

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 [2]

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] (26 pages)	00/00/1996	b(6)

COLLECTION:

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

FOLDER TITLE:

Travel-Patsy Fleming [2]

2018-0755-F

rs3177

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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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 ☐ RELOCATION		3. VOUCHER NO. XD6A0053-1	
6. a. NAME (Last, first, middle initial) FLEMING, PATRICIA S.		7. b. SOCIAL SECURITY NO. (b)(6)		8. PERIOD OF TRAVEL a. FROM 05/06/96 b. TO 05/10/96		9. SCHEDULE NO. XD6A0053-1	
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) b. DATE(S) 06/26/96			
e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE (City and State) 1		10. CHECK NO.			
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached) ☐ Check ☐ Cash D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED c. PAYEE'S SIGNATURE		11. PAID BY FILE			
12. GOVERNMENT TRANSPORTATION REQUESTS OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH List by number below and attach passenger coupon. If cash is used show claim on reverse side.		I hereby assign 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 (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
1238388631 131306122286 1		344.00 75.00	AA ML	Y C	05/06/96 05/10/96	DCA-Washingt NY City LGA-New York Union Statio	
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 944.10 NOTE: Falsification of an item on an expense account warrants 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; Ld. 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. 600a).) APPROVING OFFICIAL SIGN HERE <i>Ashley D. Raines</i> DATE 8/8/96						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) <i>Lodging Excluded Exp 150.00 Allowance in Miami</i> b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <i>8/13/96</i> c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) d. NET TO TRAVELER	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.G. SYMBOL c. MONTH & YEAR						905.70 0.00 905.70	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE							
18. ACCOUNTING CLASSIFICATION 210100 - 159.10 210601 - 731.72 210800 - 111.78							



United States Treasury

15-51
000

P 459,098,331



Pay to
the order of

08 16 96 82 PHILADELPHIA, PA

FLEMING, PAT M1 EOPFMD

0EJ6000056 11010003

FLEMING, PATRICIA S.

C/O OPD

OE0B RM 145 17TH& PENN NW

WASHINGTON

DC 20502

Check No.

2036 95980142

\$****905*10

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0053-1

905.1



⑈ 2036 ⑈

⑈000000518⑈ 959801425⑈ 010896

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. XD6A0053-1 4. SCHEDULE NO.																							
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e. PRESENT DUTY STATION WASHINGTON DC		f. RESIDENCE <i>(City and State)</i> /		10. CHECK NO.		11. PAID BY FILE COPY																							
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET <i>(a)</i></th> <th style="width:10%;">ISSUING CARRIER <i>(Initials)</i> <i>(b)</i></th> <th style="width:10%;">MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i></th> <th style="width:10%;">DATE ISSUED <i>(d)</i></th> <th style="width:45%;">POINTS OF TRAVEL</th> </tr> <tr> <th colspan="4"></th> <th style="text-align: center;">FROM <i>(e)</i></th> </tr> </thead> <tbody> <tr> <td>1238388631</td> <td>344.00</td> <td>AA</td> <td>05/06/96</td> <td>DCA-Washingt</td> </tr> <tr> <td>131306122286</td> <td>75.00</td> <td>ML</td> <td>05/10/96</td> <td>NY City</td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td>LGA-New York Union Statio</td> </tr> </tbody> </table>		AGENT'S VALUATION OF TICKET <i>(a)</i>	ISSUING CARRIER <i>(Initials)</i> <i>(b)</i>	MODE CLASS OF SERVICE AND ACCOMMODATIONS <i>(c)</i>	DATE ISSUED <i>(d)</i>	POINTS OF TRAVEL					FROM <i>(e)</i>	1238388631	344.00	AA	05/06/96	DCA-Washingt	131306122286	75.00	ML	05/10/96	NY City	1				LGA-New York Union Statio	<th style="width:10%;">TO <i>(f)</i></th>		TO <i>(f)</i>
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18. ACCOUNTING CLASSIFICATION							

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.	
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)						Complete only for actual expense travel	
	Col. (d) thru (m) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (b) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (j) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.						PAGE <u>2</u> OF _____ PAGES	
								TRAVEL AUTHORIZATION NO. XD6A0053 - 1
								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 (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (k)		SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
05/06	4:00P	D-:WASHINGTON DC												
05/06	:	:			Train fare									75.00
05/06	:	:			Air fare									
05/06	7:47P	A-:MIAMI, FL				191.00		135.00	154.00			154.00		
05/06	:	:			Taxi A/pbrt to Hote									27.00
05/07		Subsistence				38.00		135.00	173.00			173.00		
05/07		Authorized Business Calls												5.78
05/08	6:05P	D-:MIAMI, FL												
05/08	9:00P	A-:NEW YORK CITY,N				38.00		169.61	207.61			207.61		
05/08	:	:			Highway/Bridge Toll									3.50
05/08	:	:			Taxi A/pprt to Hote									26.00
05/09	:	:			Taxi									6.20
05/09	:	:			Taxi									6.20
05/09		Subsistence				38.00		169.61	207.61			207.61		
05/09		Authorized Business Calls												7.00
05/10	10:30A	D-:NEW YORK CITY,NY												
05/10	:	:			Taxi									4.10
05/10	:	:			Taxi									4.10
05/10	12:20P	A:WASHINGTON DC												
05/10		Subsistence				28.50			28.50			28.50		
05/10		Authorized Business Calls												8.50
									SUBTOTALS		0.00	770.72	173.38	
									TOTALS		0.00	770.72	173.38	

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

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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. 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 (k), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED 944.10

Ms. Patricia Fleming
The White House
Washington DC,

Arr. 05/06/96
Dep. 05/08/96

Page 1
Room 313

INFORMATION

Hotel Astor, Miami Beach, 05/08/96 07:28

Date	Text	Charges	Credits
05/06	Room Charge	145.00	
05/06	Room Sales Tax	13.05	
05/06	County Tax	0.73	
05/06	Resort Tax	2.90	
05/07	Room Charge	145.00	
05/07	Room Sales Tax	13.05	
05/07	County Tax	0.73	
05/07	Resort Tax	2.90	
05/07	Astor Place Rest.	40.51	
	->#313 : CHECK # 31		
05/07	Telephone Local	0.75	
	->#313 : 315 TR# 65268 #31		
05/07	Telephone - Long Distance	1.50	
	->#313 : 0 TR# 65265 #313		
05/07	Telephone - Long Distance	1.50	
	->#313 : 0 TR# 65266 #313		
05/07	Telephone - Long Distance	1.50	
	->#313 : 0 TR# 65267 #313		
05/07	Telephone Tax	0.15	
	->#313 : 0 TR# 65265		
05/07	Telephone Tax	0.15	
	->#313 : 0 TR# 65266		
05/07	Telephone Tax	0.15	
	->#313 : 0 TR# 65267		
05/07	Telephone Tax	0.08	
	->#313 : 315 TR# 65268		
Total		369.65	

I 2 NEW YORK
DRIVER # 000000
MED # 3A80
TRIP # 3427
DATE 05-09-96
ST. TIME 11:12AM
END TIME 11:27AM
DIST 1.41
FARE \$ 6.20
FOR COMPLAINTS
1-212-231-TAXI
HAVE A NICE DAY

LIC#6 MED # 8F36
02:29PM 05-09-96
FARE \$ 6.20
EXTRAS \$ 0.00
TOTAL \$ 6.20
FOR COMPLAINTS
CALL : 221-TAXI

TRIBORO BRIDGE MAN

DATE	TIME	OPER. ID	AMOUNT
05/08/96	21:11	01767	\$03.50

Date 19

OFFICIAL
TAXI RECEIPT

FROM Coguardia to 63 & 91
TO _____
FARE PAID \$ 26.00
SIGNATURE [Signature] # _____

445-5555

Date: 5-6-96 Taxicab # _____
Customer: _____
From: _____
To: _____
Amount: \$ 27.00 Driver: [Signature]
Air Conditioned

Riders 1 Amtrak
From NEW YORK PENN, NY
To WASHINGTON, DC
Date 10 MAY 96
Train 123
Coach METRO COACH
Fare \$75.00
Total \$75.00
Ticket Number 1315061222861
Date of Issue 10 MAY 96
Passenger Receipt

**TRIP TO FLORIDA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, MAY 7 - 8, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Astor Hotel; 956 Washington Ave, Miami Beach 33139
Phone: 305/531-8081 Fax: 305/531-3193
(PF Conf.# 4867)

Monday, May 6, 1996

10:00am Advance site visits

5:15pm Depart WDC en route MIA
PF: AA # 637

7:47pm Arrive MIA
Proceed to Hotel
Richard and Daniel will pick you up at baggage

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Phone: 305/531-8081 Fax: 305/531-3193

Tuesday, May 7, 1996

11:30am Depart Hotel en route Sun Sentinel
200 East Las Olas Blvd, Ft. Lauderdale, 33301
Contact: Gale Bulfin, 954/356-4579
Transportation: Driver is Dianne Moore/Dade Community Foundation (15 passenger van)

12:20pm Arrive Sun Sentinel
Greeted by Gale Bulfin, Marlyn Dickinson, Jan Crocker

12:30pm Lunch with South Florida Media Coalition
Meet with Coalition members (list attached/Broward section)

1:30pm End South Florida Media Coalition meeting

1:35pm Depart Sun Sentinel en route Children's Diagnostic and Treatment Center (CDTC) 417 S. Andrews Avenue, Ft. Lauderdale, 33301
Contact: Dr. Susan Widmayer, Administrator 954/728-8080 (Stormy Shevis/Manager of AIDS Policy (Asst. Maria Monroe)
Transportation: Driver is Tom Shidaker/Broward House

1:55pm Arrive Children's Diagnostic and Treatment Center (CDTC)
Site Visit, Meet with Children, Staff and Parents
Greeted by Susan Widmayer, Stormy Shevis

2:55pm End CDTC meeting

3:00pm Depart CDTC en route Broward House
4017 SE 18th Court, Ft. Lauderdale
Contact: Tom Shidaker, 954/522-4749, 954/522-9357 fax
(Asst. Mary Lynn Lovejoy)

3:15pm Arrive Broward House
Site visit, Meet with tenants, staff and administration.

Greeted by Tom Shidaker, Mary Lynn Lovejoy

4:15pm Depart Broward House en route Hotel Astor, Miami

5:00pm Arrive Hotel

5:30pm Regional Briefing Meeting (1 hour)
Also attending is John Mohammed, facilitator

**TRIP TO FLORIDA
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY - WEDNESDAY, MAY 7 - 8, 1996**

Advance: Daniel Montoya, Pager: 800-792-1473
Staff: Richard Sorian
Weather:
Hotel: Astor Hotel; 956 Washington Ave, Miami Beach 33139
Phone: 305/531-8081 Fax: 305/531-3193

Wednesday, May 8, 1996

7:30am Depart Hotel en route Miami City Club for Breakfast
First Union Financial Center, 200 South Biscayne Boulevard, 305/373-2600;
fax 305/539-8677; Contact: Cairo Rivera
Transportation: Devon Rodriguez, 305/628-8981

7:50am Arrive Miami City Club
Greeted by Ruth Shack

8:00am Philanthropic Breakfast

9:30am End Breakfast
Proceed to exit

9:35am Depart Miami City Club en route Health Crisis Network (HCN)
5050 Biscayne Blvd., Miami, 33137
Contact: Catherine Lynch, Director & Ann Prochilo, Program Manager
305/751-7775 bus; 305/756-7880 fax; P:305/342-5218; H:305/378-0941
(Asst:Alexandria Douglas)

10:00am Arrive HCN

11:00am End HCN meeting

11:05am Depart HCN en route Center for Haitian Studies (CHS)
8325 NE Second Avenue
Contact: Dr. Laurinus (Larry) Pierre, M.D.
305/757-9555; 305/756-8023 fax

11:30am Arrive CHS
Greeted by Dr. Pierre

12:30pm End CHS

12:35pm Depart CHS en route to lunch

1:00pm Lunch at El Palio, 1024 S. Miami Avenue

2:00pm End lunch

2:05pm Depart (lunch) en route Miami Museum of Science
3280 South Miami Avenue; 305/854-4247; fax 305/285-5801
Contact: Joy A. Satterlee

2:20pm Arrive Miami Museum of Science for Meeting
Greeted by Joy Satterlee, Ruth Shack

2:30pm Begin Meeting

4:00pm End Meeting

4:15pm Depart Meeting en route Miami Int. Airport

5:35pm Depart MIA en route WDC
PF, RS and DCM AA# 522

8:04pm Arrive WDC

MEDIA ADVISORY

**Contacts: Richard Sorian, Office of
National AIDS Policy,
(202) 632-1090**

**Marlyn Dickinson,
Broward Community
Foundation, (954) 761-9503**

**Ruth Shack, Dade
Community Foundation,
(305) 371-2711**

WHO: Patricia S. Fleming, Director, Office of National AIDS Policy

**Roberta Achtenberg, Senior Advisor to the Secretary, U.S. Department of
Housing and Urban Development**

Dr. Scott Hitt, Chair, Presidential Advisory Council on HIV and AIDS

Jeremy Ben Ami, Deputy Assistant to the President for Domestic Policy

**WHAT: The Office of National AIDS Policy is conducting a series of regional
briefings to update interested parties in current policy developments.**

WHEN: Tuesday, May 7, and Wednesday, May 8

WHERE: Broward and Dade County, Florida

Schedule of Events

Tuesday, May 7 Broward County AIDS Program Visits

**2-3 p.m. Children's Diagnostic and Treatment Center
417 S. Andrews Avenue, Ft. Lauderdale**

**3:15-4:15 Broward House
417 SE 18th Court, Ft. Lauderdale**

Wednesday, May 8 Dade County AIDS Program Visits

10-11 a.m. Health Crisis Network
5050 Biscayne Blvd., Miami

11:30-12:30 Center for Haitian Studies
8325 NE Second Avenue, Miami

2:30-4 p.m. Public Briefing
Miami Museum of Science
3280 South Miami Avenue, Miami

PF's Itinerary

Monday, May 6, 1996

4:15PM Car pick up
5:15PM Depart AA #637 DCA - S/8D
7:47PM Arrive Miami

Hotel: Astor Hotel
956 Washington Ave.
Miami
CNF#4867
P:305/531-8081
F:305/531-3193

Wednesday, May 8, 1996

6:05PM Depart Miami AA#800 - S/8D
9:00PM Arrive LAG (New York)

Hotel: Radisson Empire
44 W 63rd Street
New York City
P: 212/265-7400
F: 212/315-0349
CNF#2272878

(P.S. Reservations for the night of 5/8 was confirmed with Amanda on 5/6)

Thursday, May 9

11:30AM Mother's Voices Luncheon
Waldorf Astoria
New York City

Saturday, May 11

10:30AM Depart LGA Delta #1749 (Shuttle)
11:32AM Arrive DCA

Sargent Smith 5/6
C

Spoke w/ Jay →
5/16/96
w/ mail today.

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

6. Official Duty Station

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: **Regional Briefings & Mothers' Voices Luncheon**

DATE(S): Travel Begin On **05/06/96** Travel End On **05/10/96**

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

Miami/Fort Lauderdale/Miami/New York City

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

Washington, DC

Point of Return (City, State)

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 964.24
Rail		Air			Transportation		286.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class †	Rental Car (per day)		0.00
					Miscellaneous		60.00
† First Class must have approval of Agency Head or Deputy					TOTAL		\$ 1,310.24
(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.)
In Miami, Hotel rate exceeds government rate. There are no Government rates in Miami.
In NYC Hotel rate exceeds government rate. Government rate not available.

14(a) Requested by Patricia S. Fleming 5/16/96	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. [Signature]	16. Funds are available to defray travel cost specified above. Funds Manager's Certification (Signature) [Signature]	
	17. Date 5/17/96	18. Travel Authorization No. XD680053

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

6. Official Duty Station

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: ~~Regional Briefings~~ Regional Briefings & Mothers' Voices Luncheon

DATE(S): Travel Begin On 05/06/96

Travel End On 05/10/96

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

Miami/Fort Lauderdale/Miami/New York City

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

Washington, DC

Point of Return (City, State)

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class †

† 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	\$ 964.24
Transportation	286.00
Rental Car	0.00
Miscellaneous	60.00

TOTAL \$ 1,310.24

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.)

In Miami, Hotel rate exceeds government rate. There are no Government rates in Miami.
In NYC Hotel rate exceeds government rate. Government rate not available.

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.

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(s)		6. Official Duty Station	
7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s) shown below			
8. TRAVEL INFORMATION			
9. PURPOSE: Regional Briefings & Mothers' Voices Luncheon			
10. DATE(S): Travel Begin On 05/06/96 Travel End On 05/10/96			
11. ITINERARY: Point of Origin (City, State) Washington, DC Place(s) of Official Visitation (City, State) Miami/Fort Lauderdale/Miami/New York City Point of Return (City, State) Washington, DC			
9. MODE OF TRAVEL			
(a) Commercial Transportation			
Rail		Air	
Coach	Extra Fare*	Coach Tourist	Business * First Class †
First Class must have approval of Agency Head or Deputy.			
(b) Privately Owned Vehicle			
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government ☐ For convenience of traveler, NTE common carrier cost
(c) Govt Owned Vehicle			
(d) Other (specify)			
10. ESTIMATED COST			
Per Diem/Actual Subsistence		\$ 964.24	
Transportation		286.00	
Rental Car (if used, see 11)		0.00	
Miscellaneous		60.00	
TOTAL		\$ 1,310.24	
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.) In Miami, Hotel rate exceeds government rate. There are no Government rates in Miami. In NYC Hotel rate exceeds government rate. Government rate not available.			
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.		16. Funds are available to defray travel costs specified above.	
Approval Official (Signature and Title)		Funds Manager's Certification (Signature)	
17. Date		18. Travel Authorization No.	
5/7/96		XD689053	

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:
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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

3. Title of Traveler

Director

5. Office Phone

6. Official Duty Station

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: ~~Regional~~ Regional Briefings & Mothers' Voices Luncheon

DATE(S): Travel Begin On 05 06 96 Travel End On 05 10 96

ITINERARY: Point of Origin (City, State) Washington, DC
Miami/Fort Lauderdale/Miami/New York City

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

Washington, DC
Point of Return (City, State)

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Air

Coach

Extra Fare*

Coach Tourist

Business *

First Class ‡

‡ 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

\$ 964.74

Transportation

786.00

Rental Car

0.00

Miscellaneous

60.00

TOTAL

\$ 1,310.24

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.)
In Miami, Hotel rate exceeds government rate. There are no Government rates in Miami.
In NYC Hotel rate exceeds government rate. Government rate not available.

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

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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.
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- 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

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

4. AGENCY/DIVISION

National AIDS Policy Office

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s)

8. TRAVEL INFORMATION

PURPOSE: Townhall Meetings

DATE(S): Travel Begin On 05/06/96

Travel End On 05/08/96

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

Place(s) of Official Visitation (City, State) Miami/Port Lauderdale/Miami

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class *
		☒		

* First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) Gov't Owned Vehicle

(d) Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	\$ 402.24
Transportation	270.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	\$ 722.24

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.)

HOTEL RATE EXCEEDS GOVERNMENT RATE

14(a) Requested by

Patricia S. Fleming 4/24/96

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

11602300J108E

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

16. Funds Manager's Certification (Signature)

4/29/96

17. Date

18. Travel Authorization No.

XD670053

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:

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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. |

**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

637-1000

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 AAIBS Policy Office

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: Towdial Meetings

DATE(S): Travel Begin On 05 08 96 Travel End On 05 08 96

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

Place(s) of Official Visitation (City, State) Miami/Fort Lauderdale/Miami

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Coach

Extra Fare*

Air

Coach Tourist

Business *

First Class ‡

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto

Other

Rate auth
per mile

☐ Determined more advantageous
to government *

☐ For convenience of traveler
NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$ 407.74

Transportation

176.00

Rental Car

6.00

Miscellaneous

50.00

TOTAL

\$ 722.74

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.)

HOTEL RATE EXCEEDS GOVERNMENT RATE

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. |

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

632-1090

6. Official Duty Station

Washington, DC

8. TRAVEL INFORMATION

PURPOSE: **Mothers' Voices Awards Luncheon**

DATE(S): Travel Begin On **5 / 9 / 96**

Travel End On **5 / 10 / 96**

Washington, DC

ITINERARY: Point of Origin (City, State)

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

New York City

Point of Return (City, State)

Washington, DC

9. MODE OF TRAVEL

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

† 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)

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):

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 400.00
Transportation	116.00
Rental Car, government sponsored	0.00
Miscellaneous	60.00
TOTAL	\$ 576.00

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.)

Hotel Rate exceeds government rate. Government rate not available.

