

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 [4]

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

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (25 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 [4]

2018-0755-F

rs3179

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]

Sent to:
Terry Miller
State Dept.
6/29/95

Rm 1428A
647-2269 E. J. Hall

Withdrawal/Redaction Marker

Clinton Library

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TRAVEL VOUCHER (Temporary Duty Travel)

Check Received See attached

SECTION A - IDENTIFICATION

1. TRAVEL AUTHORIZATION NO. 5CS102150	2. SOCIAL SECURITY NO. (b)(6)	3. NAME (Last) Fleming	4. NAME (First) Patricia	5. (Middle Initial) S.	6. AGENCY CODE 79
8. ORIGINATING OFFICE NUMBER SR 7979 1021	9. DATES OF TRAVEL EXPENSES FROM Month 5 Day 6 Year 95 THRU Month 5 Day 19 Year 95		7. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign OC = Outside Cont. U.S. GR = Escorted Group		10. RECLAIM AMOUNT INCLUDED \$
11. ORGANIZATION STATE		12. OFFICIAL DUTY STATION (City and State) Washington, DC		13. RESIDENT CITY AND STATE (other than official station) N Y = Yes N = No	
10. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)					

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS

☒ 16. SPECIAL ADDRESS = home address
1. (35) ▶
2. (35) ▶
3. City (20) ▶ State (2) ▶ Zip Code (9) ▶

SECTION C - TRANSPORTATION COSTS

SECTION D - CLAIMS

17. METHOD OF PAYMENT	18. VENDOR/CARRIER	19. IDENTIFICATION NUMBER	20. CAR RENTAL MILES DAYS	21. AMOUNT	22. SUMMARY OF SUBSISTENCE		
GV	DL			\$ 775.65	TOY LOCATION CITY/COUNTY STATE	NO OF DAYS	AMOUNT
					Geneva, Switz	7.25	\$ 1508.
If payment was made by traveler, complete Section G on reverse.				TOTALS ▶	\$ 775.65		

22. AIRLINE ACCOMMODATIONS:	◀ Excess Fare (Check If Applicable)	◀ Non-contract (Insert Code)	24. PER DIEM No of Days 7.25 \$ 1508. 30
-----------------------------	-------------------------------------	------------------------------	---

SECTION E - ACCOUNTING CLASSIFICATION

39. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)		PURPOSE OF TRAVEL CODES 1 = Site visit 2 = Information meeting 3 = Training attendance 4 = Speech or presentation 5 = Conference attendance 7 = Entertainment travel 8 = Special mission travel 9 = Emergency travel 10 = Other travel	
XX	40. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)		
PURPOSE CODE	ACCOUNTING CLASSIFICATION		CLAIM AMOUNT
5	X11252 1021 503859		
41. THIS AMOUNT MUST AGREE WITH TOTAL CLAIM AMOUNT ▶ \$			

SECTION F - CERTIFICATIONS

FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by FPMR 101-7 and other regulations. I have reviewed this voucher and certify it to be correct.

Please SIGN IN BLUE INK WORK PH:

42. CLAIMANT'S SIGNATURE
Patricia S. Fleming

43. DATE
Month 6 Day 27 Year 95

APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. Note: To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348). PLEASE SIGN IN BLUE INK

44. APPROVING OFFICER'S SIGNATURE

45. SOCIAL SECURITY NO.

46. NAME AND TITLE (Type or Print)

IO/OIC Admin Officer

47. DATE APPROVED
Month Day Year

48. TELEPHONE (Area Code and Number)
202-647-

49. FTS
X

FORM AC-818 (USDA) (Rev. 4-84)

Upon completion and approval, submit original voucher to:

Department of State
IO/OICA - Room 1428A
Washington, DC 20520-1428

Exception to SF 1012 approved by GSA/IRMS 3-1

SOCIAL SECURITY NO.

TRAVELER'S NAME

(b)(6)

FLEMING, Patricia S.

SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM	5/6	5/6	5/7	5/8	5/12	5/13	5/14	TOTALS
DATE (Month/Day)	Bethesda	WASH				Geneva		Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet.
CITY						Switz		
STATE	MD	DC				0820		
TIME	4:00 p.m.	6:10 p.m.						
TO TDY LOCATION				5/11			5/18	
DATE (Month/Day)								
CITY	WASH		Geneva			Venice		
COUNTY			Switz					
STATE								
TIME			8:20AM					
PER DIEM								TOTAL NO. DAYS
NO. OF DAYS		.50	1.00	4.00	1	-		
LODGING (Receipt Required)			136.36	545.44	-			
MEALS AND INCIDENTAL EXPENSES		57	114	456	114	-		
LESS MEALS AT GOVERNMENT EXPENSE								
PER DIEM AMOUNT		57	250.36	100.44	114	0	0	TOTAL PER DIEM \$
ACTUAL SUBSISTENCE LODGING (Receipt Required)								TOTAL NO. DAYS
BREAKFAST								
LUNCH								
DINNER								
OTHER (Tips, Laundry, etc.)								TOTAL ACTUAL SUBSISTENCE \$
ACTUAL SUBSISTENCE AMOUNT								TOTAL MILES
MILEAGE								
MILES								
RATE PER MILE								TOTAL MILEAGE \$
MILEAGE AMOUNT								TOTAL PARKING \$
PARKING, TOLLS, ETC.								TOTAL PLANE, BUS, TRAIN \$
PLANE, BUS, TRAIN (Paid By Traveler)								TOTAL LOCAL TRANSPORTATION \$
LOCAL TRANSPORTATION NO. TRIPS **	1			4				TOTAL MISCELLANEOUS \$
DAILY EXPENSE	19	-		64.36				TOTAL CAR RENTAL \$
MISCELLANEOUS EXPENSES		4.50						
TELEPHONE CALLS								
SUPPLIES, ETC.								
CAR RENTAL (Paid by Traveler)								

