

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 [3]

Stack:

S

Row:

66

Section:

5

Shelf:

9

Position:

2

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (26 pages)	00/00/1995	b(6)

COLLECTION:

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

FOLDER TITLE:

Travel-Patsy Fleming [3]

2018-0755-F

rs3178

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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001. form	[Personally Identifiable Information] [partial] (26 pages)	00/00/1995	b(6)

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TRAVELER (PAYEE)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE EXEC. DIR. PRESIDENT MGMT. AND ADMIN. OPD		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. XD6A007 / 95	
	4. NAME (Last, first, middle initial) 1995 NOV 29 PM 6:36 FLEMING, Patricia S.		5. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 10/19 b. TO 10/21 / 95	
	7. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, MD 20816		8. OFFICE TELEPHONE NO. 202/632-1090		9. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) XD6A002 10/10/95	
	10. PRESENT DUTY STATION Washington, DC		11. RESIDENCE (City and State) same as "c"		12. CHECK NO.	
8. TRAVEL ADVANCE a. Outstanding 47.50 b. Amount to be applied 448.08 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)	
60908937235		\$242.00	AA	Y	10/18/95	IAD LAX
LAX		IAD				
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						
TRAVELER SIGN HERE <i>Patricia S. Fleming</i>		DATE 11-1-95		AMOUNT CLAIMED 448.08		448.08
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).						
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE <i>William D. Raines</i>		DATE 11/22/95		a. DIFFERENCES, IF ANY (Explain and show amount) The lodging allowance in Los Angeles is \$102.00 Ex. Sem. 10/19/95 122.38.00		-89.58
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: <i>DN</i> 11/22/95 358.00		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED OFFICIAL SIGN HERE <i>758 NP6J</i> 762 DATE				c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		0
18. ACCOUNTING CLASSIFICATION				d. NET TO TRAVELER		358.00
				310100 - 59.50 310601 - 299.50		

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.	
TRAVELER (PAYEE)		a. NAME (Last, first, middle initial) FLEMING, Patricia S.		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 10/19 b. TO 10/21	
		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) b. DATE(S) 10/10/95	
		e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) same as "c"		10. CHECK NO.	
		8. TRAVEL ADVANCE a. Outstanding 47.50 b. Amount to be applied 448.08 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)					
60908937235		AGENT'S VALUATION OF TICKET (a) \$242.00	ISSUING CARRIER (Initials) (b) AA	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c) Y	DATE ISSUED (d) 10/18/95	POINTS OF TRAVEL FROM (e) TO (f) IAD LAX LAX IAD	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE		DATE 11-1-95		AMOUNT CLAIMED \$ 400.58		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 1 OF 1 PAGES

TRAVEL AUTHORIZATION NO.

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)								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
10/19	3:00PM	Dept. Office for IAD												
	4:00PM	Dept. IAD for LAX												
	6:13PM	Arr: LAX												
		Van Service 1.55 to Beverly Hilton							1 00			1 00	13 00	
		Beverly Hilton						137 29	38 00			175 29		
10/20		" "						137 29	38 00			175 29	4 00	
		Bev. Hilton to Conference @ Century Plaza & Return to Beverly Hilton					1 50					1 50	11 00	
10/21	1:15PM	Dept. for LAX												
		Taxi to LAX					1 00		38 00			39 00	28 00	
	2:29PM	Dept. LAX for IAD												
	10:40PM	Arr: IAD for trip to Office												
	12:00PM	Arrive Residence												
SUBTOTALS ▶														
TOTALS ▶												392 08	56 00	

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

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 ▶ \$448.08**

The Beverly Hilton

9876 Wilshire Boulevard
Beverly Hills, California 90210
310-274-7777

Name: LEE In 10/19-10/21/95 Out 269668 Folio
Address: 175 OFFICE OF NATL AIDS PC Rate 119.00 Room 6123
175 OFFICE ST. N. 9000 NSBC01
175 OFFICE ST. N. 9000 20502
175 OFFICE ST. N. 9000 JUA

Date	Description	ID	Ref. No.	Charges	Credits	Balance
10/19/95	LISBY BAR	XAG	2001	8.04		
10/19/95	ROOM	XAP	6123	119.00		
10/19/95	ROOM TAX	XAP	6123	16.86		
10/19/95	B.H. SURCHARGE	XAP	6123	1.43		
10/20/95	GRIFFE	XAG	2340	16.60		
10/20/95	411	35 XAG	09:46	1.00	Phone	
10/20/95	ETV-2000	60 XAG	09:47	1.00	Phone	
10/20/95	GRIFFE	XAG	2467	19.78		
10/20/95	ETV-2001	79 XAG	13:55	1.00	Phone	
10/20/95	ETV-2000	02 XAG	14:17	1.00		
10/20/95	GRIFFE	XAG	2789	7.22		
10/20/95	ROOM	XAP	6123	119.00		
10/20/95	ROOM TAX	XAP	6123	16.86		
10/20/95	B.H. SURCHARGE	XAP	6123	1.43		
						330.22
For Check-out press MENU on the TV remote control and follow the instructions. Or for Zip-Out checkout, dial 1188						
Checked out 10/21/95 by JUA						
CR: 07 AB RM 4H: 899910225 AL: UA A#: 00617471823						

DATE 10/21/95 RECEIVED OF _____
THE SUM OF \$ 28.00 SURCHARGE _____
FOR CAB SERVICE RENDERED

FROM _____
TO LAX
CAB NO 1132 DRIVER S. R.

Thank You. Your Patronage is Appreciated. Security items may be redeemed at our office at 10000 Wilshire Blvd., Los Angeles, Ca 90029
Phone: (213) 556-0040
LOWEST RATES IN L.A.

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

10/10/95

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

Office of Policy

5. Office Phone

632-1090

6. Official Duty Station

Washington, DC

7. ☐ Per Diem

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

8. TRAVEL INFORMATION

PURPOSE: Special Guest Speaker at the National Skills Building Conference

DATE(S): Travel Begin On 10 / 19 / 95

Travel End On 10 / 21 / 95

ITINERARY: Point of Origin (City, State) Washington Dulles/Los Angeles

Place(s) of Official Visitation (City, State) Los Angeles, CA

Point of Return (City, State) Washington, Dulles

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	\$ 389.00
Transportation	242.00
Rental Car	000000
Miscellaneous	50.00
TOTAL	\$ 681.00

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

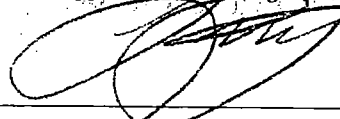
Patricia S. Fleming

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

115-2200 J108E

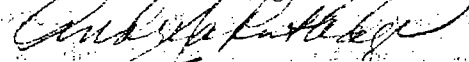
14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official (Signature and Title)



16. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)



17. Date

10/10/95

18. Travel Authorization No.

115A XDL6A0002

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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DATE(S): Travel Begin On 10/19/95

Travel End On 10/21/95

ITINERARY: Point of Origin (City, State) Washington Dulles/Los Angeles

Place(s) of Official Visitation (City, State) Los Angeles, CA

Point of Return (City, State) Washington, Dulles

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

\$ 389.00

Transportation

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Rental Car

0000.00

Miscellaneous

50.00

TOTAL

\$ 681.00

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

United States Treasury

15-51
000

P 365,447,713

Pay to
the order of12 05 95 31 PHILADELPHIA, PA
V05399 M1 EOPFMD

Check No.

2036 79662634

0EJ6000014 11010003

FLEMING, PATRICIA S.
C/O OPD
OE08 RM 145 17TH & PENN NW
WASHINGTON DC 20500

*****358*50

VOID AFTER ONE YEAR

FLEMING VOUCHER XD6A0002

358



20361

000000518 79662634 011295

picked up by Amanda Lowndale

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE OPD FILE COPY		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO. 	
TRAVELER (PA EE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 10/12 b. TO 10/13	
	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) TA000319 b. DATE(S) 9/28/95	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) same as "c"		10. CHECK NO. 	
	8. TRAVEL ADVANCE a. Outstanding 250 00 b. Amount to be applied 202 50 c. Amount due Government (Attached: ☐ Check ☐ Cash) D. Balance outstanding 47 50			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)					
		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)
49013667931		\$134.73	NW	KXE7FNR	9/1/95	DCA Detroit	Detroit Ft. Wayne, IN
49013667861		\$113.82	NW	KXE7FNR	9/1/95	Ft. Wayne, IN Detroit	Detroit 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 Patricia S. Fleming					DATE 11-1-95	AMOUNT CLAIMED \$	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					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>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.)

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).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet.

PAGE 1

OF _____

PAGES

TRAVEL AUTHORIZATION NO.

TA000319

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. 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 allowances 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 ▶ \$202.50**

DATE	10-12-95	COMPLETION TIME	
ACCT #		ACCT NAME	
PICK UP	6009 MASS AVE		
DROP	NAP		
NOTES			
BASE METER		EXTRAS	
GRATUITY		TOTAL \$	21 ⁰⁰
PASSENGER SIGNATURE			
DRIVER	Brian	DR #	358
		VEH #	610
THANK YOU!			

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

1. TRAVEL AUTHORIZATION NO. TA000319	2. DATE 09/28/95
3. TYPE OF TRAVEL ☒ Official ☐ Relocation ☐ Mixed ☐ Political ☐ Invitational (Non EOP Employees Only) ☒ Amendment (Show items amended) ☐ Funded by Non-Federal Sources	

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

PATRICIA S. FLEMING

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER (b)(6)	7. AGENCY E03379	8. DIVISION OFFICE OF POLICY
9. OFFICE PHONE	10. OFFICIAL DUTY STATION WASHINGTON DC	11. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances) Rate(s):	

12. TRAVEL INFORMATION

PURPOSE: To address the Jay County AIDS Task Force

DATE(S): Travel Begin On 10/12/1995

Travel End On 10/13/1995

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

To: PORTLAND/JAY, IN 40/26

To:

To:

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) LIMO

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$	40.00
Per Diem/M&IE		39.00
Transportation		246.73
Rental Car		0.00
Miscellaneous		250.00
TOTAL	\$	575.73
16. ADVANCE REQUESTED (meals and miscellaneous expenses only)	\$	250.00

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

Costs for this trip will be reimbursed by the Jay County AIDS Task Force, Inc. LIMO authorized for transport from airport to event site; does not exceed cost of cab fare for same distance.

TRAVEL CASH ADVANCE

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

116-5000 J108

19. REQUESTED BY

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

Patricia S. Fleming 10/6/95

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)

OA FORM 22/

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

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

1. TRAVEL AUTHORIZATION NUMBER TA000319		DATE 09/28/95	
3. TYPE OF TRAVEL			
☒ Official		☐ Invitational (Non EOP Employees)	
☐ Relocation		☐ Amendment (Show items amended)	
☐ Mixed		☐ Funded by Non-Federal Source	
☐ Political			
4. TRAVELER'S name, middle initial, last name PATRICIA S. FLEMING	5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER (b)(6)	8. DIVISION OFFICE OF POLICY
9. OFFICE PHONE	0. OFFICIAL DUTY STATION WASHINGTON DC	11. ☒ Per Diem ☐ Actual Substantiated circumstances Rate(s):	

12. TRAVEL INFORMATION
PURPOSE To address the Jay County AIDS Task Force

DATE(S): Travel Begins On 10/12/95 Travel Ends On 10/13/95
ITINERARY Point of Origin/Place(s) of Official Visitation/Point of Return
From WASHINGTON DC To PORTLAND/JAY, IN 40/26
To:
To:
To:
To:
To:
Return WASHINGTON DC

13. MODE OF TRAVEL

☒ Commercial Air ☐ Private Vehicle ☐ Rail Mileage Rate
☐ Military Air ☐ Government Owned Vehicle ☒ Other (Specify) _____

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	\$ 40.00
Per Diem/M&IE	\$ 9.00
Transportation	246.73
Rental Car	0.00
Miscellaneous	25.00
TOTAL	\$ 350.73

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

17. * SPECIAL PROVISIONS/REMARKS for first class/business/extra fare travel, and Costs for this trip will be reimbursed by the Jay County AIDS Task Force Inc.

Subject to the availability of funds.

18. ACCOUNTING APPROPRIATION, division, project, vendor number)

116-2200 J108E

19. REQUESTED BY

21. Funds are available to defray travel expenses
Funds Manager's Certification

Andrew P. ... 9/28/95

20. I certify the travel herein was reviewed to be essential for the accomplishment of and missions in the most economical means

Don Chi 90/2/95

ADVANCE OF FUNDS APPLICATION AND ACCOUNT	1. TYPE OF ADVANCE	2. TYPE OF TRAVEL	FLEMING, PATRICIA S.		4. ACCOUNT NO.
	☒ CASH ☐ CHECK	☒ TEMPORARY ☐ PERMANENT	3. NAME (Last, first, middle initial) 5. TELEPHONE NUMBER(S) 632-1090		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		8. BUREAU, DIVISION OR OFFICE OFFICE OF POLICY DEV	
9. APPLICATION - (For completion by applicant)			
An advance of funds is hereby requested for travel and other expenses to be incurred by me.		b. BALANCE DUE U.S. FROM PREVIOUS ADVANCE \$ 0.00	
a. UNDER AUTHORIZATION NUMBER TA000319	b. DATE OF AUTHORIZATION 09/28/95	f. AMOUNT HEREIN APPLIED FOR \$ 250.00	
c. TRAVEL PERIOD From 10/12/95 To 10/13/95		g. TOTAL \$ 250.00	
d. MAIL CHECK TO: ☐ OFFICE ☐ RESIDENCE (Give address - number, street, city, State, ZIP code) C/O OFC OF POLICY DEVELOP OEGB RM 1 17TH & PENN WASHINGTON, DC 20500		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 Patricia S. Fleming		DATE 10-16-95	

10. APPROVAL Signature and Title of Approving Official Conrad Rutledge		DATE APPROVED 10/6/95	11. APPROPRIATION TO BE CHARGED 96J108E
12. REMARKS For hired car to and from airport		13. CASH PAYMENT RECEIVED 250.00	DATE 10/10/95

1038-108

STANDARD FORM 1038 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

* see attached
note *

TO WHOM IT MAY CONCERN;

Taxi or hired car service is the only means of transportation from Ft. Wayne, IN airport to Portland, IN and return.


Carmena Parris

10/10/97

THE WHITE HOUSE OFFICE TRAVEL AUTHORIZATION

NO. 79802Date of Request: September 25, 19951. TRAVELER'S NAME: Patricia S. FlemingExtension:
632-1890Room:
600☒ White House Staff ☐ Other: _____

2. PURPOSE(s) AND DATE(s):

To address the Jay County AIDS Task Force
October 12, 1995

3. ITINERARY (List all cities where stopovers occur):

Wash., DC/Detroit/Ft. Wayne/Portland, IN/
Detroit/Wash. DC

4. DEPARTURE

Date:
10/12/95Time:
7:04AMMode:
AIR

RETURN

Date:
10/13/95Time:
9:30AMMode:
AIR

5. FUNDING SOURCE:

☐ Official☐ Political☒ 501 (c)(3)☐ Other: _____Jay County AIDS Task Force,
Inc. Air Fare, ~~Hotel~~ and
Hotel Only*Please Read Instructions Regarding Travel Expenses on Reverse side of this Form*

6. SPECIAL EXPENSES

☐ Commercial Car Rental☒ Taxi

TRAVEL ADVANCE REQUESTED

☒ Yes☐ No☐ Amount \$ _____

Hotel Name: _____

Recipient's Signature: _____

Date: _____

Other: _____

7. TRAVELER'S SIGNATURE (I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE):

Patricia S. Fleming

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official (Political or Foreign Travel): _____

Special Assistant to the President and Director of White House Operations: _____

FOR TRANSPORTATION OFFICE USE ONLY

Control No.: _____

Account: _____

(REV. 6/3/93)

TRAVELER'S COPY

This Approval Subject To All Applicable Government Laws and Regulations As Well As The Following Administrative Travel Policies

1. Advances For Official Travel Only

Cash travel advances will not be provided for political trips.

Advances will not be provided to anyone with an outstanding unaccounted-for advance.

Advances over \$250 require 48-hour notice to White House Administrative Office, Extension 6-2500.

2. Advances To Be Repaid From Salary After 15 Days

Any travel advance which is neither repaid nor accounted for in full by an expense voucher within 15 days after return may be deducted from the staff member's salary.

3. Government Tickets For Official Travel Only

Government-issued tickets shall be used for official trips only (i.e., no political or personal travel). The entire cost of any government-issued tickets that are used for unofficial travel will be considered a personal travel advance and treated accordingly.

4. To Obtain Reimbursement, Receipts are Required for All Expenditures Regardless of the Amount

5. For Detailed Information Regarding Travel Regulations and Policies, Please Refer to The White House Travel Handbook. (Additional copies available by calling Extension 6-2500.)

PF's Itinerary

Thursday, October 12

7:04AM Dept. Wash/Nat'l. NW#285 - Seat 10F
8:40AM Arr: Detroit
9:15AM Dept. Detroit NW#1553 - Seat 6F
9:00AM Arr: Ft. Wayne

Taxi: Yellow Cab Co. (**the car will actually be Orange in color**). The driver **Ron** will meet you at the NW ticket counter.
Phone #219-426-9116.

Hotel: The Hoosier Inn
 North Meridian St.
 Portland, IN
 Phone: 219-726-7113
 Fax: 219-726-3098

Friday, October 13

9:30AM Depart Ft. Wayne NW#1794
11:16AM Arr: Detroit
12:05PM Depart: Detroit
1:31PM Arr: Wash/Nat'l.

2971 #

249,551

NAME PATRICIA S. FLEMING		
STREET 6009 Mass. Ave.		
CITY Bethesda	STATE/ZIP MD 20816	
COMPANY REPRESENTING		
CAR LICENSE	STATE	MAKE AND COLOR
NO. IN PARTY 1	SIGNATURE X Patricia S Fleming	

NOTICE TO GUESTS
This property is privately owned, and management reserves the right to refuse service to anyone. We will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind.

CHECK-OUT TIME: 11:00 A.M.

HOOSIER INN
U.S. 27 NORTH
PORTLAND, INDIANA 47371
219-726-7113

ROOM NO. **108** | CASH
DATE **10/12/95** | CREDIT CARD

D A Y S O C C U P I E D	SUNDAY			
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY	X		
	FRIDAY			
	SATURDAY			

ROOM TOTAL	38	00
Exempt TAX	-00	
Deposit	38	00
TOTAL		
AMT. PAID	38	00

PF's Itinerary

Thursday, October 12

Contact: John Moser
Executive Director
Jay County AIDS Task Force, Inc.
219-997-6788
11:30 AM Lunch
12:30-2:30PM Jay County High School Students class lecture
Human Relations & Health Class of approx. 60 students
Teachers: Flo Golden and Mr. Sneed
Phone #219-726-9306
2:45-4:00PM HIV+/AIDS patients of various stages and cultures + 3 care-givers
The Presbyterian Church in Portland
Approx. 10pp
6:30-8:30PM Dinner - Jay County High School Commons
R.R. 2, State Road 67
Portland, IN

PF: No coffee shop nor restaurant is in the Hotel. The closest is 1/2 mile on a highway.

PF - *October 95*
Los Angeles
Oct 18-22
We need to have a
presence at this
meeting. *jl*

PF's Itinerary

Thursday, October 12

7:04AM Dept. Wash/Nat'l. NW#285 - Seat 10F
8:40AM Arr: Detroit
9:15AM Dept. Detroit NW#1553 - Seat 6F
9:00AM Arr: Ft. Wayne

driver Taxi: Yellow Cab Co. (the car will actually be Orange in color). ~~The~~
Ron will meet you at the NW ticket Counter. Phone #219-426-9116.

Hotel:

The Hoosier Inn
North Meridian St. *Portland, IN*
219-726-7113 *Fax: 219-726-3098*

11:30 lunch

12:30-2:30PM Jay County High School Students class lecture
Names of teachers

2:45-4:00PM HIV+/AIDS patients of various stages and cultures + 3 care-givers *where*
Presbyterian Church in Portland approx: 10

6:30-8:30PM Dinner —

Friday, October 13

9:30AM Depart Ft. Wayne NW#1794
11:16AM Arr: Detroit
12:05PM Depart Detroit
1:31PM Arr: Wash/Nat'l.

Jay County AIDS Task Force, Inc.

P.O. Box 1233
Portland, IN 47371
(219) 997-6788

AIDS HelpLine and
Information
1-800-997-6790

August 30, 1995

To: Patricia Fleming, Richard Sorian and Ms. Paris

From: John W. Moser, Executive Director

Re: Flight arrangements.

Dear Friends:

Per all of our communications, I have always stated that I would be handling air fare scheduling and booking because of price breaks available to me. We are ~~not~~ not for profit organization, being accountable for every penny we earn and spend.

YOUR DESIRED FLIGHTS:

Oct. 12 Leave Washington USAIR#697 7:30a.m. through Pittsburg, USAIR#7174 to Ft. Wayne, Indiana at 9:59a.m.

Oct. 13 Leave Ft. Wayne, UNITED#5044, 10:10a.m. through Chicago, UNITED# 612 at 12:14p.m. arrive DC 2:55P.M.

COST \$585.00

TASK FORCE DESIRED FLIGHTS:

Oct. 12 Leave Washington Northwestern#285, 7:04a.m. through Detroit, Northwestern #1553 to Ft. Wayne at 9:00a.m.

Oct. 13 Leave Ft. Wayne Northwestern #1794 at 9:30a.m. through Detroit, Northwestern #236 arrive Washington DC at 1:31p.m.

COST \$246.73

* Compare: \$585.00 - \$246.73 = \$338.27 difference! Being a financially responsible person and organization I think the Task Force Flights are the best. I need your approval by Thursday, Sept. 1, 1995. That's tomorrow! I must purchase the ticket Friday a.m.. I await your phone call THURSDAY at 219-997-6788.

Sincerely,

John W. Moser
John W. Moser, Exec. Dir.
Jay Co. AIDS Task Force, Inc.

only LOVE can



TRANSFORM





118 S. MERIDIAN
PORTLAND, INDIANA 47371
219-726-6531

SERVICE
WITH
UNDERSTANDING

Thank
you!

DATE: SEP 01 1995
INVOICE NO: 2459
AGENT: LIXDS

FLEMING/PATRICIA

JAY COUNTY AIDS TASK FORCE
% JOHN MOSER
BRYANT IN 47326

12 OCT 95 - THURSDAY

NORTHWEST AIR 285 COACH CLASS

LV: WASH/NATIONAL 704A NONSTOP MILES- 405 CONFIRMED
AR: DETROIT/METRO 840A

SEAT- 10F

NORTHWEST AIR 1553 COACH CLASS

LV: DETROIT/METRO 915A NONSTOP MILES- 128 CONFIRMED
AR: FT WAYNE 200A

SEAT- 6F

18 NOV 95 - SATURDAY

NORTHWEST AIR 1794 COACH CLASS

LV: FT WAYNE 1030A NONSTOP MILES- 128 CONFIRMED
AR: DETROIT/METRO 1116A

NORTHWEST AIR 236 COACH CLASS

LV: DETROIT/METRO 1210P NONSTOP MILES- 405 CONFIRMED
AR: WASH/NATIONAL 131P

THANKS FOR CHOOSING PORTANA TRAVEL INC
HAVE A NICE TRIP.