14(a) Requested by

Patricia S. Fleming 4/19/96

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

1162200 J 1085

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

Approval Official (Signature and Title)

16. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Shirley L. Starnes

17. Date

4/30/96

18. Travel Authorization No.

YD6A 005A

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. |

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE DPC FILE COPY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 4/16/96 b. TO 4/19/96	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0047 b. DATE(S) 4/9/96	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) See "C"		10. CHECK NO.	
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) D. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)							
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)							
Traveler's Initials							
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
1232775462	\$195.55	DLT	Y	4/11/96	Washington, DC	NYC/Newark, NJ - R/T	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE		DATE 4/29/96		AMOUNT CLAIMED \$588		04	
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 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							

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

- Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
 - (i) Complete for per diem and actual expense travel.
 - (j) Show total subsistence expense incurred for actual expense travel.
 - (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
 - (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

XD6A0047

TRAVELER'S LAST NAME

FLEMING

DATE 19 <u>96</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: c NO. OF MILES (k)	AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
4/16	4:30PM	Depart Office for DCA												
	5:30PM	Depart DCA for LAG, NY												
	6:30PM	Arrive LAG												
		Taxi from Airport to Hotel, NYC											29 00	
												Bridge Toll	3 50	
								149 23				149 23	phone	
4/17								149 23	187 23			187 23		
													phone	
4/18								149 23	187 23			187 23		
		Taxi from Town meeting to Hotel											4 10	
4/19	12:50PM	Depart Newark, NJ							19 00			19 00		
	13:59	Arrive DCA												
	2:30PM	Arrive Office												
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.									SUBTOTALS ▶					
									TOTALS ▶				542 69	

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

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$588.04**

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

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment (Show items amended)
☐ Invitational (Non EOP Employees Only) ☐ Relocation

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

Patricia S. Fleming

3. Title of Traveler

Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s)

8. TRAVEL INFORMATION

PURPOSE: Townhall Meetings

DATE(S): Travel Begin On 4 / 16 / 96

Travel End On 4 / 19 / 96

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

Place(s) of Official Visitation (City, State) New York & Newark, NJ

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class †
		☒		

† First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) Gov't Owned Vehicle

(d) Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 559.00
Transportation	116.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 735.00

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED

(meals and miscellaneous expenses only)

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

14(a) Requested by

Patricia S. Fleming

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

116-2200J108E

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

4/19/96

18. Travel Authorization No.

X16A0047

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.
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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: Townhall Meetings

DATE(S): Travel Begin On 4 / 16 / 96

Travel End On 4 / 19 / 96

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

Place(s) of Official Visitation (City, State) New York & Newark, NJ

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Air

Coach

Extra Fare*

Coach Tourist

Business *

First Class ‡

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

\$ 559.00

Transportation

116.00

Rental Car

0.00

Miscellaneous

60.00

TOTAL

\$ 735.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

(meals and miscellaneous expenses only)

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

14(a) Requested by

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

Approval Official (Signature and Title)

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

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

17. Date

18. Travel Authorization No.

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

Instructions for Completing Travel Authorization

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

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

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

DATE(S): Travel Begin On 4/17/96 Travel End On 4/19/96

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

Place(s) of Official Visitation (City, State) New York & Newark, NJ

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 559.00
Rail		Air			Transportation		116.00
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					TOTAL		\$ 735.00
(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.)

14(a) Requested by <i>Carroll</i>	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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14(b) — Signature of Approving Official.
- ITEMS 15 & 16 — Self Explanatory.
- ITEMS 17 & 18 — To be completed by personnel assigning T/A numbers.

Patricia Fleming's Itinerary

Tuesday, April 16, 1996

4:30PM Car pick up
5:30PM Depart DCA Delta #1762
6:30PM Arrive LAG

Hotel: Empire
 44 West 63rd Street
 CNF#9815216
 P:212/265-7400

Friday, April 19

12:50PM Depart Newark Continental #315 - S/5F
01:59PM Arrive DCA

See attached for full itinerary

ITINERARY FOR NEW YORK, NEW YORK

4/15/96

Monday

A.M. Arrive New York City, Grand Central Station
Overnight at Radisson Empire Hotel, 212/265-7400
44 W 63rd (Between Broadway and Columbus)
Richard Sorian/Daniel Montoya
Hotel Confirmation # 265992 RS & 2917302 DCM \$148 rate

ADVANCE SCHEDULE:

Contact: Melinda Medlin 690-6610, 690-6166 fax
Secretary Shalala's Security person
Pager # 1-800-sky-page, #8400954

11-11:45 a.m. Minority Task Force on AIDS
Terri Smith-Caronia, 212/870-2691

12:30-1 p.m. GMHC
Mike Isbell, 212/337-3351

1:15-2 p.m. New York Life
Sheryl Miller, 212/212/576-7341

2-3 p.m. Lunch

3:15-4 p.m. God's Love We Deliver
Tim Moriarty, 212/294-8193

3:45-4:15 p.m. Board of Standards
Tim Moriarty, 212/294-8193

ITINERARY FOR NEW YORK, NEW YORK

4/16/96

Tuesday

12:00 Noon Meeting with New York Contacts for Thursday Site Visits
Richard Turner's Office
310 Madison, Suite 1630
Go over agenda and logistics

Advance itinerary

6:30 p.m. Patsy Fleming arrives at La Guardia Airport
Delta Airlines, #1762 (from WDC)
Overnight at Empire Hotel, Conf. #9815216

Car/Driver's provided by NYNEX (Danny/Howze office)
Suzanne DuBose, ED, NYNEX Corp, Philanthropy and
Foundation, Telephone #: 212/395-2295

ITINERARY FOR NEW YORK, NEW YORK

4/17/96

Wednesday

- 7:30 a.m. Daniel arrives at Breakfast
- 8:00 - 9:30 a.m. Philanthropic Breakfast
New York Life Insurance Company
51 Madison Avenue (between 26th & 27th streets)
13 Floor Auditorium - South Building
Contacts: Harry G. Hohn, Chair & CEO NY Life Ins. Co.
212/576-5077 (Asst. Mary Troy 212/576-5078); and Carol Reuter, VP
(President of New York Life Foundation) 212/576-7341, Sheryl Miller
- 10:00 - 10:45 a.m. Minority Task Force on AIDS
Contact: Linda Campbell, Executive Director
Service Center, 123 West 115th (between Lenox & St. Nicklaus)
212/870-2691 (Asst. Terri Smith-Caronia)
Also meet w/Harlem Director's Group
- 11:15 - 12:00 p.m. Gay Men's Health Crisis (Chelsea)
129 West 20th Street
Contact: Mike Isbell, 212/337-3351
- 12:15 - 12:55 p.m. Lunch meeting and site visit
God's Love We Deliver (West Village)
166 Avenue of the Americas
Contact: Cathy Spahn, ED, 212/294-8100 x194
Asst: Tim Moriarty 212/294-8193, 212-894-8101 fax
- 1:00 - 2:00 p.m. Meeting with AIDS Service Organizations
New York City Board of Standards & Appeals
Address: 161 Avenue of the Americas, 11th Floor, Hearing Rm.
Contact: RSVP to Tim Moriarty 212/294-8193 phone
Facilitator: Ron Johnson, Office of the Mayor
- 2:30 - 3:30 p.m. Editorial Board meeting with the New York Times
229 W 43rd Street, 10th Floor
Contact: Marion Greene, 212/556-1876
- 4:30 - 5:30 p.m. St. Claire Hospital/Spellman Center (Midtown)
415 West 51st
Contact: Dr. Stephen Abel, 212/724-1032
Dr. Victoria Sharp, 212/724-1032 (HIV Correctional facility work)

ITINERARY FOR NEW YORK, NEW YORK

4/18/96

Thursday

- 8:30 a.m. Depart for Hispanic AIDS Forum from Radisson Empire Hotel
- 9:00 - 10:00 a.m. Hispanic AIDS Forum (prevention/education, case management, offices in different burroughs)
Contact: Dr. Annette B. Ramirez de Arellano, ED, 212/741-9797
877 West Chester Avenue, Bronx, NY
Contact: Maria Perez, 718/328-4188 (CDC funds, Ryan White I&II)
- 10:22 a.m. Roberta Achtenberg arrives on Delta Shuttle Flight # 1746 @ La Guardia/Contact: Mark 708-3065
Need to pick-up at airport
- 11:00 - 12:00 p.m. Brooklyn AIDS Task Force (prevention/education youth/adult programs)
Contact: Elaine Greeley, 718/783-0883 x27, ED and
Dr. Durand, 718/622-2967
465 Dean Street, Brooklyn (between Flatbush and 5th)
- 12:30 - 1:45 p.m. Casa Betsaida (homeless Hispanic PLWAs)
Contact: Msgr. Bryan Karvellis, 718/388-8773 direct
267 Hewes Street, Brooklyn 718/218-8262
Contact: Eddie Castell, 718/599-3658
Evelyn Cruz, 718/599-7181
- 2:00 - 2:45 p.m. Lunch
- 3:00 - 4:00 p.m. Preparation for Town Hall meeting/Administration time
- 4:00 - 5:30 p.m. Town Hall Meeting
The Equitable
787 Seventh Avenue (between 51st & 52nd streets)
Auditorium (seating: approx. 487 people)
Contact: Peter Murphy, Audio/Visual, 641-8106
Darwin N. Davis, Sr. Senior VP for External Affairs
(Asst. Lourdes Lopez, 212/554-2545)
William T. McCaffrey, Exec. VP for Operations
(Asst. Martha DeLuca, 212/554-4663)
Registration Desk at TM - Chris Yu and Simon Lee
RSVP Tel# 212/261-2423
Facilitator: Catlin Fullwood, Hunter College, 212/781-3732

ITINERARY FOR NEWARK, NEW JERSEY

4/19/96

Friday

- 9:00 a.m. Depart New York Penn Station to Newark Penn Station
(under Madison Square Garden)
- 9:45 a.m. Arrive Newark- Penn Station (Go toward info booth,
front of Penn Station)
- 10:00 a.m. - 11:30 p.m. National Pediatric and Family HIV Resource Center
Children's Hospital AIDS Program
University of Medicine and Dentistry of New Jersey
15 South 9th Street
Newark, NJ 07107
Contact: Mary Boland, 201/268-8267
(Asst: Cheryl)
- 12:50 p.m. Patsy Fleming Departs from Newark
Continental Flight #315 (arrives 1:59p WDC)



United States Treasury

15-51 P 433,041,997
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Pay to
the order of

05 21 96 88 PHILADELPHIA, PA

000000000000 M1 EOPFMD

0EJ6000038 11010003

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

Check No.

2038 23062700

*****594*85

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0047



⑈ 20383 ⑈

⑈ 000000518⑈ 23062700⑈ 010596

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 3/20/96 b. TO 3/24/96	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0035 b. DATE(S) 3/13/96	
	e. PRESENT DUTY STATION Washington, Dc			f. RESIDENCE (City and State) see "C"		10. CHECK NO.	
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
1224305630 (Ticket sent by Hospital Research & Educational Trust Foundation)		\$461.85	UA	Y	2/28/96	Washington, DC San Francisco, CA-R/1	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE ▶ <u>Patricia S. Fleming</u> DATE <u>4/25/96</u> AMOUNT CLAIMED ▶ \$354.79							
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 a. DIFFERENCES, IF ANY (Explain and show amount)		
APPROVING OFFICIAL SIGN HERE ▶ DATE					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE					d. NET TO TRAVELER ▶ \$		
18. ACCOUNTING CLASSIFICATION							

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. 1027	
TRAVELER (PAYEE)	a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO (b)(6)		6. PERIOD OF TRAVEL a. FROM 3/20/96 b. TO 3/24/96	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0035 b. DATE(S) 3/13/96	
	e. PRESENT DUTY STATION Washington, Dc			f. RESIDENCE (City and State) see "C"		10. CHECK NO.	
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		11. PAID BY	

FILE

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

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

▶ Traveler's Initials

	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
					FROM (e)	TO (f)
1224305630 (Ticket sent by Hospital Research & Educational Trust)	\$461.85	UA	Y	2/28/96	Washington, DC (Foundation)	San Francisco, CA-R/

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** 4/25/96 **AMOUNT CLAIMED** ▶ \$354.79

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

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

APPROVING OFFICIAL SIGN HERE ▶ *Shirley Rames* **DATE** 5/10/96

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. 758
b. D.O. SYMBOL VPLJ 10069
c. MONTH & YEAR 7/62

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ *758 VPLJ 10069 762* **DATE**

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)
cc claim
2/14/96
\$140.50
150 ch 99.00

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
354.79

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):
354.79

d. **NET TO TRAVELER** ▶ *354.79*

18. ACCOUNTING CLASSIFICATION

216100 - 134.50
216661 - 234.50

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

- Col. (d) thru (g)** Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h)** Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.
- (i)** Show total subsistence expense incurred for actual expense travel.
- (m)** Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n)** Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

XD6A0035

TRAVELER'S LAST NAME

FLEMING

DATE 19 <u>96</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: c 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)								
3/20	3:00PM	Dept. Office for IAD												
	5:40PM	Dept. IAD for San Francisco												
		Sir Francis Drake Hotel												
		(2 nights paid by Hospital Research & Education Trust) (\$109.89)												
		Taxi Airport to Hotel												35 00
3/21		Hotel to Conf. Center											38 00	6 00
		Conf. Center to Hotel												6 00
3/22		Hotel to Conf. Center												5 50
		Hotel Claremont							154 29	192 29			192 29	
3/24		Taxi Hotel to San Francisco Airport												37 00
	7:16PM	Arrive IAD												
		Taxi from IAD to Residence (Lost receipt)												35 00
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.										SUBTOTALS ▶				
										TOTALS ▶				230 29

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$354.79**

03/21/95 11:15 202 456 8472

WHITE HOUSE RM 1

Contact person: Carmena Parris
Phone number: 632-1090
Date of request: March 4, 1996

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:

HIV and the Changing Health Care Environment

Date and place(s) of travel:

March 19-22, 1996, San Francisco, CA

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):

Hospital Research & Educational Trust 501(c)(3)

Nature of expense(s) paid for: Air fare \$461.85 *paid in-kind Airlines*
Actual Subsistence 450.00
Misc. 60.00

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.

Approved pursuant to
GSA Regulations,
Sections 304-1.4 & 1.5

Patricia S. Fleming
3/12/96



*** FOLIO DETAIL ***

Name: FLEMING, PATRICIA
AMEX TVL/CAC

Account Number
321688

Page Number
1

Arrival Date: 3/22/96
Departure Date: 3/24/96
of Guests: 1
Rate: 139.00
Room #: 404

Date	Reference	Description	Amount
3/22/96	4	ROOM...../404/1/1/4	139.00
3/22/96	5	ROOM TAX...../404/1/1/4	15.29
C/O CLERK-VLB		* BALANCE DUE *	154.29 *
TIME- 9:10		CONFIRMATION #	

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

Patricia

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

Patricia S. Fleming

3. Title of Traveler

Director

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

8. TRAVEL INFORMATION

To address the National AIDS Update Conference in San Francisco

PURPOSE:

DATE(S): Travel Begin On 3 20 96

Travel End On 3 24 96

Washington, DC

ITINERARY: Point of Origin (City, State)

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

San Francisco, California

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) Govt Owned Vehicle

(d) Other (specify)

10. ESTIMATED COST

AMOUNT

*Per Diem/Actual Subsistence	\$ 450.00
Transportation	461.85
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 971.85

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.)

Hotel rate exceeds government rate. Travel expenses paid in-kind. Raines
This trip will be reimbursed by the Hospital Research & Educational Trust
Non-profit 501C(3)

14(a) Requested by

Carol H. Rasco

Patricia S. Fleming 3/4/96

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

1162200 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)

16. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

17. Date 3/13/96

18. Travel Authorization No. X 106A0035

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)

Patricia

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

Patricia S. Fleming

3. Title of Traveler

Director

5. Office Phone

632-1096

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 address the National AIDS Update Conference in San Francisco

DATE(S): Travel Begin On 3 / 20 / 96 Travel End On 3 / 24 / 96

Washington, DC

ITINERARY: Point of Origin (City, State)

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

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	\$ 450.00
Transportation	461.85
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 971.85

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.)

Hotel rate exceeds government rate

This trip will be reimbursed by the Hospital Research & Educational Trust

Non-profit 501C(3)

14(a) Requested by

Carol M. Raso

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**.
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Miscellaneous could include rental car, registration fees, taxi cabs, etc.
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- 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.

Patricia Fleming's Itinerary

Wednesday, March 20, 1996

3:00PM Depart IAD UA#57 - S/13D

5:40PM Arrive San Francisco

Hotel: Sir Francis Drake
450 Powell Street
P: 415-392-7755
F: 415-774-0124
CNF#7759

7:00PM Dinner w/Council Members
IVY's
398 Hayes Street (@Gough)
P:415-626-3930

Thursday, March 21

09:00AM - 10:30AM Plenary Session - Speaker
Media representatives

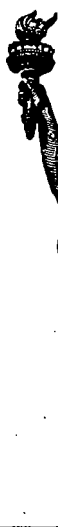
11:00AM - 12:30PM "Current Policy Issues in the HIV Epidemic" - Break out session
Conf. contact: Cliff Morris or Michael Stanley: Phone 415-206-1644

Sunday, March 24

11:25AM Depart San Fran UA#844 - S/12C

7:16PM Arrive IAD

NOTE: You are booked at the Claremont Resort 3/22-3/24 (CNF#2943813). Be sure to cancel before 4:00PM on 3/21. Phone 510-843-3000, Fax: 510-843-6239.



United States Treasury ¹⁵⁻⁵¹ P 433,042,001
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Pay to
the order of

05 21 96 88 PHILADELPHIA, PA

000000000000 M1 EOPFMD

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

Check No.

2038 23062704

0EL6000073 11010003

\$****349*00

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0035



⑈ 20383 ⑈

⑆000000518⑆ 230627045⑈ 010596

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

8th NATIONAL HIV/AIDS UPDATE CONFERENCE

March 19-22, 1996
Civic Auditorium
San Francisco, California

Cliff Morrison, Program Director

FACSIMILE MESSAGE FORM

DATE 2-28-96

NUMBER OF PAGES: 2
(Including this page)

TO: PATRICIA FLEMING

FROM: CLIFF MORRISON

COMMENTS:

If there are any problems with this transmittal,
Please contact:
Michael Stanley
(415) 206-1644 (Office)
(415) 206-0796 (Fax)



NATIONAL AIDS
UPDATE CONFERENCE
SAN FRANCISCO

655 Corbett Ave
Box 406
San Fran, CA 94114

February 22, 1996

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

Dear Ms. Fleming:

On behalf of the Planning Committee for the 8th National AIDS Update Conference I would like to invite you to speak at the Conference. The Conference will be held March 19 - 22, 1996 at the San Francisco Civic Center Auditorium in San Francisco, California. The theme of the Conference is *"HIV and the Changing Health Care Environment"*. The attendance at the Conference is expected to be approximately 1800 to 2000 participants. We would like for you to present a plenary address on Thursday, March 21, 1996. The plenary session is scheduled from 9:00 AM to 10:30 AM. You would be the second speaker following Dr. Max Essex of the Harvard AIDS Institute. We would like for you to introduce to the audience the members of the Presidential Advisory Council on HIV/AIDS that are in attendance and then to speak for approximately 25 minutes, keeping in mind the theme of the Conference. Please feel free to address the issues any way that you would like but we would like for you to address issues for adolescents and young people as the final plenary speaker that morning will be a young person living with HIV disease.

Following the plenary session there is a break from 10:30 to 11:00 AM. During that time there will be media representatives present and they will want to speak with you. We will make an effort to keep this as brief as possible. Following the break, we would like for you to speak in a break-out session titled **Current Policy Issues in the HIV Epidemic** scheduled from 11:00 AM to 12:30 PM. This session will also include members of the Presidential Advisory Council on HIV/AIDS that are in attendance. The session may be structured so that discussion could continue from the plenary session. You and members of the Advisory Council may want to begin with a brief address and then have an open dialogue with conference participants that come to this particular session. We will forward to you the

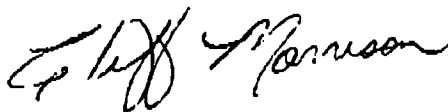
2

names of the Advisory Council members that will also be in attendance.

In accepting this invitation please let me know if there are any special arrangements that need to be made by us. We will need a copy of your C.V. or a written biography so that we may do a proper introduction. At this time Mr. Jeremy Landau, Advisory Council member and Conference Co-Chair for the Prevention and Education Track will introduce you. If you should have any questions or if we may be of any assistance to you, please let me, or my assistant, Michael Stanley, know. You may contact me at the Conference program office at 415/206-1644 (fax 415/206-0796).

We look forward to your participation at this important event and we thank you for your contributions in the fight against the HIV epidemic.

Sincerely,



Cliff Morrison, RN, FAAN
Program Director

cc: Jeremy Landau

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

Patricia

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

Patricia S. Fleming

3. Title of Traveler

Director

5. Office Phone

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) per day

8. TRAVEL INFORMATION

PURPOSE:

To address the National AIDS Update Conference in San Francisco

DATE(S):

3 20 96

3 24 96

Travel Begin On

Travel End On

Washington, DC

ITINERARY: Point of Origin (City/State)

San Francisco, California

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

Washington, DC

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) Govt Owned Vehicle

(d) Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	\$ 450.00
Transportation	461.85
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 971.85

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.)

Hotel rate exceeds government rate
This trip will be reimbursed by the Hospital Research & Educational Trust
Non-profit 501C(3)

14(a) Requested by

Carol H. Resce

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.

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DPC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.							
		4. SCHEDULE NO.		6. PERIOD OF TRAVEL a. FROM 4/14/96 b. TO 4/15/96									
7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0046 b. DATE(S) 4/9/96													
		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. PAID BY							
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 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)			
1232775463		\$447.00		DLT		Y		4/11/96		Washington, DC Atlanta, GA - R/T			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.								TRAVELER SIGN HERE <i>Patricia S. Fleming</i>		DATE 4/29/96		AMOUNT CLAIMED \$217 50	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).													
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)								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													

DATE 19 <u>96</u>	TIME (Hour and am/pm)
(a)	(b)
4/14	6:00PM
	7:00PM
	8:48PM
4/15	
	7:25PM
	9:07PM
	10:00PM

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

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

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

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

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

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

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

FLEMING

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$217.50**

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 632-1090	6. Official Duty Station Washington, DC	7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):

8. TRAVEL INFORMATION

PURPOSE: To attend a panel discussion sponsored by CDC on "Female-Controlled Chemical Methods for HIV/STD Prevention"

DATE(S): Travel Begin On 4 / 14 / 96 Travel End On 4 / 15 / 96

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL				10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation				Per Diem/Actual Subsistence		\$ 119.00
Rail		Air		Transportation		447.00
Coach	Extra Fare*	Coach Tourist	Business *	Rental Car		0.00
		☒		Miscellaneous		60.00
† First Class must have approval of Agency Head or Deputy				TOTAL		\$ 626.00
(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.)

