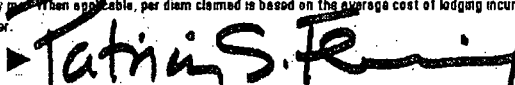
Fare: \$ 6.00



Capitol Hill Suites

You Can't Stay Closer to the Capitol

200 C Street, SE • Washington, DC 20003
Call for reservations! (202) 543-6000 or (800) 424-9165

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF AIDS POLIC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED	
						4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/11/96 b. TO 11/12/96			
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) TA000733 b. DATE(S) 10/24/96			
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State) Bethesda, MD		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		FILE COPY			
a. Outstanding		a. DATE RECEIVED					
b. Amount to be applied		b. AMOUNT RECEIVED					
c. Amount due Government (Attached ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE					
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 the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
1336677093 317911312016 5		59.00 106.00	DL TR	Y Coa	11/06/96 11/12/96	DCA-Washingt NY Penn, NYC LGA-New York Union St. DC	
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 11/18/96	AMOUNT CLAIMED 362.50
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 261) 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))					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE					a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	Certifier's initials:		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					d. NET TO TRAVELER		
					0.00 362.50		
18. ACCOUNTING CLASSIFICATION							

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER

Cal. (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

- Cal. (d)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- Cal. thru (g)*
- (h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.
- (i)* Show total subsistence expenses 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.

TA000733

TRAVELER'S LAST NAME

FLEMING

DATE 19 96	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (n)	LODGING (j)	TOTAL SUBSISTENCE EXPENSE (i)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
11/11	7:30A	D -: RES: Bethesda, MD												
11/11	:	:				Air fare								
11/11	7:30A	A -: NEW YORK CITY, N				28.50		130.00	158.50			158.50		
11/11	:	:				Taxi from AD to Hot								7.00
11/11	:	:				Taxi from Res. to N/								23.00
11/12	5:00P	D -: NEW YORK CITY, NY												
11/12		:				Train fare								106.00
11/12		:				Taxi from Penn Sta.								22.00
11/12		:				Taxi from AD to Pen								8.00
11/12	9:00P	A -: RES: Bethesda, MD												
11/12		Subsistence				38.00			38.00			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. 11809 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 than SSN) required to support the claim may result in delay or loss of reimbursement.

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

TOTAL AMOUNT CLAIMED 362.50

TAXI CAB RECEIPT

DATE: 11-12-96

CAB FARE FROM: Union Station

TO: Bellusda M.D.

NO. OF PASSENGERS: 1 TOTAL FARE: \$ 22⁰⁰/₁₀₀

CAB CO. & NO.: Liberty DRIVER: Hu

DATE 11-11-96 COMPLETION TIME _____
ACCT # _____ ACCT NAME _____
PICK UP 6009 Mass Ave
DROP NAP
NOTES _____
BASE METER _____ EXTRAS _____
GRATUITY _____ TOTAL \$ 23.00
PASSENGER SIGNATURE _____
DRIVER Richard DR # 830 VEH # 223

THANK YOU!

Amtrak
Name of Passenger
FLEMING/P
From
NEW YORK PENN, NY
To
WASHINGTON, DC
Class
A3
Account
117
Date
12NOV96
E
CH
Form of Payment
CK 06346115/FLEM
Rail Fare
\$106.00
Fare Plus
\$106.00
Total
\$106.00
Ticket Number
3179113120165
Date of Issue
12NOV96
No. of
01
Reservation #
64315
Passenger Receipt



ROCKEFELLER UNIVERSITY
GUEST ACCOMODATIONS

0611

Guest Registration

☒ Abby Aldrich Hall

☐ Third Party Billing Co.

☐ Sophie Fricke Hall

☒ Bill Guest

☐ Official Charge

Acct. No. _____

NAME: P. Flemming

SPONSOR: ARROW DIAMOND

DATE: 11/08

ROOM: 317

RATE: 130/0

OCCUPANCY: _____

CHECK IN DATE: 11-11-96

CHECK OUT DATE: 11-12-96

Total
DAILY CHARGE

\$ 130-

WEEKLY CHARGE

\$ _____

MONTHLY CHARGE

\$ _____

Guest bills must be paid before checkout. Please place payment in envelope provided and place in checkout slot opposite guest pantry. All checks should be made payable to THE ROCKEFELLER UNIVERSITY. If paying by charge, please come to the Guest Services Office, 1st Floor of 500 East 63rd Street, Monday through Friday, 9am-5pm.

CHECKOUT TIME 11 A.M.



Flemming/Patricia

21765

77076

AIRLINE TICKET REFUND RECEIPT

DATE
11-13-96

VALIDATING CARRIER	TICKET NUMBER	COUPON(S)
DL	1336677093	2

This is to acknowledge receipt of the above mentioned Airline Ticket(s) submitted for refund.

REFUND	PENALTY	NET REFUND	F.O.P.	
\$ 59.00	\$	\$	Check:	Credit Card: AX

The above tickets will be forwarded to the American Express Office of issuance, who will process the refund. Thank you.

AS

ORIGINAL
TR-2588 (8/89) Ptd. in USA

RECEIVED BY: _____

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

1. TRAVEL AUTHORIZATION NO. TA000733		2. DATE 10/24/96	
3. TYPE OF TRAVEL ☒ Official ☐ Relocation ☐ Mixed ☐ Political ☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Funded by Non-Federal Sources			
4. TRAVELER (First name, middle initial, last name) PATRICIA S. FLEMING		5. TITLE OF TRAVELER Director	
6. SOCIAL SECURITY NUMBER (b)(6)		7. AGENCY E03379	
8. DIVISION OFFICE OF AIDS P		9. OFFICE PHONE 202/632-1090	
10. OFFICIAL DUTY STATION WASHINGTON DC		11. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	
12. TRAVEL INFORMATION PURPOSE: To attend The Aaron Diamond AIDS Research Center AIDS Symposium and dedication ceremony DATE(S): Travel Begin On 11 10 1996 Travel End On 11 11 1996 ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return) From: RES: Bethesda, MD To: NEW YORK CITY, NY 142/ 38 To: To: To: To: To: Return to: WASHINGTON DC			

13. MODE OF TRAVEL

- ☒ Commercial Air ☐ Private Vehicle 0.000 Mileage Rate ☐ Rail
☐ Military Air ☐ Government Owned Vehicle ☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED	15. ESTIMATED COST	AMOUNT
☐ Registration Fees (meeting, training, etc.)	Per Diem/Lodging	\$ 284.00
☐ Commercial Rental Car	Per Diem/M&IE	95.00
☐ Excess Baggage not to exceed	Transportation	118.00
☐ Other (Please identify)	Rental Car	0.00
	Miscellaneous	0.00
	TOTAL	\$ 497.00
	16. ADVANCE REQUESTED (include 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, voucher number)

1172200 J108E

19. REQUESTED BY
Patricia S. Fleming 10/28/96

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

Ashley A. Haines 10/30/96

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 Kase

Aaron Diamond $\Rightarrow$ Hotel
\$7.⁰⁰/₂₂

Hotel to Sea Station
\$8.⁰⁰/₂₂

PF's Itinerary

Sunday, November 10, 1996

Depart for NYC. PF can be reached in the evening @914/348-0563 or 914/353-4833

Monday, November 11

10:30am - Noon The Aaron Diamond AIDS Research Center
Dedication Ceremony, ADARC 6th Flr. Conf. Ctr.
P: 212/725-0018 F:212/725-1126

Afternoon Open house (guided Tours of ADARC w/community groups)

2:00pm-4:00pm Roundtable discussion, ADARC 6th flr. conf. ctr.

6:00pm-7:00pm Cocktails @ The Rockefeller University

7:00pm Dinner

Hotel: Rockefeller's Abby Aldrich Guest Hotel
1230 York Avenue (Main entrance 66 St. & York)
P: 212/327-8500

Tuesday, November 12, 1996 Caspary Auditorium, The Rockefeller University

8:30am Registration

9:00am-3:25pm` Workshop sessions

**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: Carol Rasco

FAX NUMBER: 6-2878

FROM: Patsy Fleming

DATE: 11-8-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:



THE ROCKEFELLER UNIVERSITY
1230 YORK AVENUE • NEW YORK, NEW YORK 10021-6399

DATE: 11/14/96

FAX COVER SHEET

TO: Carmina Parris

FAX #: 202-632-1096
(IF INTERNATIONAL - INCLUDE 011 + CODE + CITY CODE)

NUMBER OF PAGES FOLLOWING COVER SHEET: 1

SENDER: Mary Pablos

FAX NUMBER: 327-7357

IF YOU DO NOT RECEIVE ALL THE PAGES OF THIS TRANSMITTAL PLEASE
CALL BUILDING SERVICES AT 212-327-8500

COMMENTS:

Copy of Lee, as requested



United States Treasury

¹⁵⁻⁵¹
000 P 485,801,140



Pay to
the order of

12 11 96 5 PHILADELPHIA, PA

FLEMING, PAT M1 EOPFMD

0EJ7000009 1101000

FLEMING, PATRICIA S.

C/O OPD

OEGB RM 145 17TH& PENN NW

WASHINGTON

DC 20502

Check No.

2036 98366299

\$****362*5

VOID AFTER ONE YE

FLEMING VOUCHER TA000733

362



⑈2036⑈

⑈0000005⑈⑈98366299⑈ 011296

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

1. TRAVEL AUTHORIZATION NO. TA000769	2. DATE 11/20/96
3. TYPE OF TRAVEL ☒ Official ☐ Relocation ☐ Mixed ☐ Political ☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Funded by Non-Federal Sources	

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ Per Diem

☐ Actual Subsistence

(unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE:

Speech to the NJ Dept. of Health & Senior Services Symposium on The AIDS Epidemic: New Jersey & Beyond

DATE(S): Travel Begin On 12/9/1996

Travel End On 12/9/1996

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

From: RES: Bethesda, MD

To: NEWARK, NJ 102/38

To:

To:

To:

To:

To:

Return to: WASHINGTON DC

FILE COPY

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.00 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB CAB

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	28.50
Transportation	336.00
Rental Car	0.00
Miscellaneous	24.00
TOTAL	\$ 388.50
16. ADVANCE REQUESTED (Specify amount and date of advance request)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS

(Justification for first class/business/extra fare travel, unusual leave enroute, actual subsistence, etc.)

18. ACCOUNTING DATA

(Appropriation, division, project, vendor number)

19. REQUESTED BY

Patricia S. Fleming 11/21/96

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

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)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Ticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA000766

2. DATE
11/20/96

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: "The Balm in Gilead" Benefit concert for "The Healing of AIDS"

DATE(S): Travel Begin On 12 4 1996

Travel End On 12 5 1996

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

From: WASHINGTON DC

To:
To:
To:
To:
To:

To: NEW YORK CITY, NY 142/ 38

To:
To:
To:
To:

Return to: WASHINGTON DC

FILE COPY

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.00 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB CAB CAB

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	142.00
Per Diem/M&IE	57.00
Transportation	118.00
Rental Car	0.00
Miscellaneous	70.00
TOTAL	387.00
16. ADVANCE REQUESTED	0.00

17. * SPECIAL PROVISIONS/REMARKS

(Justification for first class/business/extra fare travel, annual leave accruals, actual subsistence, etc.)

18. ACCOUNTING DATA

(Appropriation, division, project, vendor number)

19. REQUESTED BY

Patricia S. Fleming 11/21/96

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

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)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teletyping Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

TRAVEL VOUCHER (read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF AIDS POLIC EXEC. ADJ. GEN. (101-1)		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED	
6. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S. 1996 NOV 19 AM 4: 48		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.		5. PERIOD OF TRAVEL a. FROM 10/21/96 b. TO 10/22/96	
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) TA000718 b. DATE(S) 10/15/96		10. CHECK NO.	
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State) Bethesda, MD		11. PAID BY			
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)					
1334482048	AGENT'S VALUATION OF TICKET (a) 404.00	ISSUING CARRIER (b) US	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c) Y	DATE ISSUED (d) 10/21/96	POINTS OF TRAVEL		
					FROM (e) DCA-Washingt	TO (f) BOS-Boston,	
COMMENTS: Ashley this is the one I requested actual payment for the Hotel since I could not get a hotel at a lower rate at that time.							

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE <i>Patricia S. Fleming</i>		DATE 11/14/96	AMOUNT CLAIMED ~~385.00~~
NOTE: Fabrication of an item in an expense account works a forfeiture of claim (28 U.S.C. 2614) 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. 100).		This should be the full) reimbursable amount		385. 16	

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))		17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) Lodging Allowance 79.16 in Boston 816.00 150 Ch = 1174.00 (Maximum Allowance)	
APPROVING OFFICIAL SIGN HERE <i>Ashley Raines</i>		DATE 12/5/96	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		16. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: <i>12/16/96</i>	
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	d. NET TO TRAVELER ~~385.00~~
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE	
18. ACCOUNTING CLASSIFICATION		This should be the reimbursable amount 310107 - 55.18 2706031 - 231.00	

1042-10 NSN 7540-00-834-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

4/4/97 - Ashley said she was told the Gov. will not pay over 50% for travel. C

TRAVEL VOUCHER <i>(Read Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF AIDS POLIC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED	
5. a. NAME <i>Last, first, middle initial</i> FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 10/21/96 b. TO 10/22/96		4. SCHEDULE NO.	
c. MAILING ADDRESS <i>(Include ZIP Code)</i> ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO. 202/632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA000718 b. DATE(S) 10/15/96		10. CHECK NO.	
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE <i>(City and State)</i> Bethesda, MD		11. PAID BY		FILE COPY	
8. TRAVEL ADVANCE a. Outstanding 0.00 b. Amount to be applied 0.00 c. Amount due Government <i>(Attached ☐ Check ☐ Cash)</i> 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 <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</i>		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 <i>(a)</i>	ISSUING CARRIER <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL				
					FROM <i>(e)</i>	TO <i>(f)</i>			
1334482048	404.00	US	Y	10/21/96	DCA-Washingt	BOS-Boston,			

COMMENTS:
 Ashley this is the one I requested actual payment for the Hotel since I could not get a hotel at a lower rate at that time.

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.				TRAVELER SIGN HERE <i>Patricia S. Fleming</i>		DATE 11/14/96		AMOUNT CLAIMED (305.00)	
NOTE: <i>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. 1004).</i>				This should be the full) reimbursable amount 385.16					

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. 800a))				17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY <i>(Explain and show amount)</i>					
16. 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 <i>Certifier's Initials:</i>					
18. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE				c. APPLIED TO TRAVEL ADVANCE <i>(Appropriation symbol:)</i>				0.00	
18. ACCOUNTING CLASSIFICATION				d. NET TO TRAVELER				305.00	

This should be the reimbursable amount \$385.16

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

1. TRAVEL AUTHORIZATION NO. TA000718		2. DATE 10/15/96	
3. TYPE OF TRAVEL			
☒ Official ☐ Relocation ☐ Mixed ☐ Political		☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Funded by Non-Federal Sources	
4. TRAVELER (First name, middle initial, last name) PATRICIA S. FLEMING		5. TITLE OF TRAVELER Director	
6. SOCIAL SECURITY NUMBER (b)(6)		7. AGENCY E03379	
8. OFFICE PHONE 202/632-1090		9. DIVISION OFFICE OF AIDS P	
10. OFFICIAL DUTY STATION WASHINGTON DC		11. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Retails:	

12. TRAVEL INFORMATION

PURPOSE: Harvard AIDS Institute Leading for Life Summit

DATE(S): Travel Begin On 10 21 1996

Travel End On 10 23 1996

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

From: WASHINGTON DC

To: BOSTON, MA 116/ 38

To:
To:
To:
To:
To:

To:
To:
To:
To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.00 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	\$ 232.00
Per Diem/M&IE	95.00
Transportation	398.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 725.00
16. ADVANCE REQUESTED (include 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)

19. REQUESTED BY

Patricia S. Fleming 10/19/96

21. Funds are available to defray travel cost specified above.

Funds Manager's Certification (Signature)

Abigail D. Reines 10/18/96

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. Ruseo

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 485,057,889



Pay to
the order of

12 10 96 00 PHILADELPHIA, PA -

FLEMING, PAT M1 EOPFMD

0EJ7000008 1101000

FLEMING, PATRICIA S.

C/O OPD

OEGB RM 145 17TH & PENN NW

WASHINGTON

DC 20502

Check No.

*****286*0

VOID AFTER ONE YEAR

FLEMING VOUCHER TA000718



⑈ 2036 1 ⑈

⑈ 0000000518 ⑈ 983454318 ⑈ 011296

*Spoke w/ Ashley today 11/6/97. She will check into this & report
back to me.*

C

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

FILE COPY

1. TRAVEL AUTHORIZATION NO.
TA000719

2. DATE
10/15/96

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ Per Diem
☐ Actual Substantance (unusual circumstances)*
Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Community Health Project Ground Breaking Ceremony

DATE(S): Travel Begin On 10 16 1996

Travel End On 10 16 1996

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

From: RES: Bethesda, MD

To: NEW YORK CITY, NY 142/ 38

To:
To:
To:
To:
To:

To:
To:
To:
To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.00 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) CAB CAB CAB

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	28.50
Transportation	118.00
Rental Car	0.00
Miscellaneous	80.00
TOTAL	\$ 226.50
16. ADVANCE REQUESTED (breaks and subsistence expenses only)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS

(Justification for first class/business/extra fare travel, annual leave enroute, actual substantance, etc.)

This trip will be paid for by The Community Health Project of New York City, 208 West 13th Street, New York NY 10011 Phone 212/675-3559

18. ACCOUNTING DATA

(Appropriation, division, project, vendor number)

117 2200 J108E

19. REQUESTED BY

Patricia S. Fleming

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Shirley L. Haines 10/15/96

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)

John J. [Signature] for CH

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

03/21/95

11:15

202 456 6472

WHITE HOUSE RM 1

001

Contact person: Carmena Parris

Phone number: 632-1090

Date of request: 10/15/96

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:

Patricia S. Fleming
Director
National AIDS Policy Office

Nature of meeting or similar function and how it relates to your official duties:

Community Health Project Ground Breaking Ceremony for AIDS Hospice

Date and place(s) of travel:

October 16, 1996 - New York City

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):

Community Health Project of New York City. Not-for-Profit Corporation 501(C)(3)

Nature of expense(s) paid for:

A/Fare	\$118.00
Taxis	80.00
Misc.	28.50
	226.50

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.