TICKET NUMBER/S:
FLEMING/PATRICIA

1420012526

CHECK

113.82

AIR TRANSPORTATION	101.82	TAX	12.00	TTL	113.82
		SUB TOTAL			113.82
		AMOUNT DUE			113.82

CUSTOMER

RECONFIRM RESERVATIONS 72 HOURS IN ADVANCE FOR INTERNATIONAL FLIGHTS; SUGGEST 48 HOURS FOR DOMESTIC; CAUTION: TICKETS MAY HAVE VALUE, RETURN FOR CREDIT OR REFUND.

IMPORTANT INFORMATION

- 1.) Please check your documents when you receive them. Call if you have any questions.
- 2.) **RECONFIRMATIONS:** Domestic: We recommend that you reconfirm all flights prior to departure and at each point of stopover. This will give the airline the opportunity to keep you advised of any changes which may have occurred in your flight. International: You must reconfirm continuing or return reservations at least 72 hours prior to flight time at each point of stopover or your reservations will be automatically cancelled.
- 3.) **CHECK-IN:** We suggest the following check-in times. Domestic: 1 hour prior to departure. International: 2 hours prior to departure. Note: Check-in later than these times could result in denied boarding.
- 4.) **OVERBOOKING:** Airline flights may be overbooked. A person denied boarding on a flight may be entitled to a compensatory payment. The rules for denied boarding compensation are available at all ticket counters.
- 5.) **CHANGES OR CANCELLATIONS:** To change or cancel your flight itinerary, call this travel agency or the airline you are scheduled to take. If cancelling return the unused tickets to us for credit or refund. Most special, excursion, and discount tickets have various travel restrictions and may have a penalty for change or cancellation. Be sure you understand these restrictions. If you change your plans enroute, ask the airline to apply the value of your unused ticket toward the purchase of a new ticket. If a refund is due, obtain a receipt from the airline. If you are holding guaranteed hotel reservations which you may wish to cancel, notify the hotel as soon as possible. Deposits and prepayments are subject to the hotel's cancellation policy.
- 6.) **INSURANCE:** Airline and other travel suppliers' insurance for baggage have limited liability. Your personal insurance may not adequately cover losses incurred by cancellation, accident, illness or stolen or damaged property. We strongly urge you to purchase additional insurance offered to you.
- 7.) **LOST TICKETS:** Lost, stolen or destroyed tickets must be paid for until refund is obtained from the issuing airline, subject to an airline imposed service charge.
- 8.) **PREPAID TICKETS:** If your travel arrangements involve a request for prepaid airline tickets, picked up by the passenger at an airline ticket counter, please note that most carriers require a mandatory non-refundable service charge. We appreciate your understanding of this charge imposed by the airline and not by our office, in order to provide this service.

WHAT YOU SHOULD KNOW ABOUT THE POSSIBILITY OF AIRLINE BANKRUPTCIES.

Hopefully there will not be any more airline bankruptcies, but it has to be recognized that they might occur. You should know how they might affect you.

- 1.) If an airline declares bankruptcy, it is not obligated to carry you or to refund tickets issued before the bankruptcy.
- 2.) Travel agents are not allowed to refund tickets on airlines which have declared bankruptcy. Money given to a travel agent immediately becomes the property of the airlines, and we are required by laws to comply with the airlines' orders.
- 3.) If an airline declares bankruptcy it might continue service, limit service, or stop completely. Other airlines might accept passengers under limited circumstances or may refuse to accept any passengers from the defaulted carrier.
- 4.) Meanwhile there are fine travel insurance plans available for passengers to protect themselves in case of airline bankruptcies.

CONSUMER DISCLOSURE NOTICE

This travel agency is acting as a mere agent for SUPPLIERS in selling travel-related services, or in accepting reservations or bookings for services that are not directly supplied by this travel agency (such as air and ground transportation, hotel accommodations, meals, tours, cruises, etc.). This agency, therefore, shall not be responsible for breach of contract or any intentional or careless actions or omissions on part of such suppliers, which result in any loss, damage, delay, or injury to you or your companions or group members. Unless the term "guaranteed" is specifically stated in writing on your tickets, invoice, or reservation itinerary, we do not guarantee any such suppliers' rates, bookings, reservations, connections, scheduling, or handling of personal effects. Travel agent shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction failures or difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside the travel agent's control. Traveler assumes complete and full responsibility for, and hereby releases the agent from, any duty of checking and verifying any and all passport, visa, vaccination, or other entry requirements of each destination, and all safety and security conditions of such destinations, during the length of the proposed travel. For information concerning possible dangers at international destinations, contact the Travel Advisory Section of the U. S. State Department, (202) 647-5225. For medical information call the U. S. Center for Disease Control, (404) 332-4559. By embarking upon his/her travel, the traveler voluntarily assumes all risks involved in such travel, whether expected or unexpected. This agency is not responsible for cancellation of any service/s and/or refunds from any supplier or carrier that may cease operations. Traveler is hereby warned of the above risks as well as possible travel industry bankruptcies and medical and climate disruptions, and is advised to obtain appropriate insurance coverage against them. Traveler's retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above and an agreement on his/her part to convey the contents hereto to his/her travel companions or group members.

ABWOTSLD

September 25, 1995

PF:

A call must go to John Moser (219/997-6788) to let him know you will not be needing his transportation on October 12. Do you still want to do this? I can if you would like me to.

yes.
Thanks.

I need from him also your Hotel and phone #

Would you like me to try to ^{yes} reserve a taxi for you or would you rather get one on your arrival? I do not know if I can reserve one but will try to do so if you need me to.

Taxi # & Driver
Credit Card (cash only)

Carmene -

I'd like to meet with you
to go over the Indiana
trip in detail - when ^{all} the
info is avail. (Later this week.)

~~Any chance of my getting an
AMEX card for govt travel?~~ NO - WH / or

\$38 + Tax 5%

Hoosier Inn
North Meridian Street
Portland, IN

219-726-7113

He has a journalist who would be
willing to pick PF up

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 79802

Date of Request: September 25, 1995

1. TRAVELER'S NAME: Patricia S. Fleming

Extension:

Room:

☒ White House Staff ☐ Other: _____

632-1090

600

2. PURPOSE(s) AND DATE(s):

To address the Jay County AIDS Task Force
October 12, 1995

3. ITINERARY (List all cities where stopovers occur):

Wash., DC/Detroit/Ft. Wayne/Portland, IN/
Detroit/Wash. DC

4. DEPARTURE

RETURN

Date:

10/12/95

Time:

7:04AM

Mode:

AIR

Date:

10/13/95

Time:

9:30AM

Mode:

AIR

5. FUNDING SOURCE:

☒ Official

☐ Political

☒ 501 (c)(3)

☐ Other: Jay County AIDS Task Force
Inc. Air Fare/Hotel Only

Please Read Instructions Regarding Travel Expenses on Reverse side of this Form

6. SPECIAL EXPENSES

TRAVEL ADVANCE REQUESTED

☐ Commercial Car Rental

☒ Taxi

☒ Yes ☐ No

☐ Amount \$ 275

Hotel Name:

Recipient's Signature:

Date:

Other:

Patricia S. Fleming

7. TRAVELER'S SIGNATURE (I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE):

Patricia S. Fleming

8. APPROVING SIGNATURES:

Office Head:

Approving Official (Political or Foreign Travel):

Special Assistant to the President and Director of White House Operations:

FOR TRANSPORTATION OFFICE USE ONLY

Control No.:

Account:

(REV. 6/3/93)

ORIGINAL (Return with Voucher)

Contact person:

Carmena Parris

Phone number:

202/632-1090

Date of request:

September 25, 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:

Deliver address to Jay County AIDS Task Force, Inc.

Date and place(s) of travel:

October 12-13, 1995 in Portland, Indiana

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):

Jay County AIDS Task Force, Inc.

AIR FARE & HOTEL ONLY

Nature of expense(s) paid for:

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):

Air Fare \$246.73

Hotel \$ 40.00

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.

TRAVELER (PAYEE)	TRAVEL VOUCHER (Read the Privacy Act statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. V00399		
	NAME (Last, first, middle initial) FLEMING, Patricia S.		b. SOCIAL SECURITY NO. (b)(6)		4. SCHEDULE NO. E-1600012		5. PERIOD OF TRAVEL a. FROM 10/3/95 b. TO 10/6/95		
	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) 20000318 b. DATE(S) 9/29/95		10. CHECK NO.		
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) same as "c"		11. PAID BY PAIL				
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 ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)			
DI 1198203898		\$542.00	DLT	Y	10/3/95	DCA Atlanta, GA New York, LGA Atlanta, GA New York, LGA 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 <i>Patricia S. Fleming</i>					DATE 11-1-95	AMOUNT CLAIMED		\$ 500 13	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2614) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).									
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) Per diem 10/3 122.58.00 Plus 66.00 (lodging) 186.58.00				
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 <i>Dr 11/22/95</i> 484 63				
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL HERE <i>758 NP6500004</i> DATE 11/22/95					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0				
18. ACCOUNTING CLASSIFICATION					d. NET TO TRAVELER 5484.63 210100 - 103.69 210601 - 380.94				

Pl. See attached report

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE OPD		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 10/3/95 b. TO 10/6/95		
	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) TA000318 b. DATE(S) 9/29/95		
	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)		
DL1198203898		\$542.00	DLT	Y	10/3/95	DCA Atlanta, GA New York, LGA Atlanta, GA New York, LGA 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		<i>Patricia S. Fleming</i>			DATE 11-1-95	AMOUNT CLAIMED	\$ 500 13	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).								
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE						a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION 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):		
						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 1 OF 2 PAGES**

TRAVEL AUTHORIZATION NO.

TA000318

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 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)
10/3	3:00PM	Dept. Office for DCA											
	4:05PM	Dept. DCA DLT#1143											
	6:00PM	Arr: Atlanta, GA											
		Taxi Airport to Hotel					2 00		2 00			2 00	32 00
		Hampton Inn Hotel						66 00	38 00			104 00	
10/4		Hampton Inn Hotel						66 00	38 00			104 00	
		Taxi from Hotel to CDC					1 00		1 00			1 00	10 00
10/5	1:30PM	Dept. for New York City											
	3:45PM	Arr: NY LAG											
		Taxi from A/port to Hotel					3 00	Bridge toll					20 75
							1 00					4 00	
		Park Central Hotel						125 44	38 00			163 44	5 69
10/5		RMKS Urban AIDS Benefit Concert, Madison Square Garden											
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.									SUBTOTALS ▶				
									TOTALS ▶			378 44	68 44

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 ▶ S446.88

DATE 95 19____	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 (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 2
OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TA000318

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. 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 ▶ \$53.25**

ROOM # 201

FLEMING/PATSY

MY NAME IS *Patricia*
 CONTINENTAL BREAKFAST HOURS ARE FROM 6 TO 10 AM
 ALL LOCAL CALLS ARE FREE
 WE HAVE HBO AND 45 CABLE STATIONS
 EXERCISE ROOM HOURS ARE 6 AM TO 10 PM
 WE WANT YOU TO BE 100% SATISFIED WITH YOUR STAY!

1695000023 0014864 A48

BOARDING PASS

NAME OF PASSENGER
FLEMING/PATRICIA
 FROM **WASHINGTON NATL**
 TO **ATLANTA**
 CARRIER **DELTA AIR LINES I**
 FLIGHT/CLASS **DL 1143Y B30CT405Y**
 GATE **33A** NO **NO**

PCB WT UNKID BAGGAGE ID NUMBER
1 006 1198203901 5
AA09910935

BOARDING PASS

FLIGHT/CABIN DATE SEAT/SMKG
532Y 50CT5 12E
 ORIGIN/DESTINATION
ATL/NYC-LAGUARDIA
 PASSENGER NAME
FLEMING/PATRICIA

AIR LINES

USAir Passenger Ticket and
 Baggage Check

ISSUED BY USAIR NOT TRANSFERABLE
 SUBJECT TO CONDITIONS OF CONTRACT

USAir SHUTTLE Boarding Pass Only

USAir Boarding
 Pass

REV 11-90

PRINTED IN U.S.A. BY RAND McNALLY

PASSENGER NAME PNR CODE CARRIER FARE BASIS/TICKET DESIGNATOR
 X/O FROM TB CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
 X/O TO

ENDORSEMENTS/RESTRICTIONS

**Look for NEW Business Centers
 In LAGUARDIA NY & BOSTON & WASHINGTON**
 If Your company would like to place equipment
 on display for use in these centers contact
 Scott Glasser @ USAir Shuttle 718 397-6100

FARE \$ 000.00

EQUIVALENT FARE PAID

Approval ALLOW PCB WT UNKID

TAX

TAX

TOTAL

\$ 900.00

04359610393

STOCK CONTROL NUMBER TX037



NAME OF PASSENGER			
FROM	X/O		
TO	X/O		
CARRIER	X/O		
FLIGHT	X/O		
CLASS	X/O		
DATE	X/O		
TIME	X/O		
BOARDING TIME	X/O		
SEAT	X/O		
SMOKING	X/O		

OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

TA000318

09/28/95

3. TYPE OF TRAVEL

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

TRAVELER's first name, middle initial, last name

PRICIA S. FLEMING

TITLE OF TRAVELER

6. SOCIAL SECURITY NUMBER AGENCY

8. DIVISION

(b)(6)

E03379

OFFICE OF POLICY

OFFICE PHONE 0. OFFICIAL DUTY STATION

WASHINGTON DC

11 ☒ Per Diem

☐ Actual Substantiated circumstances
Rate(s):

2. TRAVEL INFORMATION

PURPOSE: Visit to CDC for briefings on prevention issues

Travel begins 10/5/95

Travel ends 10/6/95

DATE(S): Travel Begins On / /

Travel Ends On / /

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

From WASHINGTON DC

To ATLANTA, GA 81/ 38

To NEW YORK CITY, NY 142/ 38

To:

To:

To:

To:

To:

Return WASHINGTON DC

3. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle

☐ Rail Mileage Rate

☐ Military Air

☐ Government Owned Vehicle ☒ Other (Specify)

4. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging \$ 304.00

Per Diem/M&IE 133.00

Transportation 300.00

Rental Car 0.00

Miscellaneous 50.00

TOTAL \$ 787.00

16. ADVANCE REQUESTED \$

(meals and miscellaneous expenses only)

17. * SPECIAL PROVISIONS/REMARKS for first class/business/extra fare travel, and

Subject to availability of funds.

18. ACCOUNTING APPROPRIATION, division, project, vendor number)

116-2200 J108E

19. REQUESTED BY

20. I certify the travel herein was reviewed to be essential for the accomplishment of and missions in the most economical means

21. Funds are available to defray travel (Signature and Title)

Funds Manager's (Signature)

Andya Rutledge 9/28/95

[Signature]

A FORM 22

1. Original (Return with Voucher)

3. Advance of funds

REV. 6/3/93

ORIGINAL (Return with Voucher)

OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

TA000318

09/28/95

3. TYPE OF TRAVEL

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

TRAVELER's name, middle initial, last name

PRICIA S. FLEMING

TITLE OF TRAVELER

6. SOCIAL SECURITY NUMBER

AGENCY

8. DIVISION

OFFICE PHONE

WASHINGTON DC

E03379

OFFICE OF POLICY

11 ☒ Per Diem

☐ Actual Subsistence Circumstances

Rate(s):

2. TRAVEL INFORMATION

PURPOSE: Visit to CDC for briefings on prevention issues

DATE(S): Travel Begins 10/5/95 On 10/5/95

Travel Ends 10/6/95 On 10/6/95

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

From WASHINGTON DC

To ATLANTA, GA 81/ 38

To NEW YORK CITY, NY 142/ 38

To:

To:

To:

To:

To:

To:

To:

Return WASHINGTON DC

3. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle

☐ Rail Mileage Rate

☐ Military Air

☐ Government Owned Vehicle ☒ Other (Specify)

4. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging \$ 304.00

Per Diem/M&IE 133.00

Transportation 300.00

Rental Car 0.00

Miscellaneous 50.00

TOTAL \$ 787.00

16. ADVANCE REQUESTED \$ 0.00

(meals and miscellaneous expenses only)

17. * SPECIAL PROVISIONS/REMARKS for first class/business/extra fare travel, and

Subject to availability of funds.

18. ACCOUNTING: appropriation, division, project, vendor number)

116-2200 J108E

19. REQUESTED BY

20. I certify the travel herein was reviewed to be essential for the accomplishment of and missions in the most economical means (Specify Title)

21. Funds are available to defray travel expenses

Funds Manager's (Signature)

Anthony R. Stedje 9/28/95

[Signature]

A FORM 22

1. Original (Return with Voucher)

3. Advance of funds

ORIGINAL (Return with Voucher)

(REV. 6/3/93)

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 79803

Date of Request: September 25, 1995

1. TRAVELER'S NAME: Patricia S. Fleming

Extension:
632-1090

Room: 600

☒ White House Staff ☐ Other: _____

2. PURPOSE(s) AND DATE(s):

Visit to CDC for briefings on prevention
issues.
Oct. 5 NYC Remarks @ Urban AIDS benefit
Concert

3. ITINERARY (List all cities where stopovers occur):

Wash./Atlanta, GA/NYC/Wash.DC

4. DEPARTURE

Date: October 3
Time: 6:00PM
Mode: AIR

RETURN

Date: October 6
Time: _____
Mode: AIR

5. FUNDING SOURCE:

☒ Official

☐ Political

☐ 501 (c)(3)

☐ Other: _____

Please Read Instructions Regarding Travel Expenses on Reverse side of this Form

6. SPECIAL EXPENSES

☐ Commercial Car Rental ☒ Taxi

TRAVEL ADVANCE REQUESTED

☐ Yes

☐ No

☐ Amount \$ _____

Hotel Name: _____

Recipient's Signature: _____

Date: _____

Other: _____

7. TRAVELER'S SIGNATURE (I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE):

Patricia S. Fleming

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official (Political or Foreign Travel): _____

Special Assistant to the President and Director of White House Operations: _____

FOR TRANSPORTATION OFFICE USE ONLY

Control No.: _____

Account: _____

(REV. 6/3/93)

ORIGINATING OFFICE COPY

This Approval Subject To All Applicable Government Laws and Regulations As Well As The Following Administrative Travel Policies

1. Advances For Official Travel Only

Cash travel advances will not be provided for political trips.

Advances will not be provided to anyone with an outstanding unaccounted-for advance.

Advances over \$250 require 48-hour notice to White House Administrative Office, Extension 6-2500.

2. Advances To Be Repaid From Salary After 15 Days

Any travel advance which is neither repaid nor accounted for in full by and expense voucher within 15 days after return may be deducted from the staff member's salary.

3. Government Tickets For Official Travel Only

Government-issued tickets shall be used for official trips only (i.e., no political or personal travel). The entire cost of any government-issued tickets that are used for unofficial travel will be considered a personal travel advance and treated accordingly.

4. To Obtain Reimbursement, Receipts are Required for All Expenditures Regardless of the Amount

5. For Detailed Information Regarding Travel Regulations and Policies, Please Refer to The White House Travel Handbook. (Additional copies available by calling Extension 6-2500.)

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 79803

Date of Request: September 25, 1995

1. TRAVELER'S NAME: Patricia S. Fleming

Extension:
631-1090

Room: 600

☒ White House Staff ☐ Other: _____

2. PURPOSE(s) AND DATE(s):

Visit to CDC for briefings on prevention issues.

Oct. 5 NYC Remarks @ Urban AIDS benefit Concert

3. ITINERARY (List all cities where stopovers occur):

Wash./Atlanta, GA/NYC/Wash.DC

4. DEPARTURE

Date:
October 3

Time:
6:00PM

Mode:
AIR

RETURN

Date:
October 6

Time:

Mode:
AIR

5. FUNDING SOURCE:

☒ Official

☐ Political

☐ 501 (c)(3)

☐ Other: SES

Please Read Instructions Regarding Travel Expenses on Reverse side of this Form

6. SPECIAL EXPENSES

☐ Commercial Car Rental

☒ Taxi

TRAVEL ADVANCE REQUESTED

☐ Yes

☐ No

☐ Amount \$ _____

Hotel Name:

Other:

Recipient's Signature:

Date:

7. TRAVELER'S SIGNATURE (I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE):

Patricia S. Fleming

8. APPROVING SIGNATURES:

Office Head:

Approving Official (Political or Foreign Travel):

Special Assistant to the President and Director of White House Operations:

FOR TRANSPORTATION OFFICE USE ONLY

Control No.:

Account:

(REV. 6/3/93)

TRAVELER'S COPY

This Approval Subject To All Applicable Government Laws and Regulations As Well As The Following Administrative Travel Policies

1. Advances For Official Travel Only

Cash travel advances will not be provided for political trips.

Advances will not be provided to anyone with an outstanding unaccounted-for advance.

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4. To Obtain Reimbursement, Receipts are Required for All Expenditures Regardless of the Amount

5. For Detailed Information Regarding Travel Regulations and Policies, Please Refer to The White House Travel Handbook. (Additional copies available by calling Extension 6-2500.)

PF's Itinerary

Tuesday, October 3, 1995

4:05PM Depart Wash/Nat'l. Delta #1143 - S/33A
6:00PM Arrive Atlanta

Hotel: Hampton Inn
1975 N. Druid Hills Rd.
404/320-6600
CNF#85377690

Fax # 404 - 320 - 2994

Wednesday, October 4

	Meetings	Person	Place
10:00-11:00AM	Meeting with	Director Satcher	Room 207
11:30-12:30PM	HIV/AIDS PSAs,	Shepherd	Ex Park
12:30-1:30PM	Working lunch Meeting with DHAP	Gayle Curran, Valdiserri	Ex Park
1:30-2:00PM	Health Care Worker Guildelines	Bell	Ex Park
2:00-2:30PM	TB	Castro	Ex Park
2:30-3:00PM	Perinatal Prevention	Rogers	Ex Park
3:00-3:30PM	Harm Reduction for IVDU	Jones	Ex Park
3:30-4:30PM	Community Plan.	Valdiserri	Ex Park
DINNER			

Thursday, October 5

10:00-10:45AM	DHAP Youth Activities	Miller	Ex Park
---------------	-----------------------	--------	---------

10:45-11:30AM	PMI Local Demonstration Projects	Shepherd	Ex Park
---------------	----------------------------------	----------	---------

1:30PM	Depart Atlanta Delta #532
3:45PM	Arrive NY LaGuardia

Hotel: Park Central
870 Seventh Ave (Corner 56 St. & 7th Ave.)
212-247-8000 Fax: 212-484-3374
CNF#0828018462

Friday, October 6

11:30AM	Depart NY LGA Delta #1751
12:35PM	Arrive Wash./Nat'l.