14(a) Requested by <i>Patricia S. Fleming</i>	15. Accounting data (Appropriation, division, project, vendor number) <i>1162200 J108E</i>
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) <i>[Signature]</i>	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) <i>[Signature]</i>
	17. Date <i>4/9/96</i>
	18. Travel Authorization No. <i>XID6A0046</i>

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. |
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| 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 632-1090	6. Official Duty Station Washington, DC	7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: To attend a panel discussion sponsored by CDC on "Female-Controlled Chemical Methods for HIV/STD Prevention"

DATE(S): Travel Begin On 4 / 14 / 96 Travel End On 4 / 15 / 96

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 119.00
Rail		Air			Transportation		447.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		X			Miscellaneous		60.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 626.00
(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.)

14(a) Requested by <i>Patricia S. Fleming</i>	15. Accounting data (Appropriation, division, project, vendor number) 110-2200 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) <i>[Signature]</i>	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) <i>[Signature]</i>	
	17. Date 4/9/96	18. Travel Authorization No. YDL10046

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

Instructions for Completing Travel Authorization

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

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

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment
(Show items amended)
- ☐ Invitational ☐ 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: To attend a panel discussion sponsored by CDC on "Female-Controlled Chemical Methods for HIV/SYD Prevention"

DATE(S): Travel Begin On 4/14/96 Travel End On 4/15/96

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

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

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

\$ 112.00

Transportation

247.00

Rental Car

0.00

Miscellaneous

60.00

TOTAL

\$ 626.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

\$

(meals and miscellaneous expenses only)

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

14(a) Requested by

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

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

Approval Official (Signature and Title)

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

17. Date

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- | | | |
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| ITEM 13 | — | Space provided for justifications and other miscellaneous information. |
| ITEM 14(a) | — | Signature of Traveler. |
| 14(b) | — | Signature of Approving Official. |
| ITEMS 15 & 16 | — | Self Explanatory. |
| ITEMS 17 & 18 | — | To be completed by personnel assigning T/A numbers. |



United States Treasury

15-51 P 433,041,998
000



Pay to
the order of

05 21 96 84 PHILADELPHIA, PA
000000000000 M1 EOPFMD

0EJ6000038 11010003

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

Check No.

2038 23062701

\$****213*00

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0046



⑈ 20383 ⑈

⑆000000518⑆ 230627012⑈ 010596

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DPC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.		
		FILE COPY						
TRAVELER (PAYEE)	a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 3/6/96 b. TO 3/8/96		
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0031 b. DATE(S) 2/22/96		
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) see "C"		10. CHECK NO. 11. PAID BY		
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) D. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						Traveler's Initials
		AGENT'S VALUATION OF TICKET (a)	ISSUING CAR- RIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOM- MODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
						FROM (e)	TO (f)	
1852309765 [Paid for by Centers for Disease Control]		\$447.00	DLT	Y	3/1/96	Washington, DC	Atlanta, GA - R/T	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						TRAVELER SIGN HERE <i>Patricia S. Fleming</i> DATE <i>4/25/96</i> 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 a. DIFFERENCES, IF ANY (Explain and show amount)		
APPROVING OFFICIAL SIGN HERE <i>[Signature]</i> DATE						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials:		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE <i>[Signature]</i> DATE						d. NET TO TRAVELER \$		
18. ACCOUNTING CLASSIFICATION								

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

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

**Complete
only
for
actual
expense
travel**

- Col. (d) Show amount incurred for each meal, including tax and tips, and date.
thru (g) } meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

continuation sheet. Of PAGES

TRAVEL AUTHORIZATION NO.

KD6A0031

TRAVELER'S LAST NAME

FLEMING

[illegible]

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶**

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 DPC/Office of National AIDS Policy	
5. Office Phone 632-1090	6. Official Duty Station Washington, DC	7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: Television interview on the Impact of HIV/AIDS on the U.S.
Sally Jesse Raphael Show

DATE(S): Travel Begin On 3 / 25 / 96

Travel End On 3 / 25 / 96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$	38.00
Rail		Air			Transportation		292.00
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		\$ 390.00
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.)

To be reimbursed by the Sally Jesse Raphael Show

14(a) Requested by <i>Jeffery L. Smith for Patricia S. Fleming</i>	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.

Contact person: Carmena Parris

Phone number: 632-1090

Date of request: March 22, 1996

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 Fleming

Director

Office of National AIDS Policy

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

Television interview on the impact of HIV and AIDS on the U.S.
"Sally Jesse Raphael Show"

Date and place(s) of travel:

New York City, March 25, 1996

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):

Nature of expense(s) paid for:	Airfare R/T	\$ 292.00
	Ground Transportation	\$ 50.00 R/T (New York)
	DC	60.00

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE FILE COPY		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☒ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 			
		4. SCHEDULE NO. 							
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 3/14/96 b. TO 3/15/96			
	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) XD6A0034 b. DATE(S) 3/8/96			
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) see "c"		10. CHECK NO. 			
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied 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 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)		
1227689877		\$116.00	DLT	Y	3/13/96	Washington, DCA NY/LAG-R/T			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.								AMOUNT CLAIMED \$ 277 71	
TRAVELER SIGN HERE <i>Patricia S. Fleming</i> DATE 3/25/96									
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).									
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 a. DIFFERENCES, IF ANY (Explain and show amount)			
APPROVING OFFICIAL SIGN HERE DATE						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <i>Certifier's initials:</i>			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR									
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):			
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE						d. NET TO TRAVELER			
18. ACCOUNTING CLASSIFICATION									

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

- Col. (d) thru (g)** Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h)** Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i)** Complete for per diem and actual expense travel.
- (j)** Show total subsistence expense incurred for actual expense travel.
- (m)** Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n)** Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

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

TRAVEL AUTHORIZATION NO.

XD6A0034

TRAVELER'S LAST NAME

FLEMING

DATE 19 <u>96</u>	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)		SUBSISTENCE (m)	OTHER (n)				
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)											
3/14	8:30AM	Dept. Residence for DCA by Taxi															
		Bridge toll															25 00
		Taxi from LAG to Hotel Empire								38 00					38 00		20 00
		Hotel Empire												16621		6 50	Phone call:
3/15	9:30AM	Car pick up for "Alive and Wellness" Studio America Talking Network, NJ															
	11:00AM	"Kids and AIDS Live show"															
	11:30AM	Car pick up to LAG Airport															
	1:30PM	Return to Office from DCA								19 00					19 00		
											SUBTOTALS ▶						
											TOTALS ▶		223 21 54 50				

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

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$277.71**

CLINTON LIBRARY PHOTO COPY

**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: Give a presentation to the New York Academy of Medicine's Council

DATE(S): Travel Begin On 3 / 14 / 96

Travel End On 3 / 16 / 96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 360.00
Transportation	110.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 530.00

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.)

Will be reimbursed by the New York Academy of Medicine (501(c)(3))

14(a) Requested by

Patricia S. Fleming

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

1162200 J 107E

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)

Ashley S. Kainer

17. Date

3/8/96

18. Travel Authorization No.

XD6A003A

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: Give a presentation to the New York Academy of Medicine's Council

DATE(S): Travel Begin On 3 / 14 / 96 Travel End On 3 / 16 / 96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ 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	\$ 360.00
Transportation	110.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 530.00

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.)

Will be reimbursed by the New York Academy of Medicine (501(c)(3))

14(a) Requested by

Carol H. Rasco 3/4/96
Patricia S. Fleming

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

1162200 J107E

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

Approval Official (Signature and Title)

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

Shirley J. Kainer

17. Date

3/8/96

18. Travel Authorization No.

X061004

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: Give a presentation to the New York Academy of Medicine's Council

DATE(S): Travel Begin On 3 / 14 / 96 Travel End On 3 / 16 / 96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 360.00
Transportation	110.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 530.00

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.)

Will be reimbursed by the New York Academy of Medicine (501(c)(3))

14(a) Requested by

Carol M. Rasco 4/19/96
John S. Fleming

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

110-2200 J 167E

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)

John S. Fleming

17. Date

3/18/96

18. Travel Authorization No.

110-2200 J 167E

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: Give a presentation to the New York Academy of Medicine's Council

DATE(S): Travel Begin On 3 / 14 / 96 Travel End On 3 / 16 / 96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	\$ 360.00
Transportation	110.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 530.00

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.)

Will be reimbursed by the New York Academy of Medicine (501(c)(3))

14(a) Requested by

Patricia S. Fleming

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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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: Give a presentation to the New York Academy of Medicine's Council

DATE(S): Travel Begin On 3/14/96 Travel End On 3/16/96

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Coach

Extra Fare*

Air

Coach Tourist

Business *

First Class ‡

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto Other Rate auth per mile

☐ Determined more advantageous to government *

☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$

360.00

Transportation

110.00

Rental Car

0.00

Miscellaneous

60.00

TOTAL

\$

530.00

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.)

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14(a) Requested by

Patricia S. Fleming

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

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Funds Manager's Certification (Signature)

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Instructions for Completing Travel Authorization

- | | | |
|---------------|---|---|
| ITEM 1 | — | Check:

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

03/21/95 11:15

202 458 6472

WHITE HOUSE RM 1

Contact person: Carmena Parris
Phone number: 632-1090
Date of request: March 4, 1996

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:

The Academy of Medicine is dedicated to developing policy and service initiatives on behalf of New Yorkers with HIV/AIDS

Date and place(s) of travel:

March 14-15, 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):

New York Academy of Medicine

Nature of expense(s) paid for: Airfare \$110.00
Actual Subsistence 360.00
Misc. 60.00

Method and approximate amount of payment (payment may be made either in-kind or by check made payable to U.S. Treasury; you may not directly receive payment in cash or check made out to you):

This form and any accompanying memorandum of approval must be attached to your travel authorization. You must complete a travel voucher following the trip. Please send completed form to Room 128, OEOB, at least 3 days before commencement of travel.


3/8/96

Approved pursuant to
GSA Regulations
Sections 304-1.4 & 1.5

Patricia Fleming's Itinerary

Thursday, March 14

9:30AM Depart DCA Delta #1746
10:28AM Arrive L:GA
(Delta leaves every Hr. on the 1/2 Hr.)
(US Air leaves every Hr. on the Hr.)

11:45AM New York Academy of Medicine
1216 Fifth Avenue (E 103rd St. & 5th Ave.)
6th Floor
Contact: Gary Stein 212/876-8200

Hotel: Empire
44 W 63rd Street
Phone: 212-265-7400
Fax: 212-315-0349
CNF.#371736

Friday, March 15

09:30AM Car pick up for America's Talking Network's "Alive and Wellness" Studio
10:00AM Arrive Studio (2200 Fletcher Ave., Fort Lee, NJ, Phone #201-346-6777)
11:00AM Live show begins - "Kids and AIDS"
Viewer call-in questions + some from the audience

11:30AM Car pick up from Studio to LAG

5:30PM Depart LAG Delta #1763
6:41PM Arrive DCA
6:41PM **Car pick up** (Please let me know of any change in time)

EASYLINK 8615590M001 11MAR96 09:44/09:44 EST
 FROM: 62029160
 AMERICAN EXPRESS TRAVEL
 TO: 2026321096

SALES PERSON: 48 ITINERARY DATE: 11 MAR 96
 CUSTOMER NBR: 1695000023 TQZRSU PAGE: 01

TO: WHITE HOUSE TRAVEL
 1500 PENNSYLVANIA AVE
 WASH DC 20500

FOR: FLEMING/PATRICIA

14 MAR 96 - THURSDAY

AIR DELTA AIR LINES INC	FLT:1746	COACH	SNACK/BRUNCH
LV WASHINGTON NATL		930A	EQP:727 STRETCH
AR NEW YORK LGA		1028A	NON-STOP

HOTEL NEW YORK CITY		
RD EMPIRE HOTEL	1 NIGHT	OUT-15MAR
44 W 63RD STREET	1 ROOM	SINGLE WITH BATH
NEW YORK NY 10023	RATE-145.00 PER NIGHT	
FONE 212-265-7400	GUARANTEED LATE ARRIVAL	
CONFIRMATION 371736		

OTHER NEW YORK CITY
 HOTEL REQUIRES 5PM CANCEL TO AVOID FEE.

OTHER NEW YORK CITY
 HOTEL FAX 212-315-0349

15 MAR 96 - FRIDAY

AIR DELTA AIR LINES INC	FLT:1763	COACH	SNACK/BRUNCH
LV NEW YORK LGA		530P	EQP:727 STRETCH
AR WASHINGTON NATL		641P	NON-STOP

14 SEP 96 - SATURDAY

OTHER WASHINGTON
 WAS

104. every hour on the 1/2 hr

CONTINUED ON PAGE 2

SALES PERSON: 48
CUSTOMER NBR: 1695000023

ITINERARY
TQZRSU

DATE: 11 MAR 96
PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA

. TOTAL AIRFARE USD 116.00

. 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

. 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.

To Carmichael
Date 1/5 Time 2:25

WHILE YOU WERE OUT

M. Gray Street
of N.Y. Academy of Medicine
Phone 212 876-8200 ext 248

Area Code	Number	Extension
TELEPHONED	☒ PLEASE CALL	☒
CALLED TO SEE YOU	WILL CALL AGAIN	
WANTS TO SEE YOU	URGENT	

RETURNED YOUR CALL ☐

Message Empire Hotel

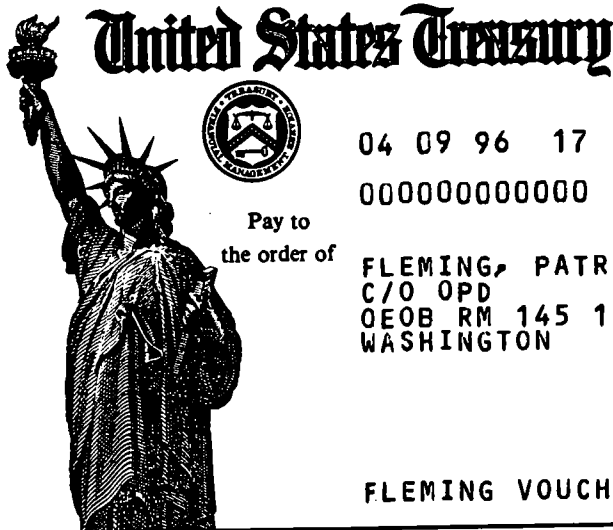
Ellen Parish
212-876-8200 X266

HBC
Operator



23-023

CARBONLESS



United States Treasury ¹⁵⁻⁵¹ P 409,654,993
000

Check No.

04 09 96 17 PHILADELPHIA, PA - 2036 87830162
000000000000 M1 EOPFMD 0EJ6000034 11010003

Pay to
the order of

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

\$*****277*71

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0034

277



" 2036 1 "

1:00000005181: 878301622" 010496

HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDERPl. Sec
attached
CTRAVEL ORDER #: 9610068
NAME OF TRAVELER: PATSV FLEMING
ORGANIZATION: NCPS DHA (HCM71)
DUTY STATION:

DATE INITIATED: 02/27/96

(b)(6)

----- PURPOSE AND ITINERARY -----

PURPOSE: TRAVELER WILL ATTEND THE 1996 COCHAIRS MEETING OF HIV PREVENTION COMMUNITY PLANNING GROUPS. MEETING DATE IS MARCH 7-9, 1996. THE MEETING WILL BE AT THE ATLANTA HILTON AND TOWERS HOTEL, DOWNTOWN ATLANTA, GA. TRAVELER IS THE NATIONAL AIDS POLICY DIRECTOR AND WILL DELIVER THE KEYNOTE ADDRESS TO EXPECTED AUDIENCE OF 800 OR MORE HEALTH CARE PROFESSIONALS. TRAVELER WILL SPEAK AT THE OPENING PLENARY AND WILL ATTEND WORKSHOPS ON THE FIRST DAY OF THE MEETING.

CONTINUED ON JUSTIFICATION PAGE

POINT OF ORIGIN: WASHINGTON, DC

DEPARTURE DATE: 03/06/96

DUTY POINTS

ARRIVAL DATES

ATLANTA, GA

03/06/96

WASHINGTON, DC

03/07/96

MODE OF TRAVEL: AIR

----- AUTHORIZATIONS -----

1. USE OF LOCAL TRANSPORTATION, INCLUDING TAXICABS, AUTHORIZED WHEN ADVANTAGEOUS TO THE GOVERNMENT AND JUSTIFIED ON THE VOUCHER.
2. TRAVEL AND PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND FTR.
3. HOTEL RECEIPTS REQUIRED.
4. THE FOLLOWING ARE AUTHORIZED:
MEETING ATTENDANCE
AMERICAN EXPRESS ATM ADVANCE OF \$107.00

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

APPROVED BY: LYNN AUSTIN,
PROGRAM MANAGEMENT OFFICER (HCM71) ON 02/28/96

CDC-1 1/89 (COMPUTERIZED MODIFICATION OF TRAVEL ORDER HHS-1)

JUSTIFICATIONS

TRAVEL ORDER 9610068 - PATSY FLEMING

PURPOSE CONTINUED FROM FIRST PAGE

2

MEETING ATTENDANCE

**AS DIRECTOR OF THE OFFICE OF NATIONAL AIDS
POLICY,MS. FLEMING IS IN A UNIQUE POSITION TO
PROVIDE
COCHAIRS AND COMMUNITY REPRESENTATIVES WITH THE
LATEST INFORMATION ON EMERGING HIV/AIDS POLICYS.
THIS INFORMATION ENABLES COCHAIRS TO BE MORE
EFFECTIVE IN THEIR HIV PREVENTION PLANNING
ACTIVITIES.**

ACTUAL ITINERARY

TRAVEL ORDER 9610068 - PATSY FLEMING

TICKET PICK-UP DATE - 03/05/96

DATE	TIME	DESTINATION	TRAVEL DETAILS
030696	05:00	PM WASHINGTON, DC	DELTA FLT 1543
030696	06:51	PM ATLANTA, GA	MIE: 38 LDG: 81
030796	05:25	PM ATLANTA, GA	DELTA FLT 196
030796	06:59	PM WASHINGTON, DC	MIE: 38

TRAVELER: PATSY FLEMING

TRAVEL ORDER: 9610068

PAGE 2

----- ACCOUNTING DATA -----

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	447.00	0.00	0.00
PER DIEM	138.00	0.00	0.00
OTHER	50.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	635.00	0.00	0.00

ALLOW	CAN	OBJ	OBJ	OBJ	
*****	*****	*****	*****	*****	
A2AM5	69210066	21.51	447.00	0.00	0.00
A2AM5	69210066	21.51	188.00	0.00	0.00

RESERVATION INFORMATION

HOTEL:

CONFIRMATION #155327431
ATLANTA HILTON AND TOWERS
255 COURTLAND STREET, ATLANTA GA

404-524-0111 FAX

404-659-2000 Phone

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED
TRAVEL ORDER 9610068 - PATSY FLEMING

ACTUAL EXPENSES: MILEAGE & OTHER

DATE	TIME	DESCRIPTION	MILEAGE	OTHER
030696	04:00 PM	NO CHG FOR TRANSPORT TO AIRP		
030696	05:00 PM	WASHINGTON, DC		
030696	06:51 PM	ATLANTA, GA		
030696	07:30 PM	TAXI TO HOTEL FROM AIRPORT		30.00
030796		TEL CALL TO CDC FROM HOTEL		
030796	04:30 PM	TAXI TO AIRPORT FROM MEETING		25.00
030796	05:25 PM	ATLANTA, GA		
030796	06:59 PM	WASHINGTON, DC		
030796	08:00 PM	NO CHG FOR TRANSP TO RESIDEN		
TOTAL MILEAGE & OTHER				55.00

ACTUAL EXPENSES: PER DIEM

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
030696	81.00	1	19.00	81.00	100.00	100.00
030796		1	38.00		38.00	38.00
TOTAL PER DIEM						138.00
TOTAL ACTUAL EXPENSES						193.00

TRAVEL VOUCHER

T.O. NUMBER: 9610068 OFFICE: HCM71 TYPE OF TRAVEL: TEMPORARY DUTY VOUCHER NO.: 1
SCHEDULE NO.:

TRAVELER (PAYEE): PATSY FIFMING SSN: (b)(6) PERIOD OF TRAVEL: 3/6/96-3/7/96

MAILING ADDRESS: OFFICE TELEPHONE: AUTHORIZED: (404)639-0908

PRESENT DUTY STATION: RESIDENCE: WASHINGTON, DC

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

GTR NUMBER: A1791095 COST: 447.00 TRAVEL MODE: SATO ISSUED: 3/1/96 POINTS OF TRAVEL: WASHINGTON, DC
TO ATLANTA, GA
AND RETURN

I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME. WHEN APPLICABLE, PER DIEM CLAIMED IS BASED ON THE AVERAGE COST OF LODGING INCURRED DURING THE PERIOD COVERED BY THIS VOUCHER.

TRAVELER SIGN HERE: *Patsy F. Fifming* DATE: 3/18/96 AMOUNT CLAIMED: 193.00
NET CHECK TO TRAVELER: 193.00

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).

ACCOUNTING CLASSIFICATION:

A2AM5 69210066 21.51 193.00



United States Treasury

15-51
000 B 811,257,890



Pay to
the order of

04 02 96 06 BIRMINGHAM, AL
337234291401 M1 DHHS-CDC

R9607B0003 75090421

PATSY FLEMING
OFFICE OF SECRETARY OF HEALTH
HUMAN SERVICES
750 17TH STREET NW SUITE 600
WASHINGTON DC 20503

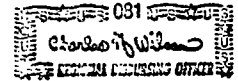
Check No.