10/15/96

Approved pursuant to
GSA Regulations
Sections 304-1.4 & 1.5

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

15-Oct-1996 04:11pm

TO: Ashley L. Raines

FROM: Kathleen M. Whalen
 Office of the Counsel

SUBJECT: Patsy Fleming Travel

Just wanted you to know that I gave Carmena verbal approval for Patsy Fleming to participate in an event of, and accept travel reimbursement from, the Community Health Project in NYC. The event is tomorrow, and she is afraid they will not get all the necessary approvals in time. Dawn will make sure to indicate the verbal approval when she gets the non-federal source form. Thanks.



**Ms. Patricia Fleming
Director, Office of AIDS Policy
The White House
Washington, D. C.**

Dear Ms. Fleming:

I am writing to invite you to attend the ground breaking ceremony for Community Health Project's new health center. The ceremony will take place on Wednesday, October 16, 1996, beginning at 10:00am in front of the new facility located at 356 West 18th Street, New York, New York.

Community Health Project (CHP), a not for profit corporation under section 501(C)(3) of the Internal Revenue Code, is the only health center dedicated to primarily serving the health care needs of the lesbian, gay and HIV/AIDS communities in the New York metropolitan area without regard to anyone's ability to pay for services. When the new center is fully operational, CHP will be able to increase the number of patients served from 17,000 to 60,000 and offer the most comprehensive primary health care of any such health center in the nation.

I hope that you will be able to join us at his most important occasion as CHP "Builds for a Healthy Tomorrow" for the lesbian, gay and HIV/AIDS communities of greater New York.

Sincerely,

**Dean J. LaBate
Executive Director**

**Facsimile Transmission Cover Sheet**Date: *OCTOBER 15, 1996*To: *CARMINA PARRIS*
*OFFICE OF AIDS POLICY*From:
David Sheil
*Chief Financial Officer*Total Number of Pages,
Including This Cover Page *TWO*

Message or Special Instructions:

Dear Carmina: Thanks for all your help.
*Call if you need more info.**Thanks.**David Sheil*

The information contained in this fax message is intended only for the use of the individual to whom it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, copying or the taking of any action in reliance on the contents of this communication is strictly prohibited. If this communication has been received in error, please notify us immediately by telephone, collect if necessary, so that we can arrange for the return of the message or its destruction. Thank you.

If you have experienced any difficulties receiving this FAX, please call (212) 675-3596.
To FAX a reply, please call (212) 675-3962.

EVENT SCHEDULING FORM

Date Received: 10/15/96

Event Description: Ground breaking ceremony for Community Health Project

Location of Event: 356 West 18th (between 8th and 9th avenue)

Date of Event: Wednesday, 10/16/96

Time: 9:30am Continental
Breakfast

10:00am Opening
Ceremony Begins

Contact Name: Dean LaBate, Executive Director

Remarks Required: XXX Yes ___ No

Length of Remarks: 3 minutes

Topic: Groundbreaking ceremony for CHP

Introduction By: See attached

Media Coverage: XXX Yes ___ No

Questions & Answers: ___ Yes XXX No

Referred To:

___ Jeff Levi

XXX Richard Sorian

___ LaHoma Romocki

___ Jane Sanville

___ Daniel Montoya

___ Carmena Parris

Cancelled

Contact: Dean LaBate - 212/675-3596
212/675-3962 fax

9:30am Continental Breakfast served

10:00am Agenda:
Welcome remarks Dean LaBate
John Graves/Co-Chair CHP BOD
Barbara Kaplan/Kimberly Smith/CHP BOD
Richard Cotton/Chair-Primary Care Development Corporation (PCDC)
Patricia Fleming, ONAP
Tom Duane-City Councilmember from that District
Richard Gottfried/NY State Assemblymember, Chair of Assembly's
Health Committee
Deborah Glick/NY State Assemblymember/Greenwich Village District
Catherine Abate/NY State Senator/Chelsea district
Maria Mitchell/Special Advisory to the Mayor for Health Policy
Mayor Rudolph Giuliani
Dean LaBate - Hardhat Ceremony/Unveiling of PCDC

NOTES:

First time that NY State Dormitory Bonds are being used to finance,
both the acquisition and construction for primary care facilities.
Usually only reserved for hospitals.

Partnership between CHP, City of New York, NY State Dormitory
Authority (issuing bonds), PCDC



ADMINISTRATIVE OFFICE
80 Eighth Avenue - Suite 1210
New York, New York 10011

FACSIMILE TRANSMISSION COVER SHEET

DATE: 10/15/96

FROM: Dean J. LaBate
Executive Director

TO: DANIEL MONTOYA
(202) 632-1096

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET:

6 *att*

MESSAGE or SPECIAL INSTRUCTIONS:

If you have experienced any difficulties receiving this FAX, please call (212) 675-3596.
To FAX a reply, please call (212) 675-3962.

CHP's Clinical Offices are located at:
208 West 13th Street, New York, N.Y. 10011 212/675.3559

Community Health Project

New York's Lesbian and Gay Health Clinic

208 West 13th Street, New York, NY 10011

(212) 675-3596

(212) 675-3962 (fax)

For Immediate Release
Contact: Christine E. Nunn
(212) 675-3954

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However, while CHP provides more than 17,000 patient visits annually, the lesbian, gay and HIV/AIDS communities need more – and CHP will offer more. When renovation is complete CHP will provide: expanded primary medical care, an array of medical specialty services, dental care, on-site laboratory, radiology and mammography, and more.

CHP - 2

Additionally, patients with health insurance will be able to choose CHP as their medical provider of choice. Currently, CHP cannot accept third party reimbursements, such as medicaid and medicare, however, when renovation is complete, as a fully licensed New York State Department of Health Article 28 primary health care facility, CHP will be able to accept private health insurance, medicare and medicaid, and multiple managed care plans.

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That dream is a state-of-the-art health care facility where patients can receive the latest in high-quality medical treatments, as well as expanded health education. The new facility, designed by the architectural firm of Thanhauser & Esterson features a large first floor conference room, a health education resource room that includes a computer bank, more than 30 medical examination rooms, six dental operatories, mental health counseling and group therapy rooms, and much, much more.

Construction is anticipated to take 10-12 months. "When we open our doors next fall, the lesbian, gay, HIV/AIDS communities, as well as all who choose CHP, will receive state-of-the art health care in a dignified setting," said John Graves, Co-Chair of the Board of Directors. "However, CHP will continue its proud history of using volunteer medical providers, and offering sensitive non-judgmental health care. While we will grow substantially, our mission remains the same."

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CORPORATION**



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B96

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October 9, 1996

The Villager

West Village, East Village, Soho, Tribeca and Lower East Side

Carmina:

David Sheil

*Community Health
Project (CHP)*

Please call Dean LaBott to make arrangements for Patsy's travel to New York, tomorrow for a ground breaking ceremony for an AIDS hospice. 212/675-3596

Apparantly, CHP is going to pay for it.

PSF needs to be back for a 3:30pm meeting at OMB.

thanks,

dcm

9:30am

10:00am

Bullets from

3 min. comments

Welcome remarks Dean LaBate

John Graves/Co-Chair CHP BOD

Barbara Kaplan/Kimberly Smith/CHP BOD

Richard Cotton/Chair PCDC Primary Care Development Corporation

Patsy Fleming

Tom Duane-City Councilmember from that District

Richard Gottfried/NY State Assemblymember, Chair of Assembly's Health Committee

Deborah Glick/NY State Assemblymember/from the Village

Catherine Abate/NY State Senator/district rep

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Dean LaBate/212/675-3962 *Fax*

New Primary Care Health Center

(primarily for Gay and Lesbian community, but open to all)

Ryan Health Center in Manhattan

Bill Fitzryan

National Lesbian and gay Health Assoc.

Community Health Project

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October 9, 1996



CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE OFFICE OF AIDS POLIC	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			
4.	a. NAME FLEMING, PATRICIA S. c. MAILING ADDRESS ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503	b. SOCIAL SECURITY NO. (b)(6) d. OFFICE PHONE NUMBER 202/632-1090	5. PAID BY FILE COPY

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

DATE	C O D E	Show appropriate code in col. (b): A- Local travel B- Telephone or telegraph, or C- Other Expenses (Itemized)	MILEAGE RATE	AMOUNT CLAIMED			
				MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
(a)	(b)	(c) FROM (d) TO	(e)	(f)	(g)	(h)	(i)
09/25	A	Parking Ctr for Women Policy Studies Mtg			6.50		
10/08	A	Parking American Social Health Assoc. Mtg			4.00		
10/10	A	Parking Nat'l. AIDFS Skills Bldg. Conf.			10.00		
10/16	C	Taxi/Residence to A/port (DCA)					20.00
10/16	A	Taxi from DCA to Office			13.00		
COMMENTS: Taxi fares for 10/16/96. This trip was aborted after arriving at the airpo							
			SUBTOTALS CARRIED FORWARD FROM THE BACK	0	0.00	0.00	0.00
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i))			TOTALS	0	0.00	33.50	20.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 860a).)

Sign Original Only

APPROVING
OFFICIAL
SIGN HERE

DATE

9. This claim is certified correct and proper for payment. Sign Original Only

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

DATE

ACCOUNTING CLASSIFICATION

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

Sign Original Only

CLAIMANT
SIGN HERE

Patricia S. Fleming

DATE

10/23/96

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE
BY CHECK NO.

Parking Nat'l. AIDS Skills Bldg. Conference



Atlantic Garage, Inc.
1828 L Street, NW
Suite 803
Washington, DC
20036
(202) 466-4300

PARKING RECEIPT
DATE 10/10/96 \$ 10.00

THANK YOU

"WE PARK WITH FENDER LOVING CARE."™

CASHIER SIGNATURE

Parking @ ASHA

00000000'S PARKING

TICKET / DATED 10/ 8/96 0244 PM
ARRIVE 7:45 PM

PARKING \$ 4.00

ROUND FOLD \$ 4.00

TOTAL 10.00

Taxi Cab Receipts
Date: 9/25/96 Time: _____
Trip Origin: _____
Destination: 750 - 17th Street
Fare: \$ 6.50 Signature _____
Parking: Center for Women Policy Studies met

Taxi Cab Receipts

Date 10/10 Time: _____
Trip Origin: National Airport
Destination 750 17th Street
Fare: \$ 13.00 Signature [Signature]

DATE	<u>10-10-96</u>	COMPLETION TIME	_____
ACCT #	_____	ACCT NAME	_____
PICK UP	<u>6009 Mass Avenue</u>		
DROP	<u>National Airport</u>		
NOTES	_____		
BASE METER	_____	EXTRAS	_____
GRATUITY	_____	TOTAL \$	<u>13.00</u>
PASSENGER SIGNATURE	_____		
DRIVER	_____	DR #	_____
VEH #	_____		
THANK YOU!			

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						MILEAGE (f)	FARE OR TOLL (g)	ADD PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)
96									
09/13	A		PUBLIC TRANSIT/taxi to train station				26.40	1	
09/13	A		PUBLIC TRANSIT/ticket				5.75	1	
09/16	A		PUBLIC TRANSIT/parking/VA meeting				10.00	1	
SUBTOTALS CARRIED FORWARD FROM THE BACK					0	0.00	0.00		0.00
7. AMOUNT CLAIMED <i>(Total of cols. (f), (g) and (i))</i>				TOTALS		0	0.00	42.15	0.00

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a))*

Sign Original Only

APPROVING
OFFICIAL
SIGN HERE

DATE

9. This claim is certified correct and proper for payment. *Sign Original Only*

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

DATE

ACCOUNTING CLASSIFICATION

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

Sign Original Only

CLAIMANT
SIGN HERE

Patricia S. Fleming DATE **9/17/96**

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b. DATE RECEIVED

c. AMOUNT

12. PAYMENT MADE
BY CHECK NO.



COUPON A 850831489 8

AMTRAK
OPERATED
MARC

PASSENGER'S RECEIPT
NOT GOOD FOR PASSAGE
CARRIAGE HEREUNDER IS SUBJECT
TO THE CONDITIONS OF CONTRACT
ON BACK OF PASSENGER RECEIPT

FORM No. 85 REV. 7-93

FAMILY RT	90	20	4
EX. CHILD	80	10	3
DISABLED	70	9	2
SENIOR	60	8	1
CHILD	50	7	.5
PD. CHECK	40	6	.50
IN CONN.	30	5	.25
2 TRIP/RT			
1 2 3 4			
FULL			
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JAN FEB MAR APR			
MAY JUN JUL AUG			
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1 2 3 4			
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25 26 27 28			
29 30 31			



Thank you for
parking with
Colonial

GAR 100

Date 9/16/96
Amount Received \$ 10.00
Location 484
Ticket # _____
Employee ymg

DATE 9-13-96 COMPLETION TIME _____
ACCT # _____ ACCT NAME Massachusetts an
PICK UP Union Station
DROP _____
NOTES _____
BASE METER 22.40 EXTRAS 4.00
GRATUITY _____ TOTAL \$ 26.40
PASSENGER SIGNATURE [Signature]
DRIVER [Signature] DR # 497 VEH # 400
THANK YOU!

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF AIDS POLIC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED																									
5. a. NAME Last, first, middle initial FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL <table style="width:100%;"> <tr> <td style="width:50%;">a. FROM</td> <td style="width:50%;">b. TO</td> </tr> <tr> <td>08/13/96</td> <td>08/16/96</td> </tr> </table>		a. FROM	b. TO	08/13/96	08/16/96	7. TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:50%;">a. NUMBER(S)</td> <td style="width:50%;">b. DATE(S)</td> </tr> <tr> <td>TA000615</td> <td>07/31/96</td> </tr> </table>		a. NUMBER(S)	b. DATE(S)	TA000615	07/31/96																
a. FROM	b. TO																														
08/13/96	08/16/96																														
a. NUMBER(S)	b. DATE(S)																														
TA000615	07/31/96																														
c. MAILING ADDRESS (Include ZIP Code) ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO. 202/632-1090		10. CHECK NO.		FILE COPY																									
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State) Bethesda, MD		11. PAID BY																											
8. TRAVEL ADVANCE <table style="width:100%;"> <tr> <td style="width:50%;">a. Outstanding</td> <td style="width:50%;">b. Amount to be applied</td> </tr> <tr> <td>0.00</td> <td>0.00</td> </tr> </table>		a. Outstanding	b. Amount to be applied	0.00	0.00	9. CASH PAYMENT RECEIPT <table style="width:100%;"> <tr> <td style="width:50%;">a. DATE RECEIVED</td> <td style="width:50%;">b. AMOUNT RECEIVED</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>		a. DATE RECEIVED	b. AMOUNT RECEIVED		\$	c. PAYEE'S SIGNATURE																			
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0.00	0.00																														
a. DATE RECEIVED	b. AMOUNT RECEIVED																														
	\$																														
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 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)																													
<table style="width:100%;"> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET</th> <th style="width:10%;">ISSUING CARRIER</th> <th style="width:10%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width:10%;">DATE ISSUED</th> <th colspan="2" style="width:45%;">POINTS OF TRAVEL</th> </tr> <tr> <th style="text-align: center;">(a)</th> <th style="text-align: center;">(b)</th> <th style="text-align: center;">(c)</th> <th style="text-align: center;">(d)</th> <th style="width:22.5%;">FROM</th> <th style="width:22.5%;">TO</th> </tr> <tr> <th style="text-align: center;">(a)</th> <th style="text-align: center;">(b)</th> <th style="text-align: center;">(c)</th> <th style="text-align: center;">(d)</th> <th style="text-align: center;">(a)</th> <th style="text-align: center;">(b)</th> </tr> </table>		AGENT'S VALUATION OF TICKET	ISSUING CARRIER	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL		(a)	(b)	(c)	(d)	FROM	TO	(a)	(b)	(c)	(d)	(a)	(b)	<table style="width:100%;"> <tr> <td style="width:15%;">332.00</td> <td style="width:10%;">US</td> <td style="width:10%;">Y</td> <td style="width:10%;">08/13/96</td> <td style="width:22.5%;">DCA-Washingt</td> <td style="width:22.5%;">TPA-Tampa, F</td> </tr> </table>		332.00	US	Y	08/13/96	DCA-Washingt	TPA-Tampa, F	<table style="width:100%;"> <tr> <td style="width:15%;">037 13199590</td> <td style="width:10%;">62 3</td> </tr> </table>		037 13199590	62 3
AGENT'S VALUATION OF TICKET	ISSUING CARRIER	MODE CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL																											
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332.00	US	Y	08/13/96	DCA-Washingt	TPA-Tampa, F																										
037 13199590	62 3																														
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 Patricia S. Fleming		DATE 9-4-96		AMOUNT CLAIMED		307.75																									
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2614) 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				17. FOR FINANCE OFFICE USE ONLY COMPUTATION <table style="width:100%;"> <tr> <td style="width:50%;">a. DIFFERENCES, IF ANY (Explain and show amount)</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table>				a. DIFFERENCES, IF ANY (Explain and show amount)																							
a. DIFFERENCES, IF ANY (Explain and show amount)																															
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:33.33%;">a. VOUCHER NO.</td> <td style="width:33.33%;">b. D.O. SYMBOL</td> <td style="width:33.33%;">c. MONTH & YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:																					
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				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):																											
DATE				d. NET TO TRAVELER																											
18. ACCOUNTING CLASSIFICATION				0.00 307.75																											

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

1. TRAVEL AUTHORIZATION NO.
TA000615

2. DATE
07/31/96

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ 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:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	\$ 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)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

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)

PF's Itinerary

Tuesday, August 13

12:30PM Car pick up
1:40PM Depart DCA USAIR#1890 - S/3C
3:54PM Arrive Tampa

Hotel: Wyndham Harbour Island
725 S. Harbour Boulevard
Tampa, FL
P: 813/229-5000
F: 813/229-5022
CNF#1060 (guaranteed with Liz, Aug. 13-16)

Wednesday, August 21

7:15AM Depart Tampa USAIR#1610
9:25AM Arrive DCA
9:30AM Car pick up

Per Diem: Hotel \$72 M&IE \$26



JUL 25 1996

Ms. Patricia Fleming
Director
White House Office of National AIDS Policy
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

Dear Ms. Fleming:

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.