7:00-9:00PM	Renaissance Hotel, DC	<i>Rm; Renaissance West B Salon</i>
-------------	-----------------------	-------------------------------------

999 Ninth Street
202/898-9000
Village Meeting of the National Black Alcoholism & Addictions Council

Draft Agenda - Patsy Fleming
October 4 - 5, 1995

October 4, 1995

10:00 - 11:00	Meeting with CDC Director	Satcher	Room 207
11:30 - 12:30	HIV/AIDS PSAs	Shepherd	Ex Park
12:30 - 1:30	Working Lunch Meeting with DHAP	Gayle Curran Valdiserri	Ex Park
1:30 - 2:00	Health Care Worker Guidelines	Bell	Ex Park
2:00 - 2:30	TB	Castro	Ex Park
2:30 - 3:00	Perinatal Prevention	Rogers	Ex Park
3:00 - 3:30	Harm Reduction for IVDUs	Jones	Ex Park
3:30 - 4:30	Community Planning	Valdiserri	Ex Park

DINNER

October 5, 1995

10:00 - 10:45	DHAP Youth Activities	Miller	Ex Park
10:45 - 11:30	PMI Local Demonstration Projects	Shepherd	Ex Park

left message on
Anheak's voice mail
to delete CDC

9/27

THE WHITE HOUSE OFFICE TRAVEL AUTHORIZATION

NO. 79803

Date of Request: September 25, 199

1. TRAVELER'S NAME:

Patricia S. Fleming

Extension:
632-1090

Room:
600

☒ White House Staff ☐ Other: _____

2. PURPOSE(s) AND DATE(s):

**Visit to CDC for briefings on prevention
issues.
Oct. 5 NYC Remarks @ Urban AIDS benefit
Concert**

3. ITINERARY (List all cities where stopovers occur):

Wash./Atlanta, GA/NYC/Wash.DC

4. DEPARTURE

Date: **October 3** Time: **6:00PM** Mode: **AIR**

RETURN

Date: **October 6** Time: _____ Mode: **AIR**

5. FUNDING SOURCE:

☒ Official ☐ Political ☐ 501 (c)(3) ☐ Other: **CDC**

Please Read Instructions Regarding Travel Expenses on Reverse side of this Form

6. SPECIAL EXPENSES

☐ Commercial Car Rental ☒ Taxi

Hotel Name:

Other:

TRAVEL ADVANCE REQUESTED

☐ Yes ☐ No ☐ Amount \$ _____

Recipient's Signature:

Date:

7. TRAVELER'S SIGNATURE (I HAVE READ AND AGREE TO THE TERMS SET FORTH ON THE REVERSE SIDE):

Patricia S. Fleming

8. APPROVING SIGNATURES:

Office Head:

Approving Official (Political or Foreign Travel):

Special Assistant to the President and Director of White House Operations:

CONTROL NO. (FOR OFFICIAL USE ONLY)

Control No.:

Account:

(REV. 6/3/93)

ORIGINAL (Return with Voucher)

United States Treasury ¹⁵⁻⁵¹/₀₀₀ P 365,355,492



Pay to
the order of

11 29 95 58 PHILADELPHIA, PA
V05399 M1 EOPFMD

FLEMING, PATRICIA S.
C/O OPD
OEGB RM 145 17TH& PENN NW
WASHINGTON DC 20500

Check No.

2038 14766787

0EJ6000012 11010003

\$****484*6

VOID AFTER ONE YEAR

FLEMING VOUCHER TA000318

484



20383

0000005181 147667872 011195

Pd. See attached

FILE COPY

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE Domestic Policy		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.			
TRAVELER (PAYEE)	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 8/13/95 b. TO 8/19/95			
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) same as C		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD5A0164 b. DATE(S) 8/10/95			
						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)			
016 1185302361		\$522.00	UA	MULTI	8/11/95	Wash.Dulles/San Francisco/Los Angeles/ Wash.. Dulles			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.									
TRAVELER SIGN HERE ▶ Patricia S. Fleming					DATE 9/28/95		AMOUNT CLAIMED ▶ \$ 941.49		
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).									
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE ▶						DATE			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						a. DIFFERENCES, IF ANY (Explain and show amount)			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER ▶			
18. ACCOUNTING CLASSIFICATION 115-2200 J102A									

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

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

Complete only for actual expense travel

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

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

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

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

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

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

Complete this information if this is a continuation sheet.

PAGE 1 OF 2 PAGES

TRAVEL AUTHORIZATION NO.
XD5A0164

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: ¢	AMOUNT CLAIMED			
			MEALS				MISCE- LANEOUS SUBSIS- TENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
			BREAK- FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
8/13	12N	Depart Residence for Dulles												
	2:40PM	Dept. Dulles for San Francisco												
	5:09PM	Arr: San Francisco Airport												
		SF Marriott Fisherman's Wharf						110 88				38 00	1 00	
8/14								110 88				38 00	4 91	
8/15								110 88				38 00	1 60	
8/13		Taxi from SF Airport to Hotel shared with Richard Sorian											40 00	
8/13		Taxi from residence to Dulles Airport											35 00	
8/14		Taxi from Marriott to UCSF shared with Richard Sorian											12 60	
8/16	12N	Dept. San Francisco												
	1:23PM	Arrive Los Angeles												
		Beverly Hilton Hotel						332 64						
If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.										SUBTOTALS ▶			114 00	95 11
										TOTALS ▶				

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 ►

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)		
Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)	Complete only for actual expense travel	Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

**Complete
only
for
actual
expense
travel**

Col. (d) }
thru (g) }
(h)
(i)

(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.

Complete this
information
if this is a
continuation
sheet.

PAGE 2

OF 2

PAGES

KD5A0164

TRAVELER'S LAST NAME
FLEMING

[illegible]

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 \$941.49
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, Office of AIDS Policy		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

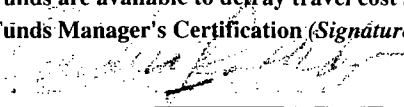
PURPOSE: To Speak at GLWA's Symposium in Los Angeles, A.K.C.L.E Breakfast in LA. and various site visits.

DATE(S): Travel Begin On 8/13/95 Travel End On 8/19/95

ITINERARY: Point of Origin (City, State) Washington, DC
Place(s) of Official Visitation (City, State) San Francisco, CA & Los Angeles, CA
Point of Return (City, State) Los Angeles, CA

9. MODE OF TRAVEL					10. ESTIMATED COST		AMOUNT
(a) Commercial Transportation					Per Diem/Actual Subsistence		\$ 822.00
Rail		Air			Transportation		\$522.00 Air Fare
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡	Rental Car		
		X			Miscellaneous		\$120.00 Taxi, tips, etc.
		X			TOTAL		\$ 1,344.00
‡ First Class must have approval of Agency Head or Deputy					11. SPECIAL EXPENSE AUTHORIZED		
(b) Privately Owned Vehicle					☐ Registration Fees (meeting, training, etc.)		
Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *		☐ Commercial Rental Car		
			☐ For convenience of traveler NTE common carrier cost		☐ Excess Baggage not to exceed		
(c) ☐ Gov't Owned Vehicle					☐ Other (Please identify)		
(d) ☐ Other (specify)					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) 115-2200 J102A	
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 8/10/95	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.



United States Treasury

15-51
000

P 365,447,712



Pay to
the order of

12 05 95 47 PHILADELPHIA, PA
V05399 M1 EOPFMD

Check No.

2036 79662633

0EJ6000013 11010003

FLEMING, PATRICIA S.
C/O OPD
OEOD RM 145 17TH & PENN NW
WASHINGTON DC 20500

\$****957*51

VOID AFTER ONE YEAR

FLEMING VOUCHER XD5A0164

957*51



2036 11

0000005181 796626336 011295

CALIFORNIA ITINERARY

Sunday, August 13

- 2:40 p.m. Depart Dulles Airport, United Flight 55
- 5:09 p.m. Arrive San Francisco International Airport
- 6:00 p.m. Check in Marriott Fisherman's Wharf Hotel
1250 Columbus Avenue, 415/775-7555

Monday, August 14

- 8:30 a.m. Leave Hotel for Peter Klaver House (housing for people with AIDS)
- 9:00 a.m. Arrive Peter Klaver House
1340 Golden Gate Avenue (corner of Fillmore and Steiner). Contact: Bob Nelson, 415/299-5490
- 9:05 a.m. Begin Meeting with Catholic Charities' Staff
- 9:20 a.m. Conclude Meeting with Staff/Begin Tour
- 9:35 a.m. Conclude Tour/Begin Meeting with Residents
- 9:50 a.m. Conclude Meeting with Residents/Meet with Media
- 10:00 a.m. Depart Peter Klaver House
- 11:00 a.m. Arrive Health Initiatives for Youth
1242 Market Street, 2nd Floor. Contact: JoAnne Lothrop, 415/487-5777.
- 12:00 noon Depart Health Initiatives for Youth
- 1:00 p.m. Arrive Children's Hospital Medical Center of Oakland, 747 52nd Avenue. Contact: Monique Binkley, 510/428-3367; fax: 510/601-3907. (Lunch will be served)
- 2:00 p.m. Depart Children's Hospital Center
- 3:00 p.m. Arrive San Francisco General Hospital
- 4:30 p.m. Depart SF General for Hotel
- 5:00 p.m. Arrive Hotel for RON
- 6:00 p.m. Phone interview with Lisa Krieger, San Francisco Examiner. Phone: 408/353-8356

Tuesday, August 15

8:30 a.m. Depart Hotel for San Francisco Chronicle

9:00 a.m. Arrive San Francisco Chronicle Editorial Board
901 Mission Avenue (Fifth and Mission). Enter
Fifth Street, 3rd Floor. Contact: Janice Greene,
415/777-7018

10:00 a.m. Depart SF Chronicle

11:00 a.m. Arrive San Francisco Examiner Editorial Board
110 Fifth Street, 2nd Floor. Contact, Jim
Finefrock, 415/777-7923.

12:00 noon Depart SF Examiner for Lunch → 3²⁰/_p Wash time
12²⁰/_p SF time

2:00 p.m. Arrive Mission Neighborhood Health Center
240 Shotwell (South Venice and Folsom off 16th St.) 456-
2nd Floor. Contact: Gladys Sandlin, 415/552-3870. 2249

3:00 p.m. Depart Mission Neighborhood Health Center

3:30 p.m. Arrive Living Well Project, Asian/Pacific Islander
AIDS Services, 1841 Market Street, 3rd Floor (enter
at 30 Pearl Street). Contact: Steve Lew

4:45 p.m. Depart Living Well Project for Hotel

5:30 p.m. Hotel for RON

Wednesday, August 16

11:00 a.m. Leave Hotel for Airport
12 noon Depart SF for LA, United Flt. 2027
1:23 p.m. Arrive LAX
2:15 p.m. Arrive Beverly Hilton Hotel
9876 Wilshire Blvd., 310/274-7777

Thursday, August 17

7:30 a.m. Leave Hotel for APLA
1313 N. Vine St., 213/993-1600. Contact: Jolie Shartin
8:00 a.m. ANGLE Breakfast Begins
9:30 a.m. ANGLE Breakfast Concludes, Proceed to Meeting with APLA Staff
9:45 a.m. Meeting Ends/Begin meeting with APLA clients
10:30 a.m. Meeting with clients concludes
10:45 a.m. Begin Media Availability
11:15 a.m. End Press Availability, Depart APLA

1 p.m. Arrive Gay/Lesbian Community Center
1625 N. Schrader Blvd., 213/993-7400. Contact: Sky Johnson
1:05 p.m. Begin Tour of Center
Lifeguard Project
Computerized AIDS Information Network
Youth Services Department
Jeffrey Goodman Special Care Clinic
Pedro Zamora Youth HIV Clinic
2:15 p.m. End tour, Meet with Center Staff
2:30 p.m. End Meeting/Depart Center
3:15 p.m. Arrive Minority AIDS Project
5149 West Jefferson Blvd. (Jefferson and Sycamore)
Contact Freda Lanoix, 213/936-4949
4:15 p.m. Leave Minority AIDS Project
5:00 p.m. Arrive Hotel for RON

Friday, August 18

9:15 a.m. Depart Hotel for Community Meeting

10 a.m. Community Meeting Begins (location TBD)

11:30 a.m. Community Meeting Concludes

Lunch

2 p.m. Los Angeles Times Editorial Board
First and Spring Streets, Globe Entrance
Contact: Robert Reinhold, 213/237-7936

3 p.m. Depart LA Times

4:00 p.m. Arrive LA County Medical Center

5:00 p.m. Depart LA County Medical Center

6:00 p.m. Hotel for RON

Saturday, August 19

12:30 p.m. Speak to Gay/Lesbian Medical Association

2:15 p.m. Leave Beverly Wilshire Hotel for LAX

4:00 p.m. Depart LAX for DC, American Flt. 36

11:46 p.m. Arrive Washington Dulles Airport

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

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

FACSIMILE COVER SHEET

TO: Rat Romani

FAX NUMBER: 456-2878

FROM: Carmina Pains

DATE: 8-11-95

PAGES INCLUDING COVER SHEET: 5

COMMENTS:

EASYLINK 6212976M001 3AUG95 15:59/15:59 EST
 FROM: 62029160
 AMERICAN EXPRESS TRAVEL
 TO: 2026321096

SALES PERSON: 48
 CUSTOMER NBR: 1695000043

ITINERARY
 SKURUI

DATE: 03 AUG 95
 PAGE: 01

TO: WHITE HOUSE TRAVEL
 1600 PENNSYLVANIA AVE
 WASH DC 20500

FOR: SORIAN/RICHARD

13 AUG 95 - SUNDAY

AIR UNITED AIRLINES FLT:55
 LV WASHINGTON DULLES
 AR SAN FRANCISCO
 SORIAN/RICHARD SEAT-31B

ECONOMY
 240P
 509P
 DINNER
 EQP: BOEING 757
 NON-STOP

HOTEL SAN FRANCISCO
 MARRIOTT FISH WHARF
 1250 COLUMBUS AVE
 SAN FRANCISCO CA 94133
 FONE 415-775-7555

3 NIGHTS OUT-16AUG
 1 ROOM SINGLE WITH BATH
 RATE-99.00 PER NIGHT

16 AUG 95 - WEDNESDAY

AIR UNITED AIRLINES FLT:2027
 LV SAN FRANCISCO
 AR LOS ANGELES

ECONOMY
 1200N
 123P
 EQP: BOEING 737 300
 NON-STOP

HOTEL LOS ANGELES
 HILTON/CONRAD HOTELS
 BEVERLY HILTON
 9876 WILSHIRE BLVD
 BEVERLY HILLS CA 90210
 FONE 310-274-7777
 FAX 310-285-1313
 CONFIRMATION 189572088

OUT-19AUG
 3 NIGHTS
 1 ROOM ACCOMMODATIONS
 RATE-105.00USD PER NIGHT
 CANCEL BY 06P DAY OF ARRIVAL
 GOVERNMENT RATE

19 AUG 95 - SATURDAY

AIR AMERICAN AIRLINES FLT:36
 LV LOS ANGELES
 AR WASHINGTON DULLES
 SORIAN/RICHARD SEAT-16D

COACH
 400P
 1146P
 DINNER
 EQP: BOEING 757
 NON-STOP

19 FEB 96 - MONDAY

OTHER WASHINGTON
 WAS

Faxed 8/9/95
 9:55 AM

RG

CONTIN

SALES PERSON: 48
CUSTOMER NBR: 1695000043

ITINERARY
SKURUI

DATE: 03 AUG 95
PAGE: 02

TO: WHITE HOUSE TRAVEL
1500 PENNSYLVANIA AVE
WASH DC 20500

FOR: SORIAN/RICHARD

. TOTAL AIRFARE USD 522.00
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

.
.....SPECIAL TICKET INFORMATION.....
RESERVATIONS AND TICKETS MAY NOT BE CHANGED
WITHOUT PRIOR AUTHORIZATION FROM YOUR DESIGNATED
ADMINISTRATOR

.....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.

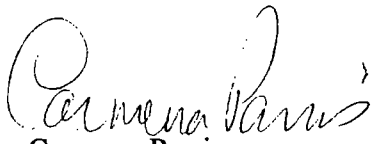
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.
MARIOTT FISHWHARF HAS A 2DAY CANCEL NOTICE IF GUARANTEED
CANCEL MARIOTT BY 6PM 11AUG.

August 8, 1995

FAXED TO NANCY TRIGGS
202/690-6630

TO WHOM IT MAY CONCERN:

Travel on the contract carrier will not allow the traveller to be available for a prior commitment.

A handwritten signature in cursive script, appearing to read "Carmena Parris".

Carmena Parris
Office of National AIDS Policy

9/29

Pat -
Take your
reimbursement to
Room 401 in the
Ness. They will be
happy to refund your
request.

Thanks!

Rm Sach
6504
Rm 01

CP - give this to
me next week!

R

THANK YOU FOR SHOPPING AT
VISUAL SYSTEMS CO., INC.
1019 19TH ST NW
WASHINGTON DC 20036-5103

Taxi Cab Receipts

7/31/1995 1:43 PM 04-03229796
847995 - BEEROL OLD STYLE PRISMACOLOR MARKER 1.39
LIST 2.95 1.39
SUBTOTAL 1.08
TAX 1.47
TOTAL 1.50
EXTRA SAVINGS 1.56
TENDERED 1.50
CHANGE .03

DATE: 7/28/95 TIME: _____
TRIP ORIGIN: 15th & M St NW
DESTINATION: H & Penn NW
FARE: \$ 3.75 SIGNATURE: [Signature]

NO RETURNS AFTER 30 DAYS OR WITHOUT RECEIPT

TAXI CAB RECEIPT

DATE: 07-27-95

CAB FARE FROM: Madison Hotel

TO: 750 15th St.

NO. OF PASSENGERS: 3

TOTAL FARE: \$ 8.00

CAB CO. & NO.: _____

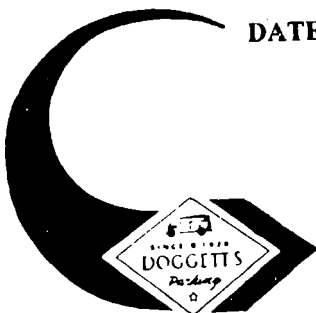
DRIVER: G. [Signature]

AIDS Direct Fund
Taxi Fare Proof

Parking during Speech at Women + HIV Conference

PARKING RECEIPT

DATE 2-22-95 \$ 9.00



[Signature]

LOCATION

CASHIER SIGNATURE

DOGGETT ENTERPRISES, INC.

SENT BY:

10-5-95 : 12:16 :

2026321096 # 2/ 3

FILE COPY

See attached receipt

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DHHS/PHS/OASH/OIH		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			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 7/11/95 b. TO 7/22/95	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Ave. Bethesda, MD 20852			d. OFFICE TELEPHONE NO. (301) 443-1774		7. TRAVEL AUTHORIZATION a. NUMBER(S) P769143 b. DATE(S) 7/6/95	
	e. PRESENT DUTY STATION Washington, D.C.			f. RESIDENCE (City and State) Bethesda, MD			
						10. CHECK NO.	
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT			
a. Outstanding		516 00		a. DATE RECEIVED		b. AMOUNT RECEIVED \$	
b. Amount to be applied		ALL		c. PAYEE'S SIGNATURE			
c. Amount due Government (Attached: ☐ Check ☐ Cash)							
d. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
GTR-B3867876		\$809.25	UA	Coach	7/7/95	Atlanta, GA	Geneva, Switzerland; Paris, France; Washington, D.C.
Prepared by: Lee Crane, 443-1774, 10/05/95							
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 \$ 640 63	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; Id. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE Executive Officer, OIH						a. DIFFERENCES, IF ANY (Explain and show amount)	
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						d. NET TO TRAVELER \$	
DATE							
18. ACCOUNTING CLASSIFICATION							
7551101		5-A736048		21.93			

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)		
Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization).	Complete only for actual expense travel	Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this
information
If this is a
continuation
sheet.

PAGE
OF
PAGES

TRAVEL AUTHORIZATION NO.

P769143

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. 11009 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. 8987, 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 (i), (m) and (n), below and in item 13 on the front of this form.

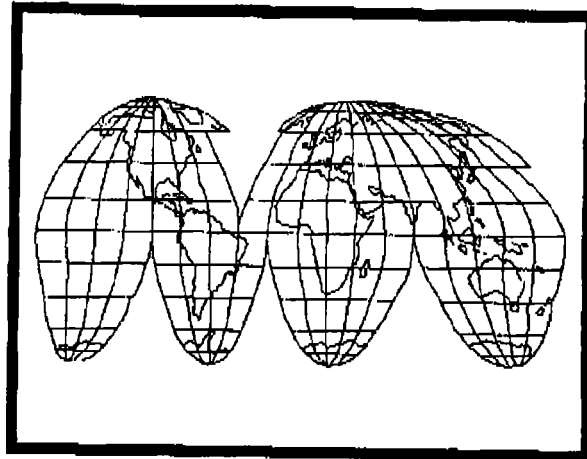
**TOTAL
AMOUNT
CLAIMED ▶** \$640.63

FACSIMILE TRANSMISSION SHEET

FROM:
LEE CRANE
Office of International Health

Department of Health and Human Services
5600 Fishers Lane
Rockville, Md. 20857
RM.18-07

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



OFFICE OF INTERNATIONAL HEALTH

TO: Carmena Parris

FAX NUMBER: (202) 632-1096

DATE: 10/05/95

NUMBER OF PAGES: 3

☐ **FYI**
☐ **AS REQUESTED**

☐ **FY ACTION**
☐ **AS DISCUSSED**

MESSAGE:

Please see attached.

THE WHITE HOUSE
WASHINGTON

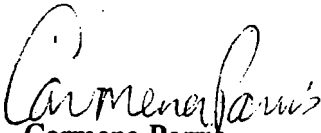
September 12, 1995

Terry Gay:

Attached are the original copies of Patricia Fleming's travel expenses and Travel Voucher. Please send me a copy after you have submitted the final version.

Flight departure time on July 11 from Atlanta 4:45PM
Arrival time back to Dulles Airport 2:40PM
Arrival time to residence 4:15PM.

Thanks.


Carmena Parris

Attachments

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

☒ Original ☐ Amendment No. _____ ☐ Cancellation
(See MHS 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/PHS/OASH/Office of International Health

7. PRESENT OFFICIAL STATION

Washington, D.C.

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

Atlanta, Georgia to Geneva, Switzerland, to Paris, France and return to Washington, D.C.