3510 90896175

\$****193*00

VOID AFTER ONE YEAR

961006801V



⑈35101⑈

⑆000000518⑆ 908961757⑈ 010496

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)

Patricis 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

Deliver the keynote address at the 1996 HIV Prevention Community Planning

PURPOSE:

Co-Chairs Meeting, Atlanta

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

Travel End On 3 / 8 / 96

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

Atlanta, GA

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

Washington, DC

Point of Return (City, State)

9. MODE OF TRAVEL

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 238.00
Transportation	447.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	\$ 735.00

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED \$
(meals and miscellaneous expenses only)

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

CDC IS PAYING FOR THIS TRIP

Centers for Disease Control

14(a) Requested by

Patricis S. Fleming 2/20/96

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

Carol H. Rasco, Assistant to the President for Domestic Policy 11622005108E

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

2/22/96

18. Travel Authorization No.

XD610631

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 632-1990	6. Official Duty Station Washington, DC	7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Deliver the keynote address at the 1996 HIV Prevention Community Planning
Co-Chairs Meeting, Atlanta

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

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

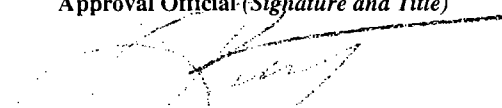
Place(s) of Official Visitation (City, State)

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 238.00
Rail		Air			Transportation		447.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		X			Miscellaneous		50.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 735.00
(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.)

CDC IS PAYING FOR THIS TRIP

14(a) Requested by Patricia S. Fleming 2/20/96	15. Accounting data (Appropriation, division, project, vendor number) Carol W. MASCO, Assistant to the President for Domestic Policy	
14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions Approval Official (Signature and Title) 	16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) 	
	17. Date 2/20/96	18. Travel Authorization No. 100-111-100

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

1. TYPE OF AUTHORIZATION

☒ TDY

☐ Amendment
(Show items amended)

☐ Invitational

(Non EOP Employees Only)

☐ Relocation

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

Patricia S. Fleming

3. Title of Traveler

Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☒ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: Deliver the keynote address at the 1996 HIV Prevention Community Planning
Co-Chairs Meeting, Atlanta

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

Travel End On 3 / 8 / 96

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

Atlanta, GA

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

Washington, DC

Point of Return (City, State)

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$ 238.00

Transportation

447.00

Rental Car

0.00

Miscellaneous

50.00

TOTAL

\$ 735.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

\$

(meals and miscellaneous expenses only)

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

ODC IS PAYING FOR THIS TRIP

14(a) Requested by

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

Approval Official (Signature and Title)

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

Carol M. Rasco, Assistant to the President for Domestic

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

SALES PERSON: 54
CUSTOMER NBR: 544215

ITINERARY/INVOICE NO. 0057768
DUPLICATE SZRTWL

DATE: 01 MAR 96
PAGE: 01

TO: 750 17TH STREET NW, STE 600
THE WHITE HOUSE/OFFICE OF AIDS POLICY
WASHINGTON DC 20503
202-632-1090-B

FOR: FLEMING/PATRICIA

REF: O,121,75232

06 MAR 96 - WEDNESDAY

AIR DELTA AIR LINES INC FLT:1543 COACH
LV WASHINGTON NATL 500P
AR ATLANTA 651P
FLEMING/PATRICI SEAT-31B

EQP:MD-80
NON-STOP

07 MAR 96 - THURSDAY

AIR DELTA AIR LINES INC FLT:196 COACH
LV ATLANTA 525P
AR WASHINGTON NATL 659P
FLEMING/PATRICI SEAT-31A

SNACK/BRUNCH
EQP:BOEING 757
NON-STOP

AIR TICKET DL1852309765

FLEMING PATRICIA
BILLING REF SGRA1791095

447.00

SUB TOTAL

447.00

TOTAL AMOUNT DUE

447.00

SATOTRAVEL EXECUTIVE PARK HRS MON-FRI 1230PM-430PM
EXECUTIVE PARK PHONE 404-315-8664
PLEASE RETURN ALL UNUSED OFFICIAL TICKETS TO
FMO-BUCKHEAD E-12 TO INSURE A TIMELY REFUND
FREQUENT TRAVELER BENEFITS EARNED IN CONNECTION WITH
OFFICIAL TRAVEL MAY BE USED ONLY FOR OFFICIAL TRAVEL
SHOW GOV ID FOR PARKING DISCOUNTS AT PARK N FLY..
THE CARPORT..PARK N TICKET..PRESTIGE PARK..PARK N GO

N-1121.00#C0#CA

Patricia Fleming's Itinerary

Wednesday, March 6

4:00PM Car pick up
5:00PM Depart DCA Delta #1543 -S/31B
6:51PM Arrive Atlanta

Hotel: Atlanta Hilton & Towers
255 Courtland Street
F: 404-524-0111
P: 404/659-2000
CNF#155327431

Thursday, March 7

5:25PM Depart Atlanta Delta #196 - S/31A
6:59PM Arrive DCA
Car Pick up

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: 62543

Date Rcvd: 2-6-96

From: Paul Kawata

March 7, Atlanta

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: _____

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: _____

February 5, 1996

Ms. Patricia Fleming
National AIDS Policy Director
750 17th Street NW, Suite 600
Washington, DC 20503

Dear Ms. Fleming:

The sponsors of the premier summit for co-chairs of HIV prevention community planning groups and others involved in this process at the state and local levels are pleased to invite you to deliver a keynote address at the 1996 HIV Prevention Community Planning Co-Chairs Meeting. The third annual meeting, a collaborative effort of the Centers for Disease Control and Prevention, the National Minority AIDS Council and the National Alliance of State and Territorial AIDS Directors, will be held in Atlanta, Georgia from March 7-9, 1996.

HIV Prevention Community Planning groups are charged with planning culturally competent and scientifically sound HIV prevention programs that specifically address unique community needs. The community planning process embraces the notion that behavioral and social sciences must play a vital role in development, implementation and evaluation of HIV prevention programs within a community. The 1995 Conference was attended by over 600 individuals from across the nation and provided over 60 workshops and seminars in various skills building areas. Over 800 people are expected to attend the 1996 Conference.

Your schedule permitting, the Grand Ballroom of the Atlanta Hilton & Towers has been reserved on Thursday, March 7, 1996 for your opening plenary luncheon address. The luncheon will begin at 12:00 noon and you will make a 10 minute inspirational and congratulatory address to the conference shortly thereafter.

We understand that your schedule is full but hope you will accept our invitation and join us as we re-commit ourselves in the fight against AIDS.

If you have any questions, please do not hesitate to call Mr. Mark Beckham at 202-483-1124 ext. 313. I look forward to hearing from you soon.

Sincerely,

Paul A. Kawata
Executive Director
NMAC

Julie M. Scofield
Executive Director
NASTAD

Ronald O. Valdiserri
Ronald O. Valdiserri, M.D., M.P.H.
Deputy Director, Division of HIV/AIDS Prevention
CDC

HONORARY CHAIR
PATI LABLUE

BOARD OF DIRECTORS
CHAIR
NORMAN NICKLES
DEPT. OF PUBLIC HEALTH/AIDS OFFICE
SAN FRANCISCO, CA
VILL CHAIR
MARK ST. CYRIL
IND HOUSE
NEW YORK, NY

SECRETARY
JANE GAGA, M.A.
FILIPINO TASK FORCE ON AIDS
SAN FRANCISCO, CA
TREASURER
SANDRA McDONALD
OUTREACH, INC.
ATLANTA, GA

HONORARY CHAIR
MINORITY AIDS PROJECT
LOS ANGELES, CA
WAYNE GRILLES, M.D.
HOWARD UNIVERSITY
WASHINGTON, DC

ED LEE
SAN FRANCISCO HUMAN
RIGHTS COMMISSION
SAN FRANCISCO, CA
JAMES LEVELL
AIDS PROJECT OF LOS ANGELES
LOS ANGELES, CA

CRISTINA LEVELL
CENTER FOR COMMUNITY
CHANGE
WASHINGTON, DC
SUSAN FOWEN
FAMILY HEALTH PROJECT
NEW YORK, NY

BENNY PRINCE, M.D.
ADDICTION RESEARCH AND
TREATMENT CENTER
BROOKLYN, NY
CRISTINA SAKALICH
DANCE STUDIO JOURNALIST
SARALICH ENTERPRISES
MIAMI BEACH, FL

VIVIAN TOPRES
ST. COLUMBA, NEWARK
NEWARK, NJ
PAUL W. YATES
BUSINESSMAN
WASHINGTON, DC
EXECUTIVE DIRECTOR
PAUL ARLO KAWATA

1931 13TH STREET, NW
WASHINGTON, DC
20009-4432
TEL 202-483-NMAC (16622)
FAX 202-483-1135
E-MAIL NMAC1@aol.com

NATIONAL
MINORITY
AIDS
COUNCIL

Important Information From The National Minority AIDS Council (NMAC)

To: Patsy Fleming

Organization: Office of National AIDS Policy

Fax: 202.632.1096

Phone: 202.632.1090

From: Christine McCann

Pages (Including Cover Sheet): 4

Comments:

Ms. Fleming:

Attached is your letter of invitation to present the keynote address for the opening plenary luncheon of the HIV Prevention Community Planning Co-Chairs Meeting on March 7, 1996 in Atlanta. For your information, I've also attached a conference agenda and a hotel registration form should you need to make arrangements. If you have questions or if I can be helpful to you in any way, please don't hesitate to call me at 202-483-1124. I'll look forward to seeing you in Atlanta.

NATIONAL SKILLS BLD CO ID:202-546-6418

JAN 29'96 15:32 No.012 P.03



AGENDA: The Prevention Summit: HIV Prevention
Community Planning Co-Chairs Meeting
March 7 - 9, 1996
(tentative; subject to change)

Wednesday, March 6

5:00 - 7:00 pm

Registration

Thursday, March 7

8:00 am - 4:00 pm
9:00 am - 12:00 pm
12:00 - 2:00 pm
2:30 - 4:30 pm
4:30 - 6:30 pm
Evening

Registration
Affinity I ?
Opening Luncheon ?
Workshop Session I ?
Affinity II
Everything Chocolate!
Reception and Affinity

Friday, March 8

8:00 am - 12:00 pm
9:00 - 10:30 am
10:30 am - 12:30 pm
12:30 - 2:00 pm
2:30 - 4:30 pm

Registration
Affinity III -
Workshop Session II
Plenary Luncheon
Workshop Session III

Saturday, March 9

9:00 - 10:30 am
10:30 am - 12:30 pm
12:30 - 2:00 pm
2:30 - 4:30 pm
4:30 - 6:30 pm
6:30 - 8:00 pm

Conference Feedback Session
Workshop Session IV
Lunch on your own
Workshop Session V
Receptions
Closing Plenary Dinner



Division of HIV/AIDS Prevention

FACSIMILE TRANSMISSION

TO: CARMINA

Phone No.: 202 - 632 - 1090

Fax No.: 202 - 632 - 1096

FROM: Ruby BOOTH
Division of HIV/AIDS
Prevention

Phone No.: (404) 639- 0965

Fax No.: (404) 639- 0973

Date: 2/2/96

Number of Pages: 2

(Including this page)

Subject: AGENDA CO-Chairs MTNG

Comments:

Head of STD Program → Judy Wasserheit 404/639-8260

EVENT SCHEDULE FORM

Date Received: February 6, 1996

Event Description: Opening Plenary Luncheon for the HIV Prevention Community Planning Co-Chairs meeting.

Location of Event: Atlanta Hilton & Towers, Atlanta, GA

Event Date: March 7, 1996

Time: 12:00 Noon

Contact Name: Mark Beckham 202/483-1124 ext. 313

Remarks Required: ☒ Yes ☐ No

Length of Remarks: 10 mins. **Audience Size:** over 800

Topic:

Introduction By:

Media Coverage: ☐ Yes ☒ No

Questions & Answers ☐ Yes ☐ No

Referred to:

☐ Jeff Levi ☒ Richard Sorian ☐ LaHoma Romocki

☐ Jane Sanville ☐ Carmena Parris _____

February 6, 1996

n:\schedule

**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: Deliver the keynote address at the 1996 HIV Prevention Community Planning
Co-Chairs Meeting, Atlanta

DATE(S): Travel Begin On 3/5/96 Travel End On 3/5/96

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

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

Washington, DC

Point of Return (City, State)

9. MODE OF TRAVEL

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Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		2		

‡ First Class must have approval of Agency Head or Deputy

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

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10. ESTIMATED COST

AMOUNT

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Rental Car	0.00
Miscellaneous	50.00
TOTAL	\$ 735.00

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED \$
(meals and miscellaneous expenses only)

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

CDC IS PAYING FOR THIS TRIP

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.

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TRAVEL EXPENSE WORKSHEET

mailed to Ruby @ CDC 3/8/96

NAME Patricia S. Fleming TRAVEL ADVANCE \$ -0-

PERIOD COVERED 3 / 06 / 96 THROUGH 3 / 07 / 96 (inclusive)

DEPARTING TRAVEL INFORMATION

<u>Location</u>	<u>Date</u>	<u>Time</u>	<u>Limo/Taxi</u>	<u>POV Mileage</u>
LV: <u>CDC or Residence</u>	<u>/ /</u>	<u>AM / PM</u>	\$ <u></u>	<u></u>

	<u>Airport Location</u>	<u>Date</u>	<u>Time</u>	<u>Flight No</u>
LV:	<u>DCA - Washington, DC</u>	<u>3/6</u>	<u>5:00~~xxx~~ AM</u> / PM	<u>DLT.#1543</u>
AR:	<u>Atlanta, GA</u>	<u></u>	<u>6:51~~xxx~~ AM</u> / PM	<u></u>
LV:	<u></u>	<u></u>	<u>~~xxx~~ AM</u> / PM	<u></u>
AR:	<u></u>	<u></u>	<u>~~xxx~~ AM</u> / PM	<u></u>
LV:	<u></u>	<u></u>	<u>AM</u> / PM	<u></u>
AR:	<u></u>	<u></u>	<u>AM</u> / PM	<u></u>

LODGING INFORMATION - Standard Rate Areas

Commissioned Corps/Civil Service - turn in ALL lodging receipts.

OTHER EXPENSES (taxis, miscellaneous purchases, rental car, telephone calls, etc. Be sure to turn in receipts for all expenditures over \$25. Explain the need for each expense.)

Please list all "Other Expenses" on the reverse.

RETURN TRAVEL INFORMATION (Please furnish ticket stubs)

	<u>Airport Location</u>	<u>Date</u>	<u>Time</u>	<u>Flight No</u>
LV:	<u>Atlanta, GA</u>	<u>3/7</u>	<u>5:25~~xxx~~ AM</u> / PM	<u>DLT#196</u>
AR:	<u>Washington, DC</u>	<u></u>	<u>6:59 ~~xx~~ AM</u> / PM	<u></u>
LV:	<u></u>	<u></u>	<u>AM</u> / PM	<u></u>
AR:	<u></u>	<u></u>	<u>AM</u> / PM	<u></u>

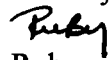
LIMO/TAXI: 3 / 6 / 96 to X CDC or Residence \$ 30.00 AR: AM / PM
3/7/96 to Airport, Atlanta 25.00
 POV mileage Parking Charges (furnish receipt) \$

March 6, 1996

Dear Carmina:

I hope all went well with Ms. Fleming's trip. My first time traveling someone so famous. Thank you for all of your help and patience. Please send back to me all original receipts including hotel, plane ticket and any taxi cab receipts over \$25. I have also enclosed a travel work sheet that would be helpful to me in processing Ms. Fleming's travel.

Thank you again.


Ruby



Division of HIV/AIDS Prevention

FACSIMILE TRANSMISSION

TO: Carmina Parris

Phone No.: 202-632-1090

Fax No.: 1096

FROM: Ruby Booth

**Division of HIV/AIDS
Prevention**

Phone No.: (404) 639- 0965

Fax No.: (404) 639- 0973

Date: 3/14/96

Number of Pages: 3

(Including this page)

Subject: Travel Voucher

Comments: Good Morning Carmina,

Please ask Ms. Fleming to sign the attached travel voucher.
Because it has to be an original signature don't fax
back send it through the mail and I will process it asap.

Thanks, RUBY

PLEASE MAKE A COPY FOR YOUR RECORDS



Division of HIV/AIDS Prevention

FACSIMILE TRANSMISSION

TO: CARMINA PARRIS

Phone No.: 202 632-1090

Fax No.: 202-632-1096

FROM:

Ruby Booth

Division of HIV/AIDS
Prevention

Phone No.: (404) 639-0965

Fax No.: (404) 639-0973

Date: 2/29/96

Number of Pages: _____
(including this page)

Subject: TRAVEL ORDERS FOR PATSY JLEMINA

Comments: TRAVEL ORDERS FOR MS. JLEMINA TO
ATTEND MTG IN ATLANTA MARCH 7, 1996

ck Reid.

FILE COPY

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DPC EXECUTIVE RESIDENT ADMIN.		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.			
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.			
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO. 202/632-1090		6. PERIOD OF TRAVEL a. FROM 2/15/96 b. TO 2/16/96			
	e. PRESENT DUTY STATION Washington, DC			1. RESIDENCE (City and State) see "c"		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0027 b. DATE(S) 2/7/96			
	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. PAID BY			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						Traveler's Initials	
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)			
1219081959 RECEIVED FEB 29 P 1:18 FEDERAL MAIL DIVISION		\$356.00	AA	Y	2/13/96	Washington, DC		Dallas, TX & Return 1996 FEB -1 PM 5:59 EXECUTIVE RESIDENT ADMIN.	
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 2/22/96		AMOUNT CLAIMED		\$ 228 - 57	
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			
APPROVING OFFICIAL SIGN HERE <i>Shelley Daines</i>						COMPUTATION			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION						a. DIFFERENCES, IF ANY (Explain and show amount) <i>Dallas M.F.F. \$346.00</i>			
a. VOUCHER NO.						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION <i>10-210966 220.57</i>			
b. D.O. SYMBOL						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0			
c. MONTH & YEAR						d. NET TO TRAVELER <i>\$220.57</i>			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT									
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE									
18. ACCOUNTING CLASSIFICATION									

210150 - 53.00
210601 - 168.57

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DPC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. FILE COPY	
TRAVELER (PAYEE)		5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO. 	
		c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816		d. OFFICE TELEPHONE NO. 202/632-1090		6. PERIOD OF TRAVEL a. FROM 2/15/96 b. TO 2/16/96	
		e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) see "C"		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD6A0027 b. DATE(S) 2/7/96	
		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. 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.)					
1219081959		AGENT'S VALUATION OF TICKET (a) \$356.00	ISSUING CARRIER (Initials) AA	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c) Y	DATE ISSUED (d) 2/13/96	POINTS OF TRAVEL FROM (e) Washington, DC TO (f) Dallas, TX & 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 2/22/96 AMOUNT CLAIMED \$ 228 57							
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE [Signature] DATE						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE [Signature] DATE						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ d. NET TO TRAVELER \$	
18. ACCOUNTING CLASSIFICATION							

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 _____ OF _____ PAGES	
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)	Complete only for actual expense travel	[	Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	
			TRAVEL AUTHORIZATION NO. XD6A0027		
			TRAVELER'S LAST NAME FLEMING		

FLEMING

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$228.57**

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION / FEB 10
(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 632-1090	6. Official Duty Station Washington, DC	7. ☐ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):

8. TRAVEL INFORMATION

PURPOSE: **Deliver a Speech at the 9th Annual National Conf. of Black Gay and Lesbian Leadership Forum**
The National

DATE(S): Travel Begin On **2 / 15 / 96**

Travel End On **2 / 16 / 96**

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

Dallas, TX

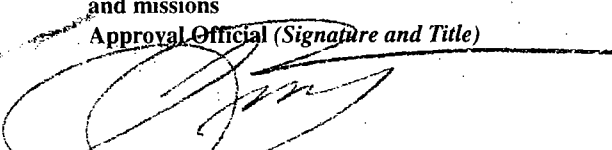
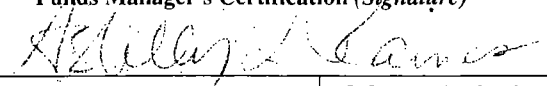
Place(s) of Official Visitation (City, State)

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$ 240.00	
Rail		Air			Transportation	356.00	
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car	0.00	
		X			Miscellaneous	50.00	
‡ First Class must have approval of Agency Head or Deputy					TOTAL \$646.00		
(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.)

HOTEL RATE EXCEEDS GOVERNMENT ALLOWANCE

14(a) Requested by 2/6/96	15. Accounting data (Appropriation, division, project, vendor number) 1102200 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 2/17/96	18. Travel Authorization No. XDL6A0027

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)

11-12-10

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 632-1090	6. Official Duty Station Washington, DC		7. ☐ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):

8. TRAVEL INFORMATION

PURPOSE: **Deliver a Speech at the 9th Annual National Conf. of Black Gay and Lesbian Leadership Forum**
The National

DATE(S): Travel Begin On **2 / 15 / 96** Travel End On **2 / 16 / 96**

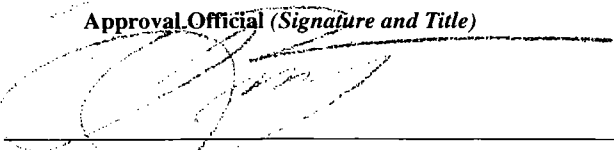
ITINERARY: Point of Origin (City, State) **Washington, DC**
Place(s) of Official Visitation (City, State) **Dallas, TX**

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 240.00
Rail		Air			Transportation		356.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		X			Miscellaneous		50.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$646.00
(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.)