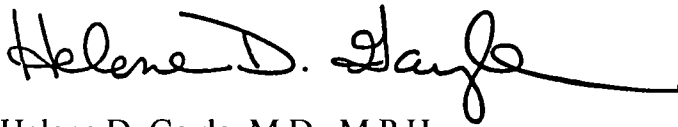
The overall theme of the Forum is to examine how we can work together to implement practical approaches to substance abuse and HIV prevention. The goals are: to convene a forum of national and local leaders in the fields of substance abuse and HIV prevention; and to identify and explore steps for improving 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,

A handwritten signature in black ink that reads "Helene D. Gayle". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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

Preliminary Agenda
PREVENTING HIV AND SUBSTANCE ABUSE:
A NATIONAL LEADERSHIP FORUM TO IMPROVE COLLABORATION

Wyndham Harbour Island Hotel
Tampa, Florida

August 14-16, 1996

Wednesday, August 14, 1996

8:30-10:00 Session I: Forum Opening and Sponsoring Agency Welcome
Overview and charge for the Forum/Introduction of meeting theme

Theme: *How can we work together to implement practical approaches to
substance abuse and HIV prevention?*

- Centers for Disease Control and Prevention
- National Institutes of Health
- Substance Abuse and Mental Health Services
Administration
- Health Resources and Services Administration
- Chair, Presidential HIV/AIDS Advisory Council

10:00-10:30 BREAK

10:30-12:00 Session II: Breakout Groups: Review of Forum Goals and Theme
Invitees will be assigned to one of five working groups to participate in a series of facilitated sessions throughout the Forum. Topics and tasks will be pre-assigned.

12:00-1:00 LUNCH

1:00-2:30 Session III: Plenary Panel
A personal perspective by individuals affected by HIV and substance abuse, and their experiences with substance abuse prevention, HIV prevention, substance abuse treatment, and access to clinical care.

2:30-3:00 BREAK

3:00-4:30 Session IV: Breakout Groups: Existing Programs and Relationships
Invitees will explore elements of program effectiveness and commonalities that support collaboration and partnerships.

4:30-5:30 Plenary: Summary of Sessions II and IV Breakout Groups

5:30 ADJOURN

Preliminary Agenda, continued

Thursday, August 15, 1996

- 8:30-10:00 Session V: Plenary Panel: Latest Research Findings**
- HIV Prevention
 - Substance Abuse Prevention
 - Substance Abuse Treatment
- 10:00-10:30 BREAK**
- 10:30-12:00 Session VI: Breakout Groups: Blending Research Findings with Programs**
Invitees will consider elements of research information exchange between Federal, State and local agencies, and explore the incorporation of research findings within collaborative networks.
- 12:00-1:00 LUNCH Speaker, TBA**
- 1:00-2:30 Session VII: Breakout Groups: Enhancing Partnerships/Barriers to Working Together**
Invitees will specify the challenges to collaboration between HIV and substance abuse systems, and assemble strategies for strengthening collaboration nationwide.
- 2:30-3:00 BREAK**
- 3:00-4:00 Session VIII: Breakout Groups: Enhancing Partnerships/Barriers to Working Together (continued)**
- 4:00-5:30 Plenary: Summary of Sessions VI, VII, and VIII Breakout Groups**
- 5:30 ADJOURN**

Preliminary Agenda, continued

Friday, August 16, 1996

- 8:30-10:00 Session IX: Breakout Groups: Collaboration Action Items**
Invitees will discuss priorities for improvement of collaboration, and compile potential action items which may address the needs of:
- National Organizations
 - Federal and State Government
 - Community Partners
- 10:00-10:30 BREAK**
- 10:30-11:30 Plenary: Summary Report of Breakout Groups**
Facilitators will provide summaries of working groups' progress and action items.
- 11:30-12:00 Plenary: Agency Response**
A panel of Federal agency representatives will respond to the work of the Forum and dialogue with invitees.
- 12:00-1:00 Session XI: Closing Session**
- 1:00 ADJOURN FORUM**



HI - TECH INTERNATIONAL, INCORPORATED

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

July 24, 1996

Ms. Patricia Fleming
Director
White House Office of National AIDS Policy
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

CP - Please
Schedule +
Make res for
Aug 13, 14, ~~15~~, 16.

Return 2-3 pm
Contact person @ CDC
Dr. Steve Jones 404-639-0937

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 Ms. Fleming:

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



HI-TECH INTERNATIONAL INCORPORATED

EVENT SCHEDULING FORM

Date Received:

Event Description: Preventing Substance Abuse and HIV: A National Leadership Forum

Location of Event: Tampa, Florida

Event Date: August 14, 1996

Time: 8:30AM

Contact Name: Dr. Steve Jones, CDC - 404/639-0937

Remarks Required: ☒ Yes ☐ No

Length of Remarks:

Audience Size: 75-100

Topic: Opening Remarks. Greets participants.
Discuss the genesis and Importance of the Forum

Introduction By:

Media Coverage: ☐ Yes ☐ No Did not solicit. Do not expect any

Questions & Answers: ☐ Yes ☒ No

Referred To:

☐ Jeff Levi ☒ Richard Sorian ☐ LaHoma Romocki

☐ Jane Sanville ☐ Carmena Parris

August 5, 1996

cc: PF

n:\sked

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

JUL 18 1996



Ms. Patricia S. Fleming
Director
Office of National AIDS Policy
Executive Office of the President
750 Seventeenth Street, N.W., Suite 600
Washington, D.C. 20503

Dear Ms. Fleming:

During the White House meeting on AIDS in December 1995, President Clinton requested that the Centers for Disease Control and Prevention (CDC) convene a national meeting of State and local officials involved in both public health and drug prevention to develop an action plan that integrates HIV prevention and substance abuse prevention. CDC, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the National Institutes of Health have agreed to jointly plan and cosponsor this meeting of national significance.

"Preventing Substance Abuse and HIV: A National Leadership Forum" will be held in Tampa, Florida, August 14-16, 1996. The Forum's goals are to bring together national, State, and local government and non-governmental leaders in the field of substance abuse and HIV prevention to examine areas for further collaboration and improvement of program coordination and integration to reduce HIV infection and substance abuse in the United States.

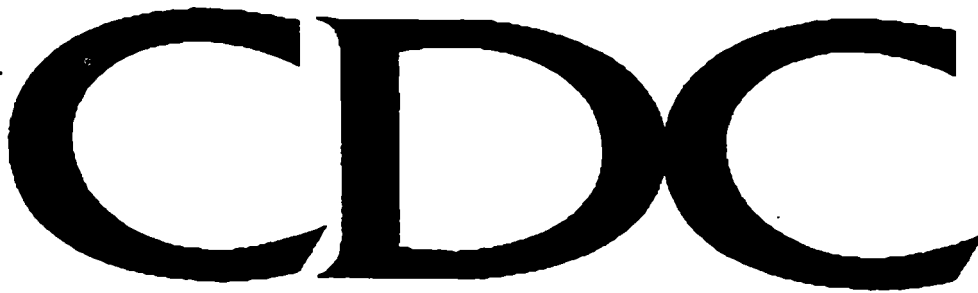
I invite you to attend the Forum and to provide opening remarks. Mr. John Miles, Special Assistant for Corrections and Substance Abuse, National Center for HIV, STD, and TB Prevention, CDC, will contact your office to confirm your acceptance or declination to present the opening remarks.

We look forward to your participation in this very important forum. I hope your schedule will allow you to join us.

Sincerely,



David Satcher, M.D., Ph.D.
Director



CENTERS FOR DISEASE CONTROL
AND PREVENTION

Executive Secretariat - - Facsimile Transmittal

1600 Clifton Road, N.E., (Mailstop D-14)

Atlanta, Georgia 30333

Telephone (404) 639-7120, Fax (404) 639-7121

TO
FROM
COMMENTS

Date: 7/18/96

NAME: Ms. Patricia Fleming OFFICE: _____

Telephone: (202) 639-1096 Facsimile: _____

Number of Pages 2 (Including cover)

☐ Doris Acevedo

☐ Brenda Coker

☒ Thena Durham

☐ Pam Galusha

☐ Mary Jane Herwick

☐ Dale Hubbard

☐ Yvette Redding

☐ Candice Nowicki-Lehnherr

☐ Shirley Phillips

☐ Carol Price

☐ Shirley Tucker

**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: Patricia S. Fleming Degree(s): _____
Title: Director
Agency: White House Office of AIDS Policy
Address: 750 17th Street, N.W., Suite 600
City/State/Zip: Washington, DC 20503
Telephone: 202/632-1090 Fax: 202/632-1096
Special Needs (e.g., dietary, special access): _____

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

*Faxed & mailed \$2
C*



United States Treasury

15-51

000 P 467,107,880



Pay to
the order of

09 12 96 48 PHILADELPHIA, PA

FLEMING, PAT M1 EOPFMD

0EJ6000060 11010003

FLEMING, PATRICIA S.

C/O OPD

OE08 RM 145 17TH& PENN NW

WASHINGTON

DC 20502

Check No.

2038 25530958

\$****307*75

VOID AFTER ONE YEAR



FLEMING VOUCHER TA000615

307.75

20383

000000518 255309582 010996



Serving breakfast, lunch, and dinner, and a magnificent Sunday brunch, The Harbourview Room will treat you to superb cuisine and a beautiful view of the water. At night, the Lobby Lounge is the perfect spot to sit and unwind. Or take in live bands along the waterwalk.



T A M P A



WYNDHAM HARBOUR ISLAND HOTEL

THE RIGHT WAY. THE WYNDHAM WAY.

725 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602
813-229-5000 Fax: 813-229-5022

CALL YOUR TRAVEL PLANNER OR:

800-WYNDHAM

GROUP SALES: 800-327-8321

SALES OFFICES: NEW YORK WASHINGTON, D.C. CHICAGO LOS ANGELES
EUROPE/U.K.: 011-44-081-367-5175 FAX: 011-44-081-367-9949

WYNDHAM HOTELS AND RESORTS (WY): SABRE (DIRECT CONNECT),
APOLLO/GALILEO (INSIDE LINK), WORLDSPAN (HOTEL SOURCE),
SYSTEM ONE (COMPLETE ACCESS), WORLDSPAN/DATAS II, AMADEUS, AXESS (AA).

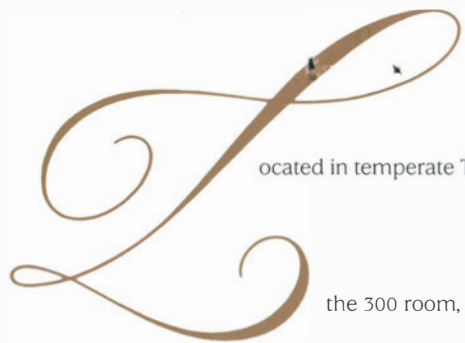
REPRESENTED WORLDWIDE BY UTELL INTERNATIONAL

T A M P A



WYNDHAM HARBOUR ISLAND HOTEL





located in temperate Tampa, Florida,

the 300 room, four-star Wyndham

Harbour Island Hotel is situated on its own inviting island in

Tampa Bay. Just three blocks

from the Florida Aquarium,

minutes from the Tampa



Convention Center and a 90-second People Mover ride away

from downtown. Relax in comfortable, well-appointed guest



rooms, each with a stunning

view. Take advantage of full

guest privileges at Tampa's



*While an excellent vacation destination, the
Wyndham Harbour Island Hotel is an ideal business and meeting
hotel as well, boasting 16,000 sq. ft. of function space
and 10 elegant meeting rooms, including an open-air garden
terrace overlooking the channel.*



finest health facility, the

exclusive Harbour Island

Athletic Club. Sunny Gulf

beaches await you 30 minutes away. Golf, boating and

fishing charters are easily

arranged, or spend the day

at The WALT DISNEY WORLD®



Resort and EPCOT® Center, only a one-hour's drive away.

Whatever you're after, the Wyndham Harbour Island Hotel



offers you the one thing

you're looking for.

Everything.

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF AIDS POLIC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED	
5. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 08/05/96 b. TO 08/07/96		4. SCHEDULE NO.	
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) TA000611 b. DATE(S) 07/30/96			
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State) Bethesda, MD		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)	TO (f)	
Ticket No.13 17485400	435.00	US	Y	08/05/96	DCA-Washingt	CLT-Charlott	

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.		DATE 8/21/96	AMOUNT CLAIMED 239.50
TRAVELER SIGN HERE Patricia S. Fleming			254.62
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))			17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE			a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE				
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			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
DATE			0.00	
			d. NET TO TRAVELER 254.62	

18. ACCOUNTING CLASSIFICATION	239.50
--------------------------------------	--------

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>						Complete this information if this is a continuation sheet.		PAGE <u>2</u> OF <u> </u> PAGES	
	<i>Col. (k)</i> 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.)						<i>Complete only for actual expense travel</i>		<i>Col. (d) thru (n)</i> (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. (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/mousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	
									TRAVEL AUTHORIZATION NO. TA000611	
									TRAVELER'S LAST NAME FLEMING	

DATE 19 <u>96</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: <u>0.000</u> NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (j)	TOTAL SUBSISTENCE EXPENSE (g)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
08/05	4:30P	D- :WASHINGTON DC												
08/05		:			Air fare									
08/05	7:15P	A- :CHARLOTTE, NC				19.00		70.56	89.56			89.56		
08/05		:			Taxi A/port to Hqte								28.00	
08/06		Subsistence				38.00		70.56	108.56			108.56		
08/07	3:05P	D- :CHARLOTTE, NC												
08/07	4:30P	A:WASHINGTON DC												
08/07		Subsistence				28.50			28.50			28.50		
SUBTOTALS										▶	0.00	226.62	28.00	
TOTALS										▶	0.00	226.62	28.00	

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

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. 11809 of July 22, 1971, E.O. 11012 of March 27, 1982, E.O. 8397 of November 22, 1943, and 28 U.S.C. 8011(b) and 8109. 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. 8011(b) and 8109) and E.O. 8397, 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 254.62
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8520 UNIVERSITY EXECUTIVE PARK DRIVE
CHARLOTTE, NC 28262
(704) 547-0999 FAX: (704) 549-4018
800-764-5328

PATRICIA FLEMING

Room	514-11
Arrive Date	08/05/96
Dept. Date	08/07/96
Folio #	5
Room Rate	63.00
Account	2-DEANK
Mkt/Seg	4-BEED

Page 1

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges 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 part or the full amount of such charges.

X
SIGNATURE

DATE	CARD REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0805	114	0805000	51L GUEST ROOM	63.00\$	.00\$	63.00\$
0805	011	0805001	61L ROOM TAX	3.78\$	.00\$	66.78\$
0805	012	0805002	61L ROOM. TAX	3.78\$	.00\$	70.56\$
0806	114	0806000	51L GUEST ROOM	63.00\$	.00\$	133.56\$
0806	011	0806001	61L ROOM TAX	3.78\$	.00\$	137.34\$
0806	012	0806002	61L ROOM. TAX	3.78\$	.00\$	141.12\$
0807	014	0807000	61L VIEWING PAYMENT	.00\$	-141.12\$	.00\$
TOTAL						.00\$

ACCT NO. 12345678901234567890
CARD MEMBER NAME PATRICIA FLEMING
ESTABLISHMENT NO. & LOCATION HOLIDAY INN ORANGE PARK 8520 UNIVERSITY EXECUTIVE PARK CHARLOTTE NC 28262
CARD MEMBER'S SIGNATURE X

DATE OF CHARGE 08/07/96	FOLIO NO./CHECK NO. 12345678901234567890
AUTHORIZATION 170.00\$	ID 666
PURCHASES & SERVICES 141.12\$	
TOTAL AMOUNT 141.12\$	

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

1. TRAVEL AUTHORIZATION NO.
TA000611

2. DATE
07/30/96

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political
- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: REGIONAL BRIEFINGS

DATE(S): Travel Begin On 8 5 1996

Travel End On 8 7 1996

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

From: WASHINGTON DC

To: CHARLOTTE, NC 63/ 38

To:

To:

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.00 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	\$ 126.00
Per Diem/M&IE	95.00
Transportation	434.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 655.00
16. ADVANCE REQUESTED (breaks 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, voucher number)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

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)

JA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Ticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

**TRIP TO CHARLOTTE, NORTH CAROLINA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, AUGUST 6-7, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Holiday Inn
8520 University Executive Park
Charlotte, NC 28213
Phone: 704/547-0999 Fax: 704/549-4018

Monday, August 5, 1996

DCM Schedule:

11:40am Depart WDC en route to Charlotte on USAir #535, Seat 6D

12:54pm Arrive Charlotte

1:45pm Meet Donna Arrington in Hotel lobby. Travel to Hilton for Lunch with Site visit participants, facilitators, etc.

2:00pm Lunch

3:30pm End lunch

3:35pm Advance University of North Carolina/Charlotte, McKnight Hall, Cone Center, Regional Briefing site (take facilitators)

4:30pm End site advance

4:35pm Depart for Hotel

PF Schedule:

6:01pm Depart WDC on USAir #1754 en route to Charlotte, NC

7:15pm Arrive Charlotte, NC

**TRIP TO CHARLOTTE, NORTH CAROLINA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, AUGUST 6-7, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Holiday Inn
8520 University Executive Park
Charlotte, NC 28213
Phone: 704/547-0999 Fax: 704/549-4018

Tuesday, August 6, 1996

8:30am Depart Hotel en route to Rev. Walter White and the Brothers United for Change, 405 Kings Mountain Street, Clover, South Carolina

(9:20am Call 110 WBT Radio, John Robinson, 704/374-3544, (5 min.))
Contact: Lauren Fox, 704/374-3506, 704/374-3777)

9:30am Arrive Brothers United for Change
Contact: Sherrie Hutchison, 803/324-7521

10:30am End Meeting

10:35am Depart United for Change en route to House of Mercy, 701 Mercy Drive, Belmont, NC

11:00am Arrive House of Mercy
Contact: Sister Margaret Straney, 704/825-4711

12:00pm End House of Mercy meeting

12:05pm Depart House of Mercy en route to Cleveland County Health Department, (CleCo), 315 Grover Street, Shelby, NC

12:30pm Arrive CleCo
Contact: Jimmy Hines, 704/484-5200, Director Health Education
Welcome/Introductions: Jimmy Hines, introduces Patsy Fleming

1:30pm End CleCo meeting

1:35pm Depart CleCo en route to Hotel, 333 West W.T. Harris Blvd.