REMARKS

** Receipts required for single trip in excess of \$15 (plus tip). Exchange rate: \$1 = 1.10
 Per Diem: Lodging \$ 140.00 plus M&IE \$ 114.00

PRIVACY ACT NOTICE: The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 101-7). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.

SOCIAL SECURITY NO.

TRAVELER'S NAME

(b)(6)

FLEMING, Patricia S.

SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM	5/6	5/7	5/13	5/13	5/19	5/19		TOTALS
DATE (Month/Day)	Bethesda	Geneva	Geneva	Venice	Venice	Wash		Transfer
CITY								these totals to
STATE	MD	SWITZ	SWITZ	ITALY	ITALY	DULLES		Section D on
TIME	4 p.m.	8:20 AM				3:50 pm		Voucher Front.
TO TDY LOCATION								If additional
DATE (Month/Day)								days are
CITY								required, use
COUNTY								continuation
STATE								sheet
TIME								
PER DIEM								TOTAL NO. DAYS
NO. OF DAYS		7		7				
LODGING (Receipt Required)								
MEALS AND INCIDENTAL EXPENSES								TOTAL PER DIEM
LESS MEALS AT GOVERNMENT EXPENSE								
PER DIEM AMOUNT								TOTAL NO. DAYS
ACTUAL SUBSISTENCE LODGING (Receipt Required)		681 80						
BREAKFAST								
LUNCH								
DINNER								
OTHER (Tips, Laundry, etc.)								TOTAL ACTUAL SUBSISTENCE
ACTUAL SUBSISTENCE AMOUNT								
MILEAGE								TOTAL MILES
MILES								
RATE PER MILE								TOTAL MILEAGE
MILEAGE AMOUNT								
PARKING, TOLLS, ETC.								TOTAL PARKING
PLANE, BUS, TRAIN (Paid By Traveler)								TOTAL PLANE, BUS, TRAIN
LOCAL TRANSPORTATION NO. TRIPS **								TOTAL LOCAL TRANSPORTATION
DAILY EXPENSE								
MISCELLANEOUS EXPENSES								TOTAL MISCELLANEOUS
TELEPHONE CALLS		4 50						
SUPPLIES, ETC.								TOTAL CAR RENTAL
CAR RENTAL (Paid by Traveler)								

Receipt and Car Rental Agreement Required

REMARKS

** Receipts required for single trip in excess of \$15 (plus tip). Exchange rate: \$1 = 1.10
 Per Diem: Lodging \$140.00 plus M&IE \$114.00

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SOCIAL SECURITY NO

TRAVELER'S NAME

(b)(6)

Patricia S. Fleming

SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY												TOTALS	
FROM	5/19	5/19											Transfer
DATE (Month/Day)	Venice	WASH											these totals to
CITY													Section D on
STATE	Italy	DC											Voucher Front
TIME	1050	415											If additional
TO TOY LOCATION													days are
DATE (Month/Day)													required, use
CITY	WASH	BETH											continuation
COUNTY													sheet
STATE	DC	MD											
TIME	3:50 p.m.	5 p.m.											
PER DIEM													TOTAL NO. DAYS
NO OF DAYS	.75												7.25
LODGING (Receipt Required)													
MEALS AND INCIDENTAL EXPENSES	85.50	(GVA rate)											
LESS MEALS AT GOVERNMENT EXPENSE													
PER DIEM AMOUNT	85.50												TOTAL PER DIEM
ACTUAL SUBSISTENCE LODGING (Receipt Required)													1508 30
BREAKFAST													
LUNCH													
DINNER													
OTHER (Tips, Laundry, etc.)													
ACTUAL SUBSISTENCE AMOUNT													TOTAL ACTUAL SUBSISTENCE
MILEAGE													
MILES													
RATE PER MILE													TOTAL MILES
MILEAGE AMOUNT													
PARKING, TOLLS, ETC.													TOTAL PARKING
PLANE, BUS, TRAIN (Paid By Traveler)													TOTAL PLANE, BUS, TRAIN
LOCAL TRANSPORTATION NO TRIPS **		1											TOTAL LOCAL TRANSPORTATION
DAILY EXPENSE		24											107 36
MISCELLANEOUS EXPENSES													TOTAL MISCELLANEOUS
TELEPHONE CALLS													
SUPPLIES, ETC.													TOTAL CAR RENTAL
CAR RENTAL (Paid by Traveler)													
Receipt and Car Rental Agreement Required													