HOTEL RATE EXCEEDS GOVERNMENT ALLOWANCE

14(a) Requested by 9/1/96		15. Accounting data (Appropriation, division, project, vendor number) 111-2-CCC-51186	
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 1-16-96	18. Travel Authorization No. Y2616607

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)

12 10

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment (Show items amended)
☐ Invitational (Non-EOP Employees Only) ☐ Relocation

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

Patricia S. Fleming

3. Title of Traveler

Director

4. AGENCY/DIVISION

National AIDS Policy Office

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

☐ Actual Subsistence (unusual circumstances)*

8. TRAVEL INFORMATION

PURPOSE

Deliver a Speech at the 9th Annual National Conf. of Black Gay and Lesbian Leadership Forum

DATE(S): Travel Begin On

2/15/96

Travel End On

2/16/96

ITINERARY: Point of Origin (City, State)

Washington, DC

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

Dallas, TX

Point of Return (City, State)

Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business*	First Class†
		☒		

† First Class must have approval of Agency Head or Deputy.

(b) Privately Owned Vehicle

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

(c) Govt Owned Vehicle

(d) Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 240.00
Transportation	356.00
Rental Car	0.00
Miscellaneous	50.00
TOTAL	\$ 646.00

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.)

HOTEL RATE EXCEEDS GOVERNMENT ALLOWANCE

14(a) Requested by

Patricia S. Fleming

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

15-0000-0000-0000-0000

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

2/17/96

18. Travel Authorization No.

Y2610027

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 632-1096	6. Official Duty Station Washington, DC	7. ☐ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: Deliver a Speech at the 9th Annual National Conf. of Black Gay and Lesbian Leadership Forum The National

DATE(S): Travel Begin On 2/15/96 Travel End On 2/16/96

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 240.00
Rail		Air			Transportation		356.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		☒			Miscellaneous		50.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 646.00
(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.)

HOTEL RATE EXCEEDS GOVERNMENT ALLOWANCE

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

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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.

DRAFT

ITINERARY FOR DALLAS/FT. WORTH

Thursday, February 15

- 9:56 a.m. Arrive Dallas/Ft. Worth Airport (picked up by R. Sorian)
- 11 a.m. Arrive AIDS Service of Dallas, 800 N. Lancaster Avenue, Contact Don Maison, 214/941-0523
- 11:05 Tour site and meet with staff
- 11:30 Meet with clients
- 12 noon Depart AIDS Service of Dallas
- 12:15 Arrive AIDS Resource Center, 2701 Reagan, Contact: Jamie Schields, 214/521-5124
- 12:15 Box lunch with staff (private)
- 1 p.m. Town Hall Meeting Begins
- 2:50 p.m. Town Meeting Concludes
- 2:50-3 Press Availability
- 3 p.m. Depart AIDS Resource Center
- 3:10 *Possible interview with Fort Worth Star Telegram editorial writer*
- 4:30 p.m. Depart Interview for Welcome House
- 5 p.m. Arrive Welcome House, 1818 East Overton Road, Contact: Carolyn Harper, 214/421-3948
- 5 p.m. Tour site and meet with staff
- 5:30 Meet with clients
- 6 p.m. Depart Welcome House for Melrose Hotel, 3015 Oaklawn Avenue, 214/521-5151

Friday, February 16

- 9:30 a.m. Depart Melrose Hotel for Harvey Hotel for Black Gay and Lesbian Leadership Forum
- 10 a.m. Patsy speaks to Black Gay and Lesbian Leadership Forum
- 11 a.m. Depart Harvey Hotel for Dallas/Ft. Worth Airport
- 12:50 Carol Rasco departs
- 12:30 Patsy Fleming arrives Health Education Learning Project, 901 Lake Street,
Contact: Beth Perry, 817/332-7722
- 12:30 Tour site, meet with staff.
- 1:00 Meet with students
- 1:30 p.m. Depart Health Education Learning Project for Airport
- 3:36 p.m. Depart DFW Airport en route Washington National Airport

February 13, 1996

MEMORANDUM FOR CAROL H. RASCO AND PATRICIA S. FLEMING

FROM: RICHARD SORIAN

Subject: Visit to AIDS Services of Dallas

I LOGISTICS

DATE: Thursday, February 15
TIME: 11:00-12:00 (CST)
LOCATION: 800 N. Lancaster Avenue
CONTACT: Don Maison, 214/941-0523
Fax: 214/941-8144

II PURPOSE/BACKGROUND

Carol and Patsy are visiting one of the largest facilities in Dallas to provide housing and care to homeless individuals and families affected by HIV/AIDS. Two adjacent facilities include a total of 49 apartments. Residents range in age from infants to those in their 50s. Nearly 60% are racial or ethnic minorities and more than 95% are below the federal poverty line.

You will each emphasize the Administration's continuing commitment to high-quality compassionate care for people and families impacted by the AIDS epidemic. The President has increased funding for the Ryan White CARE Act by 108% and for HOPWA by 40%.

III PARTICIPANTS/AUDIENCE

You will be accompanied by Tom Henderson, a member of the Presidential Advisory Council on HIV and AIDS. You will be greeted by Don Maison, the Executive Director, and members of his senior staff and taken on a tour of the two facilities. At the end of the tour, you will meet with approximately six residents who will discuss their experiences with you.

IV FORMAT

11:00-11:05	Greetings by Don Maison
11:05-11:30	Tour of adjacent facilities
11:30-12:00	Meeting with residents
12:00	Depart facility

V. MEDIA

Open press but none expected

February 13, 1996

MEMORANDUM FOR CAROL H. RASCO AND PATRICIA S. FLEMING

FROM: RICHARD SORIAN

Subject: Visit/Town Hall at AIDS Resource Center

I. LOGISTICS

DATE: Thursday, February 15
TIME: 12:15-3:00 p.m. CST
LOCATION: 2701 Reagan
CONTACT: Jamie Shields, 214/521-5124

II. PURPOSE

Carol and Patsy are visiting a large facility that provides social services to low-income and moderate-income individuals and families. Following a brief private box lunch, you will proceed to the town meeting, followed by a brief press availability.

III. PARTICIPANTS/AUDIENCE

You will be joined on stage by Tom Henderson, Sue Grossman of the Tarrant County Community AIDS Partnership, and Debra Trott, director of the Center's clinical services. An audience of 150 to 200 people has been invited.

IV. FORMAT

12:15-1:00	Private lunch
1:00-1:10	Debra Trott calls town meeting to order, delivers brief remarks, and introduces Carol Rasco.
1:10-1:20	Carol H. Rasco remarks (focus on President's commitment). Introduces Patsy Fleming
1:20-1:30	Patsy Fleming remarks (focus on White House Conference and town meetings around the country). Introduces Tom Henderson
1:30-1:40	Tom Henderson remarks (focus on Advisory Council's role). Introduces Sue Grossman
1:40-1:50	Sue Grossman remarks (focus on Tarrant County CAP)

1:50 Trott opens floor to questions
1:50-2:50 Audience Questions and Answers
2:50 Trott end town hall meeting
2:50-3:00 Carol and Patsy will talk with local reporters about the purpose
of their visit to Dallas

V.

MEDIA

Open press. Availability at conclusion of meeting.

February 13, 1996

MEMORANDUM FOR CAROL H. RASCO AND PATRICIA S. FLEMING

FROM: RICHARD SORIAN

Subject: Visit to Welcome House

I. LOGISTICS

DATE: Thursday, February 15
TIME: 5:00-6:05 p.m. CST
LOCATION: 1818 East Overton Road
CONTACT: Carolyn Harper, 214/421-3948

II. PURPOSE

Carol and Patsy are visiting Welcome House, which was founded in 1966 as a residential facility for recovering male alcoholics. In February 1992, Welcome House began serving people living with HIV and AIDS, providing housing, support, and referral services. Volunteers and staff provide street outreach services and weekly support groups. In September 1992, Welcome House began a housing program specifically targeted at African American women who are substance abusers and living with HIV.

III. PARTICIPANTS/AUDIENCE

You will be accompanied by Tom Henderson. You will be greeted by Carolyn Harper and members of her senior staff for a brief tour of the facility. After the tour, you will meet with residents of the facility.

IV. FORMAT

5:00	Arrive Welcome House
5:00-5:05	Welcome
5:05-5:30	Tour
5:30-6:00	Meet with clients
6:00	Depart for Hotel

V. MEDIA

Open press but none expected.

February 13, 1996

MEMORANDUM FOR CAROL H. RASCO AND PATRICIA S. FLEMING

FROM: RICHARD SORIAN

Subject: Patsy's Remarks to Black Gay and Lesbian Leadership Forum (Carol's Attendance is Optional)

I. LOGISTICS

DATE: Friday, February 16
TIME: 10:00-11:00 a.m. CST
LOCATION: Harvey Hotel, 7050 Stemmons Freeway
CONTACT: Keith Boykin, 214/630-8500
Fax: 214/630-9486

II. PURPOSE

Patsy will speak to a group of African-American gay and lesbian leaders from across the country about the trends in HIV/AIDS among African-Americans and the Clinton Administration's accomplishments/agenda in that area.
(Carol's attendance is optional)

III. PARTICIPANTS/AUDIENCE

Patsy will be introduced by Keith Boykin, Executive Director, and speak to an audience of 200 to 250 people.

IV. FORMAT

10:00-10:05	Introduction by Keith Boykin
10:05-10:25	Remarks
10:25-10:40	Questions and Answers
10:45	Depart for Airport

(We can take Carol Rasco to Dallas/Ft. Worth Airport for American Airlines Flight 1256, departing for Washington National Airport at 12:50 CST.)

February 13, 1996

MEMORANDUM FOR PATRICIA S. FLEMING AND CAROL H. RASCO (CAROL: FYI ONLY)

FROM: RICHARD SORIAN

Subject: Visit to Health Education Learning Project

I. LOGISTICS

DATE: Friday, February 16
TIME: 12:15-1:15 p.m. CST
LOCATION: 901 Lake Street, Fort Worth
CONTACT: Beth Perry, 817/332-7722

II. PURPOSE

Patsy will visit an HIV/AIDS education program aimed at young people in junior and senior high school and alternate schools in Tarrant County TX. The "Wedge Project," consists of collaborative efforts between professional HIV/AIDS educators, teenage drama students from the Boys and Girls Club, panel of people living with AIDS, and a professional sexuality educator.
(Carol: FYI Only)

III. PARTICIPANTS/AUDIENCE

Patsy will be greeted by Sue Grossman of the Tarrant County Community AIDS Partnership and Beth Perry of HELP. Patsy will join a group of educators and students and hear about the various elements of the Wedge Project. There will then be a demonstration of a "theatrical" program used to educate students.

IV. FORMAT

12:15-12:25	Greetings
12:25-12:35	Discussion
12:35-12:55	Demonstration
12:55-1:00	Depart for Airport

V. MEDIA

Open press but none expected.



Pay to
the order of

United States Treasury ¹⁵⁻⁵¹/₀₀₀ P 393,017,978

Check No.

03 04 96 92 PHILADELPHIA, PA - 2038 16807171
V05399 M1 EOPFMD 0EJ6000030 11010003

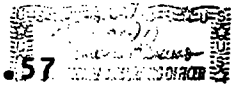
FLEMING, PATRICIA S.
C/O OPD
EOB RM 145 17TH& PENN NW
WASHINGTON DC 20502

\$****220*57

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0027

220.57



⑈ 20383 ⑈

⑈000000518⑈ 168071717⑈ 010396

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE DPC	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.			FILE COPY
4. CLAIMANT	a. NAME (Last, first, middle initial) FLEMING, Patricia S.	b. SOCIAL SECURITY NO. (b)(6)	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816	d. OFFICE TELEPHONE NUMBER	

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 (f)	FARE OR TOLL (g)	ADD. PER- SONS (h)	TIPS AND MISCEL- LANEOUS (i)
19 96		(Explain expenditures in specific detail.)	NO. OF MILES (e)				
(a)	(b)	(c) FROM (d) TO					
4/23	A	Radisson Plaza Hotel, VA Office-750 17th St., NW Washington, DC			13 20		
	A	Office-750 17th St., NW Radisson Plaza Hotel, VA			15 00		
4/24	A	Parking all day at the Radisson Plaza, VA			11 00		
4/25	A	" " " " " "			10 00		
4/26	A	1/2 day parking at Radisson Plaza Hotel, VA			6 00		
		All of the above was during the Presidential Advisory Council Meeting.					
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) \$ 55.20				TOTALS		55 20	

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. PAYMENT DESIRED Sign Original Only ☐ CHECK ☒ CASH CLAIMANT SIGN HERE Patricia S. Fleming DATE 5/16/96
9. This claim is certified correct and proper for payment. Sign Original Only	11. CASH PAYMENT RECEIPT a. PAYEE (Signature) _____ b. DATE RECEIVED _____ c. AMOUNT \$ _____
AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____	12. PAYMENT MADE BY CHECK NO. _____

ACCOUNTING CLASSIFICATION

-TAXICAB RECEIPT-

PAC mtg. office → Hotel
4.23.96

TIME _____ DATE _____ 1996

REC'D FROM _____

FARE AMOUNT \$ 15.00

TRIP FROM _____

TRIP TO _____

ASSN. Dist CAB NO. 231

I.D. NO. 56858 TAG NO. 33

SIGNATURE [Signature]

RADISSON PLAZA HOTEL AT MARK CENTER

PARKING RECEIPT

AMOUNT: \$ 6.00

DATE: 4/26/96

Thank You For Your Patronage!

PAC mtg - Hotel → office
Taxi Cab Receipts

Date 4/23/96 Time: _____

Trip Origin: _____

Destination: _____

Fare: \$ 13.20 Signature [Signature]

CAR 10.00 No 0862

All Day

Radisson Plaza Hotel
at Mark Center

Display this ticket on cars at all time.
Put on front dash, driver's side

DESK No 8799

All Day

Front Desk Receipt

Amount 11.00

Date 4/24/96

Time All day parking am/pm

Pres. Adv. Council Meeting

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE EXEC DPC PRESIDENT TRAVEL ADMIN.	2. VOUCHER NUMBER 3. SCHEDULE NUMBER
Read the Privacy Act Statement on the back of this form.		5. PAID BY	
CLAIMANT 4.	a. NAME (Last, first, middle initial) FLEMING, Patricia S.		b. SOCIAL SECURITY NO. (b)(6)
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816		d. OFFICE TELEPHONE NUMBER

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	CODE	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. PERSONS	TIPS AND MISCEL. LANEOS	
(a)	(c)	(b)	(d)	(e)	(f)	(g)	(h)	(i)
19 96		(Explain expenditures in specific detail.)						
4/23	A	Radisson Plaza Hotel, VA Office-750 17th St., NW Washington, DC				13.20		
	A	Office-750 17th St., NW Radisson Plaza Hotel, VA				15.00		
4/24	A	Parking all day at the Radisson Plaza, VA				11.00		
4/25	A	" " " " " "				10.00		
4/26	A	1/2 day parking at Radisson Plaza Hotel, VA				6.00		
		All of the above was during the Presidential Advisory Council Meeting.						
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 55.20					TOTALS		55.20	

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

5/29/96

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.

PAYMENT DESIRED

Sign Original Only

☐ CHECK ☒ CASH

CLAIMANT SIGN HERE

DATE

5/16/96

11.

CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE BY CHECK NO.

-TAXICAB RECEIPT-

PAC mtg. office $\rightarrow$ Hotel
DATE 4.23.96

TIME _____ DATE _____ 1996

REC'D
FROM _____

FARE AMOUNT \$ 15.00

TRIP
FROM _____

TRIP
TO _____

ASSN. Dist CAB NO. 231

I.D. NO. 56858 TAG NO. _____

SIGNATURE [Signature]
30

**RADISSON PLAZA HOTEL
AT MARK CENTER**

PARKING RECEIPT

AMOUNT: \$ 6.00

DATE: 4/26/96

Thank You For Your Patronage!

PAC mtg - Hotel $\rightarrow$ office
Taxi Cab Receipts

Date 4/23/96 Time: _____

Trip Origin: _____

Destination: _____

Fare: \$13.20 Signature [Signature]

CAR 10.00 No 0862

**Radisson Plaza Hotel
at Mark Center**

Display this ticket on cars at all time.
Put on front dash, driver's side

DESK No 8799

Front Desk Receipt

Amount 11.00

Date 4/24/96

Time All day parking am/pm
Pres. Adv. Comm. Meeting

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.	
						4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricis S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 12/11/95 b. TO 12/16/95	
	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) XD6A0015 b. DATE(S) 12/5/95	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) see "C"			
						10. CHECK NO.	
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE			
				11. PAID BY 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 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)
GTR-B3868041	\$4009.95 (Paid by HHS)	UA	Coach	12/1/95	Washington/Dulles	Kampala, Uganda/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 Patricis 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).)

APPROVING OFFICIAL SIGN HERE

DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE

DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):

d. **NET TO TRAVELER**

18. ACCOUNTING CLASSIFICATION

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DHHS/OS/OPHS/OIRH		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
TRAVELER (PAYEE)	a. NAME (Last, first, middle initial) FLEMING, PATRICIA			b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Ave. Bethesda, MD 20816			d. OFFICE TELEPHONE NO. (301) 443-1774		5. PERIOD OF TRAVEL a. FROM 12/11/95 b. TO 12/16/95	
	e. PRESENT DUTY STATION Washington, D.C.			f. RESIDENCE (City and State) Bethesda, MD		6. TRAVEL AUTHORIZATION a. NUMBER(S) P761929 b. DATE(S) 11/29/95	
	7. TRAVEL ADVANCE a. Outstanding 470.00 b. Amount to be applied 404.30 c. Amount due Government (Attached: ☒ Check ☐ Cash) 65.70 d. Balance outstanding -0-			8. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		9. CHECK NO. 10. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)							
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>							
		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)	
GTR-B3868041		\$4009.95	UA	Coach	12/1/95	Washington/Dulles Kampala, Uganda; return	
Prepared by: Lee Crane 443-1774, 2/27/96							
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 Fleming</i> DATE 6/28/96 AMOUNT CLAIMED ▶ \$ -404.30 NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE ▶ Executive Officer, OIRH DATE						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						d. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION \$ e. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ f. NET TO TRAVELER ▶ \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE							
18. ACCOUNTING CLASSIFICATION 7560120 6-1990276 21.93							

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expenses (costs)

- Col. (d) } Show amount incurred for each meal, including tax and tips, and daily total
thru (g) } meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE

OF

PAGES

TRAVEL AUTHORIZATION NO.

P761929

TRAVELER'S LAST NAME

FLEMING

[illegible]

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 67 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11692 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 20957 of November 22, 1943, and 26 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 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or 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 ▶ \$404.30**

STANDARD FORM 1012 BACK (10-77)

SENT BY:

11-29-95 : 4:02PM :

2026321096:# 2/ 2

U.S. GOVERNMENT PRINTING OFFICE: 1991-297-529

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

☒ Original ☐ Amendment No. _____ ☐ Cancellation
(See HHS Travel Manual, Part 3, for Detailed Instructions)

4. NAME AND POSITION OR RANK

Patricia Fleming

White House Ofc of Natl AIDS Policy

5. SSAN

(b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION

DHHS/OPHS/OS/OIRH

7. PRESENT OFFICIAL STATION

Washington, D. C.

1. TRAVEL ORDER NO.

P 761929

2. APPROPRIATION NO.

7560120

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	\$ 4111.95	
PER DIEM	869.00	
OTHER	50.00	
TOTAL	\$ 5030.95	

8. APPROX. DATE OF DEPARTURE

December 11, 1995

9. APPROX. DATE OF RETURN

December 16, 1995

10. ITINERARY AND PURPOSE OF TRAVEL (Show city, state or country, dates and reasons—use continuation sheet if necessary)

Travel from Washington/Dulles to Entebbe, Uganda; Kampala, Uganda; return to Washington.

PURPOSE: To speak at closing session of an international conference on AIDS in Africa.

Prepared by: Lee Crane, 443-1774, 11/28/95

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR:

☐ EMPLOYEE AND/OR ☐ DEPENDENTS— \$ PER MILE AS MORE
ADVANTAGEOUS TO
GOVT— \$ PER MILE NOT TO
EXCEED COMMON
CARRIER COSTS— \$ PER MILE NOT TO
EXCEED COSTS BY
GOVT-OWNED AUTO☐ GSA AUTO☐ AUTO RENTAL UNDER GSA CONTR☒ OTHER (Specify
below)☐ EXCESS BAGGAGE☐ REGISTRATION FEE

Taxis & Limos

12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:

☒ FTR☐ JTR'S☐ OTHER (Specify)PER DIEM: ☐ NONE☐ IN U.S.☒ OUTSIDE U.S.☐ VARYING RATES
PER ABOVE REQS.RATE \$ 191.00 Kampala LODGINGS PLUS ☐ ACTUAL EXPENSE☐ FIXED

Lodging: \$121.00; M&IE: \$70.00

14. ACCOUNTING DATA (See HHS Acct'g Manual & Acct'g Code Book)

RECORD TYPE	EFF. DATE	TRANSACTION CODE	REVERSE CODE	MODIFIER	ORIGINAL OBLIGATION		OTHER DOCUMENTS		39-40 GEO. CODE FISCAL YEAR	41-47 COMMON ACCOUNTING NO.	48-51 OBJ. CLASS CODE	52-63 AMOUNT DOLLARS & CENTS	64 FED/INTL	65-79 VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	80-100 PAYMENT COLLECTION DOC.	101-108 PPBS	
					13-15 DOC. REF. CODE	16-25 DOCUMENT NO.	26-28 DOC. REF. CODE	29-38 DOCUMENT NO.								101-106 CATE-GORY	107-108 ACTIVITIES
2					130	P761929				6-1990276	21.93	\$5030.95					
2																	
2																	
2																	

FUNDS AVAILABLE:

JEROME RUTKOSKI, EXECUTIVE OFFICER.

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Teresa A. Gay, OIRH

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

AUTHORIZED BY Linda A. Vogel

TITLE: Director, OIRH

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

DPC

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s) _____

8. TRAVEL INFORMATION

Deliver speech at 9th Int'l. Conference on AIDS in Africa.