Purpose: to attend the first meeting of the UN AIDS Program Coordinating Board, 7/12-14

Traveller will be in Atlanta on business and so will begin her trip from there.
Traveller will travel from Geneva to Paris by ground transportation to spend personal time in Paris, 7/15-21/95.

1. TRAVEL ORDER NO.

P 769143

2. APPROPRIATION NO.

7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	\$ 809.25	
PER DIEM	773.00	
OTHER	100.00	
TOTAL	\$ 873.00	

8. APPROX. DATE OF DEPARTURE

July 11, 1995

9. APPROX. DATE OF RETURN

July 22, 1995

11. SPECIAL AUTHORITY

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)
taxi

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ HH GOODS & PERB. EFFECTS

☐ TEMPORARY QTRS ☐ RESIDENCE TRANSACTIONS ☐ TEMPORARY STORAGE

☐ HOUSE HUNTING TRIP ☐ MISC. EXP. ALLOWANCE ☐ OTHER (Specify)

MHS 355: ☐ SIGNED ☐ NOT REQUIRED

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

☒ PTR's ☐ JTR's ☐ OTHER (Specify)

PER DIEM: ☐ NONE ☐ IN U.S. ☐ OUTSIDE U.S. ☐ VARYING RATES PER ABOVE REGS.

RATE \$ 223.00 ☐ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

Geneva: Lodg \$119; M&IE \$104

12. FOREIGN TRAVEL

TO BE PERFORMED FOR (DHHS, UN, etc.)

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF

☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY:

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

1	8-7	8-10	11-12	13-16	17-26	28-28	29-34	39-40	41-47	48-51	52-63	64	65-75	95-100	101-108	109
RECORD TYPE	EFF. DATE	TRANSACTION CODE	REVENUE CODE	DOC. REF. CODE	DOCUMENT NO.	DOC. REF. CODE	DOCUMENT NO.	DOC. CODE	COMMON ACCOUNTING NO.	OBJ. CLASS CODE	AMOUNT DOLLARS & CENTS	RECORD FID	VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	PAYMENT COLLECTION DOC.	CATE-GORY	CASE #
				100	769143			5	A736048	21.93	\$873.00	1				2

Funds available: *Linda A. Vogel*
Executive Officer, OIH

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Teresa A. Gay, OIH

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, Office of International Health

DATE: 7/4/95

* To be completed by Office Initiating Travel Order; Other Accounting Data to be Completed by Fiscal/Accounting Office.

HÔTEL INTERCONTINENTAL
GENÈVE

N° 2845

Bon de change - Currency Exchange Voucher
Devisen Wechsel Rechnung

1404 12-07 1995

Montant Amount Betrag	Genre de Monnaie Type Money Sorte	Taux Exchange Rate Wechselk.	Montant Amount Betrag
100	Fr	109	109 -

Approuvé par Signature	Approved by Authorized Signature	Genehmigt durch Unterschrift
<i>Patric S. Ste...</i>		<i>[Signature]</i>
		Caissier Cashier Kassierer

AG 16 2

TAXIS AMBASSADOR LIMOUSINE SERVICE SARL
Tél. 022/731 41 41 **QUITTANCE** Fax 022/731 97 70



7, rue Dr-Alfred-Vincent - 1201 Genève

Date 12/07/95 Prix au compteur Fr. 15.-
Pour *Dinner* Bag. Fr.
Divers *As. Digny* Fr.
Total Fr. 15.-
Taxi GE 2970 Sign. chauffeur: *[Signature]*
EXCURSIONS - VOYAGES - TRANSFERTS

RECEIPT
Washington Dulles
International Airport
Washington Flyer Taxi Service
(703) 661-8230
(703) 528-4440

NAME _____ \$42.00
FROM _____
TO _____
DATE _____
DRIVER *Shojo* CAB NO. 159

BGE MARIN GIROLA

74140 DOUVRINE

TEL

EDR NO: 15
GCHT NO: 0
DATE: 18071995

OPERATION: RCH BIL

DEUISE: USD

TOTAL DEV: 70
COURS: 4.600000

CTUAL FF: 322.00

TTC: 322.00

RELNT PAR: CAISSE

NOM:
ADRESSE:

PASSEPORT:

BGE MARIN GIROLA

74140 DOUVRINE

TEL

EDR NO: 7
GCHT NO: 0
DATE: 16071995

OPERATION: RCH BIL

DEUISE: USD

TOTAL DEV: 100
COURS: 4.600000

CTUAL FF: 460.00

TTC: 460.00

RELNT PAR: CAISSE

NOM:
ADRESSE:

PASSEPORT:

Nous n'assurons aucune responsabilité pour toute infraction aux restrictions d'importation et/ou d'exportation de monnaies
 étrangères. Veuillez vous informer constamment des règlements en vigueur.

CUSTOMER CO

THOMAS COOK CURRENCY SERVICES INC.

THOMAS COOK GROUP
 HARTSFIELD INT'L AIRPORT
 P.O. BOX 20893
 ATLANTA, GA 30320
 (404) 761-6331

Jul 11/ 15:52:00
 SALE

[50]
 INVO: S 013433
 TYPE: OTC
 EMPL: JLL
 PNNT: CASH
 PAGE: 01 of 0

CODE	DESCRIPTION	QUANTITY	RATE	AMOUNT
CHF	SWITZERLAND - FRANC	105	0.915561	96.

Sub-Total	96.
SERVICE CHARGE	0.

TOTAL AMOUNT	100.
--------------	------

We do not assume responsibility for infringement (s) of currency import and or export restrictions, if any in foreign currencies.
 Please keep yourself always informed of the currency regulations.

**HOTEL
INTERCONTINENTAL
GENÈVE**

7-9, chemin du Petit-Saconnex - CH-1209 Genève
Tél. 022/919 39 39 - Fax 022/919 38 38

**FLEMING, MRS PATRICIA
MISSION USA
6009 MASS AVE
BETHESDA, MD, USA**

Date d'arrivée / Arrival Date **12/07/95**
Date de départ / Departure Date **15/07/95**
Nb de pers. / Nbr of Guest **1**
Tarif de la chambre / Room Rate **192.50**

Acct: 137281	Chambre / Room: 1404	TVA No : 262 741	
Réf.	Date	Description	Montant / Amount
A- FACTURE CLIENT			
1	12/07/95	ALOHA BAR..... 1404 2811 A	6.00
		12:42	
2	12/07/95	TELEPHONE..... 1404 7120007000 A	1.70
		13:04	
3	12/07/95	ROOM CHARGE..... 1404 117 A	192.50
4	12/07/95	TAXE SEJOUR..... 1404 118 O	2.50
5	13/07/95	PERGOLA PDJ..... 1404 3148 A	22.00
		08:30	
6	13/07/95	GUEST LAUNDRY..... 1404 3318 A	19.00
		13:06	
7	13/07/95	TELEPHONE..... 1404 7130071000 A	1.90
		23:53	
8	13/07/95	ROOM CHARGE..... 1404 75 A	192.50
9	13/07/95	TAXE SEJOUR..... 1404 76 O	2.50
		* SOUMIS TVA *	409.01
		* A = 6,5 % TVA *	26.59
		*0 = NON SOUMIS TVA *	5.00

Continued..

Compagnie / Company

Adresse

DECLARATION

Je demeure personnellement responsable de ce compte en dépit de ma demande qu'il soit porté au compte de la personne dont le nom apparaît ci-contre. Les comptes en souffrance comportent des frais supplémentaires au taux de 1 ½ % par mois.

I shall remain personally liable for this account notwithstanding my request that it be charged to the party herein indicated.

Ville / City

Code postal / Postal Code

Signature du client / Signature of Guest

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/PHS/OASH/Office of International Health

7. PRESENT OFFICIAL STATION

Washington, D.C.

1. TRAVEL ORDER NO.

P 769143

2. APPROPRIATION NO.

7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	\$ 809.25	
PER DIEM	773.00	
OTHER	100.00	
TOTAL	\$ 873.00	

8. APPROX. DATE OF DEPARTURE

July 11, 1995

9. APPROX. DATE OF RETURN

July 22, 1995

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

Atlanta, Georgia to Geneva, Switzerland, to Paris, France and return to Washington, D.C.

Purpose: to attend the first meeting of the UN AIDS Program Coordinating Board, 7/12-14

Traveller will be in Atlanta on business and so will begin her trip from there.
Traveller will travel from Geneva to Paris by ground transportation to spend personal time in Paris, 7/15-21/95.

11. SPECIAL AUTHORITY	TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR:			☒ EMPLOYEE AND/OR ☐ DEPENDENTS		11A. CHANGE OF STATION	TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS		
	☐ \$ PER MILE AS MORE ADVANTAGEOUS TO GOVT ☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☐ EXCESS BAGGAGE ☐ REGISTRATION FEE			☐ \$ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ☐ OTHER (Specify below) taxis			☐ TEMPORARY QTRS ☐ RESIDENCE TRANSACTIONS ☐ TEMPORARY STORAGE ☐ HOUSE HUNTING TRIP ☐ MISC. EXP. ALLOWANCE ☐ OTHER (Specify) MHS 355: ☐ SIGNED ☐ NOT REQUIRED		
12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:						13. FOREIGN TRAVEL			
☒ FTRs ☐ JTR's ☐ OTHER (Specify) PER DIEM: ☐ NONE ☐ IN U.S. ☐ OUTSIDE U.S. ☐ VARYING RATES PER ABOVE REGS. RATE \$ 223.00 ☐ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED Geneva: Lodg \$119; M&IE \$104						TO BE PERFORMED FOR (DHHS, UN, etc.) EXPENSES TO BE PAID BY SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY:			

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

1	2-7	8-10	11-12	ORIGINAL OBLIGATION		OTHER DOCUMENTS		30-40	41-47	48-51	52-63	64	65-73	95-100	101-108		109
				13-16	16-25	26-28	29-38								101-108	107-108	
REC'D TYPE	EXP DATE	TRANSACTION CODE	REVERSE CODE	DOC. REF. CODE	DOCUMENT NO.	DOC. REF. CODE	DOCUMENT NO.	GED CODE	FISCAL YEAR	COMMON ACCOUNTING NO.	OBJ. CLASS CODE	AMOUNT DOLLARS & CENTS	PERSON FED	VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	PAYMENT COLLECTION DOC.	CATE GORY	ADJ. CASE #
				130	769143			5	A736048	21.93	\$873.00	1					

Funds available:

Linda A. Vogel
Executive Officer, OIH

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Teresa A. Gay, OIH

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, Office of International Health

DATE: 7/4/95

* To be completed by Office Initiating Travel Order; Other Accounting Data to be Completed by Fiscal/Accounting Office.



FLEMING/PATRICIA#GTR-B3867876

5A736048.2193
2.0000
769143

HRSA
PKLWN
PATRICIA FLEMING
443-9428
11JUL 00000

JUL 07 1995 INV/ITN: 35817 CUST#2065 BR:34 AGT:75

11 JUL 95 - TUESDAY

UNITED 3506 COACH CLASS EQUIP-340
LV: ATLANTA 445P NONSTOP MILES- 4613 CONFIRMED
AR: FRANKFURT 730A ELAPSED TIME- 8:45 ARVL DATE-12 JUL
OPERATED BY-LUFTHANSA AIRLINES
DINNER

12 JUL 95 - WEDNESDAY

LUFTHANSA 4574 COACH CLASS EQUIP-AIRBUS A320 JET
LV: FRANKFURT 855A NONSTOP MILES- 285 CONFIRMED
AR: GENEVA 1005A ELAPSED TIME- 1:10

SURFACE TRANSPORTATION

22 JUL 95 - SATURDAY

UNITED 915 COACH CLASS EQUIP-BOEING 747 JET
LV: PARIS/DEGAULLE 1225P NONSTOP MILES- 3861 CONFIRMED
AR: WASH/DULLES 240P ELAPSED TIME- 8:15
1FULL/1LT-MEAL-MOVIE SEAT-45A

THANK YOU FOR BOOKING WITH OBER TRAVEL

COMPARED TO THE FULL FARE THIS REPRESENTS A SAVINGS OF \$ 1528.75

TICKET NUMBER/S:
FLEMING/PATRICIA

1417698404
809.25

AIR TRANSPORTATION	780.00	TAX	29.25	TTL	809.25
		SUB TOTAL			809.25
		AMOUNT DUE			809.25

Government Employees Please Note: All Frequent Flyer benefits earned while on Official Government Travel are the sole property of the U.S. Government.

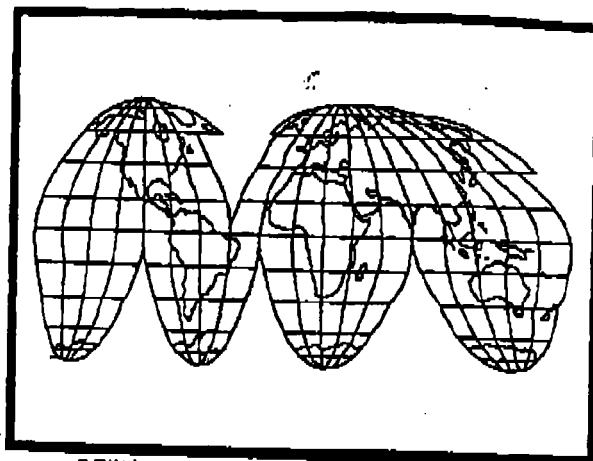
FACSIMILE TRANSMISSION SHEET

FROM:

TERRY GAY
International Health Officer

5600 Fishers Lane
Rockville, MD 20857
Room 18-90

TEL: 301-443-9428
FAX: 301-443-0742



OFFICE OF INTERNATIONAL HEALTH
PUBLIC HEALTH SERVICE
DEPARTMENT OF HEALTH & HUMAN SERVICES

TO: Carmina FAX NUMBER: 202-632-1096
DATE: 7-7 NUMBER OF PAGES: 2
(INCLUDING COVER SHEET)

☒ FYI
☒ AS REQUESTED

☐ FY ACTION
☐ AS DISCUSSED

MESSAGE:

Over Travel
Fast
301 443-5012
attention to Sam.

TRAVEL VOUCHER

PD see attached

I.D. NUMBER: 9523811 OFFICE: HCM762 TYPE OF TRAVEL: TEMPORARY DUTY VOUCHER NO.: 1 SCHEDULE NO.:

TRAVELER (PAYEE): PATSY FLEMING SSN: (b)(6) PERIOD OF TRAVEL: 7/10/95-7/11/95

MAILING ADDRESS: OFFICE TELEPHONE: 236-2050 AUTHORIZED:

PRESENT DUTY STATION: ATLANTA GA RESIDENCE: WASHINGTON, DC

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

GTR NUMBER: A1640531 COST: 209.00 TRAVEL MODE: SATO ISSUED: 7/7/95 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: _____ DATE: _____ TOTAL CLAIMED: 158.00
NET CHECK TO TRAVELER: 158.00

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT:
APPROVED BY: TERESA M SMITH,
ADMINISTRATIVE OFFICER (HCA71) ON 02/08/96

NOTE: FALSIFICATION OF AN ITEM IN AN EXPENSE ACCOUNT WORKS A FORFEITURE OF CLAIM (28 U.S.C. 2514) AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. 287 I.D. 1001).

ACCOUNTING CLASSIFICATION:

A2AXB 59210066 21.21 158.00

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages: 3

To: Carmena

From: Towns-ADA

Dept./Agency

Phone # 404-639-2918

Fax #

202-632-1096

Fax # 404-639-0944

NEN 7640-01 317-1-100

5099-101

GENERAL SERVICES ADMINISTRATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED
TRAVEL ORDER 9523811 - PATSY FLEMING

ACTUAL EXPENSES: MILEAGE & OTHER

DATE	TIME	DESCRIPTION	MILEAGE	OTHER
071095	05:00 PM	LV OFFC CRTESY RIDE TO AIRPO		
071095	06:20 PM	WASHINGTON, DC		
071095	08:11 PM	ATLANTA, GA		
			NO CLAIM	
071195		TAXI TO AIRPORT		20.00
071195	04:30 PM	ATLANTA, GA		
071195	05:30 PM	WASHINGTON, DC		
071195		COURTESY RIDE TO RESIDENCE		
071195	07:00 PM	ARRIVE HOME		
		TOTAL MILEAGE & OTHER		20.00

ACTUAL EXPENSES: PER DIEM

071095 06:20 PM WASHINGTON, DC						
071095 08:11 PM ATLANTA, GA						
DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
071095	81.36	1	19.00	81.36	100.36	100.00

071195 04:30 PM ATLANTA, GA						
071195 05:30 PM WASHINGTON, DC						
DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
071195		1	38.00		38.00	38.00

TOTAL PER DIEM						138.00

TOTAL ACTUAL EXPENSES						158.00

TRAVEL ORDER 9523811 - PATSY FLEMING

ITINERARY ADJUSTMENT JUSTIFICATION

TRAVELER HAD TO DEPART ONE DAY EARLIER DUE TO
AN EMERGENCY MEETING IN HER OFFICE.

JUL -09' 95(SUN) 13:25 CDC OAD HIV/AIDS

TEL:404 639 0943

FILE COPY

HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDER

TRAVEL ORDER #: 9523811
NAME OF TRAVELER: PAT FLEMING (b)(6)
ORGANIZATION: NCPS DHA (HCM7621)
DUTY STATION: ATLANTA GA

DATE INITIATED: 07/06/95

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

PURPOSE: TRAVELER WILL BE PARTICIPATING IN THE
IMPLEMENTATION AND EVALUATION OF U.S. PUBLIC
HEALTH SERVICE RECOMMENDATIONS FOR COUNSELING
AND TESTING OF PREGNANT WOMEN, PREVENTION
OF PERINATAL TRANSMISSION, AND LINKS TO CARE
FOR HIV-INFECTED WOMEN AND CHILDREN.

POINT OF ORIGIN: WASHINGTON, DC

DEPARTURE DATE: 07/10/95

DUTY POINTS

ATLANTA, GA

WASHINGTON, DC

ARRIVAL DATES

07/10/95

07/12/95

MODE OF TRAVEL: AIR

----- AUTHORIZATIONS -----

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

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

APPROVED BY: TERESA M SMITH,
ADMINISTRATIVE OFFICER (HCA71) ON 07/07/95

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

TRAVELER: PAT FLEMING

TRAVEL ORDER: 9504811

PAGE 2

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

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	209.00	0.00	0.00
PER DIEM	238.00	0.00	0.00
OTHER	50.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	497.00	0.00	0.00

ALLOW	CAN	OBJ	ORJ	OBJ	
*****	*****	*****	*****	*****	
A2AXB	59210066	21.21	209.00	0.00	0.00
A2AXB	59210066	21.21	288.00	0.00	0.00

RESERVATION INFORMATION

HOTEL: WESTIN PEACHTREE PLAZA HOTEL
ATLANTA, GA
659-1400

ACTUAL ITINERARY

TRAVEL ORDER 9523811 - PAT FLEMING

TICKET PICK-UP DATE - 07/07/95

DATE	TIME	DESTINATION	TRAVEL DETAILS
071095	06:20 PM	WASHINGTON, DC	DL 674
071095	08:11 PM	ATLANTA, GA	MIE: 38 LDG: 81
071295	04:30 PM	ATLANTA, GA	NO CHARGE
071295	05:30 PM	WASHINGTON, DC	MIE: 38

IFICATIONS

RAVEL ORDER 9523811 - PAT FLEMING

TRIP ORIGIN OTHER THAN DUTY POINT

TRAVELER RESIDES IN WASHINGTON, DC. AFTER
THE TRIP TRAVELER PLANS TO TAKE VACATION AND
RETURN TO WASHINGTON DC ON HER OWN.

MEETING ATTENDANCE

TRAVEL IS CONSISTENT WITH THE CDC'S ONGOING
EFFORTS IN THE CONTROL AND PREVENTION OF
HIV/AIDS.

FILE COPY

THE WHITE HOUSE
WASHINGTON

JUL 25 1995

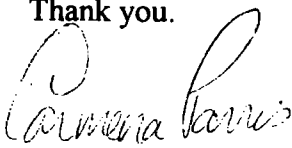
MEMORANDUM FOR TOWANDA EVERSON

FROM: Carmena Parris

You will find attached original receipts for Patricia Fleming and Jeff Levi for their trip to Atlanta, to participate in the meeting on "Implementation and Evaluation of U.S. Public Health Service Recommendations for Counseling and Testing of Pregnant Women, Prevention of Perinatal Transmission, and Links to Care for HIV-Infected Women and Children".

Please process and fax me the vouchers for their signatures and I in turn will fax the signed copies back to you.

Thank you.

A handwritten signature in cursive script, appearing to read "Carmena Parris".

Carmena Parris

Attachments

THE WHITE HOUSE OFFICE TRAVEL AUTHORIZATION

NO. 72710Date of Request July 5, 1995**1. TRAVELER:**Name: Patricia S. Fleming☒ White House StaffExtension: 632-1090Room: Suite 600☐ Other: _____

- 2. PURPOSE(s) and DATE(s):** July 10-11, Atlanta - CDC Meeting on Implementation and Evaluation of U.S. Public Health Service Recommendations for Counseling and Testing of Pregnant Women, Prevention of Perinatal Transmission, and Links to Care of HIV-Infected Women and Children. July 11-14 - UNAIDS Programme Coordinating Board Meeting, Geneva, Switzerland

- 3. ITINERARY:** Washington/Atlanta/Frankfurt/Geneva/Paris/Washington

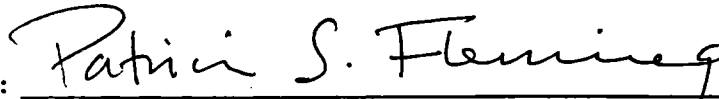
(List all cities where stopovers occur.)

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
7/10/95	6:20PM	AIR	7/22/95	4:30PM	AIR

5. FUNDING SOURCE:☒ OFFICIAL☐ POLITICAL☐ 501 (c) (3)☐ OTHER _____

SPECIAL EXPENSES		TRAVEL ADVANCE REQUESTED	
☐ Commercial Car Rental	☒ Taxi	☐ Yes	☐ No
☒ Hotel	Name: _____	Amount \$ _____	
☐ Other: _____		Recipient's Signature: _____	
		Date: _____	

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. TRAVELER'S SIGNATURE:


(I have read and agree to the terms set forth on the reverse side.)

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official

(Political or Foreign Travel): _____

Special Assistant to the President and

Director of White House Operations: _____

9. FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____

Account: _____

Seth 456-6472

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: July 5, 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:

Implementation and Evaluation of U.S. Public Health Service Recommendations for Counseling and Testing of Pregnant Women, Prevention of Perinatal Transmission, and Links to Care of HIV-Infected Women and Children. UNAIDS Programme Coordinating Bd.Mtg.