2:00pm Arrive Hotel
Proceed to downtime

6:00pm Depart Hotel en route to University of North Carolina/Charlotte, McKnight
for Regional Briefing, McKnight Hall, Cone Center

6:30pm Arrive University of North Carolina/Charlotte for Regional Briefing
Welcome & Intro: Helen Marvin introduces Patsy Fleming
Moderators: Les Kooyman/704-371-6343; Jim Richardson/704-399-1555

8:00pm End Regional Briefing

8:05pm Depart University en route to Hotel

8:30pm Arrive Hotel
Proceed to downtime

**SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, AUGUST 6-7, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Holiday Inn
8520 University Executive Park
Charlotte, NC 28213
Phone: 704/547-0999 Fax: 704/549-4018

Wednesday, August 7, 1996

8:30am Depart Hotel en route to Philanthropic Breakfast, Charlotte Hilton at University, 8629 J.M. Keynes Drive

9:00am Arrive Charlotte Hilton
Contact: Michelle Stone, Catering, 704/547-7444
Welcome: Helen Marvin, former State Senator, Chair of Regional HIV/AIDS Consortium
Invocation: Reverend George Jackson, Rockhill, South Carolina
Judge Frank Montgomery (District level) introduces PF
Bill Spencer, President of the Foundation for the Carolinas at table
Gloria Pace King, President of the United Way of Central Carolinas at table
PF Remarks, Q&A (Judge Montgomery, facilitator)
Helen Marvin introduces Myrick
Representative Sue Myrick
Close: Helen Marvin

10:30am End Philanthropic Breakfast

10:35am Depart Breakfast en route to Charlotte Observer for Editorial Board meeting, 600 South Tryon Street, Charlotte, NC

11:30am Arrive Charlotte Observer
Contact: Tom Bradbury, Associate Editor 704/358-5010 dept., 704/358-5014 direct

12:15pm End Charlotte Observer meeting

12:20pm Depart Charlotte Observer en route to Agape Center (Metrolina AIDS Project), Holy Trinity Lutheran Church, 1900 The Plaza

12:30pm Arrive Agape Center
Contact: Barbara Rein, 704/333-1435
Welcome: Barbara Rein introduces Patsy Fleming
(Lunch will be served)

1:30pm End Agape Center meeting

1:35pm Depart Agape Center en route to Charlotte airport

2:15pm Arrive Charlotte airport

PF & DCM Schedule:

3:05pm Depart Charlotte en route to WDC on USAir #774

4:14pm Arrive WDC



United States Treasury

15-51
000

P 467,107,879



Pay to
the order of

09 12 96 43 PHILADELPHIA, PA
FLEMING, PAT M1 EOPFMD

Check No.

2038 25530957

0EJ6000060 11010003

FLEMING, PATRICIA S.
C/O OPD
OEGB RM 145 17TH & PENN NW
WASHINGTON DC 20502

\$****239*50

VOID AFTER ONE YEAR



FLEMING VOUCHER TA000611

239.50

⑈ 20383 ⑈

⑆000000518⑆ 255309571⑈ 010996

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

1. TRAVEL AUTHORIZATION NO.
TA000567

2. DATE
06/27/96

3. TYPE OF TRAVEL

- ☐ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☒ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☐ Per Diem

☒ Actual Subsistence (unusual circumstances)*

Rate(s): See Below

12. TRAVEL INFORMATION

PURPOSE: REGIONAL BRIEFINGS

DATE(S): Travel Begin On 7 29 1996

Travel End On 7 31 1996

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

From: WASHINGTON DC

To:
To:
To:
To:
To:

To: LOS ANGELES/COUNTY, CA 97/ 38

To:
To:
To:
To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☒ Other (Please identify) Misc Expense

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	\$ 0.00
Per Diem/M&IE	0.00
Transportation	241.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 241.00
16. ADVANCE REQUESTED (prepaid and miscellaneous expenses only)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS

(Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

ACTUAL EXPENSES

Actual expense reimbursement is authorized as shown.

07/29/96 LODGING \$101

OTHER EXPENSES

18. ACCOUNTING DATA

(Appropriation, division, project, vendor number)

19. REQUESTED BY

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

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)

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 OFFICE OF AIDS POLIC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. UNTITLED 4. SCHEDULE NO.			
5. a. NAME <i>(Last, first, middle initial)</i> FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 07/29/96 b. TO 07/31/96		7. TRAVEL AUTHORIZATION a. NUMBER(S) TA000567 b. DATE(S) 06/27/96 10. CHECK NO. 11. FILE COPY FILE COPY			
c. MAILING ADDRESS <i>(Include ZIP Code)</i> ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO. 202/632-1090		8. PRESENT DUTY STATION WASHINGTON DC					
1. RESIDENCE <i>(City and State)</i> Bethesda, MD		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE							
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		10. CHECK NO. 11. FILE COPY 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)			
001131164536 2		217.00		AA				Y	
07/08/96		IAD-Washingt		LAX-Los Ange					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE <i>Patricia S. Fleming</i> DATE 8/8/96 AMOUNT CLAIMED 387.17 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. 680n)) 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.D. 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 <i>(Appropriation symbol:)</i> 0.00 d. NET TO TRAVELER 387.17					
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) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- Col. (e) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.
- Col. (f) Show total subsistence expense incurred for actual expense travel.
- Col. (g) 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.
- Col. (h) Show expenses, such as: taxicab/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.
TA000567

TRAVELER'S LAST NAME
FLEMING

DATE 19 96	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAKFAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
07/29	10:00A	D--WASHINGTON DC											
07/29		:			Air fare								
07/29	1:52P	A--LOS ANGELES/COU				28.50		101.46	129.96			129.96	
07/29		:			Taxi								30.00
07/29		Authorized Business Calls											1.50
07/30		Subsistence				38.00		101.46	139.46			139.46	
07/30		Authorized Business Calls											1.50
07/31	1:00P	D--LOS ANGELES/COUNTY, CA											
07/31		:			Taxi								46.00
07/31	10:00P	A:WASHINGTON DC											
07/31		Subsistence				38.00			38.00			38.00	
07/31		Authorized Business Calls											0.75
									SUBTOTALS		0.00	307.42	79.75
									TOTALS		0.00	307.42	79.75

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. 11808 of July 22, 1971, E.O. 11012 of March 27, 1982, E.O. 9387 of November 22, 1943, and 28 U.S.C. 6011(b) and 6108. 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 6108) and E.O. 9387, 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 may t in delay or loss of mt.

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

TOTAL AMOUNT CLAIMED 387.17

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA000567

2. DATE
06/27/96

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political
- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ Per Diem

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

12. TRAVEL INFORMATION

PURPOSE: REGIONAL BRIEFINGS

DATE(S): Travel Begin On 7 29 1996

Travel End On 7 31 1996

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

From: WASHINGTON DC

To: LOS ANGELES/COUNTY, CA 97/ 38

To:

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.00 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fee (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☒ Other (Please identify) Misc Expense

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging \$ 194.00

Per Diem/M&IE 95.00

Transportation 241.00

Rental Car 0.00

Miscellaneous 0.00

TOTAL \$ 530.00

16. ADVANCE REQUESTED \$ 0.00

(Specify and substantiate expenses only)

17. * SPECIAL PROVISIONS/REMARKS

(Justification for first class/business/extra fare travel, annual leave accruals, actual subsistence, etc.)

18. ACCOUNTING DATA

(Appropriation, division, project, voucher number)

1162200 J108E

19. REQUESTED BY

Patricia S. Fleming 6/27/96

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Abigail S. Raines 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 Rose

IA 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. Traveler's copy



THE BILTMORE LOS ANGELES

506 SOUTH GRAND AVE. • LOS ANGELES, CA 90071 • 213/624-1011

FLEMING, PATRICIA MS
OFFICE NYL AIDS POLICY
750 17TH ST NW
WASHINGTON, DC
20503

ARRIVAL	7/29/96
DEPARTURE	7/31/96
NO. IN PARTY	1
RATE	89.00

ACCT. NO. 11PT179

ROOM NO. 876

PRELIMINARY

#	DATE	DESCRIPTION	AMOUNT
1	7/29/96	LONG DISTANCE PHONE./876/7295373006 15:17/2026321090	.75
2	7/29/96	LONG DISTANCE PHONE./876/7295381001 15:23/3013205430	.75
3	7/29/96	RENDEZVOUS COURT..../876/320/15:01	15.80
4	7/29/96	ROOM...../876/1	89.00
5	7/29/96	ROOM TAX...../876/1	12.46
6	7/30/96	ROOM SERVICE...../876/4565/04:59	19.59
7	7/30/96	LONG DISTANCE PHONE./876/7309835016 18:38/6122134434	.75
8	7/30/96	LONG DISTANCE PHONE./876/7309954040 18:57/8008770000	.75
9	7/30/96	ROOM SERVICE...../876/4701/19:47	20.66
10	7/30/96	ROOM...../876/1	89.00
11	7/30/96	ROOM TAX...../876/1	12.46
12	7/31/96	LONG DISTANCE PHONE./876/7310605012 07:30/2026321090	.75
13	7/31/96	MASTERCARD/VISA...../876/35109126	262.72

CONTINUED...

OK'D:

COMPANY

STREET

Regardless of charge instructions, the undersigned has reviewed the above charges and acknowledges them as a personal indebtedness and agrees to pay same upon demand. Should it become necessary to enforce payment of this obligation, the undersigned agrees to pay all costs of collection, including court costs and attorney's fees.

CITY

STATE

POSTAL CODE

SIGNATURE



THE BILTMORE LOS ANGELES

506 SOUTH GRAND AVE. · LOS ANGELES, CA 90071 · 213/624-1011

FLEMING, PATRICIA MS
OFFICE NTL AIDS POLICY
750 17TH ST NW
WASHINGTON, DC
20503

ARRIVAL	7/29/96
DEPARTURE	7/31/96
NO. IN PARTY	1
RATE	89.00

PRELIMINARY

ACCT. NO. 1177159 ROOM NO. 876

#	DATE	DESCRIPTION	AMOUNT
		BALANCE DUE	.00

OK'D:			
	COMPANY	STREET	
Regardless of charge instructions, the undersigned has reviewed the above charges and acknowledges them as a personal indebtedness and agrees to pay same upon demand. Should it become necessary to enforce payment of this obligation, the undersigned agrees to pay all costs of collection, including court costs and attorney's fees.	CITY	STATE	POSTAL CODE
	SIGNATURE		



Ashley L. Raines

04/12/97 06:48:07 PM



Record Type: Record

To: Cathy R. Mays/OPD/EOP, Carmena Parris/OPD/EOP, Irene Yeh/OPD/EOP, Gay L. Joshlyn/OPD/EOP
cc: John A. Monsif/WHO/EOP, PATTON_M @ A1 @ CD @ LNGTWY
Subject: Voucher Questions

Please provide responses to the questions for the trips you would be responsible for. Thanks.

----- Forwarded by Ashley L. Raines/OA/EOP on 04/12/97 06:51 PM -----



PATTON_M @ A1
03/13/97 10:35:00 AM

Record Type: Record

To: Ashley L. Raines
cc:
Subject: Voucher Questions

THESE VOUCHERS HAVE BEEN PAID, BUT MORE INFORMATION IS NEEDED.

COHEN TA000778

-Who provided the ground transportation while in Chicago?

FLEMING TA000567

-Who provided transportation to Dulles on 7/29?

-Who provided transportation to the LA airport on 7/31?

JENNINGS XD7A0002

-Who provided the traveler's lodging?

KYLE XD6A0076

-Who provided the ground transportation while in Seattle?

-Does the traveler need to claim POV mileage to and from Dulles?

O'DONNELL TA000751

- Who provided ground transportation to/from Union Station?
- Who provided all other ground transportation while in NY?

RAYFORD-WILLIAMS TA000708

- Who provided the ground transportation to/from National?
- Who provided the ground transportation while in Michigan?
- Between what points was the \$12.00 taxi used?

VARNEY XD7A0006

- Who provided the ground transportation while in Denver?

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, JULY 30 - 31, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: The Biltmore Hotel
506 South Grand Avenue
Los Angeles, CA 90071
Phone: (213) 624-1011 Fax: (213) 612-1545

Munday

Saturday, July 29, 1996

RS Schedule:

12:05pm Depart Dulles on United Airlines Flight #59, Seat

2:17pm Arrive LAX

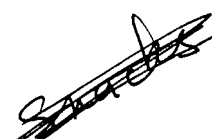
DCM Schedule:

6:00pm Depart Dulles on AA Flight #75, Seat

8:13pm Arrive LAX

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, JULY 30 - 31, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: The Biltmore Hotel
506 South Grand Avenue
Los Angeles, CA 90071
Phone: (213) 624-1011 Fax: (213) 612-1545



Tuesday, July 30, 1996

7:30am Depart Hotel en route to Philanthropic Breakfast at the City Club in Wells Fargo Bank Building, 333, South Grand Avenue, 34th Floor

8:00am Philanthropic Breakfast
Contact: Judy Spiegel, Cheryl Mendoza, 213/413-4042

9:00am End Breakfast

9:05am Depart Breakfast en route AltaMed HIV Services, 133 N. Sunol Drive

9:30am Arrive AltaMed HIV Services
Contact: Al Ballesteros, 213/881-2232

*Education, primary health care
case mgmt
immigrants, hispanics*

10:30am End AltaMed HIV Services meeting

10:35am Depart AltaMed HIV Services meeting en route to LA Free Clinic
8405 Beverly Blvd., LA 90048 658-6773

11:00am Arrive LA Free Clinic
Contact: Mary Rainwater, 213/653-1990, 213/658-6773 fax

Youth - testing, suppt svces, outreach

12:00pm End LA Free Clinic meeting

12:05pm Depart LA Free Clinic en route to Project Angel Food, 7574 Sunset Blvd.

12:30pm Arrive Project Angel Food, LA 90046, 845-1818
Contact: John Gile, 213/845-1800, 213/845-1818 fax

1:30pm End Project Angel Food meeting

1:35pm Depart Project Angel Food meeting en route to Homestead Hospice and Shelter, (They have 7 locations, including Downtown LA and West Hollywood)

2:00pm Arrive Homestead Hospice and Health Shelter
Contact: John Meceri, 213/466-5411, 213/388-3905 fax

3:00pm End Homestead Hospice and Health Shelter meeting

3:05pm Depart Homestead en route to LA County Supervisors, Kenneth Hahn Hall of Administration

3:30pm Arrive LA County Supervisors
Contact: Zev Yaroslavsky,

4:30pm End LA County Supervisors meeting

(T) 4:30pm Reception with LA County Supervisors
Kenneth Hahn Hall of Administration
Contact: Carla Kish, 202/955-6067

5:00pm Depart Reception en route to Hotel

5:30pm Arrive Hotel

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, JULY 30 - 31, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: The Biltmore Hotel
506 South Grand Avenue
Los Angeles, CA 90071
Phone: (213) 624-1011 Fax: (213) 612-1545

Wednesday, July 31, 1996

9:30am Depart Hotel en route to Regional Briefing at United Way Building, 523 West 6th Street, 2nd Floor Ballroom

10:00am Regional Briefing
United Way Building
Contact: John Williams, 213/630-2137

11:30am End Regional Briefing

11:35am Depart Regional Briefing en route to Los Angeles Airport

PF Schedule:

DCM Schedule:

12:45pm Depart LAX on AA# Flight #144, Seat

8:36pm Arrive Dulles

RS Schedule:

1:00pm Depart LAX on United Airline Flight #174, Seat

8:50pm Arrive Dulles



United States Treasury

15-51
000 P 512,791,448



Pay to
the order of

03 11 97 38 PHILADELPHIA, PA - 2038 283763:
FLEMING, PAT M1 EOPFMD 0EJ7000016 110100

FLEMING, PATRICIA S.
C/O OPD
OEGB RM 145 17TH& PENN NW
WASHINGTON DC 20502

Check No.

*****387

VOID AFTER ONE

FLEMING/TA000567 VOU. PYMT

387



⑈ 20383 ⑈

⑈ 000000518⑈ 283763546 ⑈ 010397

⑈ 387 ⑈ 17

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

FILE COPY

1. TRAVEL AUTHORIZATION NO.

TA000562

2. DATE

06/26/96

3. TYPE OF TRAVEL

☒ Official

☐ Relocation

☐ Mixed

☐ Political

☐ Invitational
(Non EOP Employees Only)

☐ Amendment
(Show items amended)

☐ Funded by
Non-Federal Sources

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER

Director

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

E03379

8. DIVISION

OFFICE OF AIDS P

9. OFFICE PHONE

202/632-1090

10. OFFICIAL DUTY STATION

WASHINGTON DC

11. ☒ Per Diem

☐ Actual Subistence

(unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Regional Briefings

DATE(S): Travel Begin On 7 22 1996

Travel End On 7 23 1996

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

From: WASHINGTON DC

To: CLEVELAND, OH 83/ 38

To:

To:

To:

To:

To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging

\$ 83.00

Per Diem/M&IE

57.00

Transportation

215.10

Rental Car

0.00

Miscellaneous

0.00

TOTAL

\$ 355.10

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, voucher number)

1162200 J108E

19. REQUESTED BY

Patricia S. Fleming 6/27/96

21. Funds are available to defray travel cost specified above

Funds Manager's Certification

(Signature)

Shirley J. Daines 7/12/96

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

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Ticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Traveler's copy



Fleming/ Patricia

1967

113896

AIRLINE TICKET REFUND RECEIPT

DATE

8-1-96

VALIDATING CARRIER	TICKET NUMBER	COUPON(S)
CO	1711645361	1,2

This is to acknowledge receipt of the above mentioned Airline Ticket(s) submitted for refund.