REMARKS

** Receipts required for single trip in excess of \$15 (plus tip). Exchange rate: \$1 = 1.10
 Per Diem: Lodging \$ 140.00 plus M&IE \$ 114.00

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QUITTANCE POUR COURSE DE TAXI

Nom du client _____
Date 11 5 95 Heure _____
Course de _____
à _____
Au compteur fr. 16 Signature du chauffeur _____
Bagages fr. _____
Surtaxe retour fr. _____
TOTAL _____ Taxi 1109

QUITTANCE POUR COURSE DE TAXI

Nom du client _____
Date 10-5-95 Heure _____
Course de _____
à _____
Au compteur fr. _____ Signature du chauffeur _____
Bagages fr. _____
Surtaxe retour fr. _____
TOTAL 20.-

QUITTANCE

Date 10 5 19 heure _____
Trajet Hotel Anat
Carlton to
US Mission
Au compteur _____ Fr. _____
Ou forfait _____ Fr. _____
Bagages _____ Fr. _____
TVA douane française _____ Fr. _____
Divers: repas chauffeur _____ Fr. _____
TOTAL _____ Fr. 12.30
Signature du chauffeur: Griceo GE 1216

QUITTANCE

Date 9.595 heure _____
Trajet _____
Au compteur _____ Fr. _____
ou forfait _____ Fr. _____
Bagages _____ Fr. _____
T.V.A. douane française _____ Fr. _____
Divers: Repas chauffeur _____ Fr. _____
ou débours client _____ Fr. _____
TOTAL _____ Fr. 16.50

Signature du chauffeur et numéros de plaques lisibles.

Sign.: _____ Ge Am

TAXI DRIVER'S DAILY MANIFEST

**REPORT ALL ACCIDENTS
WITHIN 72 HOURS.**

**CAPITAL CASUALTY INSURANCE COMPANY
4308 GEORGIA AVENUE, N.W.
WASHINGTON, D.C. 20011
(202) 722-2485**

**REPORT PERSONAL INJURY
IMMEDIATELY**

*From:
Airport
to Residence*

**WHEN INVOLVED IN AN ACCIDENT NO MATTER HOW SMALL OR LARGE OR WHO'S AT FAULT, CALL FOR
AN INVESTIGATOR. BETWEEN THE HOURS OF 8:30 a.m. & 5:30 p.m. CALL (202) 722-2485 BETWEEN HOURS OF
5:00 p.m. & 8:30 CALL (202) 546-2411.**

NAME OF OPERATOR <i>ELITE CAB</i>				OPTIONAL ENTRIES EXPENDITURES TODAY		TOTAL COST	
ADDRESS <i># 153</i>				GAS PER GAL.			
CAB NO.		TAG NO. <i>FARR 19-</i>		OIL QTS. PER QT.			
DATE <i>05-19-95</i>		MAKE OF VEHICLE		YEAR		LUBE	
I.D. OR LICENSE <i>56194</i>		☐ RADIO		☐ OWNER		WASH	
						TIRE REPAIR	
						OTHER REPAIR	
						RENT OR ST	

PIPE READERS

ation or stop in a country other than the country
able and the Convention governs and in most
al injury and for loss of or damage to baggage.
al Passengers on Limitation of Liability" and

the U.S. (including its overseas territories and
arms (including rules, regulations, tariffs and
therein incorporated by reference and made part

Services other than air travel, specific terms and conditions may be included in the ticket set or may be

Legal notices entitled "Conditions of Contract", "Page Liability Limitations", and "Notice of Intent to Non-air Transportation or Services. If not, obtain copies.

[illegible]

DATE 5/6/95 COMPLETION TIME _____
ACCT # _____ ACCT NAME _____
PICK UP 6009 Mass Ave
DROP N. A-P
NOTES _____
BASE METER _____ EXTRAS _____
GRATUITY _____ TOTAL \$ 24.00
PASSENGER SIGNATURE _____
DRIVER Emmanuel OR # _____ VEH # _____
THANK YOU!