Date and place(s) of travel:

July 10-11 - Atlanta, Georgia
July 11-14 - Geneva, Switzerland

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):

CDC for Atlanta
USAID for Geneva, Switzerland

Nature of expense(s) paid for:

CDC	USAID
\$209.00 Air Fare	\$809.25 Air Fare
165.00 Hotel	675.00 Hotel
60.00 Taxis & Tips	250.00 Taxis, Tips, etc.

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.



United States Treasury

15-51 B 796,032,088
000



Pay to
the order of

02 13 96 64 BIRMINGHAM, AL
337234291401 M1 DHHS-CDC

Check No.

3510 86084808

R9605B0017 7509042

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

\$****158*0

VOID AFTER ONE YEA

952381101V



⑈35101⑈

⑈000000518⑈ 860848087⑈ 010296

PF's Itinerary

Monday, July 10, 1995

6:20PM Depart National DLT# 674 - S/11C
8:11PM Arrive Atlanta

Hotel

Westin Peachtree
210 Peachtree Street, NW
CNF#FF4Q01
Phone: 404/659-1400

Tuesday, July 11

4:45PM Depart Atlanta UA(Lufthansa)#3506

Wednesday, July 12

7:30AM Arrive Frankfurt
8:55AM Depart Frankfurt Lufthansa #4574
10:05AM Arrive Geneva

I requested a window seat. Seat assignments for the above flights most likely will be given at the gate.

Wednesday, July 12 - 14

Hotel

International Geneve
7-9 Chemin du Petit-Saconnex
1211 Geneva 19
Phone: 41-22-919-3939
Fax: 41-22-919-3838

(Please present your Hotel Certificate for Mileage Plus on check in)

Monday July 17 - 22

Hotel

La Louisiane
Rue de seine, St. Germain
Phone: 011-33 1 43 29 79 30
Fax: 011-33 1 46 34 23 87

Saturday, July 22

12:25PM Depart Paris/DeGaulle UA#915 - S/45A
2:40PM Arrive Wash/Dulles

Susan Timberlake in Geneva #791-4355 (You said you would call while there).

Office of HIV/AIDS Policy

Office of the Assistant Secretary for Health

U.S. Public Health Service/DHHS

200 Independence Avenue, S.W.

Washington, D.C. 20201

Tel. (202) 690-5560



☐ Room 733-E
Fax. (202) 690-6584

☐ Room 730-E
Fax. (202) 690-7560

Deliver to:

PATY FLEMING

PF: Hal said he
is sending for
E-mail re travel
fund & will set
back to me.

Fax:

Tel:

From:

Date:

Hal Thompson

This fax contains 2 pages + cover

If transmission problems occur, please call _____

Comments:

OK to clear this?

Street Address:

1601 N Kent Street, Room 1200-
Arlington, VA 22209
Phone: 703-875-4714/4726
FAX: 703-875-4686

**Mailing Address:**

Room 1200, SA-18
Washington, DC 20523-1817

Agency for International Development
Office of Health and Nutrition
Bureau for Global Programs, Field Support and Research

To: Ms. Carmine Parris

From: Jacob Gayle

Phone: _____

FAX: 202/632-1096

Number of pages (including cover sheet): 1

MESSAGE:

Carmine :

*Patsy's reservations are at the
Hotel International Geneva
7-9 Chemin du Petit-Saconnex
1211 Geneva 19*

*[41-22] 919-3939
fax [41-22] 919-3838.*

*Price is Sfr 192.50 per night,
inc. service at VAT of 6.5 %
A city tax of Sfr 2.50
per night will be added.*

MEMORANDUM

TO: Patsy

FROM: LaHoma 

RE: Meeting with Susan Timberlake, Human Rights Specialist, WHO

Date: 27 June 1995

Although we had to cancel our meeting with Ms. Timberlake yesterday afternoon, I told her that you would try to contact her when you arrive in Geneva. She was very disappointed that she could not meet you.

Her contact number in Geneva is: 791-4355.

TO PF

DATE 6/29/95 TIME 230

PHONE CALLS

"WHILE OUT" RECORD

M. Ann Blackwood

OF _____

PHONE 647-1044

AREA CODE NUMBER EXTENSION

TELEPHONED	☒	PLEASE CALL	☒
CALLED TO SEE YOU	☐	RETURNED CALL	☐
WILL CALL AGAIN	☐	URGENT	☐

MESSAGE RE!

CABLE SENT YESTERDAY

STATE DEPT.

NEED ANSWER TODAY

TAKEN BY: Bl

UNCLASSIFIED ONLY

FAX COVER SHEET

BUREAU OF INTERNATIONAL ORGANIZATION AFFAIRS (IO)
U.S. DEPARTMENT OF STATE
FAX NUMBER (202) 647-8902

PLEASE USE THIS NUMBER ONLY FOR THE FOLLOWING OFFICE:

Office of Technical Specialized Agencies

(IO/T)

FROM:

ANN S. BLACKWOOD

Name

IO/T/HTP

Office

(202) 647-1044

Phone Number

TO:

PATSY FLEMING

Name

WH/NAPD

Office

632-1096

FAX Number

Phone Number

DESCRIPTION:

Cable for Clearance on UNAIDS

Number of pages including cover sheet:

4

DATE:

6/29/95

SPECIAL INSTRUCTIONS:

Please pass clearance to Neil Boyer
or Ann Blackwood. Thanks,

Ann
647-1044

PF - ok 6/29/95

OUTGOING TELEGRAM

INITIAL HERE 5.1

DEPARTMENT OF STATE

AUTH _____ DRAFT _____

CLEAR 1 _____ 2 _____

3 _____ 4 _____ 5 _____

6 _____ 7 _____ 8 _____

UNCLASSIFIED

IO/T:NABOYER/USAID/G/HPN/JGAYLE:NAB
06/28/95 X71044 SET 4464
IO:MLKIMBLE

USAID/G/AVANDUSEN
NAPO: HTHOMPSON

WH/NAPD:PFLEMING
DHHS/OIH: LVOGEL {INFO}

PRIORITY GENEVA, USUN NEW YORK PRIORITY, CANBERRA, ALGIERS,
BRIDGETOWN, OTTAWA, BEIJING, BRAZZAVILLE, ABIDJAN, PARIS, NEW DELHI +

E.O. 12356: N/A

TAGS: AORC, ECOSOC, WHO, UNAIDS

SUBJECT: UNAIDS: U.S. CANDIDACY FOR CHAIRPERSON

1. SUMMARY. THIS MESSAGE REQUESTS DEMARCHES ON BEHALF OF THE U.S. CANDIDATE FOR CHAIRPERSON OF THE PROGRAM COORDINATING BOARD (PCB) OF THE NEW UNITED NATIONS JOINT PROGRAM ON HIV/AIDS, KNOWN AS UNAIDS. THE PCB WILL HOLD ITS FIRST MEETING ON JULY 13-14 IN GENEVA, AND WILL ELECT ITS CHAIRPERSON AT THE OUTSET OF THAT SESSION. WE KNOW OF NO OTHER DECLARED CANDIDATE FOR THIS POST. END SUMMARY.

2. EXCEPT FOR GENEVA AND USUN NEW YORK, ADDRESSEE POSTS ARE IN THE 20 OTHER COUNTRIES WHICH THUS FAR HAVE BEEN ELECTED BY THE UN ECONOMIC AND SOCIAL COUNCIL (ECOSOC) TO THE PCB. (ONE MORE ASIAN COUNTRY WILL BE ELECTED ON JULY 3.) THOSE POSTS ARE REQUESTED TO URGE HOST GOVERNMENTS TO INSTRUCT DELEGATES TO THE PCB MEETING IN GENEVA TO SUPPORT AMBASSADOR SALLY SHELTON, THE CHIEF U.S. DELEGATE TO THE PCB, FOR CHAIRPERSON OF THE UNAIDS PCB. GENEVA AND USUN ARE REQUESTED TO SOLICIT SUPPORT FROM THE LOCAL MISSIONS OF THESE SAME COUNTRIES.

3. IN MAKING DEMARCHES, ADDRESSEES MAY DRAW UPON THE

UNCLASSIFIED

UNCLASSIFIED

2

TALKING POINTS BELOW. REACTIONS TO THESE DEMARCHES SHOULD BE REPORTED BY CABLE TO STATE IO, AID/G, DHHS/OIH, AND MISSIONS GENEVA AND USUN NEW YORK.

4. TALKING POINTS:

-- THE FIRST MEETING OF THE GOVERNING BODY OF THE NEW UNITED NATIONS JOINT PROGRAM ON HIV/AIDS (UNAIDS) WILL BE HELD IN GENEVA ON JULY 13-14. THE GOVERNING BODY IS CALLED THE PROGRAM COORDINATING BOARD (PCB).

-- AT THE FIRST MEETING, THE 22-MEMBER PCB WILL ELECT OFFICERS. THE UNITED STATES WISHES TO PRESENT THE CANDIDACY OF ITS CHIEF DELEGATE TO THE PCB, AMBASSADOR SALLY A. SHELTON, AS THE CHAIRPERSON OF THE PCB, AND WE SEEK THE SUPPORT OF YOUR DELEGATION TO THE PCB.

-- AMBASSADOR SHELTON CURRENTLY SERVES AS ASSISTANT ADMINISTRATOR OF THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). AS HEAD OF THE BUREAU FOR GLOBAL PROGRAMS, FIELD SUPPORT AND RESEARCH, AMBASSADOR SHELTON MANAGES USAID'S SCIENTIFIC AND TECHNICAL PROGRAMS, INCLUDING THE PORTFOLIO RELATING TO HIV/AIDS AND REPRODUCTIVE HEALTH.

-- PREVIOUSLY AMBASSADOR SHELTON WAS U.S. AMBASSADOR TO GRENADA, BARBADOS AND SEVERAL EASTERN CARIBBEAN COUNTRIES. HER EXTENSIVE EXPERIENCE IN INTERNATIONAL AFFAIRS ALSO INCLUDES SERVICE AS DEPUTY ASSISTANT SECRETARY OF STATE FOR INTER-AMERICAN AFFAIRS, AS A U.S. DELEGATE TO THE UNITED NATIONS AND TO THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, HELD IN CAIRO, AND AS LEGISLATIVE ASSISTANT FOR INTERNATIONAL AFFAIRS TO FORMER SENATOR LLOYD BENTSEN.

-- IN HER CURRENT ROLE, AMBASSADOR SHELTON GUIDES USAID OPERATIONS IN RESPONSE TO THE HIV/AIDS EPIDEMIC. PRIMARILY THROUGH USAID, THE U.S. GOVERNMENT HAS BEEN THE LARGEST CONTRIBUTOR TO HIV/AIDS PROGRAMS IN THE UN SYSTEM. IN 1994, USAID CONTRIBUTED 28.5 MILLION DOLLARS TO THE WHO GLOBAL PROGRAM ON AIDS AND IMPLEMENTED BILATERAL AIDS-CONTROL PROGRAMS BUDGETED AT 82 MILLION DOLLARS.

-- THE UNITED STATES BELIEVES THAT AMBASSADOR SHELTON'S EXTENSIVE EXPERIENCE IN INTERNATIONAL AFFAIRS, AND THE WORK OF HER AGENCY IN CONTRIBUTING TO THE INTERNATIONAL FIGHT AGAINST HIV/AIDS, WELL QUALIFY HER TO LEAD THE

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3

PROGRAM COORDINATING BOARD OF THE NEW UN PROGRAM.

-- THE UNITED STATES WOULD APPRECIATE THE SUPPORT OF YOUR GOVERNMENT AND REQUESTS THAT YOU INSTRUCT YOUR DELEGATION TO THE PCB MEETING IN GENEVA ON JULY 13 TO SUPPORT AMBASSADOR SHELTON FOR THE POST OF CHAIRPERSON.

44

TOKYO
MEXICO
THE HAGUE
ISLAMABAD
ASUNCION
MOSCOW
PRETORIA
STOCKHOLM
KAMPALA
LONDON
SOFIA
4

UNCLASSIFIED

Fax to Patsy Fleming
at 202-632-1096

Third Ann
Conference

along with these pages from the
HIV conference agenda:

pp 8-18

John Moore

Atlanta, Georgia 30303-1745

Phone:

Fax: 202-632-1096

To: Patsy Fleming
From: John Moore
Date: 6/12/95

Comments: Letter and pages
8-18 of the HIV Agenda

The Conference on Preventing HIV Infection Among School-Aged
Youth
June 12 - 14, 1995
Atlanta, GA

Background Information

The conference participants include representatives from (1) state and local departments of education, health, and social service services, (2) national nongovernmental education, health, and social service organizations, (3) federal agencies, (4) insitutions of higher education, and (5) philanthropies.

A list of the conference purposes is attaced.

A copy of the agenda is attached.

Ms. Fleming will be the closing keynote speaker. Her session starts at 9:00 am on Wednesday, June 14. This session will be held in the Peachtree Ballroom of the Westin Peachtree Plaza Hotel in Atlanta.

Ms. Fleming will be introduced by Lloyd Kolbe, Director, Division of Adolescent and School Health, CDC.

Also speaking during this session will be two young people: Troix Bettencourt and Amy Dolph.

The total session will last one hour, with questions and answers.

The theme of this conference is: "Joining Together and Involving Young People in Preventing HIV: Partnerships and Strategies."

The focus of the closing session will be HIV Prevention and Young People. The conference has focused, in part, on the importance of involving young people in planning and implementing HIV prevention programs. Another focus has been collaboration among all agencies that address young people.

Key points for Ms. Fleming to make:

Reinforce the themes of the conference: (1) the need to provide HIV prevention programs for youth, (2) the need to involve young people in planning and implementing these programs, (3) the need for youth-serving agencies at all levels to collaborate to provide effective HIV prevention programs for youth.

I can be reached at the Westin Peachtree at: (404) 589-7533 or (404) 589-7534.

Please let me know if you need additional information.

John R. Moore

MONDAY, JUNE 12, 1995

9:00 am **Welcome and Opening Plenary** **Peachtree Ballroom**

David Satcher, M.D., Director
Centers for Disease Control and Prevention (CDC)

Framing the Issue/Challenge to Participants

Jay Coburn
AIDS Action Council

Questions from Audience

10:00 am **Update from the National Youth Summit on HIV Prevention and Education**

Amy Lehr, Vermont
Derrick Smith, Arkansas
Stacey Mahoney, Washington, DC
Representatives from the National Youth Summit

Special Recognition

Certificates of appreciation will be presented to the members of the Executive Committee for providing leadership for the Youth Summit.

10:30 am **Break**

11:00 am **Partnerships Between Adults and Young People**

Peachtree Ballroom

Moderator: Steve Ranslow
Centers for Disease Control and Prevention (CDC)

Speakers: Olivia Derridinger and Prentice Crowell
Peer Prevention Project, Boston, MA

The presenters will describe a successful model of involving young people in HIV prevention.

11:30 am **HIV Prevention and Young People: A Personal Perspective**

Sean Sasser
*Health Initiative for Youth,
Cast Member of MTV's Real World*

12:00 pm **LUNCH (On Your Own)**

MONDAY, JUNE 12, 1995

1:30 - 3:00 pm Concurrent Sessions

• **HIV Scientific Update**

Peachtree Park

Moderator:

Dave Poehler

Centers for Disease Control and Prevention (CDC)

Speakers:

Peter Drotman, Linda Valleroy,

Kim Miller, and Patricia Sweeney

Centers for Disease Control and Prevention (CDC)

Current trends, recent research, case studies, the nature of the epidemic, and CDC's present and future directions will be discussed. Participants will have an opportunity to interact with speakers.

• **Involving Young People in HIV Prevention (Part 1)**

Peachtree Dunwoody

Moderator:

Steve Ranslow

Centers for Disease Control and Prevention (CDC)

Speakers:

Chad Martin

Centers for Disease Control and Prevention (CDC)

Jewel Love

Academy for Educational Development (AED)

Youth Panel:

Heather Starkle, Bindi Gandhi, Fred Palm,

Erica Hollowman, and Wally Lee

Seeing young people as individuals, and not as one culture, is a first step in reaching and involving young people as partners in HIV prevention. This workshop will include experiences from the local level and practical preparation exercises for better serving the needs of young people.

• **Building and Maintaining Community Support for HIV Prevention**

Peachtree Battle

Moderator:

Marty DuShaw

Centers for Disease Control and Prevention (CDC)

Speaker:

Kevin Cranston

Massachusetts Department of Public Health

This interactive workshop will present several strategies for informing your local community about the importance of HIV prevention education, responding to unwarranted criticisms of prevention programs, and involving community members in their ongoing design and evaluation. The presenter will focus on epidemiology, risk behavior research, and program outcome evaluations as the primary rationales for HIV prevention, and will describe structural approaches to preventing and managing community controversy. The use of advisory and review panels, local media, and parent and professional advocacy organizations will be emphasized. Participants should be prepared to discuss their communities' needs and experiences in order to share resources and collectively solve problems.

MONDAY, JUNE 12, 1995**• Diversity: Building Cultural Competency****Tower 18****Moderator:**

Bryan Lindsey

*Centers for Disease Control and Prevention (CDC)***Speakers:**

George Roberts

Centers for Disease Control and Prevention (CDC)

Lily McNair

University of Georgia

This session will focus on the role of cultural competence in designing effective HIV prevention programs for youth. Strategies to increase cultural competence will be presented.

• A Question of Balance: Emphasizing Abstinence While Ensuring Effectiveness**Tower 11****Moderator:**

Jim Martindale

*Centers for Disease Control and Prevention (CDC)***Speaker:**

Joyce Johnson

New Hampshire State Department of Education

A reflection on the process and content of abstinence education which challenged a state to examine the unexplored common ground will be provided.

• HIV/AIDS In-depth Evaluations: State and Local Education Agency Opportunities and Applications**Tower 17****Moderator:**

Sandra Jones

*Centers for Disease Control and Prevention (CDC)***Speakers:**

Nadine Gay

Dade County Public Schools

Tom Collins

New Jersey Department of Education

Dave Lohrmann

Academy for Educational Development (AED)

Susan Blake

Academy for Educational Development (AED)

Representatives from Dade County public schools, New Jersey Department of Education, and Academy for Educational Development (AED) will describe their experiences participating in an "Intensive evaluation." Interactive discussion will focus on the barriers, opportunities, and benefits they perceive from the evaluations. Participants may apply these experiences to their own program evaluation and planning.

MONDAY, JUNE 12, 1995

• **Opportunities for State Health and Education Agency Collaboration**

Tower 14

Moderator:

Wanda Jubb

Centers for Disease Control and Prevention (CDC)

Speakers:

Mary McCall

Association of State and

Territorial Health Officials (ASTHO)

Jason Hendrix

National Alliance of State and

Territorial AIDS Directors (NASTAD)

Randall Pope

Michigan State Department of Public Health

Patricia Nichols

Michigan State Department of Education

Pat Young

Iowa State Department of Public Health

Robinette Bacon

Nevada Department of Education

John Yacenda

Nevada Department of Health

This session will focus on results and implications of a survey of state health agency HIV/AIDS directors and the extent to which they collaborate with state education agencies in planning and delivering HIV prevention education to youth. Participants will have an opportunity to hear and participate as representatives from ASTHO, NASTAD and state health and education agencies discuss the report and how collaboration has worked for them.

• **Making Schools Safe for All Youth: The Impact of School Climate and Educational Equity on Gay and Lesbian Youth** **Peachtree Lane**

Moderator:

Susan Wooley

Centers for Disease Control and Prevention (CDC)

Speakers:

Phyllis Scattergood

Education Development Center (EDC)

Mary Doyen

Rocky Mountain Center for Health Promotion and Education

Marla Grace

Boston Public Schools

Ann Horiuchi

Hawaii State Department of Education

Troix Bettencourt

Lowell, Massachusetts

Youth and adult trainers will describe how they designed and adapted an interdisciplinary staff training model for local, state, and regional use. The workshop will describe policies and other strategies they developed to address the health needs of youth.

MONDAY, JUNE 12, 1995**• Integrating HIV/STD/Pregnancy Prevention Using Multiple Intervention Strategies in Schools****Tower 16****Moderator:**

Stephen Banspach

Centers for Disease Control and Prevention (CDC)

Speakers:

Karen Basen-Engquist

University of Texas Health Science Center at Houston

Karin Coyle

ETR Associates

This session will overview the development of activities in a school-based HIV/STD/Pregnancy prevention program currently being studied in Texas and California. The program includes curricula, school councils, peer organization, parent involvement, and school-community linkages. Program development issues and lessons learned will be addressed.

• Working Session: Improving the School Health and HIV Education Profile for 1996**Tower 15****Speaker:**

Laura Kann

Centers for Disease Control and Prevention (CDC)

During this session, participants will work together to provide specific suggestions for improving the School Health and HIV Education Profile questionnaires and report for 1996 based on lessons learned during 1994 and the subsequent usefulness of the data for improving school health and HIV policies and programs.

3:30 - 5:00 pm Concurrent Sessions**• Focus Group Research: Tips for Success****Tower 9****Moderator:**

Kathy Douglas

Centers for Disease Control and Prevention (CDC)

Speakers:

Carol Rheume

South Carolina Consultant

Renee DeMarco

Centers for Disease Control and Prevention (CDC)

This session is designed to answer the "who, what, when, where, why and how" questions of focus group research. The discussion will focus on appropriate and inappropriate uses of focus groups, the three tasks of focus group research, ethical dilemmas and responsibility, discussion guide development, budgeting considerations, and moderation skills. Special emphasis will be on working with youth.

MONDAY, JUNE 12, 1995

• **HIV Scientific Update**

Peachtree Park

Moderator:

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Centers for Disease Control and Prevention (CDC)

Speakers:

Peter Drotman, Linda Valleroy,

Kim Miller, and Patricia Sweeney

Centers for Disease Control and Prevention (CDC)

Current trends, recent research, case studies, the nature of the epidemic, and CDC's present and future directions will be discussed. Participants will have an opportunity to interact with speakers.

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(Part 2)**

Peachtree Dunwoody

Moderator:

Steve Ranslow

Centers for Disease Control and Prevention (CDC)

Speakers:

Chad Martin

Centers for Disease Control and Prevention (CDC)

Jewel Love

Academy for Educational Development, (AED)

Youth Panel:

Heather Starkle, Bindi Gandhi, Fred Palm

Erica Hollowman, and Wally Lee

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Peachtree Battle

Moderator:

Marty DuShaw

Centers for Disease Control and Prevention (CDC)

Speaker:

Kevin Cranston

Massachusetts Department of Public Health

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Gloria Bryan

*Centers for Disease Control and Prevention (CDC)***Speakers:**

George Roberts

Centers for Disease Control and Prevention (CDC)

Lily McNair

University of Georgia

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Jim Martindale

*Centers for Disease Control and Prevention (CDC)***Speaker:**

Joyce Johnson

New Hampshire State Department of Education

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Dade County Public Schools

Tom Collins

New Jersey Department of Education

Dave Lohrmann

Academy for Educational Development (AED)

Susan Blake

Academy for Educational Development (AED)

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Moderator:

Wanda Jubb
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Speakers:

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National Alliance of State and Territorial AIDS Directors (NASTAD)
Randall Pope
Michigan State Department of Public Health
Patricia Nichols
Michigan State Department of Education
Pat Young
Iowa State Department of Public Health
Robinette Bacon
Nevada Department of Education
John Yacenda
Nevada Department of Health

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Peachtree Lane

Moderator:

Susan Wooley
Centers for Disease Control and Prevention (CDC)

Speakers:

Phyllis Scattergood
Education Development Center (EDC)
Maria Grace
Boston Public Schools
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Rocky Mountain Center for Health Promotion and Education
Ann Horiuchi
Hawaii State Department of Education
Troix Bettencourt
Lowell, Massachusetts

Youth and adult trainers will describe how they designed and adapted an interdisciplinary staff training model for local, state, and regional use. The workshop will provide suggestions for trainers on implementing policies and using other strategies for creating safe school environments for youth.