REFUND	PENALTY	NET REFUND	F.O.P.	
\$ 215,10	\$	\$	Check:	Credit Card: AX

The above tickets will be forwarded to the American Express Office of issuance, who will process the refund. Thank you.

ORIGINAL

RECEIVED BY: MB

**TRIP TO CLEVELAND, OHIO
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY, JULY 23, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Sheraton Hotel
777 St. Clair Avenue, Cleveland, Ohio 44114
Phone: 216/771-7600 Fax: 216/566-0736
(Confirmation: Fleming/11024; Sorian/11028; Montoya/11030;
O'Neill/11033; Gayle/11034 - Cancellation policy until 7/22, 6pm)

Monday, July 22, 1996

DCM Schedule:

1:25pm Depart BWI en route to Cleveland, Ohio on Continental Flight #
2:33pm Arrive Cleveland (R/T Fair \$104)

RS Schedule:

PF Schedule:

5:55pm Depart WDC en route to Cleveland, Ohio on Continental Flight #573,
Seat 11A
7:15pm Arrive Cleveland, Ohio

**TRIP TO CLEVELAND, OHIO
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY, JULY 23, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Sheraton Hotel
777 St. Clair Avenue, Cleveland, Ohio, 44114
Phone: 216/771-7600 Fax: 216/566-0736

Tuesday, July 23, 1996

7:30am Depart Hotel en route to Eaton Corporation for Philanthropic Breakfast, 111 Superior Avenue, Executive Dining Room, 26th Floor

8:00am Arrive Eaton Corporation Philanthropic Breakfast
Contact: Marci Bernstein Lu, 216/861-3810, 216/861-3806 fax

9:00am End Breakfast

9:05am Depart Breakfast en route to Kamana Place, 7910 Lake Avenue

9:30am Arrive Kamana Place
Contact: Louise Valentine, 216/651-6400, 216/651-6554 fax

10:30am End Kamana Place meeting

10:35am Depart Kamana Place en route MetroHealth Medical Center HIV Clinic, 2500 Metro Health Drive
Have satellite clinic, which site they prefer.

11:00am Arrive MetroHealth Medical Center HIV Clinic
Contact: Dr. Robert Kalajian, 216/778-5136, 216/778-3328 fax

12:00pm End MetroHealth Center HIV Clinic

12:05pm Depart MetroHealth Medical Center HIV Clinic to Stopping AIDS is My Mission (Teen Project), 11001 Cedar Avenue, 6th Floor

12:30pm Arrive Stopping AIDS is My Mission
Contact: Dr. Victoria Cargill, 216/844-1278, 216/844-6992 fax

1:30pm End Stopping AIDS is MY Mission meeting

1:35pm Depart Stopping AIDS is My Mission en route to Lunch

2:30pm End Lunch, Playhouse Club (Ask RS)

2:35pm Depart Lunch en route to The Health Museum, Sears Auditorium for Regional Briefing, 8911 Euclid Avenue

3:00pm Arrive for Regional Briefing
Contact:

4:30pm End Regional Briefing

4:35pm Depart The Health Museum en route to Airport

PF Schedule:

5:15pm Depart Cleveland en route to WDC on Continental Flight #1162, Seat 8A

6:25pm Arrive WDC

DCM Schedule:

5:25pm Depart Cleveland en route to BWI on Continental Flight #

6:39pm Arrive BWI

PF's Itinerary

Cancelled

Monday, July 22, 1996

4:30PM Car pick up
5:55PM Depart DCA Continental #573 - S/11A
7:15PM Arrive Cleveland *

Hotel: Sheraton
777 St. Clair Ave.
Cleveland, OH
P: 216/771-7600 F: 216/566-0736
CNF# 11024

Tuesday, July 23, 1996

5:15PM Depart Cleveland Continental #1162 - S/8A
6:25PM Arrive DCA
6:30PM Car pick up

Per Diem: Hotel \$83 M&IE\$38

*Cancelled on 7/22/96
Talked to Alex - Deborah was
not in.
Airline ticket needs to
be sent back.*

*# D50722 -
Dave
Cancellation
7/22/96*

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DPC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. Pd.	
						4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 7/5/96 b. TO 7/13/96	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO. 202/632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0070 b. DATE(S) 6/13/96	
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) See "C"		10. CHECK NO.		
	8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY		
	a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED \$		
b. Amount to be applied				FILE COPY			
c. Amount due Government (Attached: ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE					
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) TO (f)		
1465344393	\$1021.73	UA	MUL	6/20/96	Washington/DC Vancouver, Canada & Return		
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 ▶ Patricia S. Fleming	
						DATE 9-4-96 AMOUNT CLAIMED ▶ \$ 00.00	
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).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ▶					a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		Certifier's initials:	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶					d. NET TO TRAVELER ▶ \$		
18. ACCOUNTING CLASSIFICATION							

REPRINT
TRAVEL VOUCHER

08/29/96 16:56

(PRV FUNCTION)

ORDER#: WQN60518
OC: 2151
AO: CIIENTRY DATE: 08/26/96
BID: OD
AO APPROVAL DATE: 08/29/96FY/CAN: 68321429
CLERK ID: DQ9
UPDATE: 08/29/96TRAVELER: PATRICIA S FLEMING
TITLE: DIRECTOR
MAIL ADDRESS:6009 MASSACHUSETT AVE
BETHESDA, MDDUTY STATION: BETHESDA, MD
CONTACT: DIANE JONES
EMPLOYEE CODE: CIVILIANSSN: (b)(6)
VOUCHER STATUS: AO APPROVED
TRIP START DATE: 07/05/96
END DATE: 07/13/9620816
BLDG: 31
BLDG: 31RM: 4B54 TEL: 402-3357
RM: 4B54 TEL: 402-3357RECOMMENDED BY: LINDA JACKSON
AUTHORIZED BY: DARLENE BLOCKERTITLE: PROGRAM COORDINATOR
TITLE: ADMIN. OFFICERPURPOSE: THIS IS AN INVITATIONAL TRAVEL ORDER TO ATTEND THE XI INTERNATIONAL
CONFERENCE ON AIDS IN VANCOUVER, CANADA ON JULY 5-13, 1996.

ITINERARY: CHICAGO, IL/VANCOUVER/CHICAGO, IL/WASHINGTON, DC

***** SUMMARY *****

	OC	COST
TRANSPORTATION/MISC. EXPENSES (EXCLUDING GTR):		.00
REGISTRATION COST:	252W	.00
PER DIEM (MEALS & LODGING):	2151	525.00
OTHER EXPENSES:	2151	62.51

TOTAL EXPENSES:		587.51
GTR#	GTR-APPROP#: 0846	GTR COST: 1,021.73
SPONSOR(S) OWE NIH: .00	SPONSOR(S) IN CASH/KIND:	.00
	TOTAL COST:	1,609.24
	PAID TRAVEL ADVANCE:	.00
	ADDITIONAL AMOUNT DUE TRAVELER:	587.51

VOUCHER WILL BE PAID BY AGENT CASHIER!

***** AUTHORIZATION *****

8/29/96 Linda Jackson Program Coordinator
DATE SIGNATURE (AUTHORIZED BY) TITLE
I HEREBY CERTIFY THAT I HAVE REVIEWED THE ITEMIZED EXPENSES AND ATTACHED
DOCUMENTATION. PAYMENT IS RECOMMENDED.

9-8-96 Patricia S. Fleming
DATE SIGNATURE (TRAVELER)
I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THIS VOUCHER IS CORRECT AND COMPLETE.

***** BRING SIGNED VOUCHER AND RECEIPTS TO AGENT CASHIER *****

(PRV FUNCTION)
ORDER#: WQN60518

TRAVEL VOUCHER
TRAVELER: PATRICIA S FLEMING

08/29/96 16:56

***** TRANSPORTATION/MISCELLANEOUS EXPENSES *****

FARE: BLANKET GTR	GTR#	COST:	1,021.73
POV - EST. MILES:	MILEAGE RATE: .31	COST:	.00
CAR RENTAL(S) RECEIPT #:		COST:	.00
REGISTRATION: RECEIPT #:		COST:	.00

***** PER DIEM EXPENSES (MEALS & LODGING) *****

LOCATION	TYPE OF EXPENSE	NO. OF DAYS @	RATE	MAXIMUM PERDIEM	ITEMZD MEALS LODG RCPTS	AMOUNT
CHICAGO, IL	MEALS LODGING					\$.00
VANCOUVER	MEALS LODGING	8.75	60	\$525.00		\$525.00
CHICAGO, IL	MEALS LODGING					\$.00
WASHINGTON, DC	MEALS LODGING					\$.00

OTHER EXPENSES

01 DATE: 07/07/96	FY/CAN: 68321429	OC: 2151	RECPT#: 1	AMT:	\$11.51
REMARKS: PHONES CALLS - (SEE HOTEL RECEIPT) 7/7-12/96					
WATERFRONT CENTER HOTEL - CANADA					
02 DATE: 07/05/96	FY/CAN: 68321429	OC: 2151	RECPT#: 2	AMT:	\$25.00
REMARKS: TAXI FROM 6009 MASS AVE. FROM RESIDENCE TO AIRPORT.					
03 DATE: 07/13/96	FY/CAN: 68321429	OC: 2151	RECPT#: 3	AMT:	\$26.00
REMARKS: TAXI RECEIPT FROM AIRPORT TO HOME					

FOREIGN TRAVEL - APPROVED
ADMINISTRATIVE OFFICE FILE COPY

06/04/96 14:07:53

***** MANDATORY USE OF U.S. FLAG CARRIERS WHERE AVAILABLE *****

ORDER#: WQN60518 ENTRY DATE: 05/31/96 FY CAN: 68321429
BID: OD CLERK ID: DI9 AO: CII AO APPROV DATE: 06/04/96
UPDATE: 06/03/96

SSN: (b)(6)
TRAVELER: PATRICIA S FLEMING STATUS: REQUEST APPROVED
TITLE: DIRECTOR
MAIL ADDRESS: 6009 MASSACHUSETT AVE TRIP START: 07/05/96 08:00 AM
BETHESDA, MD 20816 END: 07/13/96 07:26 PM

DUTY STATION: BETHESDA, MD BLDG: 31 RM: 4B54 TEL: 402-3357
CONTACT: DIANE JONES BLDG: 31 RM: 4B54 TEL: 402-3357
RECOMMENDED BY: LINDA JACKSON TITLE: PROGRAM COORDINATOR
EMPLOYEE: CIVILIAN EXEMPT FROM CREDIT CARD REGS: NO
PURPOSE: THIS IS AN INVITATIONAL TRAVEL ORDER TO ATTEND THE XI INTERNATIONAL
CONFERENCE ON AIDS IN VANCOUVER, CANADA ON JULY 5-13, 1996.

ITINERARY: CHICAGO, IL/VANCOUVER/CHICAGO, IL/WASHINGTON, DC
PRIMARY TRANSPORTATION: AIR CLASS TRAVEL: COACH
JUSTIFICATION NON-CONTRACT CARRIER: N.REQ

FARE: BLANKET GTR	CAN: 68321429	OC: 2151	EST.COST:	1,001.65
POV-EST. MILES:	MILEAGE RATE:	.30	EST.COST:	
EXCESS TAXI (OTHER THAN TO AND FROM TERMINAL)			EST.COST:	
CAR RENTAL, IF AUTHORIZED:			EST.COST:	
OTHER TRANSP. (PARKING, TOLLS, TAXI, SUBWAY, BUS)			EST.COST:	
MIXED MODE AUTHORIZED? NO				
GSA VEHICLE AUTHORIZED? NO				
EXCESS BAGGAGE AUTHORIZED? NO	ESTIMATED WEIGHT?			

***** SUMMARY *****

	OC	EST.	COST
MAXIMUM ESTIMATED PER DIEM:	2151		525.00
TRANSPORTATION (EXCLUDING GTR):	2151		.00
ADDITIONAL EXPENSES:	2151		.00

	SUBTOTAL:	525.00
REGISTRATION: DUE DATE:	252W	.00
GTR#:	GTR-APPROP#: 0846	GTR COST: 1,001.65

	TOTAL ESTIMATED COST:	1,526.65
ADVANCE TO BE PAID BY (ATM MACHINE)	SPONSORED AMOUNT:	.00
ADVANCE RELEASE DATE: 06/25/96	AUTHORIZED TRAVEL ADVANCE:	525.00

AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE.

6/5	<i>Patricia S Fleming</i>	<i>Deputy Director OAR</i>
DATE	SIGNATURE (AUTHORIZED BY)	TITLE
6/5	<i>W. Allen Black</i>	<i>Admin. Officer</i>
		TITLE

FOREIGN TRAVEL
ITINERARY

06/04/96 14:07

ORDER# WQN60518

TRAVELER: PATRICIA S FLEMING

----*--*--*--*--*--*--*--*

OC: 2151 EXPANDED OC: CONFERENCE ATTENDANCE:

FYCAN: 68321429

DEPART DATE (MM/DD/YY): 07/05/96 HOUR: 08:00 AM/PM: AM
LOCALITY-COUNTRY, STATE: UNITED STATES
CITY, AREA, ETC.: WASHINGTON, DC

ARRIVE DATE (MM/DD/YY): 07/05/96 HOUR: 08:59 AM/PM: AM
LOCALITY-COUNTRY, STATE: UNITED STATES
CITY, AREA, ETC.: CHICAGO, IL

MEALS TO BE PAID FOR: .00 DAY(S)
LODGING TO BE PAID FOR: 0 NIGHT(S)
PER DIEM NOT TO EXCEED: .00
AEA (1=MEALS; 2=LODGING; 3=BOTH):

DAYS CHARGED TO ANNUAL LEAVE:
MEAL RATE: LODGING RATE:
TOTAL PER DIEM: .00

REMARKS:

----*--*--*--*--*--*--*--*

OC: 2151 EXPANDED OC: CONFERENCE ATTENDANCE:

FYCAN: 68321429

DEPART DATE (MM/DD/YY): 07/05/96 HOUR: 09:40 AM/PM: AM
LOCALITY-COUNTRY, STATE: UNITED STATES
CITY, AREA, ETC.: CHICAGO, IL

ARRIVE DATE (MM/DD/YY): 07/05/96 HOUR: 12:01 AM/PM: PM
LOCALITY-COUNTRY, STATE: CANADA
CITY, AREA, ETC.: VANCOUVER

MEALS TO BE PAID FOR: 8.75 DAY(S)
LODGING TO BE PAID FOR: 0 NIGHT(S)
PER DIEM NOT TO EXCEED: .00
AEA (1=MEALS; 2=LODGING; 3=BOTH):

DAYS CHARGED TO ANNUAL LEAVE:
MEAL RATE: 60 LODGING RATE:
TOTAL PER DIEM: 525.00

REMARKS:

FOREIGN TRAVEL
ITINERARY

06/04/96 14:07

ORDER# WQN60518
TRAVELER: PATRICIA S FLEMING

----*--*--*--*--*--*--*--*

OC: 2151 EXPANDED OC: CONFERENCE ATTENDANCE:

FYCAN: 68321429

DEPART DATE (MM/DD/YY): 07/13/96 HOUR: 09:10 AM/PM: AM
LOCALITY-COUNTRY, STATE: CANADA
CITY, AREA, ETC.: VANCOUVERARRIVE DATE (MM/DD/YY): 07/13/96 HOUR: 03:03 AM/PM: PM
LOCALITY-COUNTRY, STATE: UNITED STATES
CITY, AREA, ETC.: CHICAGO, ILMEALS TO BE PAID FOR: .00 DAY(S) DAYS CHARGED TO ANNUAL LEAVE:
LODGING TO BE PAID FOR: 0 NIGHT(S) MEAL RATE: LODGING RATE:
PER DIEM NOT TO EXCEED: .00 TOTAL PER DIEM: .00
AEA (1=MEALS; 2=LODGING; 3=BOTH):

REMARKS:

----*--*--*--*--*--*--*--*

OC: 2151 EXPANDED OC: CONFERENCE ATTENDANCE:

FYCAN: 68321429

DEPART DATE (MM/DD/YY): 07/13/96 HOUR: 04:44 AM/PM: PM
LOCALITY-COUNTRY, STATE: UNITED STATES
CITY, AREA, ETC.: CHICAGO, ILARRIVE DATE (MM/DD/YY): 07/13/96 HOUR: 07:26 AM/PM: PM
LOCALITY-COUNTRY, STATE: UNITED STATES
CITY, AREA, ETC.: WASHINGTON, DCMEALS TO BE PAID FOR: .00 DAY(S) DAYS CHARGED TO ANNUAL LEAVE:
LODGING TO BE PAID FOR: 0 NIGHT(S) MEAL RATE: LODGING RATE:
PER DIEM NOT TO EXCEED: .00 TOTAL PER DIEM: .00
AEA (1=MEALS; 2=LODGING; 3=BOTH):

REMARKS:

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

2. Traveler (First name, middle initial, last name) Patricia S. Fleming		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Amendment (Show items amended) ☐ Invitational (Non EOP Employees Only) ☐ Relocation
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 ~~not~~ participate in the XI International Conference on AIDS in Vancouver**

DATE(S): Travel Begin On **7 / 5 / 96** Travel End On **7 / 13 / 96**

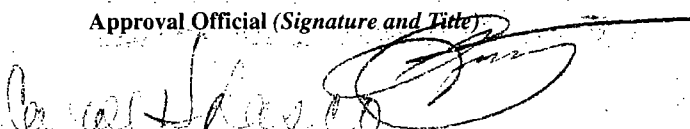
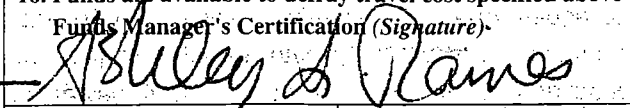
ITINERARY: Point of Origin (City, State) **Washington, DC**
Place(s) of Official Visitation (City, State) **Vancouver, Canada**

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

9. MODE OF TRAVEL				10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation				Per Diem/Actual Subsistence		\$ 1,380.00
Rail		Air		Transportation		1,001.65
Coach	Extra Fare*	Coach Tourist	Business *	Rental Car		0.00
		☒		Miscellaneous		60.00
First Class must have approval of Agency Head or Deputy				TOTAL		\$ 2,441.65
(b) Privately Owned Vehicle				11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *	☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE common carrier cost	☐ Commercial Rental Car		
(c) ☐ Gov't Owned Vehicle				☐ Excess Baggage not to exceed		
(d) ☐ Other (specify)				☐ Other (Please identify)		
				12. ADVANCE REQUESTED \$		
				(meals and miscellaneous expenses only)		

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

THIS TRIP WILL BE PAID FOR BY DHHS OFFICE OF HIV/AIDS POLICY

14(a) Requested by Patricia S. Fleming 6/7/96	15. Accounting data (Appropriation, division, project, vendor number) 1162200 J108E	
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. XD6A0070

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) <u>Patricia S. Fleming</u>	
3. Title of Traveler <u>Director</u>	
4. AGENCY/DIVISION <u>National AIDS Policy Office</u>	
5. Office Phone <u>632-1090</u>	6. Official Duty Station <u>Washington, DC</u>
7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: To ~~be~~ participate in the XI International Conference on AIDS in Vancouver

DATE(S): Travel Begin On 7 / 5 / 96 Travel End On 7 / 13 / 96

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

Place(s) of Official Visitation (City, State): Vancouver, Canada

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 1,380.00
Rail		Air			Transportation		1,001.65
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		☒			Miscellaneous		60.00
‡ First Class must have approval of Agency Head or Deputy							
(b) Privately Owned Vehicle					TOTAL		\$ 2,441.65
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		11. SPECIAL EXPENSE AUTHORIZED		
			☐ For convenience of traveler NTE common carrier cost		☐ Registration Fees (meeting, training, etc.)		
(c) ☐ Gov't Owned Vehicle					☐ Commercial Rental Car		
(d) ☐ Other (specify)					☐ 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.)