PURPOSE: Visit US Government HIV/AIDS program. Meet with African & European officials & representatives from non-governmental organizations to discuss the US role in int'l. HIV/AIDS activities.

DATE(S): Travel Begin On 12 / 11 / 95 Travel End On 12 / 15 / 95

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

Place(s) of Official Visitation (City, State) Entebbe, Uganda/Kampala, Uganda/Entebbe

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$	869.00
					Transportation		4,111.95
					Rental Car		0.00
					Miscellaneous		50.00
					TOTAL	\$	5030.95
(b) Privately Owned Vehicle					11. SPECIAL EXPENSE AUTHORIZED		
					☐ Registration Fees (meeting, training, etc.)		
					☐ Commercial Rental Car		
					☐ Excess Baggage not to exceed _____		
					☐ Other (Please identify) _____		
(c) ☒ Gov't Owned Vehicle					12. ADVANCE REQUESTED \$ _____		
(d) ☐ Other (Specify) _____					(meals and miscellaneous expenses only)		

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

HHS will be reimbursing travel expenses.

14(a) Requested by

Patricia S. Fleming 11/30/95

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

116 2200 J102E

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 12/15/95

18. Travel Authorization No. X06A0015

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

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 ☐ Relocation
(Non EOP Employees Only)

4. AGENCY/DIVISION
DPC

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

8. TRAVEL INFORMATION

Deliver speech at 9th Int'l. Conference on AIDS in Africa.

PURPOSE: Visit US Government HIV/AIDS program. Meet with African & European officials & representatives from non-governmental organizations to discuss the US role in int'l. HIV/AIDS activities.

DATE(S): Travel Begin On 12 / 11 / 95 Travel End On 12 / 15 / 95

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

Place(s) of Official Visitation (City, State) Entebbe, Uganda/Kampala, Uganda/Entebbe

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

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	\$ 869.00
Transportation	4,111.95
Rental Car	0.00
Miscellaneous	50.00
TOTAL	\$ 5030.95

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.)

HHS will be reimbursing travel expenses.

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.

**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																	
			4. AGENCY/DIVISION DPC																	
3. Title of Traveler Director			7. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):																	
5. Office Phone 202/632/1090		6. Official Duty Station Washington, DC																		
8. TRAVEL INFORMATION Deliver speech at 9th Int'l. Conference on AIDS in Africa. PURPOSE: Visit US Government HIV/AIDS program. Meet with African & European officials & representatives from non-governmental organizations to discuss the US role in int'l. HIV/AIDS activities. DATE(S): Travel Begin On 12 / 14 / 95 Travel End On 12 / 15 / 95 ITINERARY: Point of Origin (City, State) Washington, DC Place(s) of Official Visitation (City, State) Entebbe, Uganda/Kampala, Uganda/Entebbe Point of Return (City, State) Washington, DC																				
9. MODE OF TRAVEL			10. ESTIMATED COST		AMOUNT															
(a) Commercial Transportation			Per Diem/Actual Subsistence		\$ 869.00															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Rail</td><td colspan="3">Air</td></tr><tr><td>Coach</td><td>Extra Fare*</td><td>Coach Tourist</td><td>Business *</td><td>First Class ‡</td></tr><tr><td></td><td></td><td>X</td><td></td><td></td></tr></table> ‡ First Class must have approval of Agency Head or Deputy			Rail		Air			Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡			X			Transportation		4,111.95
			Rail		Air															
			Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡													
					X															
Rental Car		0.00																		
Miscellaneous		50.00																		
(b) Privately Owned Vehicle			TOTAL		\$ 5030.95															
Auto	Other	Rate auth per mile	11. SPECIAL EXPENSE AUTHORIZED																	
			☐ Registration Fees (meeting, training, etc.)																	
			☐ Commercial Rental Car																	
			☐ Excess Baggage not to exceed																	
			☐ Other (Please identify)																	
(c) ☐ Gov't Owned Vehicle			12. ADVANCE REQUESTED \$																	
(d) ☐ Other (specify)			(meals and miscellaneous expenses only)																	
13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.) 																				
14(a) Requested by			15. Accounting data (Appropriation, division, project, vendor number) 14-2200-1025																	
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 12/15/95		18. Travel Authorization No. 81241015															

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

DPC

5. Office Phone

202/633/1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

Deliver speech at 9th Int'l. Conference on AIDS in Africa.

PURPOSE: Visit US Government HIV/AIDS program. Meet with African & European officials & representatives from non-governmental organizations to discuss the US role in int'l. HIV/AIDS activities.

DATE(S): Travel Begin On 12/14/95

Travel End On 12/19/95

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

Place(s) of Official Visitation (City, State) Entebbe, Uganda/Kampala, Uganda/Zaire

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ 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	\$ 369.00
Transportation	4,111.95
Rental Car	0.00
Miscellaneous	50.00

TOTAL \$ 5030.95

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)

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- ITEMS 2 – 6 — Self Explanatory.
- ITEM 7 — Check appropriate box for the type of reimbursement authorized.
List rate or rates applicable.
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- ITEM 9 — Check mode of travel authorized.
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Miscellaneous could include rental car, registration fees, taxi cabs, etc.
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- ITEM 13 — Space provided for justifications and other miscellaneous information.
- ITEM 14(a) — Signature of Traveler.
14(b) — Signature of Approving Official.
- ITEMS 15 & 16 — Self Explanatory.
- ITEMS 17 & 18 — To be completed by personnel assigning T/A numbers.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

35012

NAME: PATRICIA FLEMING

DATE: DECEMBER 4, 1995

DOCUMENT NO. P761929

AMOUNT: \$470.00

EMPLOYEE ID: 372342914

6-1990276 7560120

2193

WARNING TO PAYEE

THIS CHECK MUST BE CASHED WITHIN 60 DAYS FROM THE DATE PRINTED.

THE WHITE HOUSE
WASHINGTON

February 20, 1996

Dear Ms. Crane:

Attached please find the original receipts
for Ms. Fleming's trip to Kampala, Uganda,
December 11-16, 1995.


Carmena Parris



Sheraton Kampala
HOTEL

No. 12140

MISCELLANEOUS

Date: 16-11-96

Name: Carl

Room No.

DATE	SYMBOL	AMOUNT
		27,600/-

DO NOT WRITE IN ABOVE SPACE

fax to USA	27,600
NO 6321096	

SIGNATURE

ITT Sheraton
WORLDWIDE HOTELS, INNS, RESORTS & ALL-SUITES



Sheraton Kampala
HOTEL

No. 12121

MISCELLANEOUS

Date: 14-12-95

Name: Cash

Room No.

DATE	SYMBOL	AMOUNT
		9200/-

DO NOT WRITE IN ABOVE SPACE

Rep to USA	9200/-
No. 202-6321096	

SIGNATURE

ITT Sheraton
WORLDWIDE HOTELS, INNS, RESORTS & ALL-SUITES

BANK OF UGANDA

ORIGINAL



Purchase of Foreign Currency Receipt

Form FXER

Date: 12/12/95

Serial No: 451227

Name & Stamp of Forex Bureau: SPEED BIRD

FOREX BUREAU LTD

Buys:

SHERATON HOTEL

Currency (\$, £, DM, SWFR, FF, etc)	Amount	Rate	Amount in Uganda Shillings
\$	100	1000	100,000
			2

Total in Uganda Shillings

100,000

Please tick [✓]

Source:

- ☐ Export Commodity.....
- ☐ Tourism
- ☐ Investment
- ☐ Expatriate Worker
- ☐ NGO's
- ☐ Remittances
- ☐ Ugandan Residents
- ☐ Government Projects

Instrument:

- ☒ Cash
- ☐ T.T.
- ☐ Draft
- ☐ Forex Account

Signature of Operator of Forex Bureau:

[Handwritten Signature]



FLEMING/PATRICIA*GTR-B3868041

OASH
PKLWN
PATRICIA FLEMING
443-1774
11DEC 00000

OASH
PKLWN
PATRICIA FLEMING
443-1774
11DEC 00000

DEC 01 1995 INV/ITN: 40580 CUST:2088 BR:34 AGT:

11 DEC 95 - MONDAY

UNITED 950 COACH CLASS EQUIP-BOEING 767 JET
LV: WASH/DULLES 605P NONSTOP MILES- 3893 CONFIRMED
AR: BRUSSELS 730A ELAPSED TIME-7:25 ARVL DATE-12 DEC
DINNER-SNACK-MOVIE SEAT-20A

12 DEC 95 - TUESDAY

SABENA 569 COACH CLASS EQUIP-DC-10 JET
LV: BRUSSELS 1010A ONE STOP MILES- 3867 CONFIRMED
AR: ENTEBBE 1030P ELAPSED TIME-10:20
SNACK
SEAT 29K/BOARDING PASS AIRPORT CHECK IN

15 DEC 95 - FRIDAY

SABENA 571 COACH CLASS EQUIP-DC-10 JET
LV: ENTEBBE 920P ONE STOP MILES- 3867 CONFIRMED
AR: BRUSSELS 600A ELAPSED TIME-10:40 ARVL DATE-16 DEC
SNACK-DINNER
SEAT 29D/BOARDING PASS AIRPORT CHECK IN

16 DEC 95 - SATURDAY

UNITED 951 COACH CLASS EQUIP-BOEING 767 JET
LV: BRUSSELS 1145A NONSTOP MILES- 3893 CONFIRMED
AR: WASH/DULLES 245P ELAPSED TIME- 9:00
LUNCH-SNACK-MOVIE SEAT-25E

TICKET NUMBER/S:
FLEMING/PATRICIA

1436753869
4009.95

AIR TRANSPORTATION	3987.00	TAX	22.95	TTL	4009.95
		SUB TOTAL			4009.95
		AMOUNT DUE			4009.95

FLEMING/PATRICIA

DASH
PKLUN
PATRICIA FLEMING
443-1774
11DEC 00000

DASH
PKLUN
PATRICIA FLEMING
443-1774
11DEC 00000

NOV 27 1995 INV/ITN:ITIN CUST:2088 BR:34 AGT:

11 DEC 95 - MONDAY

UNITED 950 COACH CLASS
LV: WASH/DULLES 605P
AR: BRUSSELS 730A
DINNER-SNACK-MOVIE

EQUIP-BOEING 767 JET
NONSTOP MILES- 3893 CONFIRMED
ELAPSED TIME- 7:25 ARVL DATE-12 DEC
SEAT-20A

12 DEC 95 - TUESDAY

SABENA 569 COACH CLASS
LV: BRUSSELS 1010A
AR: ENTEBBE 1030P
SNACK

EQUIP-DC-10 JET
ONE STOP MILES- 3867 CONFIRMED
ELAPSED TIME-10:20

SEAT 29K/BOARDING PASS AIRPORT CHECK IN

SURFACE TRANSPORTATION

16 DEC 95 - SATURDAY

UNITED 951 COACH CLASS
LV: BRUSSELS 1145A
AR: WASH/DULLES 245P

EQUIP-BOEING 767 JET
NONSTOP MILES- 3893 WAITLISTED
ELAPSED TIME- 9:00
NOT TKTD/UNPRICED*

LUNCH-SNACK-MOVIE

AIR TRANSPORTATION	2678.00	TAX	9.00	TTL	2687.00
		SUB TOTAL			2687.00
		AMOUNT DUE			2687.00

SENT BY:

11-28-95 : 9:36AM :

2026321096:# 3/ 3

FLEMING/PATRICIA

DASH
PKLWN
PATRICIA FLEMING
443-1774
11DEC 00000

DASH
PKLWN
PATRICIA FLEMING
443-1774
11DEC 00000

NOV 27 1995 INV/ITN:ITIN CUST:2088 BR:34 AGT:

15 DEC 95 - FRIDAY

SABENA 571 COACH CLASS EQUIP-DC-10 JET
LV: ENTEBBE 928P ONE STOP MILES- 3867 CONFIRMED
AR: BRUSSELS 600A ELAPSED TIME-10:40 ARVL DATE-16 DEC
SNACK-DINNER
SEAT 29D/BOARDING PASS AIRPORT CHECK IN

16 DEC 95 - SATURDAY

UNITED 951 COACH CLASS EQUIP-BOEING 767 JET
LV: BRUSSELS 1145A NONSTOP MILES- 3893 CONFIRMED
AR: WASH/DULLES 245P ELAPSED TIME- 9:00
LUNCH-SNACK-MOVIE SEAT-25E

UNITED 951 COACH CLASS EQUIP-BOEING 767 JET
LV: BRUSSELS 1145A NONSTOP MILES- 3893 WAITLISTED
AR: WASH/DULLES 245P ELAPSED TIME- 9:00
LUNCH-SNACK-MOVIE NOT TKTD/UNPRICED*

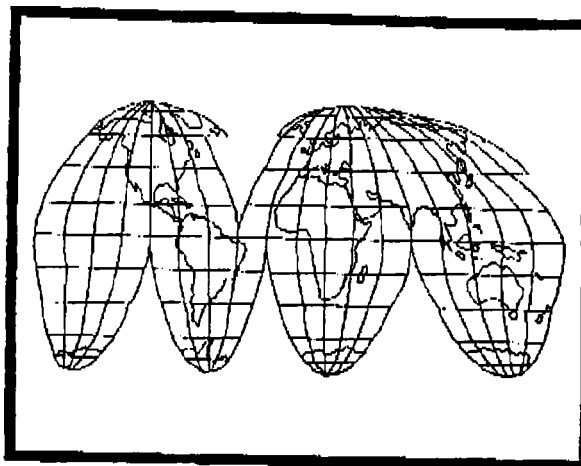
AIR TRANSPORTATION	1411.00	TAX	13.95	TTL	1424.95
		SUB TOTAL			1424.95
		AMOUNT DUE			1424.95

FACSIMILE TRANSMISSION SHEET

FROM:
LEE CRANE
Office of International Health

Department of Health and Human Services
5600 Fishers Lane
Rockville, Md. 20857
RM.18-~~67~~ 75

TEL# 301-443-1774
FAX# 301-443-6288



OFFICE OF INTERNATIONAL HEALTH

TO: Carmina FAX NUMBER: (202) 632-1096

DATE: 11/28/95 NUMBER OF PAGES: 3

☐ FYI
☐ AS REQUESTED

☐ FY ACTION
☐ AS DISCUSSED

MESSAGE:

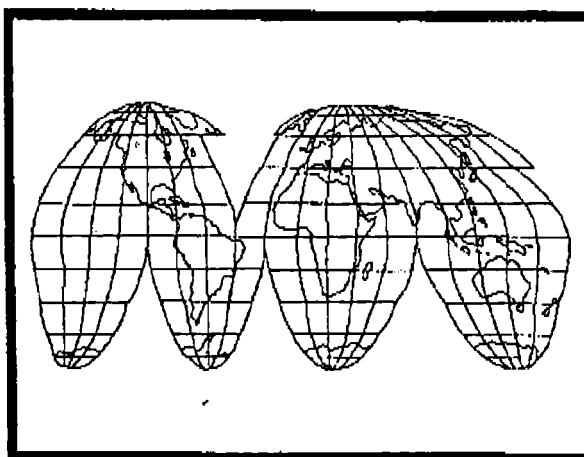
Please see attached and let me know if it meets with your approval. Thanks!

FACSIMILE TRANSMISSION SHEET

FROM:
LEE CRANE

Department of Health and Human Services
5500 Fishers Lane
Rockville, Md. 20857
RM. 18-B7 75

TEL# 301-443-1774
FAX# 301-443-6288



OFFICE OF INTERNATIONAL HEALTH

TO: Carmena ParrisFAX NUMBER: (202) 632-1096DATE: 3/1/96NUMBER OF PAGES: 3

☐ FYI
☐ AS REQUESTED

☐ FY ACTION
☐ AS DISCUSSED

MESSAGE:

Please see attached. Patricia Fleming owes us the difference between the travel advanced to her and her voucher expenses. Thanks!

\$470.00
-404.30
\$ 65.70

Make check payable to: *AHS.*

Check mailed to Lee Crane 6/24/96
Q

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DIHHS/OS/OPHS/OIRH		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
						4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, PATRICIA			d. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 12/11/96 b. TO 12/16/96	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Ave. Bethesda, MD 20816			e. OFFICE TELEPHONE NO. (301) 443-1774		7. TRAVEL AUTHORIZATION a. NUMBER(S) P761929 b. DATE(S) 11/29/95	
	f. PRESENT DUTY STATION Washington, D.C.			g. RESIDENCE (City and State) Bethesda, MD		10. CHECK NO.	
8. TRAVEL ADVANCE a. Outstanding -0- b. Amount to be applied 470.00 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 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)		
GTR-B3868041 \$4009.95		UA	Coach	12/1/95	Washington/Dulles Kampala, Uganda; return		
Prepared by: Lee Crane 443-774, 2/2/96							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE				DATE		AMOUNT CLAIMED \$ 404.30	
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. 680e).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)		
APPROVING OFFICIAL SIGN HERE Executive Officer, OIRH					DATE		
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					DATE		
					d. NET TO TRAVELER \$		
18. ACCOUNTING CLASSIFICATION 7560120 6-1990276 21.93							

ck Rec'd

FILE COPY

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.	
a. NAME (Last, first, middle initial) FLEMING, Patricia S.		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO.		5. PERIOD OF TRAVEL a. FROM 11/30/95 b. TO 12/01/95	
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) XD6A0013 b. DATE(S) 11/28/95		10. CHECK NO.	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) same as C		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.)		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.		14. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED OFFICIAL SIGN HERE DATE	
8314155		\$140.00		UA		Y	
11/30/95		Wash/National Chicago, O'Hare		Chicago, O'Hare Wash/National		1996-1 PM 5:59	
TRAVELER SIGN HERE		DATE 2/6/96		AMOUNT CLAIMED		\$ 214 - 44	
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).		17. FOR FINANCE OFFICE USE ONLY COMPUTATION		DIFFERENCES, IF ANY (Explain and show amount)		9.75	
APPROVING OFFICIAL SIGN HERE		DATE 2/28/96		TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		223.69	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		APPROVING OFFICIAL SIGN HERE		DATE		NET TO TRAVELER	
ACCOUNTING CLASSIFICATION		210100 - 69.00		210601 - 1101.00		210800 - 1.69	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

**Complete
only
for
actual
expense
travel**

Col. (d) }
thru (g) }

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

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

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

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

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

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

Complete this information if this is a continuation sheet.

PAGE 1

OF PA

TRAVEL AUTHORIZATION NO.

KD6A0013

TRAVELER'S LAST NAME

FLEMING

DATE 19 <u>95</u>		TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: c	FLEMING AMOUNT CLAIMED		
(a)	(b)	(c)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)					
11/30	4:15PM	Depart Office for DCA												
	5:00PM	Depart DCA for Chicago												
	6:07PM	Arrive Chicago, O'Hare												
		Taxi from Airport to Hotel (shared with Richard Sorian)											31.00	
													Tip 69	
												38.00		
12/01														
		Depart by Taxi to O'Hare (Shared with Richard Sorian)						113.75				113.75	31.00	
	7:15PM	Depart O'Hare for DCA												
	9:55PM	Arrive DCA												
	11:00PM	Arrive Residence												
									SUBTOTALS ▶					
									TOTALS ▶			151.75	62.69	

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

In compliance with the Privacy Act of 1974, the following statement is hereby certified: This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

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

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$214.44**

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE FILE COPY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/30/95 b. TO 12/01/95	
	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) XD6A0013 b. DATE(S) 11/28/95	
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) same as C		10. CHECK NO.		
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding						
9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE				11. PAID BY			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)							
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials							
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
1208314155		\$140.00	UA	Y	11/30/95	Wash/National Chicago, O'Hare	Chicago, O'Hare Wash/National
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 2/6/96 AMOUNT CLAIMED ▶ \$ 214 44	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE ▶ _____ DATE _____					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: _____ \$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ _____ DATE _____					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): _____ \$		
18. ACCOUNTING CLASSIFICATION					d. NET TO TRAVELER ▶ \$		

RAMADA® CONGRESS HOTEL

520 South Michigan Avenue
Chicago, Illinois 60605
(312) 427-3800 FAX (312) 427-3972
Outside Illinois Toll Free 1-800-325-2525

THANK YOU FOR STAYING AT OUR HOTEL!

We do everything we can to make you feel right at home with the quality of service you expect from a great hotel.

A variety of fine dining, and entertainment is available with facilities for small and large groups.

Our professional staff can cater to all of your meeting needs.

We also have special Weekend and Holiday package programs throughout the year so that we can promise you the best of Chicago.

So come back to our hotel soon, where you are always a welcome guest.

FLEMING, PATRICIA
OFFICE OF AIDS POLICY
750 17TH STREET NW
SAC 600 WASHINGTON, DC
20501

ARRIVAL	11/30/95
DEPARTURE	12/01/95
NO. IN PARTY	1
RATE	99.00

ACCOUNT NO.

92221

ROOM NO.

1009

NO.	DATE	DESCRIPTION	AMOUNT
A - STANDARD			
1	11/30/95	LOCAL CALL 19:43 3126426097 1009 11300212000	\$.69
2	11/30/95	ROOM 1009 16	\$99.00
3	11/30/95	STATE TAX 1009 17	\$11.78
4	11/30/95	CITY TAX 1009 18	\$11.97
* BALANCE DUE			\$114.44

OK'D
BY:

COMPANY

STREET

Regardless of charge instructions, the undersigned guest acknowledges the charges as a personal indebtedness.