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An overview will be provided on the development of activities in a school-based HIV/STD/Pregnancy prevention program currently being studied in Texas and California. The program includes curricula, school councils, peer organization, parent involvement, and school-community linkages. Program development issues and lessons learned will be addressed.

5:00 pm**Adjourn****5:30 pm****Exhibits Close**

TUESDAY, JUNE 13, 1995**9:00 am Plenary Presentation Peachtree Ballroom****"Specific Collaboration Strategies and Experiences"****Moderator:** John Moore
*Centers for Disease Control and Prevention (CDC)***Speakers:** Pat Cooper
National School Health Education Coalition (NaSHEC)

Patricia Nichols

Michigan Department of Education

Randall Pope

Michigan Department of Public Health

Robinette Bacon

Nevada Department of Education

John Yacenda

*Nevada Department of Health***10:00 am Break****10:30 am State-Specific Roundtables Peachtree Ballroom**

During this session, a facilitator will lead the group in discussing and identifying 3-5 actions that need to be taken within each state collaboratively by state and local education, health, and social service agencies, universities, national organizations, and others to prevent HIV infection among young people in that state. Worksheets will be provided to each state at the beginning of the session. These worksheets will be used to prepare a state by state document which will be distributed Wednesday morning. Representatives from national organizations and federal agencies should seat themselves randomly at tables throughout the room.

12:00 pm LUNCH (On Your Own)**1:30 pm Special Interest Group Meetings**

- | | |
|----------------------------------|---------------------------|
| • State Departments of Education | - Atlanta Mart, Rooms I-M |
| • ASTHO | - Peachtree Circle |
| • Social Services Agencies | - Peachtree Lane |
| • Local Education Agencies | - Peachtree Battle |
| • National Organizations | - Peachtree Park |
| • Universities | - Tower 8 |
| • Youth in High Risk Situations | - Tower 14 |

These meetings will specifically target issues relevant to the groups identified. Agendas will be available at the meetings. Limited space is available for observers.

5:00 pm Adjourn**5:30 pm Exhibits Close**

WEDNESDAY, JUNE 14, 1995**8:30 - 11:30 am Meeting of DASH-funded Infrastructure Coordinators**

Henry Room

9:00 am**Closing Plenary**

Peachtree Ballroom

Moderator:Lloyd Kolbe
*Centers for Disease Control and Prevention (CDC)***HIV Prevention and Young People**Patsy S. Fleming
National AIDS Policy Director
Troix Bettencourt
Consultant
Amy Dolph
*Houston AIDS Foundation***Questions from Audience****10:00 am****Director's Awards**

Peachtree Ballroom

- Leadership Award - Comprehensive School Health Programs
- Leadership Award - HIV Education Programs
- Award of Excellence
- Partnership Award

Award Recipients are requested to attend a photo session scheduled at 11:30.

10:30 am**Teen Teatro**

Peachtree Ballroom

Teen Teatro presents "Hip Hop Hurry Up!"**Teen Teatro Cast:**Omar Dorsey, Kimberly Charise Ragland
Dorian Missick, Aimee Shea, Stephanie Keating
Lafayette Ayinde Summers, Motiryo Kawana Eddins**Founder and Coordinator:**

Mimi E. Blum

"Hip Hop Hurry Up!" is a live presentation of seven young actors between the ages of 15 and 19 years old who received intensive training as HIV/AIDS peer educators and who also participated in the development of the script. Their mission is to provide effective and current HIV/AIDS and STD education and information to their peers, to increase awareness, and to promote the reduction of risk behaviors among adolescents through a theatrical presentation. This play is suitable for adolescents, their parents, teachers, and anyone interested in learning about this important issue.

11:30 am**Closing**Lloyd Kolbe
Centers for Disease Control and Prevention (CDC)

FILE COPY

TRAVEL VOUCHER

T.O. NUMBER: 9521337	OFFICE: HCA71	TYPE OF TRAVEL: TEMPORARY DUTY	VOUCHER NO.: 1 SCHEDULE NO.:
TRAVELER (PAYEE): PATSY FLEMING		SSN: (b)(6)	PERIOD OF TRAVEL: 6/13/95-6/14/95
MAILING ADDRESS:		OFFICE TELEPHONE: (404) 639-0908	AUTHORIZED:
PRESENT DUTY STATION:		RESIDENCE: WASHINGTON, DC	
ADVANCE OUTSTANDING: AMOUNT TO BE APPLIED: AMOUNT DUE GOVERNMENT:			
GTR NUMBER: A1640527	COST: 415.00	TRAVEL MODE: SATO	ISSUED: 6/6/95 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:	<i>Patsy Fleming</i>	DATE: 7-25-95	AMOUNT CLAIMED: 185.00
NET TO TRAVELER:			185.00
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:			
A4322 59210605 21.11 185.00			

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED
TRAVEL ORDER 9521337 - PATSY FLEMING**

ACTUAL EXPENSES: MILEAGE & OTHER

DATE	TIME	DESCRIPTION	MILEAGE	OTHER
061395	03:00 PM	NO CHARGE TO AIRPORT		
061395	04:05 PM	WASHINGTON, DC		
061395	05:56 PM	ATLANTA, GA		
061395		TAXI TO HOTEL		18.00
061495		TAXI TO AIRPORT-(2 PEOPLE)		29.00
061495	05:22 PM	ATLANTA, GA		
061495	07:20 PM	WASHINGTON, DC		
061495	09:00 PM	ARRIVE RESIDENCE		
TOTAL MILEAGE & OTHER				47.00

ACTUAL EXPENSES: PER DIEM

061395 04:05 PM WASHINGTON, DC
061395 05:56 PM ATLANTA, GA

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
061395	81.00	1	19.00	81.00	100.00	100.00

061495 05:22 PM ATLANTA, GA
061495 07:20 PM WASHINGTON, DC

DATE(S)	LODGING	DAYS	MIE	LDG	TOT	CLAIMED
061495		1	38.00		38.00	38.00

TOTAL PER DIEM **138.00**

TOTAL ACTUAL EXPENSES **185.00**

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

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

FACSIMILE COVER SHEET

TO: Laurie Sandhagen

FAX NUMBER: 404 - 488 - 5972

FROM: Carmena Paus

DATE: 7-28-98

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

Per our conversation of 7/24.

FACSIMILE

Division of Adolescent and School Health
National Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control and Prevention

ADDRESSEE:

(Please Print Clearly)

Carmena Parris

Name

Address

(202) 632-1090

Tel. No. Confirmation

Centers for Disease Control

4770 Buford Highway, N.E.

Attn: _____ Mailstop K _____

Atlanta, GA 30341-3724

Name

Lauri SandhagenNational Center for Chronic Disease Prevention
and Health Promotion

Division of Adolescent and School Health

(404) 488-5322

Tel. No. Confirmation

To:

FAX NUMBER:

(202) 632-1096

From:

FAX NUMBER:

(404) 488-~~5322~~ 5972

DATE:

Mo Day Yr

7/24/95

NUMBER OF YOUR PAGES:

(DO NOT Count this form)

3

Subject:

Travel Voucher - Patsy Fleming.

Carmena-

Please give me a call after you
review the voucher to let me know if any
changes should be made. Thanks- Lauri

CDC
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

July 24, 1995

Dear Carmena:

As per you discussion with Judy Powers on Friday, July 21, enclosed is the completed travel voucher for Partica Fleming. The travel was to make the closing keynote presentation at the HIV Conference held June 13 - 14 in Atlanta.

On the voucher reimbursement I have included the hotel cost of \$81.00. The hotel will be billing Dr. Fleming directly. She should be receiveing the voucher reimbursement check with in the next several day, at which time she should pay the hotel bill.

Please have Dr. Fleming sigh the voucher paper work and fax it back to me as soon as possible so that I may forward it on for payment.

Please give me a call if you have any questions.

Thanks,

Lauri Sandhagen
(404) 488-5322
(404) 488-5972 fax

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE HHS/PAS/CDC		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 6/13/95 b. TO 6/14/95	
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, Maryland 20816			d. OFFICE TELEPHONE NO. 202/632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) 9521337 b. DATE(S) 6/5/95	
	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 <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)					
		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)
1850834492		\$415.00	DLT	Y	6/6/95	Wash., DC	Atlant, 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 7/10/95		AMOUNT CLAIMED \$
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						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 <i>Certifier's initials:</i>	
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							

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

**Complete
only
for
actual
expense
travel**

(n) Show expenses, such as: taxi/limosine 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 ▶**

HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDER

TRAVEL ORDER #: 9521337
NAME OF TRAVELER: PATSY FLEMING
ORGANIZATION: OD ODD (HCA71)
DUTY STATION:

DATE INITIATED: 06/05/95

(b)(6)

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

PURPOSE: TRAVELER WILL BE MAKING THE CLOSING KEYNOTE
SPEECH AT THE HIV CONFERENCE ON JUNE 14, 1995.

POINT OF ORIGIN: WASHINGTON, DC

DEPARTURE DATE: 06/13/95

DUTY POINTS

ARRIVAL DATES

ATLANTA, GA

06/13/95

WASHINGTON, DC

06/14/95

MODE OF TRAVEL: AIR

----- AUTHORIZATIONS -----

1. USE OF LOCAL TRANSPORTATION, INCLUDING TAXICABS, AUTHORIZED WHEN ADVANTAGEOUS TO THE GOVERNMENT AND JUSTIFIED ON THE VOUCHER.
2. TRAVEL AND PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND FTR.
3. HOTEL RECEIPTS REQUIRED.
4. THERE ARE NO SPECIAL AUTHORIZATIONS.

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: BRENT FURSE, (PROXY FOR E K PATTERSON)
FISCAL ACCOUNTING ASSISTANT (HCL21A) ON 06/06/95

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

TRAVELER: PATSY FLEMING

TRAVEL ORDER: 9521337

PAGE 2

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

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	415.00	0.00	0.00
PER DIEM	138.00	0.00	0.00
OTHER	80.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	633.00	0.00	0.00

ALLOW	CAN	OBJ	OBJ	OBJ	
*****	*****	*****	*****	*****	
A4322	59210605	21.11	415.00	0.00	0.00
A4322	59210605	21.11	218.00	0.00	0.00

RESERVATION INFORMATION

HOTEL: WESTIN PEACHTREE PLAZA CONF. # Z4158G
210 PEACHTREE ST.
ATLANTA, GA 30303
404-659-1400

ACTUAL ITINERARY

TRAVEL ORDER 9521337 - PATSY FLEMING

TICKET PICK-UP DATE - 06/06/95

DATE	TIME	DESTINATION	TRAVEL DETAILS
061395	04:05 PM	WASHINGTON, DC	DELTA 1143
061395	05:56 PM	ATLANTA, GA	MIE: 38 LDG: 81
061495	05:22 PM	ATLANTA, GA	DELTA 196
061495	07:20 PM	WASHINGTON, DC	MIE: 38

SatoTravel

24-HOUR
EMERGENCY SERVICE
1-800-827-7777

SALES PERSON: DO ITINERARY/INVOICE NO. 0021020
CUSTOMER NBR: 544215 BUEOHP

DATE: 06 JUN 95
PAGE: 01

TO: SATOTRAVEL
3005 CHAMBLEE TUCKER RD
ATLANTA GA 30341

FOR: FLEMMING/PATSY REF: 0,121,75292

13 JUN 95 - TUESDAY

AIR DELTA AIR LINES INC FLY:1143 COACH
LV WASHINGTON NATL 405P
AR ATLANTA 556P
FLEMMING/PATSY SEAT-29D

EQP: BOEING 757
NON-STOP

14 JUN 95 - WEDNESDAY

AIR DELTA AIR LINES INC FLY:196 COACH
LV ATLANTA 522P
AR WASHINGTON NATL 720P
FLEMMING/PATSY SEAT-36A

EQP: BOEING 757
NON-STOP

AIR TICKET	DL1650634492	FLEMMING PATSY	
		BILLING REF 56RA1840527	415.00
		SUB TOTAL	415.00
		TOTAL AMOUNT DUE	415.00

SATOTRAVEL ROGER HOURS MON-FRI 8AM-1230PM/130PM-430PM
24 HOUR EMERGENCY SERVICE 800 827-7777 SATO ID-22M1
ROGER FACILITY PHONE 404 451-4291
PLEASE RETURN ALL UNUSED OFFICIAL TICKETS TO
FMS 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 PARKING..PARK N GO

N-1173.00WCONCA



COPY 3

CENTERS FOR DISEASE CONTROL
AND PREVENTION

Facsimile Transmission

National Center for Prevention Services

Corporate Square

Atlanta, Georgia

TO:

Carmena Ferris

Name

Address

(202) 632-1091

Telephone No.

(202) 632-1096

Facsimile Telephone No.

FROM:

Tracy Whitnell

Name

Office of the Director

NCPS Office or Division

11 2115 E-07

Building/Room/Mailstop

(404) 639-8008

Telephone No.

(404) 639-8600

Facsimile Telephone No.

DATE: June 8, 1995**NUMBER OF PAGES (including cover):**

3

SUBJECT: HIV Agenda June 13-14**MESSAGE:**

Per our discussion, here is a copy of the agenda.

Bill Parra
dist B
participating

WEDNESDAY, JUNE 14, 1995

**8:30 - 11:30 am Meeting of DASH-funded Infrastructure
Coordinators**

Henry Room

9:00 am Closing Plenary

Peachtree Ballroom

Moderator:

Lloyd Kolbe

Centers for Disease Control and Prevention (CDC)

HIV Prevention and Young People

Patsy S. Fleming

National AIDS Policy Director

Troix Battencourt

Consultant

Amy Dolph

Houston AIDS Foundation

Questions from Audience

10:00 am

**Director's Awards
Peachtree Ballroom**

- Leadership Award - Comprehensive School Health Programs
- Leadership Award - HIV Education Programs
- Award of Excellence
- Partnership Award

*Award Recipients are requested to attend the photo session scheduled
at 11:30.*

10:30 am

**Teen Teatro
Peachtree Ballroom**

Teen Teatro presents "Hip Hop Hurry Up!"

Teen Teatro Cast:

Omar Dorsey, Kimberly Charise Ragland

Dorian Missick, Aimee Shea, Stephanie Keating

Lafayette Ayinde Summers, Motiyo Kawana Eddins

Founder and Coordinator:

Mimi E. Blum

*"Hip Hop Hurry Up!" is a live presentation of seven young actors between the ages of
15 and 19 years old who received intensive training as HIV/AIDS peer educators and
who also participated in the development of the script. Their mission is to provide
effective and current HIV/AIDS and STD education and information to their peers, to
increase awareness, and to promote the reduction of risk behaviors among adoles-
cents through a theatrical presentation. This play is suitable for adolescents, their
parents, teachers, and anyone interested in learning about this important issue.*

11:30 am

Closing

Lloyd Kolbe

Centers for Disease Control and Prevention (CDC)

TUESDAY, JUNE 13, 1995

"Specific Collaboration Strategies and Experiences"

Moderator: John Moore
Centers for Disease Control and Prevention (CDC)

Speakers: Pat Cooper
National School Health Education Coalition (NaSHEC)
Patricia Nichols
Michigan Department of Education
Randall Pope
Michigan Department of Public Health
Robinette Bacon
Nevada Department of Education
John Yacenda
Nevada State Department of Health

10:00 am Break

10:30 am State-Specific Roundtables
Peachtree Ballroom

During this session, a facilitator will lead the group in discussing and identifying 3-5 actions that need to be taken within each state collaboratively by state and local education, health, and social service agencies, universities, national organizations, and others to prevent HIV infection among young people in that state. Worksheets will be provided to each state at the beginning of the session. These worksheets will be used to prepare a state by state document which will be distributed Wednesday morning.

12:00 pm LUNCH (On Your Own)

1:30 pm Special Interest Group Meetings

- | | |
|----------------------------------|---------------------------|
| • State Departments of Education | - Atlanta Mart, Rooms I-M |
| • ASTHO | - Peachtree Circle |
| • Social Services Agencies | - Peachtree Lane |
| • Local Education Agencies | - Peachtree Battle |
| • National Organizations | - Peachtree Park |
| • Universities | - Tower 8 |
| • Youth In High Risk Situations | - Tower 14 |

These meetings will specifically target issues relevant to the groups identified. Agendas will be available at the meetings. Limited space is available for observers.

5:00 pm ADJOURN

8:30 - 11:30 am Meeting of DASH-funded Infrastructure

July 13, 1995

Ms Tracy Whitnell
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mail Stop E07, Building 11, Room 2112
Atlanta, GA 30333

Dear Tracy:

Attached please find the travel information
for Patricia Fleming's trip to CDC on
June 13 - 14, 1995. Could you fill in the
missing sections and send me a completed
copy?

Thanks


Carmena Parris

Attachments

03/21/95

11:15

202 456 6472

WHITE HOUSE RM 1

2001

Contact person:

Carmena Parris

Phone number:

202-632-1090

Date of request:

June 7, 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 AIDS Policy

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

"Joining Forces and Involving Young People in Preventing HIV: Partnerships and Strategies."

Date and place(s) of travel:

June 12-14, Atlanta, GA

Persons or entity making the payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

HHS/PHS/Centers for Disease Control

Nature of expense(s) paid for:

T/A attached

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.

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72713

Date of Request June 7, 1995

1. TRAVELER:

Name: Patricia S. Fleming

☒ White House Staff

Extension: 632-1090

Room: Suite 600

☐ Other: _____

2. PURPOSE(s) and DATE(s): To address the participants of "Joining Forces and

Involving Young People in Preventing HIV: Partnerships and Strategies"

June 12-14, 1995

3. ITINERARY: Washington/Atlanta/Washington

(List all cities where stopovers occur.)

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
6/13/95	4:05PM	AIR	6/14/95	5:22PM	AIR

5. FUNDING SOURCE:

☒ OFFICIAL

☐ POLITICAL

☐ 501 (c) (3)

☐ OTHER _____

6. SPECIAL EXPENSES

☐ Commercial Car Rental

☒ Taxi

☒ Hotel

Name: _____

☐ Other: _____

TRAVEL ADVANCE REQUESTED

☐ Yes ☐ No ☐ Amount \$ _____

Recipient's
Signature: _____

Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. TRAVELER'S SIGNATURE: Patricia S. Fleming

(I have read and agree to the terms set forth on the reverse side.)

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official

(Political or Foreign Travel): _____

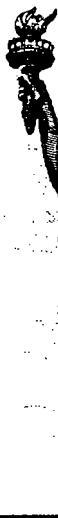
Special Assistant to the President and

Director of White House Operations: _____

9. FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____

Account: _____



United States Treasury

15-51
000

B 793,284,420



Pay to
the order of

01 25 96 19 BIRMINGHAM, AL

337234291401 M1 DHHS-CDC R9604B0032 75090421

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

Check No.

3510 23516692

*****185*00

VOID AFTER ONE YEAR



952133701V

⑈3510⑈

⑆000000518⑆ 235166921⑈ 010196

Received 2/1/96

Pd - See attached receipt

TRAVELER (PAYEE)	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.			
	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, Maryland 20816		d. OFFICE TELEPHONE NO. 202/632-1090		6. PERIOD OF TRAVEL a. FROM 5/24/95 b. TO 5/27/95			
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Same as C		7. TRAVEL AUTHORIZATION a. NUMBER(S) 72707 b. DATE(S)			
	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)		
1027820711		\$206.00	Train		5/15/95	Union Station/DC	Penn Station/NYC (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		Patricia S. Fleming			DATE 7-25-95	AMOUNT CLAIMED	\$ 372.25	
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			
APPROVING OFFICIAL SIGN HERE		Andrew Rutledge			DATE 10/30/95			
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: SL \$ 372.25			
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 \$ 372.25			
18. ACCOUNTING CLASSIFICATION								

210601 229.50
210806 142.75

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.

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

TRAVELER'S LAST NAME _____

DATE 19 <u>95</u> (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	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)									
5/24/95	8:00AM	Dept. Union Station													
	11:30AM	Arrive Penn Station/NYC													
		Taxi to Union Station													17 50
		Taxi from Penn Station to Hotel													5 50
		Taxi MET to Hotel													7 00
		Taxi Hotel to Reception													8 00
		" Reception to Hotel													6 00
5/25		Taxi: Hotel to Hetrick-Martin Foundation													3 00
		Hetrick-Martin to Diamond Foundation													7 50
		Diamond Foundation to "Stand Up Harlem"													12 00
		Stand Up Harlem to Hotel													15 00
		Hotel to NY AIDS Coalition Function													4 00
										SUBTOTALS ▶					
										TOTALS ▶					

CLINTON LIBRARY PHOTOCOPY

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 of 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 ▶**

SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED

INSTRUCTIONS TO TRAVELER

(Unlisted items are self explanatory)

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

Complete only for actual expense travel

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

Complete this information if this is a continuation sheet.