TRAVEL ORDER
 *** U.S. DEPARTMENT OF STATE ***

T R TRAVELER ID: (b)(6) A NAME: PATRICIA FLEMING V STREET ADDRESS: 6009 MASSACHUSETTS AVENUE E CITY, STATE, ZIP: BETHESDA, MD 20816 E HOME ALLOTMENT: 1021 R WORK PHONE:	j PAGE: 1 j NUMBER: TO 1021503859 j DATE: 04/24/95 j TYPE: FG j FOREIGN j STATUS: AMENDED j BUREAU: IO
--	--

TRAVEL DATES: BEGIN: 04/29/95 END: 05/13/95

ITINERARY: FM WASHINGTON, DC TO GENEVA, SWITZERLAND & RTN WASH, DC
 RE WHO/WHA: 48TH WORLD HEALTH ASSEMBLY

TRAVEL PURPOSE: CONFERENCE (5)

MODE OF TRANSPORTATION: AIRPLANE - COMMON CARRIER
 TAXI CAB

* * * ESTIMATED COSTS/OBLIGATIONS * * *

LINE	BFYS	FUND	ALLOT	BENE	ORG	FUNCTION	BOC/SUB	JOB CODE	RPTG CAT	AMOUNT
001 XX		X11252	1021			3140	2152	IO410006		
TRVL DESC: PD/AS/LP/SR										DESC: 1021503859
										\$ 1,500.00
*002 XX		X11252	1021			3140	2111	IO410006		
TRVL DESC: TRANS TICKETS & EX BAG										DESC: 1021503859
										\$ 850.00
TOTAL										\$ 2,350.00

A BALANCE FROM OTHER ORDERS:	\$	0.00
D AUTHORIZED AND PAID FOR THIS ORDER:	\$	0.00
V MAXIMUM AVAILABLE FOR THIS REQUEST:	\$	1,200.00
A CURRENT REQUEST: \$		
N DATE REQUIRED: / /		
C RECEIVED:		
E DATE RECEIVED: / /		
S MAIL CHECK TO HOME ()	MAIL CHECK TO BANK ()	
PICK UP CHECK MANUALLY ()	ISSUE THROUGH CASHIER ()	

AUTHORIZED TO TRAVEL AS INDICATED ABOVE AND TO INCUR NECESSARY EXPENSES IN
 ACCORDANCE WITH FEDERAL REGULATIONS (FPMR 101-7)

TRAVEL ORDER
*** U.S. DEPARTMENT OF STATE ***

T
R TRAVELER ID: (b)(6)
A NAME: PATRICIA FLEMING
V STREET ADDRESS: 6009 MASSACHUSETTS AVENUE
E
L CITY, STATE, ZIP: BETHESDA, MD 20816
E HOME ALLOTMENT: 1021
R WORK PHONE:

j PAGE: 2
j NUMBER: TO 1021503859
j DATE: 04/24/95
j TYPE: FG
j FOREIGN
j STATUS: AMENDED
j BUREAU: IO

TRAVELER IS ELIGIBLE FOR TRAVEL ADVANCE OF 80
PERCENT OF MISCELLANEOUS AND INCIDENTAL EXPENSES
TO BE RECEIVED IN TRAVELER'S CHECKS.

TRAVELER IS AUTHORIZED TAXIS IN CONNECTION WITH
OFFICIAL BUSINESS.

TRAVEL VOUCHER MUST BE SUBMITTED WITHIN 5 DAYS OF
COMPLETION OF TRAVEL. ANY OUTSTANDING TRAVEL
ADVANCE MUST BE LIQUIDATED WITHIN 30 DAYS FOLLOWING
COMPLETION OF TRAVEL OR TRAVELER MAY BE SUBJECT TO
AUTOMATIC PAYROLL DEDUCTIONS AS REQUIRED BY 1 FAM 557.
ALL UNUSED GTRS AND AIRLINE TICKETS MUST BE
SUBMITTED IMMEDIATELY UPON COMPLETION OR CANCELLATION
OF THE TRAVEL. RECEIPTS ARE REQUIRED AS STATED IN
6 FAM 116 AND FFMR 101-7 AND MUST ACCOMPANY TRAVEL
VOUCHER.

PER DIEM

\$220.00 RATE

TRAVEL VIA COMMON CARRIER - AIR

TRAVEL VIA TAXI CAB

PER DIEM: ACTUAL COST OF LODGING NOT TO EXCEED \$116 PER DAY,
MEALS AND MISCELLANEOUS EXPENSES AUTHORIZED \$104 PER DAY, TOTAL
NTE \$220 PER DAY, OR MAXIMUM AMOUNT AUTHORIZED DURING TRAVEL PERIOD.

LONG DISTANCE TELEPHONE AND FAX TOLLS NOT CHARGEABLE TO THIS ORDER.