CITY

STATE

POSTAL CODE

SIGNATURE

**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

1. TYPE OF AUTHORIZATION

☐ TDY

☐ Amendment
(Show items amended)

☐ Invitational
(Non EOP Employees Only)

☐ Relocation

5. Office Phone

102/632-1090

6. Official Duty Station

Washington, DC

4. AGENCY/DIVISION

DPC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: World AIDS Day - Chicago

DATE(S): Travel Begin On 11/30/95

Travel End On 12/02/95

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

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

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

\$ 303.50

Transportation

140.00

Rental Car

0.00

Miscellaneous

60.00

TOTAL

\$ 503.50

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.
- 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

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

DPC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: **World AIDS Day - Chicago**

DATE(S): Travel Begin On **11 / 30 95**

Travel End On **12 / 02 / 95**

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

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

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

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 303.50
					Transportation		140.00
					Rental Car		0.00
					Miscellaneous		60.00
					TOTAL		\$ 503.50
(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

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**.
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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.

**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

DPC

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: World AIDS Day - Chicago

DATE(S): Travel Begin On 11 / 30 / 95

Travel End On 12 / 02 / 95

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

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

Point of Return (City, State) Washington, DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 303.50
Transportation	140.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 503.50

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.
- 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.

Patricia Fleming's Itinerary

Thursday, November 30

4:15PM Car pick up West basement

5:00PM Dept. DCA UA #815 - S/25D

6:07PM Arrive Chicago O'Hare

(P.S.: your preferred seating was not available, please check again at check-in)

Hotel: Ramada Congress Hotel
520 South Michigan Ave.
Phone #312-427-3800
Fax#: 312-427-7264
CNF#2927203 (1 night)

Friday, December 1

7:15PM Dept. Chicago UA#626 - S/6C

9:55PM Arrive DCA

10:00PM Car pick return to 750 17th St.



City of Chicago
Richard M. Daley, Mayor

Department of Health
Della Lyne, RSM
Commissioner

HIV/AIDS PUBLIC POLICY AND PROGRAMS FAX TRANSMITTAL

Fax # (312) 747-9863

DATE: 11/21/95

TO: Richard Sorian

AGENCY: _____

PHONE #: 202-632-1096

Number of Pages
Including this one: 5

FROM: EVELYN GREEN

AGENCY: CDPH

PHONE #: 747-8853

COMMENTS: As requested.



11/9/95
Bob.
See you later OK
And/or reasons on this.
THANKS.
Tim Hadac

November 10, 1995
FOR IMMEDIATE RELEASE
CONTACT: Tim Hadac, 747-9805

Federal AIDS Policy Chief to Join Chicago In Observing World AIDS Day

National AIDS Policy Director Patricia S. "Patsy" Fleming is scheduled to join Mayor Richard M. Daley and the Chicago Department of Public Health (CDPH) in this year's observance of World AIDS Day on December 1.

"We are honored that Ms. Fleming will be with us on World AIDS Day," stated CDPH Commissioner Sheila Lyne, RSM. "World AIDS Day is not only a solemn commemoration of the tragedy of the worldwide AIDS epidemic, but it is a day of hope, a day to recommit ourselves to the task of controlling and ultimately eradicating this disease."

Ms. Fleming will meet with HIV/AIDS service providers, as well as Chicagoans living with HIV, at a morning forum on federal AIDS policy. At noon she will assist the Mayor and city officials in presenting checks for \$25,000 to the two winners of the City of Chicago's 1995 HIV/AIDS Excellence in Service Award. The one-hour program, set in the Harold Washington Library auditorium, will feature a video message of encouragement from President Clinton. Also speaking at the event will be Phill Wilson, a Chicago native living with AIDS who currently directs the AIDS Project of Los Angeles.

Across the city, a number of cultural, business, medical, civic, religious and government agencies will observe World AIDS Day in creative, yet solemn manners.

--2--

A list of activities is attached.

"Each year on World AIDS Day, more community organizations and individuals join Chicago's effort, and indeed the international effort to reflect on the overwhelming human loss caused by HIV/AIDS, and then resolve to get involved in this public health struggle," added Robert Rybicki, CDPH Assistant Commissioner for HIV/AIDS Public Policies and Programs. "We encourage everyone to take part in the various activities that are planned, not only in the Loop but just as importantly, in neighborhood centers, schools, worksites, churches and other places close to home."

More than 4,000 Chicagoans are currently living with AIDS, and more than 11,000 AIDS cases have been diagnosed in the city since the epidemic came to Chicago in 1980. Thousands more are infected with HIV but have not yet developed AIDS. Worldwide, more than 1.1 million AIDS cases have been reported to the World Health Organization, and an estimated 18.5 million people around the world have been infected with HIV since the start of the epidemic.

Since 1989, government resources to fight AIDS have increased significantly, from some \$4 million to well over \$20 million this year. The City, through CDPH and other city departments, funds a wide array of community-based prevention, education, treatment, housing and human services efforts to thwart the epidemic.

Chicagoans seeking more information on HIV/AIDS services available may phone CDPH at 747-AIDS (TT/TDD 744-2960). Others are encouraged to phone 1-800-243-AIDS.

--30--

Tentative Schedule for Patsy Fleming Chicago Visit World AIDS Day - December 1, 1995

7 - 9 AM**Television News Appearances**

Fleming DC staff
202-632-1090

9:30-11:30 AM

Community Forum on Federal AIDS Policy
Congress Hotel
520 South Michigan Avenue
Audience approximately 200-250
Print media only

Andrew Deppe, CDOH
312-747-9436

9:30 Coffee and refreshments
10:00 Introductions
10:10 Patsy Fleming remarks
10:30 Question/Answer session with audience
11:15 Informal reception/meet individuals

726-7500
① Palmer House, State Street
② Hyatt Regency, Wacker Dr. (160)
③ Chicago Hilton & Towers, S. Michigan
④ Midland Hotel, Adams Street

Noon - 1 PM

World AIDS Day Recognition Ceremony
Harold Washington Library auditorium
400 South State Street
Audience approximately 200-250
Print and broadcast media

Grace Young, CDOH
312-747-9644

Program will include: presentation of excellence awards to one HIV service agency and one HIV prevention program by Mayor Daley; short video presentations on winning agencies' programs; 3-5 minute presentation of Clinton message by Fleming; address by Phill Wilson, AIDS Project Los Angeles/NMAC; 3 minute Clinton video; other entertainment and remarks.

1-2:30 PM**Break/Lunch****2:30-5 PM**

Visits to Agencies/People Living with HIV
Media to be determined

Chicago House
West Side Site

HOAG
Chuck Hogue, CH
312-248-5200

Chicago's first housing program for people living with HIV/AIDS; three different sites offer different levels of supportive living. Site visit is being arranged at the West Side facility, with opportunities to meet directly with residents.

Patsy Fleming Chicago Visit**- page two -****Cook County Hospital
HIV Primary Care Center****Dr. Renslow Sherer
312-633-3003**

Cook County provides outpatient care for over 2,000 people with HIV; inpatient care for an average of 100 patients, including a 60-bed AIDS ward; and a comprehensive range of HIV counseling and testing, prevention education, treatment, clinical trials, case management, housing and support services. Site visit will include meeting with staff, tour of facilities, and chance to meet patients.

5:30-6:30 PM**AIDS Foundation of Chicago Benefit
"All the Trimmings"****Mark Ishaug, AFC
312-922-2322**

Exposition and sale of holiday ornaments
Yates Gallery of the Chicago Cultural Center
78 East Washington Street (at Michigan Avenue)
Print and broadcast media

7-8 PM**African American Clergy Responding to AIDS
Choir Concert**
Trinity United Church of Christ
532 West 95th Street
Media to be determined**Hugh Brandon, Trinity UCC
312-409-2437**

Choir concert event will kick-off weekend conference entitled, "Empowering the Church and Community to Confront and Embrace the Faces of HIV/AIDS"

#

Andrew Deppe
Chicago Department of Health
November 15, 1995



United States Treasury



Pay to
the order of

03 04 96 96 PHILADELPHIA, PA
V05399 M1 EOPFMD

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

¹⁵⁻⁵¹/₀₀₀ P 393,017,977

Check No.

2038 16807170

0EJ6000030 11010003

\$*****223*69

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0013

223.69

⑈ 20383 ⑈

⑆000000518⑆ 168071706⑈ 010396

FILE COPY

216153 - 80.58
 216602 - 1179.50
 216858 - 10.03

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

- Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel.
- (i) Show total subsistence expense incurred for actual expense travel.
- (j) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash); local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE 1 OF PAGES

TRAVEL AUTHORIZATION NO.

XD6A0007

TRAVELER'S LAST NAME

FLEMING

DATE 19 95	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED				
			BREAK-FAST (d)	MEALS		MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)		SUBSISTENCE (m)	OTHER (n)			
				LUNCH (e)	DINNER (f)								TOTAL (g)		
11/11	4:15PM	Dept. Res. for Dulles													
		Taxi to Dulles											57.00		
11/12	9:15AM	Arrive Geneva							138.00	38.00			252.00		35.00
		Phone calls											176.00		
11/13		Hotel							138.00	38.00			252.00		4.34
11/14		"							138.00	38.00			252.00		4.06P
11/15		"							138.00	38.00			252.00		
11/16		Phone													1.63
		Taxi from Hotel to Airport - Geneva													23.88
11/16	6:59PM	Arrive DCA								38.00					38.00
	8:00PM	Arrive residence													
													(Taxi to Residence)		22.00
SUBTOTALS															
TOTALS														704.00	128.91

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11809 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of these 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 Federal, State, local, or foreign agencies, when relevant to civil,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to 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 \$832

136.91

STANDARD FORM

ACK (10-77)

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE FILE COPY		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/11/95 b. TO 11/16/95	
	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) XD6A0007 b. DATE(S) 11/8/95	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) see C		10. CHECK NO.	
	8. TRAVEL ADVANCE a. Outstanding 500.00 b. Amount to be applied 832.91 c. Amount due Government (Attached: ☐ Check ☐ Cash) D. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		11. PAID BY	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
60908969295		\$863.00	DELTA	Y	11/9/95	Washington Geneva/NY	Geneva Washington
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 Fleming</i> DATE 1/23/96 AMOUNT CLAIMED ▶ \$ 332.91							
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE ▶ DATE					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION \$ Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ d. NET TO TRAVELER ▶ \$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE							
18. ACCOUNTING CLASSIFICATION							

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

- Col. (d) thru (g) Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
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Complete this information if this is a continuation sheet. PAGE 1 OF PAGES

TRAVEL AUTHORIZATION NO.

XD6A0007

TRAVELER'S LAST NAME

FLEMING

DATE 19 95	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES								MILEAGE RATE: NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE (l)		SUBSISTENCE (m)	OTHER (n)	
			BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
11/11	4:15PM	Dept. Res. for Dulles												
		Taxi to Dulles											35 00	
11/12	9:15AM	Arrive Geneva						138 00	176 00					
		Phone calls											4 34	
11/13		Hotel						138 00	176 00					
11/14		"						138 00	176 00				4 06Phone	
11/15		"						138 00	176 00					
11/16		Phone											1 63	
		Taxi from Hotel to Airport - Geneva											23 88	
11/16	6:59PM	Arrive DCA							38 00					
	8:00PM	Arrive residence								(Taxi to Residence)			22 00	
SUBTOTALS ▶														
TOTALS ▶												704 00	128 91	

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

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

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

TOTAL AMOUNT CLAIMED ▶ \$832.91



COPIE 4

LIEU : GENEVE TELEPHONE : 022 / 10.04.05 DATE : 14.11.95 HEURE : 08.44 CAISSE : VDSAV 056827 00002 33833 GNL

ACHAT BILLETS DE BANQUE:

CHF 430.00
AU COURS DE 1.11
CHF *35.50
=====

VOUS AVEZ ETE DEPUIS PAR:
BEVERLYS ASTRIO

F 18304 N 2/2

Blanchi sans chlore / Chlorfrei gebleicht / Sbiancata senza cloro

S.E.&O.

ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1 TYPE OF ADVANCE ☒ CASH ☐ CHECK	2 TYPE OF TRAVEL ☒ TEMPORARY ☐ PERMANENT	Fleming, Patricia S. 3 NAME (Last, first, middle initial) 5 TELEPHONE NUMBER(S) 202/632-1090		4 ACCOUNT NO 6 SOCIAL SECURITY ACCOUNT NO (b)(6)
	In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will 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, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary, however, failure to provide the information required may result in delay or suspension of your advance of funds request.			7 DEPARTMENT OR ESTABLISHMENT Domestic Policy 8. BUREAU, DIVISION OR OFFICE OPD	
9 APPLICATION — (For completion by applicant)					
An advance of funds is hereby requested for travel and other expenses to be incurred by me.			* BALANCE DUE U.S. FROM PREVIOUS ADVANCE \$ 0.00		
a. UNDER AUTHORIZATION NUMBER From To			b. DATE OF AUTHORIZATION 1. AMOUNT HEREIN APPLIED FOR \$ 500.00		
c. TRAVEL PERIOD 11/11/95 11/16/95			9. TOTAL \$ 500.00		
d. MAIL CHECK TO ☐ OFFICE ☐ RESIDENCE (Give address — number, street, city, State, ZIP code)			Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately.		
APPLICANT SIGN HERE			DATE 11/17/95		
SIGNATURE AND TITLE OF APPROVING OFFICIAL			DATE APPROVED		
10. APPROVAL			11. APPROPRIATION TO BE CHARGED		
12. REMARKS			13. CASH PAYMENT RECEIVED DATE		

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 of National AIDS Policy Office		4. AGENCY/DIVISION OPD	
5. Office Phone 632-1090	6. Official Duty Station Washington, DC	7. ☐ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: **To attend the PCB Meeting. Ms. Fleming will serve as Chief Delegate of the US delegation to the Programme Coordinating Board (PCB) of the newly established UNAIDS programme in Geneva.**

DATE(S): Travel Begin On **11 / 11 / 95** Travel End On **11 / 16 / 95**

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		775.85	
Coach	Extra Fare	Coach Tourist	Business *	First Class ‡	Rental Car		0.00	
		X			Miscellaneous		250.00	
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 2,269.85	
(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) \$ ~~500.00~~ 500.00			

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) 11 6 2200 J 102 A	
14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions Approval Official (Signature and Title) Carol H. Hayes		16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) [Signature]	
		17. Date 11/15/95	18. Travel Authorization No. 1DL60007

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List rate or rates applicable.
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Transportation is cost of airline ticket, privately owned vehicle mileage, or other transportation cost.
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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, of National AIDS Human Resources Office

4. AGENCY/DIVISION

OPD

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: To attend the PCB Meeting. Ms. Fleming will serve as Chief Delegate of the US Delegation to the Programme Coordinating Board (PCB) of the newly established UNAIDS programme in Geneva.

DATE(S): Travel Begin On 11/11/95 Travel End On 11/16/95

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	775.85
Rental Car	0.00
Miscellaneous	250.00
TOTAL	\$ 2,269.85

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED \$ 500.00
(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

16. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Approval Official (Signature and Title)

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.

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)

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Patricia S. Fleming

3. Title of Traveler

Director

4. AGENCY/DIVISION

OPB

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

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DATE(S): Travel Begin On 11/11/95 Travel End On 11/16/95

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	\$ 1,344.00
Transportation	775.85
Rental Car	0.00
Miscellaneous	250.00
TOTAL	\$ 2,369.85

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED \$ ~~500.00~~ 500.00
(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.

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- Amendment block if making change to existing Travel Authorization.
- ITEMS 2 – 6 — Self Explanatory.
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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

Saturday, November 11, 1995

Lv: 7:15PM IAD Delta #2780

Please check at gate for preferred seat

Sunday, November 12

Arr: 9:15AM Geneva

Dr. Bernard to meet

Hotel: Manotel Epsom
18 rue Richemond 1201
Geneva
Phone: 41-22-732-0835
Fax: 41-22-738-8547

Note: Reservations made by US Mission

5:00PM Meeting with Peter Piot
Ken Bernard's Office *off - 41-22-749-4623*
US Mission
O: 41-22-749-4623
H: 41-22-362-2833

7:00PM Dinner for Amb. Shelton, South African Minister of Health Zuma and Dr. Piot @
Movenpick, Cendrier Beef-Club, rue de Cendrier 15 - 17, 1st floor

Monday, November 13

8:15AM Registration

9:00AM Meeting in Executive Board Room
WHO Headquarters
CH-1211, Geneva

12:30PM Lunch for Amb. Shelton with Amb. Spiegel, place TBD

5:30PM Reception hosted by Dr. Piot at WHO

Tuesday, November 14

9:00AM Meetings WHO Headquarters

11:00AM Mtg. with WHO Director General Nakajima
(Amb. Shelton, Amb. Spiegel and Director Fleming)
WHO, Room 7072

6:30PM US Reception hosted by Amb. Spiegel at Residence

Wednesday, November 15

9:00AM Meetings WHO Headquarters

Thursday, November 16

Lv: 12:15PM Geneva Delta #110 (operated by Swiss Air)

Arr: 3:00PM JFK New York

Lv: 5:55PM JFK Delta #1597 - S/13E

Arr: 6:59PM DCA

November 9, 1995
Faxed to White House @456-1644

Patricia Fleming's Itinerary

Saturday, November 11, 1995

Lv: 7:15PM IAD Delta #2780

Please check at gate for preferred seat

Sunday, November 12

Arr: 9:15AM Geneva

Dr. Bernard to meet

Hotel: Manotel Epsom
18 rue Richemond 1201
Geneva
Phone: 41-22-732-0835
Fax: 41-22-738-8547

Thursday, November 16

Lv: 12:15PM Geneva Delta #110 (operated by Swiss Air)
Arr: 3:00PM JFK New York
Lv: 5:55PM JFK Delta #1597 - S/13E
Arr: 6:59PM DCA



United States Treasury

15-51
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P 393,017,976



Pay to
the order of

03 04 96 92 PHILADELPHIA, PA -

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FLEMING, PATRICIA S.

C/O OPD

OE0B RM 145 17TH& PENN NW

WASHINGTON

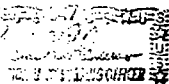
DC 20502

\$****769*91

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0007

769.91



⑈ 20383 ⑈

⑈000000518⑈ 168071695⑈ 010396

Paid 2/1/98

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.		
						4. SCHEDULE NO.		
5. TRAVELER (PAYEE)	a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/08/95 b. TO 11/09/95		
	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) XD6A0006 b. DATE(S) 10/25/95		
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) same as C		10. CHECK NO.		
						11. PAID BY		
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) D. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE				
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						Traveler's Initials
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)		
0371204269907		\$404.00	USAIR	Y	11/07/95	DCA BOS DCA		
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.								
TRAVELER SIGN HERE					DATE	AMOUNT CLAIMED	\$ 67 25	
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 a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER			
APPROVING OFFICIAL SIGN HERE <i>Patricia S. Fleming</i>					DATE 12-13-95			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR								
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					DATE			
18. ACCOUNTING CLASSIFICATION								

DATE 19 <u>95</u>	TIME (Hour and am/pm)
(a)	(b)

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

**Complete
only
for
actual
expense
travel**

Col. (d) }
thru (e) }

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

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

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

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

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

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

Complete this information if this is a continuation sheet.

PAGE 1

OF

PAGES

TRAVEL AUTHORIZATION NO.**TRAVELER'S LAST NAME**

FLEMING

DATE		TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: c NO. OF MILES (k)	AMOUNT CLAIMED		
19	95			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
				BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
11/08	4:45PM	Dept. for DCA												
	5:30PM	Dept. DCA USAIR #923												
	6:56PM	Arr. Boston												
		Taxi from Airport to Hotel					1.00					Tip 1.00	13.75	
11/09		Hotel Paid by PRIM&R						114.09	38.00			38.00		
		Taxi from Hotel to Airport					1.00					Tip 1.00	13.50	
	12:00N	Dept. Boston Airport												
	1:30PM	Arr. DCA												
If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.									SUBTOTALS ▶					
									TOTALS ▶			40.00	27.25	

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

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7). E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$67.25**



Not Just A Hotel In Boston. Boston's Hotel."