PAGE 2

OF PAGES

TRAVEL AUTHORIZATION NO.
TA9401

TRAVELER'S LAST NAME
Traveler

DATE 95 19	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
05/24	8:00A	D:-WASHINGTON HEADQUARTERS											
05/24	11:30A	A:-NEW YORK CITY, NY				28.50			28.50			28.50	
05/24		:			Taxi								5.50
05/24		:			Taxi								17.50
05/24		:			Taxi								8.00
05/24		:			Taxi								7.00
05/24		:			Taxi								6.00
05/25		:			Taxi								7.50
05/25		:			Taxi								12.00
05/25		:			Taxi								15.00
05/25		:			Taxi								4.00
05/25		:			Taxi								4.00
05/25		:			Taxi								3.00
05/25		Subsistence				38.00			38.00			38.00	
05/26	2:00P	D:-NEW YORK CITY, NY											
05/26		:			Taxi								8.00
05/26		:			Taxi								6.00
05/26		:			Taxi								17.00
05/26		:			Taxi								5.00
05/26		:			Taxi								5.00
05/26	6:15P	A:WASHINGTON HEADQUARTERS											
05/26		Subsistence				38.00		125.00	163.00			163.00	
05/26		AUTH. BUS. CALLS											12.25
										SUBTOTALS		229.50	142.75
										TOTALS			

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

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

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

TOTAL
AMOUNT
CLAIMED

RECEIPT

DATE: Thurs. May 25 CAR # _____
 FROM: Stand Up Harlem
145 W. 130
 TO: 21st + Lexington
 AMOUNT: \$ 15.00
 DRIVER'S SIG: DIC 17

I ♥ NEW YORK
 TRIP# 078455
 06:53PM 05-25-95
 MEDALLION# 2812
 DIST .40
 FARE \$ 3.25
 TLC: 212-221-TAXI
 4.00 Hotel to
 NyAC

MED.# 3P59
 05/25/95 TR 9604
 START END MILES
 14:09 14:37 05.2
 FARE: \$ 9.75
 EXTRA: \$ 0.00
 TOTAL: \$ 9.75
 TLC COMPLAINT #
 212 221-TAXI

Total 12.00

I ♥ NEW YORK
 METER 831955-016
 TRIP # 6821
 ST. TIME 12:03PM
 END TIME 12:10PM
 DATE MAY-26-95
 DIST 1.68
 FARE \$ 4.00
 FOR COMPLAINTS:
 1-212-221-TAXI

UN to MOMA
 Hotel
 5.00

I ♥ NEW YORK
 METER 828309-011
 TRIP # 83555
 ST. TIME 12:01PM
 END TIME 12:21PM
 DATE MAY-25-95
 DIST 2.53
 FARE \$ 6.50
 FOR COMPLAINTS:
 1-212-221-TAXI

7.50
 Hedrick Martin
 to Diamond Found

I ♥ NEW YORK
 METER 829702-008
 TRIP # 2104
 ST. TIME 09:38AM
 END TIME 09:42AM
 DATE MAY-25-95
 DIST .72
 FARE \$ 2.50
 FOR COMPLAINTS:
 1-212-221-TAXI

Hotel to H-N-I
 3.00

I ♥ NEW YORK
 MED # 3P59
 TRIP # 2104
 ST. TIME 11:05AM
 END TIME 11:15AM
 DATE MAY-26-95
 DIST 1.72
 FARE \$ 0.75
 FOR COMPLAINTS:
 1-212-221-TAXI

5.50
 STA to
 Hotel

NYAC

New York AIDS Coalition

231 West 29th Street, Suite 1002
New York, New York 10001
212-629-3075 (VOICE/TTY)
212-629-8403 (FAX)

Amy Herman, Executive Director

February 1, 1995

Ms. Patsy Fleming
Director
Executive Office of National AIDS Policy
750 17th Street, NW
Suite 600
Washington, DC 20503

Dear Ms. Fleming:

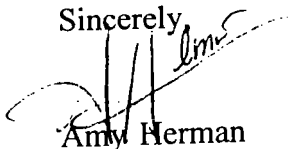
I am writing to invite you to be a guest speaker at the New York AIDS Coalition's (NYAC) annual fundraiser scheduled for May 25, 1995 from 6:00-8:00pm. The garden party will be hosted by Michael Seltzer, of Funders Concerned About AIDS, and Tim Sweeney.

NYAC is a coalition of over 250 HIV/AIDS organizations from throughout New York State representing the largest federations and smallest HIV grassroots organizations. (An information packet is enclosed.) Previous guest speakers have included New York City's Health Commissioner Peggy Hamburg and James Tallon, former New York State Assemblymember and current President of the United Hospital Fund. The fundraising event is attended by leaders of New York's AIDS community, including community-based providers from our member agencies, private and corporate funders and prominent opinion makers and health care advocates.

Given cutbacks on the local level and anticipated funding and policy changes on the state level, service providers and people living with HIV and AIDS are paying closer attention than before to the federal agenda. A brief statement outlining your vision for and perspective on the federal HIV and AIDS policy arena would be invaluable.

I hope you will be able to attend our event and to meet with a broad-based representation of New York's AIDS community. I look forward to your response.

Sincerely,



Amy Herman

Enclosure

Author: Jeff Levi at ONAPC
Date: 2/16/95 4:26 PM
Priority: Normal
Receipt Requested
TO: pcc.mailer at SoftSwitch
Subject: Approval of speaking engagement

----- Message Contents -----

MAILER:
TO NN=RASCO_C@A1.EOP.GOV
MAILER:

Carol--

Patsy has been invited to be a guest speaker at an event for the New York AIDS Coalition on May 25th. This is an important group of 250 HIV/AIDS organizations who have been central to the AIDS response in New York and have been supportive of many of our efforts.

Since this is a fundraiser, the general counsel's office says that Patsy needs the approval of her supervisor. You must agree that this is an "appropriate forum for the dissemination of information about the Administration's policies." Patsy will be speaking about the Administration's response to AIDS; she will not be soliciting funds; I have spoken to the organizers about how Patsy's role can be identified within the constraints of the ethics rules.

Please let me know. Thanks.

Jeff

P.S. Thanks for the Valentine's card and pencils. It's the first valentine's recognition I've ever gotten at work!!!

Author: RASCO C (INTERNET.RASCOC) at SOFTSWITCH
Date: 2/16/95 4:41 PM
Priority: Normal
TO: Jeff Levi at ONAPC
TO: Jeff/"@mr.eop.gov **"/R=EOPMRX/R=INET/R=OASH.SSW.DHHS.GOV/U=JLEVI/FFN=Levi at SOFTSWITCH
Subject: RE: Approval of speaking engagement
----- Message Contents -----
Received: from GATEKEEPER.EOP.GOV by PCC.SSW.DHHS.GOV
(Soft*Switch Central V4L380P7);
16 Feb 1995 16:41:51 GMT
Received: by gatekeeper.eop.gov (5.65/fma-120691);
id AA00184; Thu, 16 Feb 95 16:42:15 -0500
Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V4.3-13 #6879)
id <01HN4H61T1KG001NLK@PMDf.EOP.GOV>; Thu, 16 Feb 1995 16:42:25 -0400 (EDT)
Received: with PMDF-MR; Thu, 16 Feb 1995 16:42:31 EDT
Mr-Received: by mta DALE; Relayed; Thu, 16 Feb 1995 16:42:31 -0400
Mr-Received: by mta EOPMRX; Relayed; Thu, 16 Feb 1995 16:42:14 -0400
Alternate-Recipient: prohibited
Disclose-Recipients: prohibited
Date: Thu, 16 Feb 1995 16:40:00 -0400 (EDT)
From: "Carol H. Rasco" <RASCO C@al.eop.gov>
Subject: RE: Approval of speaking engagement
To: "/R=EOPMRX/R=INET/R=OASH.SSW.DHHS.GOV/U=JLEVI/FFN=Levi, Jeff/"@mr.eop.gov
Message-Id: <01HN4H62PQ9Y001NLK@mr.eop.gov>
Mime-Version: 1.0
Content-Type: TEXT/PLAIN; CHARSET=US-ASCII
Content-Transfer-Encoding: 7BIT
Posting-Date: Thu, 16 Feb 1995 16:41:00 -0400 (EDT)
Importance: normal
Priority: normal
X400-Mts-Identifier: [;13246161205991/1230309@CD]
Al-Type: MAIL
Hop-Count: 2

I am fine on her doing this....do I need to sign something official? If so, please draft something and fax it to us. I will be out tomorrow until early afternoon and Roz will then be gone. Use Julie if you need to send it over tomorrow. Thanks.

Glad you liked the pencils!

EXEC. OFC. PRESIDENT
WH. ADMIN. CFC.

1995 MAY 17 PM 3:14

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72707

Date of Request May 15, 1995

1. TRAVELER:

Name: Patricia S. Fleming

750 - 17 Street, NW

☒ White House Staff

Extension: 632-1090

Room: Suite 600

☐ Other: _____

2. PURPOSE(s) and DATE(s): May 24-28, 1995 - Speech to NY AIDS Coalition Fundraiser

and Site Visits

3. ITINERARY: Washington, /New York/Washington

(List all cities where stopovers occur.)

4. DEPARTURE

RETURN

Date:

Time:

Mode:

Date:

Time:

Mode:

5/24/95

7:00AM

Train

5/28/95

6:00PM

Train

5. FUNDING SOURCE:

☒ OFFICIAL

☐ POLITICAL

☐ 501 (c) (3)

☒ OTHER NY AIDS COALITION

SPECIAL EXPENSES

☐ Commercial Car Rental

☒ Taxi

☒ Hotel

Name: Gramercy Park

☐ Other: _____

TRAVEL ADVANCE REQUESTED

☐ Yes

☐ No

☐ Amount \$ _____

Recipient's

Signature: _____

Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. TRAVELER'S SIGNATURE: Patricia S. Fleming

(I have read and agree to the terms set forth on the reverse side.)

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official

(Political or Foreign Travel): _____

Special Assistant to the President and
Director of White House Operations: _____

FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____

Account: _____

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 5/24/95 b. TO 5/27/95				
	c. MAILING ADDRESS (Include ZIP Code) 6009 Massachusetts Avenue Bethesda, Maryland 20816			d. OFFICE TELEPHONE NO. 202/632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S)				
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) Same as C						
	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 <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)					
	\$206.00	Train		5/15/95	Union Station/DC Penn Station/NYC (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. <table style="width:100%;"> <tr> <td style="width:50%;"> TRAVELER SIGN HERE </td> <td style="width:20%;"> DATE 7-25-95 </td> <td style="width:30%;"> AMOUNT CLAIMED \$ </td> </tr> </table>								TRAVELER SIGN HERE	DATE 7-25-95	AMOUNT CLAIMED \$
TRAVELER SIGN HERE	DATE 7-25-95	AMOUNT CLAIMED \$								
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).										
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) <table style="width:100%;"> <tr> <td style="width:40%;"> APPROVING OFFICIAL SIGN HERE </td> <td style="width:60%;"> DATE </td> </tr> </table>					APPROVING OFFICIAL SIGN HERE	DATE	17. FOR FINANCE OFFICE USE ONLY - COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER			
APPROVING OFFICIAL SIGN HERE	DATE									
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION <table style="width:100%;"> <tr> <td style="width:33%;">a. VOUCHER NO.</td> <td style="width:33%;">b. D.O. SYMBOL</td> <td style="width:33%;">c. MONTH & YEAR</td> </tr> </table>					a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR			
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR								
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT <table style="width:100%;"> <tr> <td style="width:40%;"> AUTHORIZED CERTIFYING OFFICIAL SIGN HERE </td> <td style="width:60%;"> DATE </td> </tr> </table>					AUTHORIZED CERTIFYING OFFICIAL SIGN HERE	DATE				
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.
- (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. _____

TRAVELER'S LAST NAME _____

DATE 19 <u>95</u> (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	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)									
5/24/95	8:00AM	Dept. Union Station													
	11:30AM	Arrive Penn Station/NYC													
		Taxi to Union Station												17	50
		Taxi from Penn Station to Hotel												5	50
		Taxi MET to Hotel												7	00
		Taxi Hotel to Reception												8	00
		" Reception to Hotel												6	00
5/25		Taxi: Hotel to Hetrick-Martin Foundation												3	00
		Hetrick-Martin to Diamond Foundation												7	50
		Diamond Foundation to "Stand Up Harlem"												12	00
		Stand Up Harlem to Hotel												15	00
		Hotel to NY AIDS Coalition Function												4	00
										SUBTOTALS ►					
										TOTALS ►					

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

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

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

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

**TOTAL
AMOUNT
CLAIMED ►**

**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 2 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

FLEMING

DATE 10-95	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)														
5/25		Taxi NY AIDS Coalition to Hotel																		
5/26		Taxi Hotel to UN																		
		Taxi: UN to Moma																		
		Moma to Hotel																		
		Gramercy Park Hotel																		
		Official telephone calls																		
		3 Days MI&E @																		
		Taxi to Penn Station/NYC																		
	2:00PM	Train to Wash., DC																		
	5:00PM	Arrive Union Station																		
		Taxi from US to Residence																		
	6:15PM	Arrive residence																		
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.											SUBTOTALS ▶				125 00	142 75				
											TOTALS ▶				125 00	142 75				

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 ▶ \$267.75

NAME OF PASSENGER
FLEMING/PATSY.MS.
FROM WASNYPA3 104CM24MA
ONYPWASA3 209CM27MA

TO *****

CARRIER *****

CARRIER FLIGHT CLASS DATE TIME

DATE SEAT SMOKE

PCB WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
554 1027820711 5

CPN

PCB WT UNCLD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
554 1027820711 5

Taxi Cab Receipts

Date 5/25 Time: _____
Trip Origin: Union Station
Destination: Bethesda
Fare: \$ 17.00 Signature: E

Date..... 5/25/1995

OFFICIAL TAXI RECEIPT

FROM SOSY - G7
TO 145 w 1305T
FARE PAID PP 12 = 00
SIGNATURE [Signature] # 3P8

RECEIPT

DATE: Thurs. May 25 CAR # _____
 FROM: Stand Up Harlem
145 W. 130
 TO: 21st + Lexington
 AMOUNT: \$ 15.00
 DRIVER'S SIG.: DICP

I ♥ NEW YORK
 TRIP# 078455
 06:53PM 05-25-95
 MEDALLION# 2B12
 DIST .40
 FARE \$ 3.25
 TLC:212-221-TAXI

4.00 Hotel to
 NYC

MED.# 3P59
 05/25/95 TR 9604
 START END MLES
 14:09 14:37 05.2
 FARE: \$ 9.75
 EXTRA: \$ 0.00
 TOTAL: \$ 9.75
 TLC COMPLAINT #
 212 221-TAXI

Total 12.00

I ♥ NEW YORK
 METER 831955-016
 TRIP # 6821
 ST. TIME 12:03PM
 END TIME 12:10PM
 DATE MAY-26-95
 DIST 1.68
 FARE \$ 4.00
 FOR COMPLAINTS:
 1-212-221-TAXI

UN to MOMA
 Hotel
 5.00

I ♥ NEW YORK
 METER 828309-011
 TRIP # 83555
 ST. TIME 12:01PM
 END TIME 12:21PM
 DATE MAY-25-95
 DIST 2.53
 FARE \$ 6.50
 FOR COMPLAINTS:
 1-212-221-TAXI

7.50
 Hedrick Martin
 to Diamond Found

I ♥ NEW YORK
 METER 829702-008
 TRIP # 2104
 ST. TIME 09:38AM
 END TIME 09:42AM
 DATE MAY-25-95
 DIST .72
 FARE \$ 2.50
 FOR COMPLAINTS:
 1-212-221-TAXI

Hotel to H-M-I
 3.00

I ♥ NEW YORK
 MED # 3P59
 TRIP # 1737
 ST. TIME 11:00AM
 END TIME 11:15AM
 DATE MAY-24-95
 DIST 1.72
 FARE \$ 6.75
 FOR COMPLAINTS:
 1-212-221-TAXI

5.50
 STA to
 Hotel

7/25/95

Seth:

Please add the meal (MIEE)
on this expense voucher. I
do not know what the rate is
for NY.
Thanks.

Carmena

NYC

Weds May 24

* Home to Union Sta	✓	✓ 17.50 ✓
* Union Sta. to Hotel	✓	5.50 $(4.75 + .75)$ ✓
* Hotel to ~~Hotel~~ Doug's office		—
* Doug's office to Met		—
* Met to Hotel		7.00
Hotel to Doug's Apt	✓	8.00 ✓
Doug's to Hotel		6.00

Thurs. May 25

* Hotel to Hedrick-Martin	✓	3.00 $(2.50 + .50)$ ✓
* Hedrick Martin to Diamond Found	✓	7.50 $(6.50 + 1)$ ✓
* Diamond Found. to Stand Up	✓	12.00 $(9.75 + 2.25)$ ✓

Harlem

* Stand Up to Hotel	✓	15.00 ✓
* Hotel to Seltzer's	✓	4.00 $(3.25 + .75)$ ✓
* Seltzer's to Hotel	✓	7.00

Fri. May 26

* Hotel to UN

✓ 8.00 ✓

* UN to Moma

✓ 5.00 (4+1)

Moma to Hotel

6.00

* Hotel to Penn Sta.

5.00

~~690-7694~~

Jeff spoke w/ Tim Sullivan
They w/ pay
Wed May 24 - Thursday Wed
metroliner open ticket

check for invitation →

contact: Lynn Marie Wannamaker

Hotel @ Gramercy Park
2 Lexington Ave. @ 21 Street

Radisson 212 - \$135.00
Empire @ 265-7400 \$170
44 West 63 @ Broadway

~~Chabala~~ → Claremont
Oakland
Prot. #
\$185.00 X3
SSS.

Carmene (May 25th NYC)		TELEPHONED	☒	PLEASE CALL	
DATE 3-29 TIME 2:00		CALLED TO SEE YOU		RETURNED CALL	
PHONE CALLS		WILL CALL AGAIN		URGENT	
"WHILE OUT" RECORD		MESSAGE 12:30 lunch			
M. Isabel Dane		Sandwich → in her office			
OF Irene Diamond		1270 - 6th Ave Rm 2624			
PHONE 212 757 7680		- turkey/chicken			
AREA CODE NUMBER EXTENSION		- Diet Coke			
		TAKEN BY: MB			

TO CP

DATE 5.10 TIME 2:29

PHONE CALLS

"WHILE OUT" RECORD Lynn Marie

M. WIND ADVERT

OF NY AIDS CDAL.

PHONE 212 629 3075

AREA CODE NUMBER EXTENSION

TELEPHONED	☒	PLEASE CALL	☒
CALLED TO SEE YOU		RETURNED CALL	
WILL CALL AGAIN		URGENT	

MESSAGE Metro Lines 1/2 hr

\$103.00 1/way Travel time

Unreserved Coach \$45.25 1/way

13 1/4 \$2.50

Hotel: \$125.00 + Tax & company

Granary Hotel

Granary Hotel 2 Lexington @ 21 Street

TAKEN BY: Nights of 5/24 & 5/25

Office of
National AIDS Policy

Correspondence Routing slip

FILE COPY

Tracking Number:

(File name in N:\corres Directory)

G 1007

Date Rcvd:

2/6/95

From:

Amy Herman

Staff Action:

Jeff Levi

RCVD:

2/6

DONE:

Assigned To:

S. Cherkov

RCVD:

DONE:

Reviewed By Jeff:

Reviewed By: Patsy

Action for Staff:

Recommendation/Instruction:

To Support Staff:

Date of Response:

Ken

I have informed
Amy Herman.
She will send
details.

I've also attached
e-mails re
Kaiser permission.

Please ~~add~~
add to PF
Schedule

if in official
capacity —

Supervisor says
approp forum for
discussion Admin policy —
detail by Carol.

Can be
verbal

may not solicit donations

may use title - if list as
guest speaker - NOT as
a host

they
can pay toward if do
paper work

5/25
already on
8/2/95

2/21

February 1, 1995

Ms. Patsy Fleming
Director
Executive Office of National AIDS Policy
750 17th Street, NW
Suite 600
Washington, DC 20503

Dear Ms. Fleming:

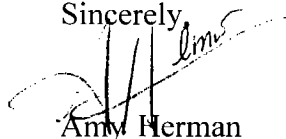
I am writing to invite you to be a guest speaker at the New York AIDS Coalition's (NYAC) annual fundraiser scheduled for May 25, 1995 from 6:00-8:00pm. The garden party will be hosted by Michael Seltzer, of Funders Concerned About AIDS, and Tim Sweeney.

NYAC is a coalition of over 250 HIV/AIDS organizations from throughout New York State representing the largest federations and smallest HIV grassroots organizations. (An information packet is enclosed.) Previous guest speakers have included New York City's Health Commissioner Peggy Hamburg and James Tallon, former New York State Assemblymember and current President of the United Hospital Fund. The fundraising event is attended by leaders of New York's AIDS community, including community-based providers from our member agencies, private and corporate funders and prominent opinion makers and health care advocates.

Given cutbacks on the local level and anticipated funding and policy changes on the state level, service providers and people living with HIV and AIDS are paying closer attention than before to the federal agenda. A brief statement outlining your vision for and perspective on the federal HIV and AIDS policy arena would be invaluable.

I hope you will be able to attend our event and to meet with a broad-based representation of New York's AIDS community. I look forward to your response.

Sincerely,



Amy Herman

Enclosure

Author: Jeff Levi at ONAPC
Date: 2/16/95 4:26 PM
Priority: Normal
Receipt Requested
TO: pcc.mailer at SoftSwitch
Subject: Approval of speaking engagement

----- Message Contents -----

MAILER:
TO NN=RASCO_C@A1.EOP.GOV
MAILER:

Carol--

Patsy has been invited to be a guest speaker at an event for the New York AIDS Coalition on May 25th. This is an important group of 250 HIV/AIDS organizations who have been central to the AIDS response in New York and have been supportive of many of our efforts.

Since this is a fundraiser, the general counsel's office says that Patsy needs the approval of her supervisor. You must agree that this is an "appropriate forum for the dissemination of information about the Administration's policies." Patsy will be speaking about the Administration's response to AIDS; she will not be soliciting funds; I have spoken to the organizers about how Patsy's role can be identified within the constraints of the ethics rules.

Please let me know. Thanks.

Jeff

P.S. Thanks for the Valentine's card and pencils. It's the first valentine's recognition I've ever gotten at work!!!

Author: RASCO C (INTERNET.RASCOC) at SOFTSWITCH
Date: 2/16/95 4:41 PM
Priority: Normal
TO: Jeff Levi at ONAPC
TO: Jeff/"@mr.eop.gov */R=EOPMRX/R=INET/R=OASH.SSW.DHHS.GOV/U=JLEVI/FFN=Levi at SOFTSWITCH
Subject: RE: Approval of speaking engagement

----- Message Contents -----

Received: from GATEKEEPER.EOP.GOV by PCC.SSW.DHHS.GOV
(Soft*Switch Central V4L380P7);
16 Feb 1995 16:41:51 GMT
Received: by gatekeeper.eop.gov (5.65/fma-120691);
id AA00184; Thu, 16 Feb 95 16:42:15 -0500
Received: from mr.eop.gov by PMDF.EOP.GOV (PMDF V4.3-13 #6879)
id <01HN4H61T1KG001NLK@PMD.F.EOP.GOV>; Thu, 16 Feb 1995 16:42:25 -0400 (EDT)
Received: with PMDF-MR; Thu, 16 Feb 1995 16:42:31 EDT
Mr-Received: by mta DALE; Relayed; Thu, 16 Feb 1995 16:42:31 -0400
Mr-Received: by mta EOPMRX; Relayed; Thu, 16 Feb 1995 16:42:14 -0400
Alternate-Recipient: prohibited
Disclose-Recipients: prohibited
Date: Thu, 16 Feb 1995 16:40:00 -0400 (EDT)
From: "Carol H. Rasco" <RASCO C@a1.eop.gov>
Subject: RE: Approval of speaking engagement
To: "/R=EOPMRX/R=INET/R=OASH.SSW.DHHS.GOV/U=JLEVI/FFN=Levi, Jeff/"@mr.eop.gov
Message-Id: <01HN4H62PQ9Y001NLK@mr.eop.gov>
Mime-Version: 1.0
Content-Type: TEXT/PLAIN; CHARSET=US-ASCII
Content-Transfer-Encoding: 7BIT
Posting-Date: Thu, 16 Feb 1995 16:41:00 -0400 (EDT)
Importance: normal
Priority: normal
X400-Mts-Identifier: [;13246161205991/1230309@CD]
A1-Type: MAIL
Hop-Count: 2

I am fine on her doing this....do I need to sign something official? If so, please draft something and fax it to us. I will be out tomorrow until early afternoon and Roz will then be gone. Use Julie if you need to send it over tomorrow. Thanks.