SPECIAL APPROVALS -

INTERNATIONAL TRAVEL:

ACTUAL SUBSISTENCE:

AUTHORIZATION -

PRELIMINARY:

APPROVING OFFICIAL

SIGNATURE:

TITLE:

DATE:

104-25-95

*** TRAVEL ORDER U.S. DEPARTMENT OF STATE ***

T
R
A
V
E
L
E
R
TRAVELER ID: (b)(6)
NAME: PATRICIA FLEMING
STREET ADDRESS: 6009 MASSACHUSETTS AVENUE
CITY, STATE, ZIP: BETHESDA, MD 20816
HOME ALLOTMENT: 1021
WORK PHONE:

j PAGE: 1
j NUMBER: TO 1021503859
j DATE: 04/13/95
j TYPE: FG
j FOREIGN
j STATUS: ORIGINAL
j BUREAU: IO

TRAVEL DATES: BEGIN: 04/29/95 END: 05/13/95

ITINERARY: FM WASHINGTON, DC TO GENEVA, SWITZERLAND & RTN WASH, DC
RE WHO/WHA: 48TH WORLD HEALTH ASSEMBLY

TRAVEL PURPOSE: CONFERENCE (5)

MODE OF TRANSPORTATION: AIRPLANE - COMMON CARRIER
TAXI CAB

* * * ESTIMATED COSTS/OBLIGATIONS * * *

LINE	BFYS	FUND	ALLOT	BENE	ORG	FUNCTION	BOC/SUB	JOB	CODE	RPTG	CAT	AMOUNT
001	XX	X11252	1021			3140	2152		IO410006			
TRVL DESC: PD/AS/LP/SR DESC: 1021503859												
											\$ 1,500.00	
TOTAL											\$ 1,500.00	

A BALANCE FROM OTHER ORDERS: \$ 0.00
D AUTHORIZED AND PAID FOR THIS ORDER: \$ 0.00
V MAXIMUM AVAILABLE FOR THIS REQUEST: \$ 1,200.00
A CURRENT REQUEST: \$
N DATE REQUIRED: / /
C RECEIVED:
E DATE RECEIVED: / /
S MAIL CHECK TO HOME () MAIL CHECK TO BANK ()
PICK UP CHECK MANUALLY () ISSUE THROUGH CASHIER ()

AUTHORIZED TO TRAVEL AS INDICATED ABOVE AND TO INCUR NECESSARY EXPENSES IN
ACCORDANCE WITH FEDERAL REGULATIONS (FPMR 101-7)

TRAVELER IS NOT ELIGIBLE FOR TRAVEL ADVANCE BUT
MAY PURCHASE TRAVELER'S CHECKS WITH AMERICAN EXPRESS CARD

TRAVELER IS AUTHORIZED TAXIS IN CONNECTION WITH
OFFICIAL BUSINESS.

Duplicate

TRAVELER ID: (b)(6)
NAME: PATRICIA FLEMING
STREET ADDRESS: 6009 MASSACHUSETTS AVENUE
CITY, STATE, ZIP: BETHESDA, MD 20816
HOME ALLOTMENT: 1021
WORK PHONE:

j PAGE: 2
j NUMBER: TO 1021503859
j DATE: 04/13/95
j TYPE: FG
j FOREIGN
j STATUS: ORIGINAL
j BUREAU: IO

PER DIEM

TRAVEL VIA COMMON CARRIER - AIR

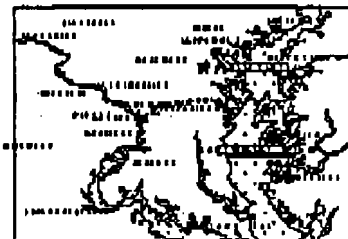
PER DIEM: ACTUAL COST OF LODGING NOT TO EXCEED \$116 PER DAY,
MEALS AND MISCELLANEOUS EXPENSES AUTHORIZED \$104 PER DAY, TOTAL
NTE \$220 PER DAY, OR MAXIMUM AMOUNT AUTHORIZED DURING TRAVEL PERIOD.

SPECIAL APPROVALS - *Henry M. Keating*
INTERNATIONAL TRAVEL: *Funds Available*
ACTUAL SUBSISTENCE:

AUTHORIZATION - *Full-time employment*
PRELIMINARY:
APPROVING OFFICIAL *[Signature]*
SIGNATURE:
TITLE: *Director*
DATE: *1/7/52*

FACSIMILE TRANSMISSION**DEPARTMENT
OF
STATE**

WASHINGTON D.C.

OFFICE OF INTERNATIONAL CONFERENCES
ROOM 1428A**WASHINGTON, D.C. 20520-1428**

TELEPHONE (202) 647-2269

FTS (8) (202) 647-2269

FAX (202) 647-1301

NO OF PAGES 8

INCLUDING

COVER SHEET

DATE 6/28/95TO: CARMENA PARCLISFAX: 632-1096PHONE: 632-1090

MESSAGE

Anything pertaining to Venice does not belong to State and should be claimed on a HHS travel voucher. This includes rail GVA/Italy, taxis and telephone calls in Italy. State does not pay long distance charges on the Geneva hotel bill; possibly HHS will pay for them.

Sender: Teri G. Miller



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,000
New Orleans
Louisiana 70160

TRAVEL DISBURSEMENT NOTIFICATION
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

TRVL3991

DATE OF NOTICE: 07/20/95

EMPLOYING AGENCY: 79

FLEMING PATRICIA
6009 MASSACHUSETTS AVE
BETHESDA, MD 20816

SOCIAL SECURITY NO.