THIS TRIP WILL BE PAID FOR BY DHHS OFFICE OF HIV/AIDS POLICY

14(a) Requested by <u>Patricia S. Fleming</u> 6/7/96	15. Accounting data (Appropriation, division, project, vendor number) <u>1162200 J108E</u>	
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) <u>[Signature]</u>	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) <u>[Signature]</u>	
	17. Date <u>6/13/96</u>	18. Travel Authorization No. <u>XD6A0070</u>

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

b) $\frac{1}{\sqrt{2}} \begin{pmatrix} 1 & i \\ -1 & i \end{pmatrix}$

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*)*

8. TRAVEL INFORMATION

PURPOSE: To ~~be~~ participate in the XI International Conference on AIDS in Vancouver

DATE(S): Travel Begin On 7/5/96 Travel End On 7/13/96

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

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

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

Point of Return (City, State) _____

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation (Indicate mode of travel in Item 11)					Per Diem/Actual Subsistence		\$ 1,380.00
Rail		Air			Transportation		1,001.65
Coach	Extra Fare*	Coach Tourist	Business *	First Class *	Rental Car (maximum reimbursement)		0.00
					Miscellaneous		60.00
* First Class must have approval of Agency Head or Deputy					TOTAL		\$ 2,441.65
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government (attach proof if used)		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler (attach NTE common carrier cost)		☐ For a vehicle owned, used, leased, hired or chartered by the Government		
(c) Gov't Owned Vehicle					☐ Excess Baggage not to exceed _____		
(d) Other (specify)					☐ Other (Please identify)		
					12. ADVANCE REQUESTED \$		
					(meals and miscellaneous expenses only)		

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

THIS TRIP WILL BE PAID FOR BY DHHS OFFICE OF HIV/AIDS POLICY

14(a) Requested by: IN A FURTHERANCE OF THE GOV

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs.

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.

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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- 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.
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- 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)

2. Traveler (First name, middle initial, last name) <u>Patricia S. Fleming</u>		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Relocation	
3. Title of Traveler <u>Director</u>		4. AGENCY/DIVISION <u>National AIDS Policy Office</u>	
5. Office Phone <u>632-1090</u>	6. Official Duty Station <u>Washington, DC</u>	7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: To participate in the XI International Conference on AIDS in Vancouver

DATE(S): Travel Begin On 7/5/96 Travel End On 7/13/96

ITINERARY: Point of Origin (City, State) Washington, DC
Place(s) of Official Visitation (City, State) Vancouver, Canada

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ <u>1,380.00</u>
Rail		Air			Transportation		<u>1,001.65</u>
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		<u>0.00</u>
		<u>X</u>			Miscellaneous		<u>60.00</u>
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ <u>2,441.65</u>
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE common carrier cost		☐ Commercial Rental Car		
(c) ☐ Gov't Owned Vehicle					☐ Excess Baggage not to exceed _____		
(d) ☐ Other (specify)					☐ Other (Please identify)		
					12. ADVANCE REQUESTED \$ _____ (meals and miscellaneous expenses only)		

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

THIS TRIP WILL BE PAID FOR BY DHS OFFICE OF HIV/AIDS POLICY

14(a) Requested by <u>Patricia S. Fleming</u>	15. Accounting data (Appropriation, division, project, vendor number) <u>11-0000-1000</u>	
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) <u>[Signature]</u>	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) <u>[Signature]</u>	
	17. Date <u>10/13/96</u>	18. Travel Authorization No. <u>1000000000</u>

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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 - 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.

PF's Itinerary

Friday, July 5 1996

8:00AM Depart DCA UA#603 - S/2A
8:59AM Arrive CHI/O'Hare
9:40AM Depart " UA#1817 - S/5A
12:01PM Arrive Vancouver

Hotel: Waterfront Centre Hotel
900 Canada Place Way
Vancouver, B.C.
P: 604/691-1991 F: 604/691-1999

Saturday, July 13, 1996

9:10AM Depart Vancouver UA#1204 - S/4A
3:03PM Arrive CHI/O'Hare
4:44PM Depart " UA#622 - S/3A
7:26PM Arrive DCA

PF's Invitations for Vancouver Conference

Saturday, July 6, 1996

12:00AM - 8:00PM Registration @ BC Place Stadium - Gate C

8:30AM-5:00PM Symposium: HIV Prevention Works
Hyatt Hotel

Sunday, July 7, 1996

12:00 - 6:00PM Registration @ BC Place Stadium - Gate C

Monday, July 8, 1996

6:00 - 8:00PM AMFAR cocktail reception
Vancouver Art Gallery
750 Hornby Street

7:00PM - 10:00PM Remarks @Symposium: Microbicides
Wall Centre Garden Hotel
Room C:&D

An evening to Honor Moisés Agosto

7:00PM Cocktails
8:00PM Dinner & Brief Program
The Museum of Anthropology
The University of British Columbia
6393 N.W. Marine Drive

Tuesday, July 9, 1996

6:30AM - 8:15AM Breakfast hosted by British Columbia Minister of Health
Cypress Suite
Pan Pacific Hotel

12:30PM Remarks @ Luncheon with Ministers from Mexico, Canada, U.S.
Metropolitan Hotel, Cristal Rm.

6:00 - 7:00PM Family Health International (AIDSCAP) Awards of Excellence

7:00 - 8:30PM Reception
Sutton Place Hotel
845 Burrard Street

7:30PM - 9:30PM Remarks @Symposium: Access to Treatments in Developing Countries
Hotel Vancouver
900 W. Georgia Street (btw. Hornby & Burrard Streets)

Wednesday, July 10, 1996

6:00PM - 8:00PM Reception (dinner buffet) hosted by the GLMA
The Coast Plaza @ Stanley Park
Garden Terrace
1733 Comox Street

7:00 -10:00PM Remarks @Symposium: STD Treatment to Prevent HIV Infection

Thursday, July 11, 1996

1:30PM - 3:00PM Chair @Distinguished Lecturer Series with Jonathan Mann, et al.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

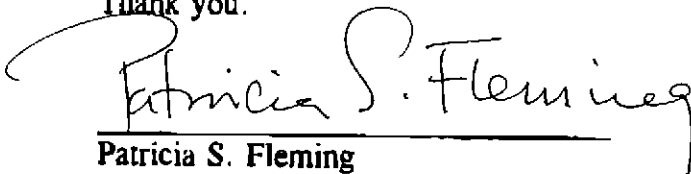
National Institutes of Health
Bethesda, Maryland 20892

August 29, 1996

NOTE TO: NIH CASHIER
 BUILDING 31, ROOM B1B23

This is to Authorize Diane Jones, Office of AIDS Research, OD, NIH, to obtain my reimbursement check for Travel Voucher # WQN60518 in the amount of \$587.51.

Thank you.


Patricia S. Fleming

9-4-96
Date



NATIONAL INSTITUTES OF HEALTH

BUILDING 31 • ROOM B1B55

9000 ROCKVILLE PIKE • BETHESDA, MD 20892

65-7694
2550

A 72732

NOT VALID IF AMOUNT EXCEEDS \$2,500
VOID AFTER 60 DAYS

PAY

TO THE ORDER OF

PATRICIA S FLEMING

DATE

09/05/96

AMOUNT

\$ 587.51

FIVE HUNDRED EIGHTY SEVEN AND 51/100 DOLLARS

E WQ60518 72732



NATIONAL INSTITUTES OF HEALTH
FEDERAL CREDIT UNION
BETHESDA, MD 20892

Angelia M Boddie
ANGELIA M. BODDIE

1:255076944:72732-200001

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF AIDS POLIC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. Untitled 4. SCHEDULE NO.																			
5. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 06/19/96 b. TO 06/21/96		FILE COPY																			
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) XD6A0066 b. DATE(S) 06/27/96																					
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State) Bethesda, MD		10. CHECK NO.																					
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached ☐ Check ☐ Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED c. PAYEE'S SIGNATURE		11. PAID BY																					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (b)</th> <th style="width:10%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:15%;">DATE ISSUED (d)</th> <th colspan="2" style="width:50%;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:25%;">FROM (e)</th> <th style="width:25%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>1306996700</td> <td>128.00</td> <td>UA</td> <td>Y</td> <td>06/18/96</td> <td>DCA-Washingt ORD-Chicago,</td> </tr> </tbody> </table>		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL						FROM (e)	TO (f)	1306996700	128.00	UA	Y	06/18/96	DCA-Washingt ORD-Chicago,						
AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																					
				FROM (e)	TO (f)																				
1306996700	128.00	UA	Y	06/18/96	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 <i>Patricia S. Fleming</i>	DATE 6/27/96	AMOUNT CLAIMED 353.50																
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001)																									
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a))					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)																				
APPROVING OFFICIAL SIGN HERE					DATE																				
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					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):																				
DATE					d. NET TO TRAVELER																				
18. ACCOUNTING CLASSIFICATION					0.00 353.50																				

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

2. Traveler (First name, middle initial, last name) Patricia S. Fleming		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Relocation
3. Title of Traveler 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: **Regional Briefings**

DATE(S): Travel Begin On **6 / 19 / 96** Travel End On **6 / 22 / 96**

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

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

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 471.00
Rail		Air			Transportation		128.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class †	Rental Car		0.00
† First Class must have approval of Agency Head or Deputy					Miscellaneous		60.00
(b) Privately Owned Vehicle					TOTAL		\$ 659.00
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		11. SPECIAL EXPENSE AUTHORIZED		
			☐ For convenience of traveler NTE common carrier cost		☐ Registration Fees (meeting, training, etc.)		
(c) ☐ Gov't Owned Vehicle					☐ Commercial Rental Car		
(d) ☐ Other (specify)					☐ 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 5/20/96	15. Accounting data (Appropriation, division, project, vendor number) 1162800 JILCE	
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. Kaseo	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) Shirley V. Jones	
	17. Date 5/21/96	18. Travel Authorization No. XD6A0066

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)

2. Traveler (First name, middle initial, last name) Patricia S. Fleming		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Relocation	
3. Title of Traveler 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: Regional Briefings

DATE(S): Travel Begin On 5 / 19 / 96

Travel End On 6 / 22 / 96

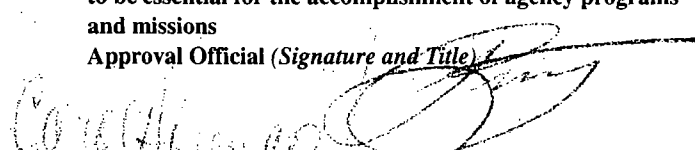
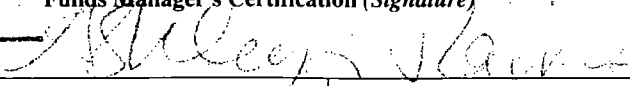
ITINERARY: Point of Origin (City, State) Washington, DC

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 471.00
Rail		Air			Transportation		128.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
‡ First Class must have approval of Agency Head or Deputy					Miscellaneous		60.00
(b) Privately Owned Vehicle					TOTAL		\$ 659.00
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		11. SPECIAL EXPENSE AUTHORIZED		
			☐ For convenience of traveler NTE common carrier cost		☐ Registration Fees (meeting, training, etc.)		
(c) Gov't Owned Vehicle					☐ Commercial Rental Car		
(d) Other (specify)					☐ 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) 11062700 JN CE	
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 5/1/96	18. Travel Authorization No. 10000000

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) Patricia S. Fleming	
3. Title of Traveler Director	
4. AGENCY/DIVISION National AIDS Policy Office	
5. Office Phone 202/632-1099	6. Official Duty Station Washington, DC
7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: Regional Briefings

DATE(S): Travel Begin On 6/19/96 Travel End On 6/27/96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 471.00
Rail		Air			Transportation		125.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
‡ First Class must have approval of Agency Head or Deputy					Miscellaneous		60.00
(b) Privately Owned Vehicle					TOTAL		\$ 659.00
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		11. SPECIAL EXPENSE AUTHORIZED		
			☐ For convenience of traveler NTE common carrier cost		☐ Registration Fees (meeting, training, etc.)		
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(d) ☐ Other (specify)					☐ 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.

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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List rate or rates applicable.
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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.

PF's Itinerary

Wednesday, June 19, 1996

3:00PM Car Pick up
4:00PM Depart DCA UA#841
5:00PM Arrive CHI/ O'Hare

Hotel: Hyatt Regency
151 E. Wacher (Cnr. Wacher & Michigan Aves.)
P: 312-565-1234 F: 312-565-2966
CNF#973497

Friday, June 21, 1996

1:14PM Depart CHI/O'Hare UA#614
3:54PM Arrive DCA
4:00PM Car pick up

Per diem: Hotel \$114; M&IE \$38

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BOARDING PASS
NAME OF PASSENGER
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FROM
WASHINGTON, NADL
TO
CHICAGO OHARE
CARRIER
UNITED AIRLINES
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AA09910935

**TRIP TO CHICAGO, ILLINOIS
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY-FRIDAY, JUNE 20-21, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather: 70's - 80's, Rainy
Hotel: Hyatt Regency
151 E. Wacker (corner of Wacker and Michigan Ave)
Phone: 312/565-1234 Fax: 312/565-2966
Rate: \$103.57 (Gov.t)
Group Confirmation #: 973497 (Fleming, Sorian, O'Neill, Montoya)

Wednesday, June 19, 1996

DCM Schedule: CHECK IN AT AIRPORT FOR AISLE SEATS

11:00am Depart WDC on UA#609 en route Chicago O'Hare, Seat 16E Center

11:49am Arrive Chicago O'Hare

12:15pm Depart Chicago O'Hare Airport en route Hyatt Regency

1:00pm Arrive Hyatt Regency

2:00pm Meet with ASOs at Hotel

4:00pm Advance Marshall Fields and ADA Auditorium

PF Schedule:

4:00pm Depart WDC on UA# 841 en route to Chicago, Seat 25A

5:00pm Arrive O'Hare

5:05pm Depart Chicago O'Hare airport en route to Hyatt Regency

5:45pm Arrive Hyatt Regency
Proceed to downtime

RS Schedule: CHECK IN AT AIRPORT FOR AISLE SEATS

5:30pm Depart WDC on AA#1865 en route to Chicago O'Hare, Seat 25E Center

6:33pm Arrive O'Hare

6:45pm Depart O'Hare airport en route to Hyatt Regency

7:30pm Arrive Hyatt Regency

**TRIP TO CHICAGO, ILLINOIS
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY-FRIDAY, JUNE 20-21, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather: 70's - 80's, Rainy
Hotel: Hyatt Regency
151 E. Wacker (corner of Wacker and Michigan Ave)
Phone: 312/565-1234 **Fax:** 312/565-2966
Rate: \$103.57 (Gov.t)
Group Confirmation #: 973497 (Fleming, Sorian, O'Neill, Montoya)

Thursday, June 20, 1996

8:30am Depart Hotel en route Marshall Field's for Philanthropic Breakfast
111 N. State Street, Walnut Room, 7th Floor (Enter at the North State Street
door near Randolph) (Public parking located across street between State and
Wabash on Randolph)

9:00am Begin Philanthropic Breakfast
Contact: Kassie Davis, 312/781-5744

10:30am End Breakfast

10:35am Depart Marshall Field's en route South Side Help Center
10420 Halsted Street

11:15am Arrive South Side Help Center
Contact: Betty Smith/Vanessa Smith, 312/445-5445

12:15pm End South Side Help Center

12:20pm Depart South Side Help Center en route to lunch

12:30pm Lunch

1:30pm Depart Lunch en route to Project VIDA
2858 South Lawndale

2:00pm Arrive Project VIDA
Contact: Luule Vess, 312/522-4570

3:00pm End Project VIDA

3:05pm Depart Project VIDA en route to Chicago Tribune
435 N. Michigan Avenue (take north elevators to 4th floor)

3:30pm Arrive Chicago Tribune
Contact: John McCarron 312/222-3016

4:30pm End Chicago Tribune

4:35pm Depart Chicago Tribune en route Bonaventure House
825 West Wellington

5:00pm Arrive Bonaventure House
Contact: Tim McCormack/Laura Heffernan, 312/327-9921 x13

6:00pm End Bonaventure House

6:05pm Depart Bonaventure House en route Hyatt Regency Hotel

6:30pm Arrive Hyatt Regency Hotel
Proceed to downtime

**TRIP TO CHICAGO, ILLINOIS
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY-FRIDAY, JUNE 20-21, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather: 70's - 80's, Rainy
Hotel: Hyatt Regency
151 E. Wacker (corner of Wacker and Michigan Ave)
Phone: 312/565-1234 Fax: 312/565-2966
Rate: \$103.57 (Gov.t)
Group Confirmation #: 973497 (Fleming, Sorian, O'Neill, Montoya)

Friday, June 21, 1996

10:00am Depart Hotel en route Regional Briefing at the American Dental Association (ADA), 211 East Chicago Avenue, Auditorium, 2nd Floor, 312/440-2762

10:15am Arrive ADA
(Go thru front entrance, take elevator to 2nd floor, go through cafeteria doors to holding room and enter stage from there)

10:30am Begin Regional Briefing

12:00pm End Briefing

12:05pm Depart ADA en route to Chicago O'Hare (20 miles/allow 45 minute driving time)

1:14pm Depart Chicago O'Hare on UA# 614 en route to WDC, Seat 24F

3:54pm Arrive WDC



United States Treasury

15-51
000

P 451,751,793



Pay to
the order of

07 22 96 7 PHILADELPHIA, PA -

000000000000 M1 EOPFMD 0EJ6000047 11010003

FLEMING, PATRICIA S.
C/O OPD
OEGB RM 145 17TH & PENN NW
WASHINGTON DC 20502

Check No.