Glad you liked the pencils!

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: May 15, 1995

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

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

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

Your name and position:

Patricia S. Fleming
Director, Office of National AIDS Policy

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

New York AIDS Coalition Annual Fundraiser
AIDS Site visits

Date and place(s) of travel:

May 24 - 28, 1995

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 AIDS Coalition

Nature of expense(s) paid for:

Train Fare	\$206.00
Hotel	\$140.75
Taxi, NYC	40.00
Taxi	30.00 R/T - Home to Train Station.

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

In-kind

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

THE WHITE HOUSE OFFICE TRAVEL AUTHORIZATION

NO. 72707Date of Request May 15, 1995

1. TRAVELER:

Name: Patricia S. Fleming750 - 17 Street, NW☒ White House StaffExtension: 632-1090Room: Suite 600☐ Other: _____

2. PURPOSE(s) and DATE(s): May 24-28, 1995 - Speech to NY AIDS Coalition Fundraiser
and Site Visits

3. ITINERARY: Washington, /New York/Washington

(List all cities where stopovers occur.)

4. DEPARTURE

Date: 5/24/95 Time: 7:00AM Mode: Train

RETURN

Date: 5/28/95 Time: 6:00PM Mode: Train

5. FUNDING SOURCE:

☒ OFFICIAL☐ POLITICAL☐ 501 (c) (3)☐ OTHER _____

6. SPECIAL EXPENSES

☐ Commercial Car Rental☒ Taxi☒ HotelName: Gramercy Park☐ Other: _____

TRAVEL ADVANCE REQUESTED

☐ Yes☐ No☐ Amount \$ _____

Recipient's

Signature: _____

Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. TRAVELER'S SIGNATURE:

Patricia S. Fleming

(I have read and agree to the terms set forth on the reverse side.)

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official

(Political or Foreign Travel): _____

Special Assistant to the President and

Director of White House Operations: _____

9. FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____

Account: _____



United States Treasury

15-51
000

P 358,848,365



Pay to
the order of

11 14 95 81 PHILADELPHIA, PA

E03379

M1 EOPFMD

0EB6000012

11010001

FLEMING, PATRICIA S
C/O WHITE HOUSE ADMIN OFC
OEGB RM 1 17TH & PENN. NW
WASHINGTON DC 20500

*****372*25

VOID AFTER ONE YEAR

FLEMING VOUCHER T72707

372



⑈ 20383 ⑈

⑈000000518⑈ 144434543⑈ 011195

7/11 C
Hold for PFC's signature

TO CP *mailed to R... 7/25/98*

DATE 6/29 TIME 9:05

PHONE CALLS
"WHILE OUT" RECORD

M. ROZ Frank

OF Office of Int'l Health
301-443-7229

PHONE AREA CODE NUMBER EXTENSION

TELEPHONED	PLEASE CALL	
CALLED TO SEE YOU	RETURNED CALL	☒
WILL CALL AGAIN	URGENT	

MESSAGE 5600 Fishers Lane
Rm: 1887
Rockville, MD 20857

TAKEN BY: JP

Check received

TRAVEL VOUCHER		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL		3. VOUCHER NO.	
(Read the Privacy Act Statement on the back)		DHHS FILE COPY		☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		P769447	
5. a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.		6. PERIOD OF TRAVEL			
FLEMING, Patricia S.		(b)(6)		a. FROM		b. TO	
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION			
6009 Massachusetts Avenue Bethesda, MD		202-632-1090		a. NUMBER(S)		b. DATE(S)	
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		7551101			
Washington, DC		Same as C		10. CHECK NO.			
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		b. AMOUNT RECEIVED		\$			
c. Amount due Government (Attached: ☐ Check ☐ Cash)		c. PAYEE'S SIGNATURE					
D. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign 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)					
		AGENT'S VALUATION OF TICKET		ISSUING CARRIER		MODE, CLASS OF SERVICE AND ACCOMMODATIONS	
		(a)		(b)		(c)	
		DATE ISSUED		POINTS OF TRAVEL			
		(d)		FROM		TO	
				(e)		(f)	
1163834475		574.32		DLT		MULTI	
(The portion of this ticket Switzerland to Venice returned to travel agency for refund)		5/3/95		Geneva, Switzerland		Venice, Italy/ Washington, DC	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		TRAVELER SIGN HERE		DATE		AMOUNT CLAIMED	
Patricia S. Fleming		7-25-95		2,339.97			
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		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							

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 2	
	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.	OF PAGES
			(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).	TRAVEL AUTHORIZATION NO.
			(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.	7551101
			TRAVELER'S LAST NAME FLEMING	

Complete this information if this is a continuation sheet.

PAGE 2

OF

PAGES

7551101

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.

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

**TOTAL
AMOUNT
CLAIMED ▶ \$2,339.97**



RIALTO INN s.r.l.
 S. Marco, 5149 - 30124 VENEZIA
 Tel. 041-5209166 - Telex 420809 RIALBE I
 Fax: 041-5238958 - P.O. Box 478
 P. IVA e Cod. Fisc. 00890770274
 C.C.I.A.A. N. 172491 - Trib. VE N. 18526
 Luogo conservazione documenti fiscali:
 S. Marco, 5106 - VENEZIA

XNRF 320752/94

RICEVUTA FISCALE-FATTURA

(Legge 30 dicembre 1991, n. 413)

IMOCO moduli continue s.r.l. - Vidorba (Treviso) Via Postoma, 71
 Tel. 0422/911107 - Cod. Fisc. e P. IVA 02360180265 - Aut.
 Ministero Finanze n. 460938/XV del 6/10/1992

☐ RICEVUTA FISCALE

☐ FATTURA-RICEVUTA FISCALE

TIPO, NUMERO E DATA DOCUMENTO FISCALE

Ricevuta Fiscale N. 003068 19/05/1995 APPARTAMENTO

OSPITE

RISORSA 109

N° OSPITI 1

DATA ARRIVO 13/05/1995

DATA PARTENZA 19/05/1995

FLEMING
 PATRICIA

DESTINATARIO

NOTE

DATA	RISORSA	DESCRIZIONE ADDEBITO	Q.TA	C. IVA	IMPORTO
13/05	109	APPARTAMENTO	001	10	190.000
14/05	109	APPARTAMENTO	001	10	190.000
15/05	109	APPARTAMENTO	001	10	190.000
16/05	109	APPARTAMENTO	001	10	190.000
17/05	109	APPARTAMENTO	001	10	190.000
18/05	109	APPARTAMENTO	001	10	190.000
19/05	109	CAFFETTERIA	001	10	24.000
19/05	109	TELEFONO	001	10	-1.000

HOTEL RIALTO
 S. Marco 5149 - 30124 VENEZIA
 Tel. 041-5209166
 Fax: 041-5238958
 P. IVA e Cod. Fisc. 00890770274
 C.C.I.A.A. N. 172491 - Trib. VE N. 18526
 Luogo conservazione documenti fiscali:
 S. Marco, 5106 - VENEZIA

T.Doc. 1.165.000 Corr.Sos. 0 Corr.Pag. 1.165.000

ASSOGGETTAMENTO IMPONIBILE IMPOSTA

TOTALE CORRISPETTIVO

1.165.000

CAPARRA

0

TOTALE DOCUMENTO

1.165.000

Exchange 10585
 \$719.24

TASSE (COMPRESSE NEL TOTALE)

VOUCHER

CORRISPETTIVO PAGATO/NON PAGATO

P.O.S.: 03



COOPERATIVA SAN MARCO
Motoscafi in Servizio Pubblico a r.l.

Sede e luogo conservazione documenti fiscali:
San Marco 978 - 30124 Venezia - P.I. e C.F. 00163550270
Tel. 041/5235775 - Fax 041/5221939

Motoscafo Taxi VE _____ Aut. _____

CLIENTE/DITTA

C.F./P.I.

RICEVUTA FISCALE

(Art. 1 D.M. 13.10.79
Art. 2 D.M. 2.7.80
Art. 2 D.M. 28.1.83)

DATA

19 5 95

DESCRIZIONE

IMPORTO

Centro Città - P. Roma - Tronchetto - Ferrovia - Lido - o viceversa
Lido - P. Roma o Ferrovia - o viceversa
Centro Città - Aeroporto - o viceversa
Lido - Aeroporto - o viceversa
Centro Città - Murano _____ o viceversa
Lido - Murano _____ o viceversa

Totale corrispettivo Esente IVA art. 10 punto 14 DPR 633/72

30000

XTK

265334 /93

Riscossione non avvenuta



GENERAL COMPUTER s.r.l. - PRODOTTI AUSILIARI E D.P. - TEL. 041/598379 - SPINER (VE) - AUT. RIVENDITA VE - N. 111 DAL 15/06/88 - Simbolo da V.M.C. Venezia Modulo Corrente Sidi - 31/00 THEVISO - Aut. Min. n. 360157 del 03/03/1986

no

4137

Quittance

frs

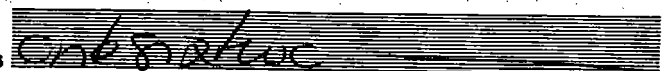


Reçu de MRS

Bonny

la somme de

frs



train fidet 10
Verise

Greene le 10.5.1995

G. Imbersty



147.27

▲ Convalidare all'inizio del viaggio

LIRE 4000

Corsa semplice

p. Iva 00762090272 CS 2

MD * 251669

07.19DOP07

▲ Convalidare all'inizio del viaggio

LIRE 4000

Corsa semplice

p. Iva 00762090272 CS 2

MD * 199637

▲ Convalidare all'inizio del viaggio

LIRE 4000

Corsa semplice

p. Iva 00762090272 CS 2

MD * 199684

▲ Convalidare all'inizio del viaggio

LIRE 4000

Corsa semplice

p. Iva 00762090272 CS 2

MD * 160769

25.23

£ 4000

00712

RIALTO

16 V 6518

Il biglietto non cede
al termine del viaggio.

£ 4000

ACTV

14 V 6518

14 V 6518

14 V 6518

al termine del viaggio.

ACTV

P. IVA 00762090272 CS1

CORSA SEMPLICE

Il biglietto non cede
al termine del viaggio.

ACTV

P. IVA 00762090272 CS1

20 20h0P0040

▲ CONVALIDA

LIRE 30000

3 Giorni
3 Tage
3 Days
3 Jours

Vedi avvertenze a tergo.
For use: please turn over.
Für Gebrauchsanweisungen bitte umwenden.
Mode d'emploi: voir au verso

ACTV

p. Iva 00762090272 CS 2

HC N° 54847

Taxi in carica

Exchange 1.385

7 Taxi @ 25.23 = 176.61
8 ↓ = 189.27

* U.S. GOVERNMENT PRINTING OFFICE: 1991-797-529

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

5. SSAN

(b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION

White House

7. PRESENT OFFICIAL STATION

Washington, D.C.

1. TRAVEL ORDER NO.

P 769447

2. APPROPRIATION NO.

7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	\$ 2,142	\$ 1,000
PER DIEM	150	
OTHER	2,292	
TOTAL		

8. APPROX. DATE OF DEPARTURE

5/13/95

9. APPROX. DATE OF RETURN

5/19/95

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

Travel from Geneva, Switzerland to Venice, Italy to Washington, D.C.

Purpose: To attend meeting on West Europe & Northern America Regular Meeting on New UNAIDS Program.

Prepared by Roz Franke, 443-4560

11. SPECIAL AUTHORITY	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			13A. CHANGE OF STATION	TRANSPORTATION OF ☐ DEPENDENTS ☐ HH GOODS & PERS. EFFECTS								
	☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER (Specify below) ☐ EXCESS BAGGAGE ☐ REGISTRATION FEE Taxis & Limos			☐ TEMPORARY QTRS ☐ RESIDENCE TRANSACTIONS ☐ TEMPORARY STORAGE ☐ HOUSE HUNTING TRIP ☐ MISC. EXP. ALLOWANCE ☐ OTHER (Specify) ☐ SIGNED ☐ NOT REQUIRED												
12. TRAVEL & PER DIEM IS AUTHORIZED IN ACCORDANCE WITH DHHS POLICY AND:							13. FOREIGN TRAVEL	TO BE PERFORMED FOR (DHHS, UN, etc.):								
☒ FTR ☐ JTR'S ☐ OTHER (Specify) PER DIEM: ☐ NONE ☐ IN U.S. ☐ OUTSIDE U.S. ☐ VARYING RATES PER ABOVE REGS. RATE \$ 306.00 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED \$164/Lodgings - \$142/MILE								DHHS EXPENSES TO BE PAID BY DHHS SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY:								
14. ACCOUNTING DATA (See HHS Acct'g Manual & Acct'g Code Book)																
1	2-7	8-10	11-12	ORIGINAL OBLIGATION		OTHER DOCUMENTS		33-40	41-47	48-51	52-53	54	55-79	80-100	101-108	109
RECORD TYPE	EFF. DATE	TRANSACTION CODE	REVERSE CODE	DOC. REF. CODE	DOCUMENT NO.	DOC. REF. CODE	DOCUMENT NO.	GEO. CODE	COMMON ACCOUNTING NO.	OBJ. CLASS CODE	AMOUNT DOLLARS & CENTS	PERIOD	VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	PAYMENT COLLECTION DOC.	CATE. CODE	ACTV. CODE
2				130	P769447				5A734115	21.93	\$2,292	1				
3																
4																
5																

AID OVERHEAD

FUNDS AVAILABLE

EXECUTIVE OFFICER, OIR

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Director, Office of International Health

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

Executive Officer, OASH

TITLE:

85

No L 32732

Besondere Angaben
Indications spéciales
Indicazioni speciali

EL

Ausgabestempel

Zahlungsart

Mode de paiement

Modo di pagamento *****

850392010252

Bollo d'emissione

0576 ekI1mx00
VH 000090
CHARTER VOYAGES
04.05.1995 1415

Cachet d'émission

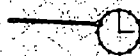
Wir haben für Sie reserviert/Nous vous avons réservé/Abbiamo prenotato per lei

1 PLACE ASSISE
Strecke/Parcours/PercorsoDANS UN TRAIN A SUPPLEMENT
GENEVE - VENEZIA MEST

Abfahrt/Départ/Partenza



13.05



08.20



39

Abteil/Compartiment/Compartimento KI./Cl.



Platznummern/Numéros des places/Numeri di posti

COULOIR LATERAL
NON FUMEURS

1 307

FENETRE COULOIR MILIEU MILIEU

42

Ermässigung
Réduction
RiduzioneGrund
Motif
Motivo

FrS

***10.00

85 Ag. N° Z 19078

Besondere Angaben
Indications spéciales
Indicazioni specialiAusgabestempel
VOYAGES CHARTER SA
17, place Montbrillant

04 MAI 1995

1201 Geneva 2 734 35 35

Zahlungsart

Mode de paiement

Modo di pagamento

von/de/da GENEVE Hinfahrt/Aller/Andata

KI.

von/de/da

Rückfahrt/Retour/Ritorno

nach/à/a VENEZIA

Cl.

nach/à/a

nach/à/a

1

nach/à/a

2

via LAUSANNE - BRIG - ISELETTA - MILANO

Ermäss.
Reduct.
Riduz.= % = %
= % = %Grund
Motif
Motivo

CHF

148-

SBB 8080.51 1 90 800 000

Patricia Fleming's Itinerary

Transportation Pick up 3:30PM

Friday, May 5, 1995

6:10PM Depart IAD Delta #2780 (Middle Seat 15F)

Saturday, May 6 - Saturday May 13

~~8:20AM~~ Arrive Geneva (Dr. Bernard will arrange transportation)

Hotel: Hotel Carlton
22 Rue Amat
Phone: 011-41-22-731-6850
Fax: 011-41-22-732-8247

Saturday, May 13

10:20AM Depart Geneva Alitalia #407
11:30AM Arrive Milan
03:05PM Depart Milan Alitalia #3874
04:00PM Arrive Venice

(PF: Dr. Bernard will have a 1st class, window seat, non-smoking train ticket for you departing on Saturday morning) **Bring all receipts back.**

Saturday, May 13 - Monday, 15

Hotel: Albergo Rialto
San Marco, 5149 Ponte de Rialto
Phone: 011-39-41-520-9166
Fax: 011-39-41-523-8958
CNF#13035
Contact: Sabrina

(PF: Sabrina only had accommodations for Sat. night in a single room, she said for the other 2 nights she could move you to a dbl. room which would have a larger bed. She also suggested that you check again when you register. Single rate \$120US, dbl. \$160US)

Tuesday, May 16

6:30PM Briefing session by UNAIDS (information on venue to come)

Hotel: TBD
UNAIDS

Friday, May 19

10:50AM Depart Venice Lufthansa #3553
12:25PM Arrive Frankfurt
01:20PM Depart Frankfurt United Airlines #3503
03:50PM Arrive IAD

(Seat assignments are only given at the Airport for these flights)

8:00p Arrive Home

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 72705

Date of Request April 26, 1995

1. TRAVELER:

Name: Patricia S. Fleming

☒ White House Staff

Extension: 202/632-1090

Room: _____

☐ Other: _____

2. PURPOSE(s) and DATE(s): ¹⁹
May 5-20, 1995. To attend World Health Assembly and UNAIDS.

3. ITINERARY: Washington/Geneva/Venice/Washington

(List all cities where stopovers occur.)

DEPARTURE			RETURN		
Date: 5/5/95	Time: 6:10PM	Mode: AIR	Date: ~~5/20/95~~ 5/19/95	Time: ~~XXXXXX~~ 3:50PM	Mode: AIR

5. FUNDING SOURCE:

☒ OFFICIAL

☐ POLITICAL

☐ 501 (c) (3)

☐ OTHER _____

SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
☐ Commercial Car Rental	☐ Yes ☐ No ☐ Amount \$ _____
☒ Hotel Name: <u>Amat Carlton</u>	Recipient's Signature: _____
☐ Other: _____	Date: _____

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. TRAVELER'S SIGNATURE: _____

(I have read and agree to the terms set forth on the reverse side.)

8. APPROVING SIGNATURES:

Office Head: _____

Approving Official

(Political or Foreign Travel): _____

Special Assistant to the President and

Director of White House Operations: _____

9. FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____

Account: _____

03/21/95

11:15

202 458 6472

WHITE HOUSE RM 1

001

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: April 26, 1995

ACCEPTANCE OF TRAVEL EXPENSES FROM OUTSIDE SOURCE

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

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

Your name and position:

Patricia S. Fleming
Director
Office of National AIDS Policy

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

World Health Assembly and UNAIDS

Date and place(s) of travel:

May 5 - ¹⁹26, 1995, Geneva, Switzerland and Venice

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):

Department of State and HHS

Nature of expense(s) paid for:

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.

DEPARTMENT OF STATE AGENCY						3. D. O. VOUCHER NO.	
TRAVEL ADVANCE APPLICATION, VOUCHER, AND ACCOUNT						4. BU. VO. NO.	
★ Items indicated by a Star are to be Completed by the Payee							
★ 1. EMPLOYEE SOC. SEC. NO. (b)(6)		★ 2. EMPLOYEE NAME (Last, First, M.I.) Fleming, Patricia				5. D.O. PAID BY	
★ 6. MAILING ADDRESS 6009 Massachusetts Avenue Bethesda, MD 20816							
★ 7. TRAVELER'S APPLICATION An advance of funds in the amount of <u>\$1200.00</u> is hereby requested for travel and other expenses to be incurred under authorization number <u>1021-503859</u> dated <u>4-13-95</u> (Mo./Day/Yr.). My expected date of completion (EDC) is <u>5-13-95</u> (Mo./Day/Yr.). In accordance with the provisions of 4 FAM 333, I will submit a travel reimbursement voucher and/or remit a refund to the Department of State within 30 days following completion of travel or postponement or cancellation of the travel. Signature <u>Patricia S. Fleming</u> Date <u>5/1/95</u>							
★ 8. TRAVEL ADVANCE STATUS		9. ADMINISTRATIVE APPROVAL SIGNATURE				DATE	
a. Old Balance \$		<u>C. B. Under</u> TITLE: <u>Conference Assistant, OTCA</u>				4-13-95	
b. This Voucher \$1200.00							
c. New Balance \$		10. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.					
		AUTHORIZED CERTIFYING OFFICER'S SIGNATURE				DATE	
		TITLE:					
★ 11. EMPLOYEE'S AGENCY IF OTHER THAN STATE				★ 12. STATE ORGANIZATION APPROVING TRAVEL			
★ 13. EMPLOYEE'S NEW POST OR OFFICE IF BEING REASSIGNED							
14. METHOD OF PAYMENT							
a. Cash or Dep. Check Amt. <u>Trcks-\$1,200.00</u>		b. Exchange Rate		c. U.S. \$ Equivalent		★ d. Date	
e. Treasury or Depository Check No. and Name of Depository						★ f. Payment Received: (Payee's Signature)	
15. ACCOUNT OF ADVANCES (Receivables) RECORD							
TRANSACTIONS				ADVANCE ACCOUNT			
a. Post	b. USDO	c. Date	d. Voucher No.	e. Advanced	f. Decreases	g. Balance	
Conference	No. IO410006						
16. TRAVEL ADVANCE ACCOUNTING CLASSIFICATION							
a. Fund Symbol	b. Adv. Acct. No.	c. Oblig. (T/A) No.	d. EDC	e. Paying Office	f. Date Paid	g. Amount	
19X1125.2	9059	1021-503859				\$1200.00	

50261-102

Form Approved by Comptroller General, U.S. March 14, 1974

Optional Form 261 (Rev. 1-78)

ORIGINAL - FOR USDO OR AGENCY ADMINISTRATIVE
ACCOUNT FILE

(See Reverse for Privacy Act Statement)

DEPT. OF STATE

TO: ESC/C - Cashier

Michael A. Bishop

(type full name)

is authorized to sign for,

obtain and deliver to me the cash travel advance/reimbursement due on my travel advance application/reimbursement voucher. I understand that I must take the necessary precautions to insure receipt from this authorized individual all monies due me.

Patricia S. Fleming

(Typed or printed name of traveler)

5/1/95 Patricia S. Fleming

(Date and signature of traveler)