(b)(6)

RE: TRAVEL AUTHORIZATION NO. 5CS7910215038

YOUR TRAVEL VOUCHER FOR 05/06/95 THROUGH 05/19/95 WAS PROCESSED ON 07/20/95. AS REQUESTED, A CHECK IN THE AMOUNT OF \$420.16 IS BEING SENT TO THE SPECIAL ADDRESS SHOWN BELOW.

6009 MASSACHUSETTS AVE
BETHESDA MD 20816

AFTER THE PROCESSING DESCRIBED ABOVE, YOUR OUTSTANDING TRAVEL ADVANCE BALANCE AMOUNT IS \$0.00. THIS AMOUNT REFLECTS THE PROCESSING OF ALL ADVANCE RELATED DOCUMENTS RECEIVED AT NFC TO DATE.

IF THERE ARE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT TRAVEL INQUIRY AT (COMM/FTS) 504-255-4TRV OR (TOLL-FREE AT 1-800-421-0323.

TRAVEL AND TRANSPORTATION SECTION

Rcd

APR-14-95 FRI 15:25

STATE OIC

FAX NO. 2026471301

P.02

TRAVEL ORDER

*** U.S. DEPARTMENT OF STATE ***

T
R
A
V
E
L
E
R
TRAVELER ID: (b)(6)
NAME: PATRICIA FLEMING
STREET ADDRESS: 6009 MASSACHUSETTS AVENUE
CITY, STATE, ZIP: BETHESDA, MD 20816
HOME ALLOTMENT: 1021
WORK PHONE:

J PAGE: 1
J NUMBER: TO 1021503859
J DATE: 04/13/95
J TYPE: FG
J FOREIGN
J STATUS: ORIGINAL
J BUREAU: IO

TRAVEL DATES: BEGIN: 04/29/95 END: 05/13/95

ITINERARY: FM WASHINGTON, DC TO GENEVA, SWITZERLAND & RTN WASH, DC
RE WHO/WHA: 48TH WORLD HEALTH ASSEMBLY

TRAVEL PURPOSE: CONFERENCE (5)

MODE OF TRANSPORTATION: AIRPLANE - COMMON CARRIER
TAXI CAB

* * * ESTIMATED COSTS/OBLIGATIONS * * *

LINE	BFYS	FUND	ALLOT	BENE	ORG	FUNCTION	BOC/SUB	JOB	CODE	RPTG	CAT	AMOUNT
001	XX	X11252	1021		3140	2152		IO410006				
	TRVL DESC: PD/AS/LP/SR DESC: 1021503859											
										\$		1,500.00
										\$		1,500.00

TOTAL

A BALANCE FROM OTHER ORDERS: \$ 0.00
D AUTHORIZED AND PAID FOR THIS ORDER: \$ 0.00
V MAXIMUM AVAILABLE FOR THIS REQUEST: \$ 1,200.00
A CURRENT REQUEST: \$
N DATE REQUIRED: / /
C RECEIVED:
E DATE RECEIVED: / /
S MAIL CHECK TO HOME () MAIL CHECK TO BANK ()
PICK UP CHECK MANUALLY () ISSUE THROUGH CASHIER ()

AUTHORIZED TO TRAVEL AS INDICATED ABOVE AND TO INCUR NECESSARY EXPENSES IN
ACCORDANCE WITH FEDERAL REGULATIONS (FPMR 101-7)

TRAVELER IS NOT ELIGIBLE FOR TRAVEL ADVANCE BUT
MAY PURCHASE TRAVELER'S CHECKS WITH AMERICAN EXPRESS CARD

TRAVELER IS AUTHORIZED TAXIS IN CONNECTION WITH
OFFICIAL BUSINESS.

APR-14-95 FRI 15:25

STATE CIC

FAX NO. 2026471301

P.03

TRAVEL ORDER

*** U.S. DEPARTMENT OF STATE ***

T
R TRAVELER ID: (b)(6)
A NAME: PATRICIA FLEMING
V STREET ADDRESS: 6009 MASSACHUSETTS AVENUE
E
L CITY, STATE, ZIP: BETHESDA, MD 20816
E HOME ALLOTMENT: 1021
R WORK PHONE:

J PAGE: 2
J NUMBER: TO 1021503859
J DATE: 04/13/95
J TYPE: FG
J FOREIGN
J STATUS: ORIGINAL
J BUREAU: IO

TRAVEL VOUCHER MUST BE SUBMITTED WITHIN 5 DAYS OF
COMPLETION OF TRAVEL. ANY OUTSTANDING TRAVEL
ADVANCE MUST BE LIQUIDATED WITHIN 30 DAYS FOLLOWING
COMPLETION OF TRAVEL OR TRAVELER MAY BE SUBJECT TO
AUTOMATIC PAYROLL DEDUCTIONS AS REQUIRED BY 1 FAM 557.
ALL UNUSED GTRS AND AIRLINE TICKETS MUST BE
SUBMITTED IMMEDIATELY UPON COMPLETION OR CANCELLATION
OF THE TRAVEL. RECEIPTS ARE REQUIRED AS STATED IN
6 FAM 116 ABD FFMR 101-7 AND MUST ACCOMPANY TRAVEL
VOUCHER.