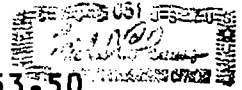
2038 24475702

*****353*50

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0066

353.50



⑈ 20383 ⑈

⑆000000518⑆ 244757029⑈ 010796

FILE COPY

TRAVEL VOUCHER <i>(Read Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF POLICY DEVELOPMENT		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. XD6A0067	
a. NAME <i>Last, first, middle initial</i> FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		4. PERIOD OF TRAVEL a. FROM 06/08/96 b. TO 06/13/96		5. SCHEDULE NO.	
c. MAILING ADDRESS <i>(Include ZIP Code)</i> ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0067 b. DATE(S) 06/20/96		8. CHECK NO.	
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE <i>(City and State)</i>		9. PAID BY		10. CHECK NO.	
TRAVEL ADVANCE Outstanding Amount to be applied Amount due Government <i>(Attached ☐ Check ☐ Cash)</i> Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED c. PAYEE'S SIGNATURE		11. PAID BY			

GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <i>List by number below and attach passenger coupon. If cash is used show claim on reverse side.</i>		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 <i>(a)</i>	ISSUING CARRIER <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL					
				FROM <i>(e)</i>	TO <i>(f)</i>				
06 13041909 4	857.55	DE	MUL	06/06/96	IAD-Washingt	GVA-Geneva, S			

3. 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'S SIGNATURE: Patricia S. Fleming DATE: 6/27/96 AMOUNT CLAIMED: 1,331.01

NOTE: Falsification of an item in an expense account is 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; 1A, 1001).

4. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. <i>(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. 660a))</i>		17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL'S SIGNATURE: <u>Robert A. Rames</u> DATE: <u>7/29/96</u>		a. DIFFERENCES, IF ANY <i>(Explain and show amount)</i>	
LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <i>Certifier's Initials</i>	
THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE <i>(Appropriation symbol)</i>	
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE: <u>Patricia S. Fleming</u> DATE: <u>7/29/96</u>		d. NET TO TRAVELER	
ACCOUNTING CLASSIFICATION		1,331.01	

000

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF POLICY DEV		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. XD6A0067 4. SCHEDULE NO.	
6. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 06/08/96 b. TO 06/13/96		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0067 b. DATE(S) 06/20/96	
c. MAILING ADDRESS (Include ZIP Code) ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO.		10. CHECK NO.		FILE COPY	
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State)		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 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)							
006 13041909 74		AGENT'S VALUATION OF TICKET (a) 857.55	ISSUING CARRIER (b) DE	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c) MUL	DATE ISSUED (d) 06/06/96	POINTS OF TRAVEL FROM (e) IAD-Washingt TO (f) GVA-Geneva S	
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 6/27/96				AMOUNT CLAIMED 1,316.01	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2614) 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. 680a1))						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)	
APPROVING OFFICIAL SIGN HERE						DATE	
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						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)	
DATE						d. NET TO TRAVELER 1,316.01	
18. ACCOUNTING CLASSIFICATION							

**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)

Patricia S. Fleming

3. Title of Traveler

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: **To represent the US Government at a meeting of the Programme Coordinating Board of UNAIDS**

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

Travel End On **6 / 13 / 96**

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

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

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	\$ 1,244.00
Transportation	853.35
Rental Car	0.00
Miscellaneous	100.00
TOTAL	\$ 2,197.35

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 5/30/96

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

1167200 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)

Carol Kasco

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

[Signature]

17. Date

6/15/96

18. Travel Authorization No.

X D010067

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) Patricia S. Fleming	
3. Title of Traveler 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: To represent the US Government at a meeting of the Programme Coordinating Board of UNAIDS

DATE(S): Travel Begin On 6 / 8 / 96 Travel End On 6 / 13 / 96

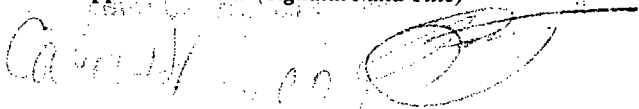
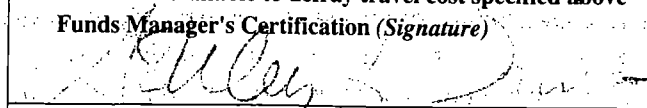
ITINERARY: Point of Origin (City, State) Washington, DC

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 1,244.00
Rail		Air			Transportation		853.35
Coach	Extra Fare*	Coach Tourist	Business*	First Class ‡	Rental Car		0.00
		X			Miscellaneous		100.00
† First Class must have approval of Agency Head or Deputy					TOTAL		\$ 2,197.35
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE common carrier cost		☐ Commercial Rental Car		
(c) Gov't Owned Vehicle					☐ Excess Baggage not to exceed		
(d) Other (specify)					☐ Other (Please identify)		
					12. ADVANCE REQUESTED \$		
					(meals and miscellaneous expenses only)		

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

14(a) Requested by Patricia S. Fleming 5/30/96	15. Accounting data (Appropriation, division, project, vendor number) 11022200 J 1086	
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 6/12/96	18. Travel Authorization No. XDXA0607

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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- 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 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)

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

Patricia S. Fleming

3. Title of Traveler

Director

5. Office Phone

202/632-1090

6. Official Duty Station

Washington, DC

1. TYPE OF AUTHORIZATION

☒ TDY

☐ Amendment
(Show items amended)

☐ Invitational
(Non EOP Employees Only)

☐ Relocation

4. AGENCY/DIVISION

National AIDS Policy Office

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: To represent the US Government at a meeting of the Programme Coordinating Board of UNAIDS

DATE(S): Travel Begin On 6 / 2 / 96 Travel End On 4 / 12 / 96

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

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

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

\$ 1,244.00

Transportation

\$53.35

Rental Car

0.00

Miscellaneous

100.00

TOTAL

\$ 2,197.35

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.

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.

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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. |
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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 7700140M001 29MAY96 15:15/15:16 EST
 FROM: 62029160
 AMERICAN EXPRESS TRAVEL
 TO: 2026321096

SALES PERSON: 48
 CUSTOMER NBR: 1695000023

ITINERARY
 QZROBL

DATE: 29 MAY 96
 PAGE: 01

TO: WHITE HOUSE TRAVEL
 1600 PENNSYLVANIA AVE
 WASH DC 20500

change to UA if possible

FOR: FLEMING/PATRICIA

08 JUN 96 - SATURDAY
 AIR DELTA AIR LINES INC FLT:2780 COACH DINNER
 WASHINGTON DULLES-GENEVA OPERATED BY AUSTRIAN AIRLINES
 LV WASHINGTON DULLES 655P EQP: AIRBUS A310

09 JUN 96 - SUNDAY
 AR GENEVA 915A NON-STOP
 SERVICE IMMEDIATELY ABOVE WAITLISTED

08 JUN 96 - SATURDAY
 AIR DELTA AIR LINES INC FLT:2780 COACH DINNER
 WASHINGTON DULLES-GENEVA OPERATED BY AUSTRIAN AIRLINES
 LV WASHINGTON DULLES 655P EQP: AIRBUS A310

09 JUN 96 - SUNDAY
 AR GENEVA 915A NON-STOP
 SERVICE IMMEDIATELY ABOVE WAITLISTED

08 JUN 96 - SATURDAY
 AIR DELTA AIR LINES INC FLT:2780 COACH DINNER
 WASHINGTON DULLES-GENEVA OPERATED BY AUSTRIAN AIRLINES
 LV WASHINGTON DULLES 655P EQP: AIRBUS A310

09 JUN 96 - SUNDAY
 AR GENEVA 915A NON-STOP

13 JUN 96 - THURSDAY
 AIR DELTA AIR LINES INC FLT:2781 COACH LUNCH
 GENEVA-WASHINGTON DULLES OPERATED BY AUSTRIAN AIRLINES
 LV GENEVA 1220P EQP: AIRBUS A310
 AR WASHINGTON DULLES 340P NON-STOP
 FLEMING/PATRICI SEAT- 8D

Confirmed

CONTINUED ON PAGE 2

SALES PERSON: 48 ITINERARY DATE: 29 MAY 96
CUSTOMER NBR: 1695000023 QZROBL PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA

15 DEC 96 - SUNDAY
OTHER WASHINGTON
WAS

. TOTAL AIRFARE USD 853.35

. INTERNATIONAL REMARKS
PLEASE RECONFIRM ALL FLIGHTS 72 HOURS IN ADVANCE
INTERNATIONAL FLIGHTS REQUIRE A 2HR ADVANCE CHECK IN.

.
USE OF NON CONTRACT CARRIER MUST BE CERTIFIED
ON THE TRAVEL AUTHORIZATION FORM-DELTA AIRLINES

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

FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS 8-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.



United States Treasury

15-51
000 P 456,361,481



Pay to
the order of

08 06 96 11 PHILADELPHIA, PA

FLEMING, PAT M1 EOPFMD

FLEMING, PATRICIA S.

C/O OPD

OEGB RM 145 17TH& PENN NW

WASHINGTON

DC 20502

Check No.

2036 95578885

0EJ6000052 11010003

\$\$\$1331*01

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0067

1,331



2036 1

0000000518 955788856 010896

EASYLINK 2523088M001 6JUN96 13:42/13:42 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2026321096

SALES PERSON: 48

ITINERARY

DATE: 06 JUN 96

CUSTOMER NBR: 1695000023

QZROBL

PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA

REF: KC5SXD6A0067

08 JUN 96 - SATURDAY

AIR DELTA AIR LINES INC FLT:2780 COACH DINNER
WASHINGTON DULLES-GENEVA OPERATED BY AUSTRIAN AIRLINES
LV WASHINGTON DULLES 655P EQP: AIRBUS A310

09 JUN 96 - SUNDAY

AR GENEVA 915A NON-STOP
SERVICE IMMEDIATELY ABOVE WAITLISTED

08 JUN 96 - SATURDAY

AIR DELTA AIR LINES INC FLT:2780 COACH DINNER
WASHINGTON DULLES-GENEVA OPERATED BY AUSTRIAN AIRLINES
LV WASHINGTON DULLES 655P EQP: AIRBUS A310

09 JUN 96 - SUNDAY

AR GENEVA 915A NON-STOP
SERVICE IMMEDIATELY ABOVE WAITLISTED

08 JUN 96 - SATURDAY

AIR DELTA AIR LINES INC FLT:2780 COACH DINNER
WASHINGTON DULLES-GENEVA OPERATED BY AUSTRIAN AIRLINES
LV WASHINGTON DULLES 655P EQP: AIRBUS A310

09 JUN 96 - SUNDAY

AR GENEVA 915A NON-STOP

13 JUN 96 - THURSDAY

AIR DELTA AIR LINES INC FLT:2781 COACH LUNCH
GENEVA-WASHINGTON DULLES OPERATED BY AUSTRIAN AIRLINES
LV GENEVA 1220P EQP: AIRBUS A310
AR WASHINGTON DULLES 340P NON-STOP
FLEMING/PATRICI SEAT-16A

CONTINUED ON PAGE 2

, SALES PERSON: 48 ITINERARY DATE: 06 JUN 96
CUSTOMER NBR: 1695000023 QZROBL PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA REF: KC5SXD6A0067

15 DEC 96 - SUNDAY
OTHER WASHINGTON
WAS

. TOTAL AIRFARE USD 857.55
. INTERNATIONAL REMARKS
PLEASE RECONFIRM ALL FLIGHTS 72 HOURS IN ADVANCE
INTERNATIONAL FLIGHTS REQUIRE A 2HR ADVANCE CHECK IN.

.
USE OF NON CONTRACT CARRIER MUST BE CERTIFIED
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. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.

FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

.
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.
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.

U6-MK15,1
U6-MK15,1

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF POLICY DEV		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. XD6A0059													
5. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL <table style="width:100%;"> <tr> <td style="width:50%;">a. FROM</td> <td style="width:50%;">b. TO</td> </tr> <tr> <td>05/20/96</td> <td>05/25/96</td> </tr> </table>		a. FROM	b. TO	05/20/96	05/25/96	4. SCHEDULE NO.									
a. FROM	b. TO																		
05/20/96	05/25/96																		
c. MAILING ADDRESS (Include ZIP Code) ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:50%;">a. NUMBER(S)</td> <td style="width:50%;">b. DATE(S)</td> </tr> <tr> <td>XD6A0059</td> <td>06/20/96</td> </tr> </table>		a. NUMBER(S)	b. DATE(S)	XD6A0059	06/20/96	10. CHECK NO.									
a. NUMBER(S)	b. DATE(S)																		
XD6A0059	06/20/96																		
e. PRESENT DUTY STATION WASHINGTON DC		1. RESIDENCE (City and State) ,		11. PAID BY		8. TRAVEL ADVANCE <table style="width:100%;"> <tr> <td style="width:50%;">a. Outstanding</td> <td style="width:50%;">b. DATE RECEIVED</td> </tr> <tr> <td>0.00</td> <td></td> </tr> <tr> <td>b. Amount to be applied</td> <td>c. PAYEE'S SIGNATURE</td> </tr> <tr> <td>0.00</td> <td></td> </tr> <tr> <td>c. Amount due Government (Attached ☐ Check ☐ Cash)</td> <td></td> </tr> <tr> <td>D. Balance outstanding</td> <td></td> </tr> </table>		a. Outstanding	b. DATE RECEIVED	0.00		b. Amount to be applied	c. PAYEE'S SIGNATURE	0.00		c. Amount due Government (Attached ☐ Check ☐ Cash)		D. Balance outstanding	
a. Outstanding	b. DATE RECEIVED																		
0.00																			
b. Amount to be applied	c. PAYEE'S SIGNATURE																		
0.00																			
c. Amount due Government (Attached ☐ Check ☐ Cash)																			
D. Balance outstanding																			
9. CASH PAYMENT RECEIPT		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																	
016 13015461 32		AGENT'S VALUATION OF TICKET (a) 472.00	ISSUING CARRIER (Initials) (b) UA	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c) Y	DATE ISSUED (d) 05/17/96	POINTS OF TRAVEL <table style="width:100%;"> <tr> <td style="width:50%;">FROM (e) DCA-Washingt</td> <td style="width:50%;">TO (f) SFO-San Fran</td> </tr> </table>		FROM (e) DCA-Washingt	TO (f) SFO-San Fran										
FROM (e) DCA-Washingt	TO (f) SFO-San Fran																		
COMMENTS: Note: Business was completed @ 4:35pm. There were no flights available to return to East Coast. So 5/25 should not be considered a personal day according to the note written on the TA.																			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE <i>Patricia S. Fleming</i>						DATE 8/5/96	AMOUNT CLAIMED 990.96												
NOTE: Fabrication of an item in an expense account works a forfeiture of claim (28 U.S.C. 2674) 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						17. FOR FINANCE OFFICE USE ONLY COMPUTATION <table style="width:100%;"> <tr> <td style="width:50%;">a. DIFFERENCES, IF ANY (Explain and show amount)</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		a. DIFFERENCES, IF ANY (Explain and show amount)											
a. DIFFERENCES, IF ANY (Explain and show amount)																			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:33%;">a. VOUCHER NO.</td> <td style="width:33%;">b. D.O. SYMBOL</td> <td style="width:33%;">c. MONTH & YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Carifier's initials:							
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						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): 0.00													
18. ACCOUNTING CLASSIFICATION						d. NET TO TRAVELER 990.96													

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER		(Unlisted items are self explanatory)		Complete this information if this is a continuation sheet.	PAGE <u>2</u>	
	Col. (c)	If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)	Complete only for actual expense travel	Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost. Col. (g) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. Col. (j) Show total subsistence expense incurred for actual expense travel. Col. (l) 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. Col. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	TRAVEL AUTHORIZATION NO. XD6A0059		
					TRAVELER'S LAST NAME FLEMING		

DATE 96 18	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
05/20	3:30P	D -: WASHINGTON DC											
05/20		:			Air fare								
05/20	7:18P	A -: SAN DIEGO/COUNT				17.00		~~139.00~~	156.00			156.00	
05/20		:			Taxi to Hotel			~~121.50~~					10.00
05/21	5:05P	D -: SAN DIEGO/COUNTY, CA						~~171.00~~					
05/21	7:04P	A -: SAN FRANCISCO/C				38.00		~~179.20~~	217.20			217.20	
05/22		Subsistence				38.00		~~179.20~~	217.20			217.20	
05/22		Authorized Call Home						~~171.00~~					7.20
05/22		Misc Expense											9.00
05/23		Subsistence				38.00		110.88	148.88			148.88	
05/23		Misc Expense											3.00
05/24		Subsistence				38.00		110.88	148.88			148.88	
05/25	11:25A	D -: SAN FRANCISCO/COUNTY, CA											
05/25		:			Taxi from Hotel to								35.00
05/25	7:24P	A: WASHINGTON DC											
05/25		Subsistence				38.00			38.00			38.00	
									SUBTOTALS		0.00	926.16	64.20
									TOTALS		0.00	926.16	64.20