Prim & R
Ms. Joan Rachlin
132 Boylston ST.
Boston, MA 02116

Room No. : 9027
Arrival : 11/07/95
Departure : 11/13/95

I N V O I C E 92763

Boston Park Plaza Hotel, 11/13/95 16:01/4 MICHELLE/ 2 / 1

Description	Date	Debit	Credit
Room-State Tax	11/08	5.93	
->0944 Cooper(PRE-REG			
Room-City Tax	11/08	4.16	
->0944 Cooper(PRE-REG			
Room Charge 0957 Fleming	11/08	104.00	
Room-State Tax 0957 Fleming	11/08	5.93	
Room-City Tax 0957 Fleming	11/08	4.16	
Room Charge 1043 Self	11/08	104.00	
Room-State Tax 1043 Self	11/08	5.93	
Room-City Tax 1043 Self	11/08	4.16	
Room Charge 1043 Self	11/09	104.00	
Room-State Tax 1043 Self	11/09	5.93	
Room-City Tax 1043 Self	11/09	4.16	
Room Charge 1209 Mays	11/08	104.00	
Room-State Tax 1209 Mays	11/08	5.93	
Room-City Tax 1209 Mays	11/08	4.16	
Room Charge 1209 Mays	11/09	104.00	
Room-State Tax 1209 Mays	11/09	5.93	
Room-City Tax 1209 Mays	11/09	4.16	
Local	11/08	0.79	
->1232 Gomez #1232 : 469-5417			
Room Service-Dinner	11/08	39.99	
->#1232 : CHECK #2654 1232 G			
Local	11/08	0.79	
->1233 Gomez #1233 : 522-7814			
Local	11/08	0.79	
->1233 Gomez #1233 : 427-1500			
Local	11/09	1.42	
->1233 Gomez #1233 : 821-3000			
Local	11/09	0.79	
->1233 Gomez #1233 : 734-6283			

P. FLEMING *

Room charge - Margarita
and I
worked Wed. F



BOSTON PARK PLAZA HOTEL & TOWERS
64 ARLINGTON STREET • BOSTON, MASSACHUSETTS 02116-3912
TELEPHONE (617)426-2000 FAX (617)423-1708 RESERVATIONS: 1-800-225-2008



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

1995 OCT 24

24. 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

Domestic Policy

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s): 0002 UNCLASSIFIED

8. TRAVEL INFORMATION

PURPOSE:

Keynote Speaker at the Public Responsibility in Medicine and Research Conference,
"Clinical AIDS Research: The Present Status and Future Outlook"

DATE(S): Travel Begin On

11 08 95

Travel End On

11 10 95

ITINERARY: Point of Origin (City, State)

Wash. DC/Boston/Wash. DC

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

Boston, MA

Point of Return (City, State)

Wash. DC

9. MODE OF TRAVEL					10. ESTIMATED COST	
(a) Commercial Transportation					Per Diem/Actual Subsistence	\$ 114.00
Rail		Air			Transportation	404.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class †	Rental Car	0.00
		X			Miscellaneous	60.00
† First Class must have approval of Agency Head or Deputy					TOTAL	\$ 578.00
(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) Govt 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

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

10/25/95

18. Travel Authorization No.

XDBA0006

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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 - 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.
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- ITEMS 2 – 6 — Self Explanatory.
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List rate or rates applicable.
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- ITEM 9 — Check mode of travel authorized.
- ITEM 10 — Compute cost of per diem or actual subsistence utilizing the information in **Item 10**.
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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)
Patricia S. Fleming

3. Title of Traveler

Director

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment
(Show items amended)
- ☐ Invitational ☐ Relocation
(Non EOP Employees Only)

4. AGENCY/DIVISION

Domestic Policy

8. TRAVEL INFORMATION

PURPOSE: **Keynote Speaker at the Public Responsibility in Medicine and Research Conference,
"Clinical AIDS Research: The Present Status and Future Outlook"**

DATE(S): Travel Begin On **11/08/95** Travel End On **11/10/95**

ITINERARY: Point of Origin (City, State) **Wash. DC/Boston/Wash. DC**

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

Point of Return (City, State) **Wash. DC**

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 114.00
Transportation	404.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED \$ _____
(meals and miscellaneous expenses only)

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

14(a) Requested by

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

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

Approval Official (Signature and Title)

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

17. Date

18. Travel Authorization No.

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

Domestic Policy

5. Office Phone

632-1050

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: Keynote Speaker at the Public Responsibility in Medicine and Research Conference,
"Clinical AIDS Research: The Present Status and Future Outlook"

DATE(S): Travel Begin On 11/08/95

Travel End On 11/19/95

ITINERARY: Point of Origin (City, State) Wash. DC/Boston/Wash. DC

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

Point of Return (City, State) Wash. DC

9. MODE OF TRAVEL

(a) Commercial Transportation

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

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

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

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 114.00
Transportation	404.00
Rental Car	0.00
Miscellaneous	60.00
TOTAL	\$ 578.00

11. SPECIAL EXPENSE AUTHORIZED

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

12. ADVANCE REQUESTED \$ _____
(meals and miscellaneous expenses only)

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

14(a) Requested by

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

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions
Approval Official (Signature and Title)

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

17. Date

18. Travel Authorization No.

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

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

03/21/95

11:15

202 456 6472

WHITE HOUSE RM 1

001

Contact person: Carmena Parris
Phone number: 632-1090
Date of request: October 23, 1995

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule, you must complete the information below. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

Please include a copy of the letter of invitation if one was received.

Your name and position:

Patricia S. Fleming
Director
Office of National AIDS Policy

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

Clinical AIDS Research: The Present Status and Future Outlook

Date and place(s) of travel:

November 8-10, 1995. Boston, MA

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):

Public Responsibility in Medicine and Research (PRIM&R)
(Paying for Hotel Accommodations only)

Nature of expense(s) paid for: Hotel

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): \$229.00 Hotel Bill picked up by PRIM&R

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.

Approved pursuant to
GSA Regulations
Sections 304-1.4 & 1.5


10/25/95

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

EXEC. SEC. PRESIDENT
1995 OCT 24 PM 3:14

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 Domestic Policy	
5. Office Phone 632-1090	6. Official Duty Station Washington, DC	7. ☐ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

8. TRAVEL INFORMATION

PURPOSE: **Keynote Speaker at the Public Responsibility in Medicine and Research Conference, "Clinical AIDS Research: The Present Status and Future Outlook"**

DATE(S): Travel Begin On **11/08/95** Travel End On **11/10/95**

ITINERARY: Point of Origin (City, State) **Wash. DC/Boston/Wash. DC**

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

Point of Return (City, State) **Wash. DC**

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 114.00
Rail		Air			Transportation		404.00
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		0.00
		X			Miscellaneous		60.00
‡ First Class must have approval of Agency Head or Deputy					TOTAL		\$ 578.00
(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.)

14(a) Requested by Patricia S. Fleming		15. Accounting data (Appropriation, division, project, vendor number) 116-2200 J108	
14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions Approval Official (Signature and Title) [Signature]		16. Funds are available to defray travel cost specified above Funds Manager's Certification (Signature) [Signature]	
		17. Date 10/25/95	18. Travel Authorization No. X16A0006



United States Treasury



Pay to
the order of

01 18 96 94 PHILADELPHIA, PA - 2038 15415072
V05399 M1 EOPFMD 0EJ6000019 11010003

FLEMING, PATRICIA S.
C/O OPD
0EOB RM 145 17TH& PENN NW
WASHINGTON DC 20500

Check No.

\$*****67*25

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0006

67  REGIONAL DISBURSING OFFICER

⑈ 20383 ⑈

⑆000000518⑆ 154150722⑈ 010196

received 2/1/96
J

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. 105399	
NAME (Last, first, middle initial) FLEMING, Patricia S.		1995 DEC 14		d. SOCIAL SECURITY NO. AM 11:30 (b)(6)		4. SCHEDULE NO.	
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) XD6A0005 b. DATE(S) 10/25/95		8. PERIOD OF TRAVEL a. FROM 10/26/95 b. TO 10/27/95	
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) same as C		10. CHECK NO.		11. PAID BY FILE	
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Traveler's Initials	
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)		MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)		DATE ISSUED (d)	
POINTS OF TRAVEL FROM (e)		TO (f)		50580063180		128.00	
DLT		Y		10/26/95		Wash.-National NY LaGuardia Wash.-National	
XD6J00001		C1		44.50		TA000319	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE		DATE		AMOUNT CLAIMED \$240.09	
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 a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol) d. NET TO TRAVELER		240.09 44.50 192.59	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED SIGNING OFFICIAL DATE		752 - XD6J50004		752 - 55.75 752 - 179.90 752 - 4.44	
ACCOUNTING CLASSIFICATION		752 - XD6J50004		752 - 55.75 752 - 179.90 752 - 4.44		752 - 55.75 752 - 179.90 752 - 4.44	

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DPC		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 																	
		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 <table style="width:100%; border: none;"> <tr> <td style="border: none;">a. FROM</td> <td style="border: none;">b. TO</td> </tr> <tr> <td style="border: none; text-align: center;">10/26/95</td> <td style="border: none; text-align: center;">10/27/95</td> </tr> </table>		a. FROM	b. TO	10/26/95	10/27/95												
	a. FROM	b. TO																					
	10/26/95	10/27/95																					
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816			d. OFFICE TELEPHONE NO. 202/632-1090		7. TRAVEL AUTHORIZATION <table style="width:100%; border: none;"> <tr> <td style="border: none;">a. NUMBER(S)</td> <td style="border: none;">b. DATE(S)</td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none; height: 40px;"></td> </tr> </table>		a. NUMBER(S)	b. DATE(S)														
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e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) same as C		10. CHECK NO. 																		
8. TRAVEL ADVANCE <table style="width:100%; border: none;"> <tr> <td style="border: none;">a. Outstanding</td> <td style="border: none; width: 50px;"></td> </tr> <tr> <td style="border: none;">b. Amount to be applied</td> <td style="border: none; width: 50px;"></td> </tr> <tr> <td style="border: none;">c. Amount due Government (Attached: ☐ Check ☐ Cash)</td> <td style="border: none; width: 50px;"></td> </tr> <tr> <td style="border: none;">d. Balance outstanding</td> <td style="border: none; width: 50px;"></td> </tr> </table>			a. Outstanding				b. Amount to be applied		c. Amount due Government (Attached: ☐ Check ☐ Cash)		d. Balance outstanding		9. CASH PAYMENT RECEIPT <table style="width:100%; border: none;"> <tr> <td style="border: none;">a. DATE RECEIVED</td> <td style="border: none;">b. AMOUNT RECEIVED</td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none; height: 40px; text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="border: none;">c. PAYEE'S SIGNATURE</td> </tr> </table>		a. DATE RECEIVED	b. AMOUNT RECEIVED		\$	c. PAYEE'S SIGNATURE		11. PAID BY 		
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	\$																						
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AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																			
FROM	TO																						
(e)	(f)																						
0060580063180		\$128.00	DLT	Y	10/26/95	Wash.-National NY Laguardia		NY LaGuardia Wash.-National															
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.								<table style="width:100%; border: none;"> <tr> <td style="border: none;">DATE</td> <td style="border: none;">AMOUNT CLAIMED</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">\$ 240 09</td> </tr> </table>		DATE	AMOUNT CLAIMED		\$ 240 09										
DATE	AMOUNT CLAIMED																						
	\$ 240 09																						
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14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE DATE 12-13-95						17. FOR FINANCE OFFICE USE ONLY COMPUTATION <table style="width:100%; border: none;"> <tr> <td style="border: none;">a. DIFFERENCES, IF ANY (Explain and show amount)</td> <td style="border: none; width: 50px;"></td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none; height: 40px;"></td> </tr> </table>		a. DIFFERENCES, IF ANY (Explain and show amount)															
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a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR																					
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):																	
						d. NET TO TRAVELER																	
18. ACCOUNTING CLASSIFICATION																							

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

**Complete
only
for
actual
expense
travel**

Col. (d) }
thru (g) }

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

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

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

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

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

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

Complete this information if this is a continuation sheet.

PAGE 1

OF

PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

FLEMING

DATE 95		TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: c	AMOUNT CLAIMED				
19		(a)	(b)	(c)	MEALS				MISCEL- LANEOUS SUBSIS- TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER	
		(a)	(b)	(c)	BREAK- FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
10/26	2:30PM		Dept. Office for DCA													
	3:00PM		Dept. DCA DLT#1756													
	4:00PM		Arr: NY LAG													
			Taxi from LAG to Hotel						4 00	including bridge toll				4 00	17 50	
			Taxi from Hotel to SafeHome						1 00					1 00	7 50	
			447 West 47th Street													
			Taxi back to Hotel						1 00					1 00	7 50	
			Local calls												4 44	
10/27	9:23AM		Dept. Hotel for NY LAG													
			Taxi to NY LAG						4 00	including bridge toll				4 00	13 25	
			Lyden Gardens Hotel							141 90	38 00			179 90		
											SUBTOTALS ▶					
											TOTALS ▶				189 90	50 19

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

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶ \$240.09**

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY **DELTA AIRLINES**

NAME OF PASSENGER (NOT TRANSFERABLE)
DELTA
X/O FROM **WAS-NATIONAL**
X/O TO **NYC-LAGUARDIA**
ENDORSEMENTS/RESTRICTIONS

BOARDING PASS
DATE OF ISSUE **26 OCT 95** ISSUING OFFICE CODE **1181** **US**
ISS. AGENT ID. **DL77P** PLACE OF ISSUE **/DCAFD5** TOUR CODE
FARE BASIS **Y** STATUS NOT VALID BEFORE **26 OCT 330P** NOT VALID AFTER

PASSENGER TICKET AND BAGGAGE CHECK
PASSENGER COUPON
BOARDING PASS 5

NAME OF PASSENGER
DELTA
X/O FROM **WAS-NATIONAL**
X/O TO **NYC-LAGUARDIA**
DELTA

REVALIDATION
QINDC 1758 330P
GATE BOARDING TIME SEAT SMOKE
ANY NO

ADDITIONAL SEAT INFORMATION
PCS CK. WT. UNCK. WT. SEQ. NO. PCS CK. WT. UNCK. WT.

BAGGAGE ID. NR.
CPN AIRLINE FORM AND SERIAL NUMBER CK
DSBDAFD5 /7P

ORIGINAL ISSUE
FARE CALCULATION
BOARDING PASS ONLY

FARE
TAX
TAX
TAX
TOTAL
EQUIV. FARE PAID
FORM OF PAYMENT
STOCK CONTROL NUMBER TX
00605800631804

SEAT/SMOKE
ANY NO

NOT VALID WITHOUT FLIGHT COUPON

DELTA AIRLINES
(STAPLE)

FLIGHT/CABIN 1749 Y	DATE 27 OCT	SEAT
DESTINATION WASHINGTON NATIONAL		
PASSENGER NAME		
		ORIGIN LGA

YOUR ADVANCE SEAT SELECTION IS SUBJECT TO REASSIGNMENT
UNLESS YOU PRESENT YOURSELF AT THE GATE AT LEAST 15 MINUTES
BEFORE DEPARTURE TIME (EXCEPT INTERNATIONAL FLIGHTS).

THE CENTER FOR CHILDREN + FAMILIES, INC.

Not-for-Profit
501(c)(3)

September 8, 1995

Ms. Patricia Fleming
Coordinator of National AIDS Policy
750 17th Street, NW
Washington DC 20503

Dear Ms. Fleming,

The Center for Children + Families is honored to invite you to attend, and say a few words at the opening celebration of our SafeHome program at 447 West 47th Street, New York, New York, on Thursday October 26, 1995, from 6:00 to 7:30 p.m.

SafeHome is the first transitional housing program in New York State for homeless youth living with HIV. The population served by SafeHome is one of the most vulnerable and underserved of all. SafeHome is an 18-24 month residential program with a primary goal to teach young people how to manage their own lives while living with HIV. A professional staff provides 24-hour support and structured supervision to 12 male, female and transgender youth between 16 and 20 years of age. SafeHome is non-discriminatory with regard to ethnicity, religion and sexual orientation.

The Center for Children + Families has been protecting young people and promoting youth development since 1919. All of The Center's 16 therapeutic programs have an HIV/AIDS prevention, education, case management and/or sensitivity training component to them. The New York State AIDS Institute has designated The Center as an MSA (Multi Service Agency.)

The opening celebration for SafeHome will present a wonderful opportunity to publicly recognize the importance of such a program, especially for the marginalized population of lesbian, gay and transgender youth who will be encouraged to participate.

We look forward to your response, and thank you for your consideration.

Sincerely,



Judge Irwin Strum
President of the Board of Directors



Beverly Brooks
Executive Director

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Natalie B. Jones
James M. Mallard
Beverly Brooks
Executive Director



THE CENTER FOR CHILDREN + FAMILIES, INC.

October 24, 1995

To: Carmina Parris - FAX 202/632-1096, PH 202/632-1090

To: Richard Sorian - FAX 202/690-7318, PH 202/690-7470

From: Shaler McClure - FAX 212/226-1918, PH 212/226-3536

Re: Patricia Fleming/ SafeHome Opening October 26th

Total Number of Pages:

4**PROPOSED TIME TABLE FOR PATRICIA FLEMING, THURS. OCT. 26th**

- 4:30 PM** Director of Public Relations, Shaler McClure, to pick up Ms. Fleming at Lyden Gardens Hotel (215 E 64th St. ph.212/355-1230.)
- 4:50 PM** tea, drinks at Paramount Hotel (235 West 46th St. bet. 8th & Bway. Mezzanine Restaurant. ph.212/764/5500.) with Executive Director Beverly Brooks; Assistant Executive Director for AIDS and Adolescents Policy, John Wright. Ms. Fleming's son is also invited.
- 5:00 PM** Possible press person to join us at the Paramount for pre-ceremony interview. (No one is confirmed at this time, but I am working on it.)
- 6:00 PM** Arrive at SafeHome (447 W 47th St. ph. 212/977-6871.) with Executive Director Beverly Brooks for a guided tour, and to "meet and mingle" briefly with guests.
- 6:30 PM** Speeches to begin.

#1 Board President Irwin Strum - welcome and brief history of The Center for Children + Families (3 min.)

#2 Executive Director Beverly Brooks - the need for SafeHome and the struggle to make SafeHome a reality, brief thank you to



donors (5min.)

#3 Representative from the Mayor's Office - to read proclamation (5min.)

#4 NYC Councilmember Tom Duane - personal story and support and encouragement for HIV+ kids. (10 min.)

#5 Director, Office of National AIDS Policy, Patricia Fleming - keynote speaker (unltd.)

Note: all speakers will be invited to the podium and introduced by Executive Director Beverly Brooks.

7:10 PM Brief SafeHome blessing by Executive Director Beverly Brooks. Ribbon cutting at podium. All speakers invited to participate. (Multiple simultaneous snips!)

7:15 PM Photos, conversation, wrap it up.....

7:30 PM THANK YOU!

Bullets for consideration in Ms. Fleming's remarks:

- The Center for Children + Families realizes that HIV/AIDS cannot be treated as a separate and isolated concern. The Center integrates HIV/AIDS awareness, education, sensitivity training and/or treatment in all of their programs.
- The Center for Children + Families has been designated as a Multi Service Agency (MSA) by the New York AIDS Institute, a nomenclature which certifies that The Center provides specialized comprehensive services to individuals, children, adolescents and families infected and/or affected by HIV/AIDS.

- The Center for Children + Families has a history of "reaching the hard to reach," and of designing programs that serve at-risk populations of young people who would otherwise fall through the cracks of other care systems. SafeHome is a natural extension of their philosophy of social concern and care.
- SafeHome is the first program of its type in New York State.
- SafeHome is non-discriminatory and non-judgmental with regard to ethnicity, religion and sexual orientation.
- A conservatively estimated 15,000 to 20,000 adolescents ages 13-21 are homeless in New York City. Of these, an estimated 30-40% are lesbian, gay or transgender. Many have been thrown out of their homes because of their sexual orientation.
- The Center for Children + Families believes that kids shouldn't be punished because of who they are, and homeless youth living with HIV should never be denied access to treatment because of their sexual orientation.
- The Center's mission is to work with young people and their families to develop the opportunities they need to succeed in today's society. The 18-24 month program at SafeHome will prepare homeless youth living with HIV for productive and independent lives.

CONTACT: Shaler McClure
212/ 226-3536

THE CENTER FOR CHILDREN + FAMILIES, INC.

Invitation to Cover:

SAFEHOME OPENING CELEBRATION

**THE CENTER FOR CHILDREN + FAMILIES LAUNCHES SAFEHOME
-- THE FIRST TRANSITIONAL HOUSING PROGRAM
IN NEW YORK STATE FOR HOMELESS YOUTH LIVING WITH HIV.**

Patricia Fleming, Director, Office of National AIDS Policy, to speak.

The Center for Children + Families Executive Director Beverly Brooks is proud to welcome Ms. Patricia Fleming as keynote speaker at The Center's SafeHome program opening celebration on Thursday October 26th. "Ms. Fleming is the ideal person in our nation to give the opening address at SafeHome, and to publicly recognize the importance of such a program, especially for the marginalized population of lesbian, gay and transgender youth who will be encouraged to participate," according to Ms. Brooks. Ms. Patricia Fleming is Director, Office of National AIDS Policy, and the President's appointed spokesperson for HIV/AIDS Issues.

SafeHome is the first transitional housing program in New York State for homeless youth living with HIV. The population served by SafeHome is one of the most vulnerable and underserved of all. SafeHome is an 18-24 month residential program with a primary goal to teach young people how to manage their own lives while living with HIV. A professional staff provides 24-hour support and structured supervision to 12 male, female and transgender youth between 16 and 20 years of age. SafeHome is non-discriminatory with regard to ethnicity, religion and sexual orientation.

DATE: Thursday October 26, 1995

TIME: 6:00 PM - 7:30 PM Photo opportunities: Patricia Fleming, Director, Office of National AIDS Policy; Beverly Brooks, Executive Director, The Center for Children + Families; NYC Councilmember Tom Duane; Marvin Traub, President, Marvin Traub Associates and Senior Advisor of Financo, Inc.

Please Note: the SafeHome residents have not moved in yet, and there will be no HIV+ young people at the celebration who wish to identify themselves as such.

PLACE: SafeHome, 447 West 47th Street, NYC. On-site Contact: Mike Patterson: 212/977-6871

SafeHome is run by The Center for Children + Families. The Center works with young people and their families to develop the opportunities they need to succeed in today's society.



PF's Itinerary

Thursday, October 26, 1995

2:30pm — Car

3:00PM Dept. DCA Delta Shuttle

4:00PM Arrive LaGuardia

Hotel: Lyden Garden *212-555-1230*
215 E. 64 Street
212-465-3870 (Marilyn Brischler)
CNF#86579

6:00PM Arrive at SafeHome
447 W 47th Street
Contact: Beverly Brooks
212/977-6871

6:30PM Speeches to begin
Note: All speakers will be introduced by Executive Director Beverly Brooks

- #1 President **Irwin Strum** -Welcome (3 min.)
- #2 Executive Director , **Beverly Brooks**
- #3 Rep. from **Mayor's Office** - Proclamation (5 min.)
- #4 NYC Councilmember **Tom Duane** - personal story (10 min.)
- #5 Director, ONAP - **Patricia Fleming** -Keynote speaker

7:10PM Blessing by Beverly Brooks. Ribbon cutting at podium. All speakers invited to participate. (Multiple simultaneous snips!)

7:15PM Photos, conversation, wrap it up.....

7:30PM Thank you!

Friday, October 27, 1995

10:00AM Depart Laguardia

11:00AM Arrive DCA

PF: Meet the car at the Flag Pole on your return flight to DC.

United States Treasury

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C/O OPD

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WASHINGTON

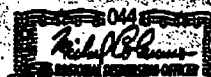
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