PER DIEM

\$220.00 RATE

TRAVEL VIA COMMON CARRIER - AIR

TRAVEL VIA TAXI CAB

PER DIEM: ACTUAL COST OF LODGING NOT TO EXCEED \$116 PER DAY,
MEALS AND MISCELLANEOUS EXPENSES AUTHORIZED \$104 PER DAY, TOTAL
NTE \$220 PER DAY, OR MAXIMUM AMOUNT AUTHORIZED DURING TRAVEL PERIOD.

LONG DISTANCE TELEPHONE AND FAX TOLLS NOT CHARGEABLE TO THIS ORDER.

SPECIAL APPROVALS -

INTERNATIONAL TRAVEL: *FULLY APPROVED*
ACTUAL SUBSISTENCE:

J AUTHORIZATION

J PRELIMINARY:

J APPROVING OFFICIAL

J SIGNATURE:

J TITLE:

J DATE:

Patricia Fleming
[Signature]
Director
04-14-95

FACSIMILE TRANSMISSION
DEPARTMENT OF STATE



WASHINGTON, D.C. 20520-1428

Office of International Conferences

Room 1428A

TELEPHONE (202) 647- 1771

NO OF PAGES 3

INCLUDING

FACSIMILE (202) 647-1301 COVER SHEET

TO: *Cameras Passes*

DATE 4/14

Telephone: _____ Facsimile: 632-1096

MESSAGE

As discussed

SENDER: Kathleen Stemplinski

Chance

NAME: Patricia Fleming ADMIN OFF: kas DOC ECE J-228

<u>DATE</u>	<u>FLIGHT</u>	<u>TIME</u>	<u>DATE ARR</u>	<u>DEP/ARR</u>
May 5	DL-2780 K	1810 0820	<u>5/6</u>	Dulles 15F Geneva
May 13	AZ-407 C	1020 1130		Geneva Milan
May 13	AZ-3874 C	1505 1600		Milan Venice
May 19	LH-3553 M	1050 1225		Venice Frankfurt
May 19	UA-3503 M	1320 1550		Frankfurt Dulles

PRICE: YCA/CRT4/Y1/MMZ \$1349.95 DATE/RES/AGT: WH booking,
OIC= \$775.65 A/C = \$574.30 (KC52)

Check for Train
Ticket @ Nussli
Hotel Carlton
22 Rue Amal 8247
41-22-731-6850 Fax 41-22-732
Sat, Sun, Mon Realto Hotel
May 13, 14, 15

Swiss Rail

FACSIMILE

**JOINT UNITED NATIONS
PROGRAMME ON AIDS (UNAIDS)**
(UNDP, UNESCO, UNFPA, UNICEF,
World Bank, WHO)

World Health Organization
CH-1211 Geneva 27, Switzerland
Telegr.: UNISANTE GENEVA
Tel.: 791 2111 Telex: 415416
Facsimile: 791 4880

PF

Message No.

Page 1 of 5 page(s)

Date: 28 April 1995

From: E. Matt, UNAIDS

To: Ms Carmina Parris
Office of National AIDS Policy
Executive Office of the President
750 17th Street, N.W.
Washington, D.C. 20503

Fax No.: 202 632 1096

Our ref.: UNAIDS/em

Subject: STRATEGIC PLAN DEVELOPMENT
REGIONAL CONSULTATIVE MEETING,
VENICE, ITALY, 17-18 MAY 1995

Dear Ms Parris,

As per our telephone conversation please find attached information on the above-mentioned meeting. We would be grateful if you could return the attached Personal Data Form before 1 May 1995. Documentation and further details for the meeting will also be provided in due course.

Dr Purnima Mane is the Programme's focal point for the development of the Strategic Plan. Should you require further information regarding your participation, please contact Ms Elizabeth Matt [Tel: (41 22) 791 4808; Fax: (41 22) 791 4880].

Hotels: (if you do get a booking in anyone of these, please let me know on the form, otherwise we will do the booking!)

Olympia (395 Santa Croce, tel: 41 522 6141, Fax: 522 0945)

Arlecchino (390 Santa Croce, tel: 41 520 9523, fax: 41 522 0945)

Spagna (184 Lista di Spagna, near Venice railway station, tel: 41 715011, fax: 715 318)

Helvezia (don't have the address as yet)

Rivera

Yours sincerely,

E. Matt

Joint United Nations Programme on AIDS

All **

PERSONAL DATA FORM

Joint United Nations Programme on AIDS
Strategic Plan Development
Regional Consultative Meeting, Venice, Italy
17-18 May 1995

- 1) Please complete in block letters

I will attend the meeting

☐

I cannot attend the meeting

☐

Professor Dr Mr Ms (please circle as appropriate)

Family Name: _____ First Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ Post Code: _____ Country: _____

Telephone: _____ Fax: _____

Telex: _____ E-mail: _____

- 2) Please indicate any specific assistance required: _____

- 3) **Travel:** please plan to arrive in Venice on Tuesday 16 May in time to attend a briefing session on UNAIDS at 18.30 (information on venue will follow). Preferred time of departure: night of 18 or day of 19 May.