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

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. 11809 of July 22, 1971, E.O. 11012 of March 27, 1982, E.O. 9397 of November 22, 1943, and 28 U.S.C. 8011(b) and 8109. 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. 8011(b) and 8109) 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 990.36

Ink changes made per Ashley Kaines

TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OFFICE OF POLICY DEV		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. XD6A0059 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 05/20/96 b. TO 05/25/96		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0059 b. DATE(S) 06/20/96	
c. MAILING ADDRESS (Include ZIP Code) ONAP 750 17th St., NW-S/600 WASHINGTON, DC 20503		d. OFFICE TELEPHONE NO.		10. CHECK NO.		FILE COPY	
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State)		11. PAID BY			
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) ▶ <i>Traveler's Initials</i>					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
016 13015461 32		472.00	UA	Y	05/17/96	DCA-Washingt	SFO-San Fran
COMMENTS: Note: Business was completed @ 4:35pm. There were no flights available to return to East Coast. So 5/25 should not be considered a personal day according to the note written on the TA.							
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 Patricia S. Fleming DATE 6/27/96 AMOUNT CLAIMED 995.91						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)	
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, 1d. 1001).						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:	
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. 680e).) APPROVING OFFICIAL SIGN HERE DATE						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): 0.00	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						d. NET TO TRAVELER 995.91	
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			<i>(Unlisted items are self explanatory)</i>			<i>Col. (c)</i> 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.) <i>Complete only for actual expense travel</i> <i>Col. (d) thru (n)</i> <i>(d)</i> Show amount incurred for each meal, including tax and tips, and daily total meal cost. <i>(e)</i> Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. <i>(f)</i> Show total subsistence expense incurred for actual expense travel. <i>(g)</i> Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (g) or maximum rate. <i>(n)</i> Show expenses, such as: taxifimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.		
							Complete this information if this is a continuation sheet.		
							PAGE <u>2</u> OF <u> </u> PAGES		
							TRAVEL AUTHORIZATION NO. XD6A0059		
						TRAVELER'S LAST NAME FLEMING			

DATE 19 <u>96</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE		SUBSISTENCE	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
05/20	3:30P	D--WASHINGTON DC												
05/20	:	:			Air fare									
05/20	7:18P	A--SAN DIEGO/COUNT				19.00		142.55	161.55			161.55		
05/20	:	:			Taxi to Hotel								10.00	
05/20	5:05P	D--SAN DIEGO/COUNTY, CA												
05/21	7:04P	A--SAN FRANCISCO/C				38.00		179.20	217.20			217.20		
05/21	5:38P	D--SAN FRANCISCO/COUNTY, CA												
05/22		Subsistence				38.00		179.20	217.20			217.20		
05/22		Authorized Call Home											7.20	
05/22		Misc Expense											9.00	
05/23		Subsistence				38.00		110.88	148.88			148.88		
05/23		Misc Expense											3.00	
05/24		Subsistence				38.00		110.88	148.88			148.88		
05/25	:	:			Taxi from Hotel to								35.00	
05/25	7:24P	A--WASHINGTON, DC				38.00			38.00			38.00		
05/25	11:25A	D--WASHINGTON, DC <i>San Francisco</i>												
05/25	7:15P	A--WASHINGTON DC												
									SUBTOTALS		0.00	931.71	64.20	
									TOTALS		0.00	931.71	64.20	

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

TOTAL AMOUNT CLAIMED

995.91

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

2. Traveler (First name, middle initial, last name) Patricia S. Fleming		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Amendment (Show items amended) ☐ Invitational (Non EOP Employees Only) ☐ Relocation
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: **Regional Briefings**

DATE(S): Travel Begin On **05 / 19 / 96** Travel End On **05 / 26 / 96**

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

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

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 1,010.00
Rail		Air			Transportation		512.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class †	Rental Car		00000
		X			Miscellaneous		800.00
† First Class must have approval of Agency Head or Deputy					TOTAL		\$ 1,602.00
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler. NTE common carrier cost		☐ Commercial Rental Car		
(c) ☐ Gov't Owned Vehicle					☐ Excess Baggage not to exceed		
(d) ☐ Other (specify)					☐ Other (Please identify)		
					12. ADVANCE REQUESTED \$		
					(meals and miscellaneous expenses only)		

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

GOVERNMENT RATE NOT AVAILABLE AT HOTEL. REQUESTING ACTUAL SUBSISTENCE.

NOTE: 5/25 is a personal day @ no extra cost to gov't

14(a) Requested by Patricia S. Fleming 5/6/96	15. Accounting data (Appropriation, division, project, vendor number) 1162200 J108E	
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 N. Rogers	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) [Signature]	
	17. Date 5/8/96	18. Travel Authorization No. YD6A0059

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)

2. Traveler (First name, middle initial, last name) Patricia S. Fleming		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Amendment (Show items amended) ☐ Invitational (Non EOP Employees Only) ☐ Relocation	
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: Regional Briefings

DATE(S): Travel Begin On 05 / 19 / 96 Travel End On 05 / 26 / 96

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

Place(s) of Official Visitation (City, State) San Diego, CA/Los Angeles, CA/San Francisco, CA

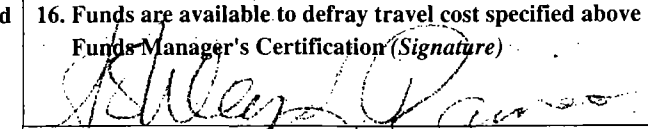
Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 1,010.00
Rail		Air			Transportation		\$12.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		00000
		X			Miscellaneous		800.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 1,602.00
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE common carrier cost		☐ Commercial Rental Car		
(c) ☐ Gov't Owned Vehicle					☐ Excess Baggage not to exceed		
(d) ☐ Other (specify)					☐ Other (Please identify)		
					12. ADVANCE REQUESTED \$ (meals and miscellaneous expenses only)		

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

GOVERNMENT RATE NOT AVAILABLE AT HOTEL. REQUESTING ACTUAL SUBSISTENCE.

NOTE: 5/19/96 - personal day @ NO extra cost for gov't

14(a) Requested by Patricia S. Fleming 5/18/96	15. Accounting data (Appropriation, division, project, vendor number) 1162200 J108E	
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 5/18/96	18. Travel Authorization No. X12610059

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)

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: Regional Briefings

DATE(S): Travel Begin On 05 / 19 / 96 Travel End On 05 26 / 96

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

Place(s) of Official Visitation (City, State) San Diego, CA/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	\$ 1,010.00
Transportation	512.00
Rental Car	00000
Miscellaneous	880.00
TOTAL	\$ 1,602.00

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.)

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.

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.

THE FAIRMONT HOTEL

ATOP NOB HILL • 950 MASON STREET • SAN FRANCISCO, CALIFORNIA 94108-2098
TELEPHONE (415) 772-5000 TOLL FREE (800) 527-4727 TELEX 910-372-6002

CONFIRMATION
CHECKOUT TIME 1:00 P.M.
CHECKIN TIME 3:00 P.M.

RESERVATION NO.	ARRIVAL STATUS	NO. PERSONS	DAILY ROOM RATE	PLUS TAX	ADVANCE DEPOSIT
4336		1	160.00		00
RESERVED ON	ARRIVAL DATE	DEPARTURE DATE	PLAN	PAYMENT	
05/02/96	05/22/96	05/26			

****PRESIDENT'S CLUB****

PATRICIA FLEMING
THE WHITE HOUSE
1600 PENNSYLVANIA
AVE
WASHINGTON DC 20500

*Call Fred 5/28
for Charles on 5/28
must send a signed request
Fax: 415-772-5011*

**TRIP TO SAN DIEGO, CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
MONDAY - TUESDAY, MAY 20 - 21, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Doubletree Hotel at Horton Plaza
910 Broadway Circle
Phone: 619/239-2200 Fax: 619/239-0509
Rate: \$129.00/day conf.1-290211 2-290212 3-290213 4-290214 5-290215
For Sunday, May 19 &, Monday, May 20
(Confirm by Monday, May13/Cassandra)

Car Rental:

Monday, May 20, 1996

8:30am	Depart Hotel en route to Gay and Lesbian Center for Social Services (GLCSS) 3916 Normal Street Contact: Karen Marshall, 619/692-2077
9:00am	Arrive GLCSS Greeted by Karen Marshall
10:00am	End Visit
10:05pm	Depart GLCSS en route to Mammas Kitchen 1875 2nd Avenue Contact: Carolyn Orlyn McFarlane, 619/233-6262
10:30pm	Arrive Mammas Kitchen Greeted by Carolyn Orlyn McFarlane
11:30pm	End visit
11:35pm	Depart meeting en route to Philanthropic Luncheon The University Club, Symphony Towers, 750 B Street, Suite 3400
12:00pm	Arrive for Luncheon
1:30pm	End luncheon

1:35pm	Depart luncheon en route to San Diego Youth & Community Teen Theater (SDYCTT) Contact: Rodney Von Jaeger, 619/221-8622 x266
2:00pm	Arrive SDYCTT Greeted by Rodney Von Jaeger
3:00pm	End meeting
3:05pm	Depart SDYCTT en route for Military Families Meeting
3:30pm	Arrive Military Family meeting
4:30pm	End meeting
4:35pm	Depart Meeting en route to Hotel
5:00pm	Arrive Hotel
5:30pm	Regional Briefing meeting at Hotel (1 hour)

**TRIP TO SAN DIEGO, CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
MONDAY - TUESDAY, MAY 20 - 21, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Doubletree Hotel at Horton Plaza
910 Broadway Circle
Phone: 619/239-2200 Fax: 619/239-0509
Rate: \$129.00/day conf.1-290211 2-290212 3-290213 4-290214 5-290215
For Sunday, May 19 &, Monday, May 20
(Confirm by Monday, May13/Cassandra)

Car Rental:

Tuesday, May 21, 1996

8:45am Depart Hotel en route to Lyceum Theater for Regional Briefing
79 Horton Plaza
Contact: Ericka Jennings, 619/235-3586

9:15am Arrive Lyceum Theater for Regional Briefing

9:30am Begin Regional Briefing

11:00am End Regional Briefing

11:05am Depart Lyceum Theater en route to San Diego Airport

Depart San Diego en route to San Francisco on Flight #

Arrive San Francisco
Proceed to The Fairmont Hotel

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY - FRIDAY, MAY 23 - 24, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather: 60's-70's (slight chance of showers)
Hotel: The Fairmont Hotel
950 Mason Street
San Francisco, CA 94108
Phone: 415/772-5000 Fax: 415/837-0587
Confirmation: RS - 8808 May 21 - 26
DCM - 8809 May 21 - 25
PF - 4336 May 21 - 25

Car Rental:

Tuesday, May 21, 1996

5:38pm	Depart San Diego en route to San Francisco on United Flight #2738 PF, RS, DCM
7:04pm	Arrive San Francisco Proceed to Fairmount Hotel
5:00pm	Depart WDC on United # 623 en route to Chicago (JL schedule)
5:58pm	Arrive Chicago
6:55pm	Depart Chicago on United #155 en route to San Francisco
9:13pm	Arrive San Francisco

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY - FRIDAY, MAY 23 - 24, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: The Fairmont Hotel
950 Mason Street
San Francisco, CA 94108
Phone: 415/772-5000 Fax: 415/837-0587

Car Rental:

Wednesday, May 22, 1996

12:00pm Meeting with AIDS site programs

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY - FRIDAY, MAY 23 - 24, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather: 60's - 70's (Slight chance of showers)
Hotel: The Fairmont Hotel
950 Mason Street
San Francisco, CA 94108
Phone: 415/772-5000 Fax: 415/837-0587

Car Rental:

Thursday, May 23, 1996

9:45am Depart Hotel for LYRIC Lavender Youth Recreation and Information Center
127 Collingwood Street (in Castro near 18th)
Contact: Ken Bukowski 415/703-6157

10:15 Arrive LYRIC

11:30am End meeting

Depart LYRIC en route to to the Palace Hotel for philanthropic luncheon, 2
New Montgomery Street, 2nd Floor, French Parlor Room

12:00pm Arrive Philanthropic Luncheon

1:30pm End Philanthropic luncheon

1:35pm Depart Philanthropic luncheon en route to Oakland, CA to VA Hospital
427 13th Street (parking at Merchants Garage between 13 & 14 streets and
Franklin and Webster streets)

2:30pm Arrive VA Medical Center
Contact: Mike Rankin, 510/267-7978 Chief Psychiatry and Mental Health
Services for the Oakland VA Medical Center

Greeted by Mike Rankin
Visit with Veterans

3:15pm Begin Meeting with Oakland ASOs

4:00pm End meeting

4:05pm Depart VA Hospital en route AIDS Project East Bay
651 20th Street; Contact: Valerie Papaya Mann
510/834-8181; 510/834-0442 fax (DC #202/332-3312)

4:30pm Arrive AIDS Project East Bay
Greeted by Valerie Papaya Mann

5:30pm End meeting

 Depart AIDS Project East Bay program en route Hotel

6:30pm Arrive Hotel
Proceed to downtime

**TRIP TO CALIFORNIA
SCHEDULE FOR THE DIRECTOR
FOR
THURSDAY - FRIDAY, MAY 23 - 24, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather: 60s-70s (slight chance of showers)
Hotel: The Fairmont Hotel
950 Mason Street
San Francisco, CA 94108
Phone: 415/772-5000 Fax: 415/837-0587

Car Rental:

Friday, May 24, 1996

7:30am	Depart Hotel en route San Francisco General Hospital (SFGH) 1001 Potrero Avenue 415/206-8100
8:00am	Arrive SFGH Greeted by Dr. John Stansel Tour Hospital
8:30am	Begin meeting with SFGH medical staff
9:15am	End meeting with SFGH staff. Begin meeting with CPCRA
10:00am	End meeting with CPCRA
10:05am	Depart SFGH en route to Rafiki House (Corporation for Supportive Housing) 1648 Kirkwood, Contact: Larry Saxxon, Elaine Lopes, 415/641-5641
10:30am	Arrive Rafiki House Greeted by Larry Saxxon, Elaine Lopes, Joy Rucker, Carla Javits
11:30pm	End meeting
11:35pm	Depart Rafiki House program en route San Francisco Department of Public Health for Lunch; 101 Grove Street, Health Commission Chambers, 3rd Floor
12:45pm	End Lunch

1:00pm Begin Public Issues Briefing
Speakers: Mayor Brown, Rep. Pelosi, Patsy Fleming, Carol Rasco, Jeff Levi

1:30pm End Opening Statements

1:45pm Begin Workshops Health Commission Office and at New College School of
Law; 50 Fell Street @ Van Ness
Workshops: Housing/Treatment/Care/Prevention/Research

3:15pm End Workshops

3:20pm Depart Workshops en route AIDS Office for Reception
25 Van Ness Avenue @ Market Street

3:30pm Arrive Reception

4:30pm End reception

4:35pm Depart reception en route Airport/Hotel

pm Arrive WDC

PF's Itinerary

Monday, May 20

3:30 Car pick up
5:05PM Depart IAD UA#175 - S/35C aisle
7:18PM Arrive San Diego

Hotel: Doubletree Hotel @ Horton Plaza
910 Broadway Circle
P: 619/239-2200
F: 619/239-0509
CNF#290211

Tuesday, May 21

5:38PM Depart San Diego UA#2738
7:04PM Arrive San Francisco

Hotel: The Fairmont
950 Mason Street
P: 415/772-5000
F: 415/837-0587
CNF#4336

(The night of 5/21 confirmed w/Ed Millner, Res.Mgr.#772-5489 and guaranteed with Patty)
PF: Your first 2 days @\$160+ tax, all the other days \$99.00+ tax

Saturday, May 25

11:25AM Depart San Francisco UA#844 - S/21C
7:24PM Arrive IAD
7:15PM Car pick up

**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:

Jill

FAX NUMBER:

FROM:

Carlene

DATE:

6-20-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

Per our discussion

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

2. Traveler (First name, middle initial, last name) Patricia S. Fleming		1. TYPE OF AUTHORIZATION ☒ TDY ☐ Amendment (Show items amended) ☐ Invitational (Non EOP Employees Only) ☐ Relocation
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: **Regional Briefings**

DATE(S): Travel Begin On **05 / 19 / 96** Travel End On **05 / 26 / 96**

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

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

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 1,010.00
Rail		Air			Transportation		512.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		X			Miscellaneous		80.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$1,602.00
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Registration Fees (meeting, training, etc.)		
			☐ For convenience of traveler NTE common carrier cost		☐ Commercial Rental Car		
(c) Gov't Owned Vehicle					☐ Excess Baggage not to exceed		
(d) Other (specify)					☐ Other (Please identify)		
					12. ADVANCE REQUESTED \$		
					(meals and miscellaneous expenses only)		

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

GOVERNMENT RATE NOT AVAILABLE AT HOTEL. REQUESTING ACTUAL SUBSISTENCE.

NOTE: 5/25 is a personal day @ no extra cost to gov't

14(a) Requested by Patricia S. Fleming 5/6/96	15. Accounting data (Appropriation, division, project, vendor number) 1162200 J108E	
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. Rasso	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) [Signature]	
	17. Date 5/8/96	18. Travel Authorization No. XD6A0359



United States Treasury

15-51
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P 457,661,204



Pay to
the order of

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FLEMING, PAT M1 EOPFMD

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Check No.

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FLEMING, PATRICIA S.

C/O OPD

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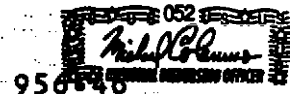
WASHINGTON

DC 20502

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VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0059



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Difference of 33.90