Due to the difficulty in securing hotel rooms in Venice during this period, it is essential we know your exact dates of arrival and departure.

Arrival time and flight: _____

Departure time and flight: _____

- 4) **Hotel Accommodation:** accommodation will be provided for participants sponsored by the Joint United Nations Programme on AIDS, and will be paid for directly by the Programme.

PLEASE FAX THE ABOVE INFORMATION TO MS ELIZABETH MATT,
UNAIDS, GENEVA
Facsimile: +41 22 791 4880

INFORMATION NOTE FOR PARTICIPANTS AT THE REGIONAL CONSULTATIVE MEETINGS

TRAVEL COSTS

We will be responsible for your airfare and/or first class train fare from your place of residence to the place of meeting and return. As you will be making your own flight reservations, we would gratefully appreciate your cooperation in reducing airfare costs through the use of APEX, excursion fare, PEX, consolidator, bucket or 'grey market' tickets. The travel authorization will be sent on acceptance of the invitation but, in view of the advance purchase requirements for low-cost tickets, reservations should be made as quickly as possible. Since such tickets are not normally changeable or may have charges for cancellation or changes in dates, you will be provided with trip cancellation insurance (for medical reasons only).

Should you not be able to use a fare cheaper than economy, the maximum standard of airline accommodation for which the Programme will bear the cost is economy class. If you wish to use a higher standard of airline accommodation, e.g. business or club class, any fare difference payable over and above economy class will be at your own expense.

If you travel by private car, for which specific authorization has to be requested in advance, the maximum amount to be reimbursed will be based upon 80% of the applicable fare to the destination by the most direct route. (For areas where air services are not available, reimbursement will be at the level of 100% of the first class train fare or other public transport fare).

PER DIEM

Hotel accommodation with breakfast and lunch will be provided for non-local participants during their stay. In addition, you will receive 35 per cent of the current prevailing daily subsistence allowance for the duration of the meeting, and 100 per cent for travel time from your place of residence to the place of meeting and return. The total allowance is intended to cover all other costs related to your attendance at the meeting, including incidental expenses. This means that no charges for airport taxes, visa fee, ground transportation from airport to hotel or vice versa will be reimbursed.

INSURANCE

While travelling, your baggage and personal effects will be automatically insured to an amount of US\$3,000. This insurance covers all objects carried by the traveller, but excludes documents, travel tickets, currency, stamps, stamped paper, identity papers, and *objets d'art*.

You will also be covered by a WHO accident insurance policy (see attached form WHO 262). This accident insurance policy does not include general 'illness insurance' for which you should maintain coverage under your national, institutional or private health insurance scheme.

VISAS AND VACCINATIONS

Please make your own arrangements to obtain any visas or vaccinations which may be necessary for this travel.

ENCL: Form WHO 262

Notice concerning ACCIDENT INSURANCE

FOR MEMBERS OF THE EXECUTIVE BOARD,
MEMBERS OF EXPERT COMMITTEES,
FACULTY MEMBERS OF SEMINARS,
PERSONS REPRESENTING THE
WORLD HEALTH ORGANIZATION AT MEETINGS
OR CONFERENCES, AND TEMPORARY ADVISERS,
(hereinafter referred to as the "insured")

1. Purpose

In order to ensure that all the insured, who are recognized to the extent that they receive subsistence allowance and travelling expenses from the Organization, have some protection against the major risks of accidents occurring whilst in travel status on behalf of the Organization, an insurance policy has been taken out. In view of the existence of this policy the Organization is unable to refund premiums for travel accident insurance taken out by members themselves, since to do so would constitute a duplication of the insurance.

The action of the Organization in taking out this insurance policy is purely voluntary and does not commit the Organization beyond payment of compensation as provided for under the insurance policy, the main provisions of which are the following:

2. Scope

The insurance provided under the policy covers the period during which services are performed for the Organization including periods of travel by the most direct route.

Should the insured wish to vary his itinerary as provided by the travel authorization or the time schedule to prolong the period of coverage, he should notify the Organization (Travel Officer), and he will be covered under the insurance policy only to the extent that the suggested change is acceptable to the Organization who, in this case, will issue another travel authorization including the approved change. Any additional premium cost will be at the expense of the insured.

It must be clearly understood that the insured is not covered under the insurance policy

- when at any point during the journey he departs from the itinerary provided in the travel authorization;
- during periods of interruption while in travel (at any point during the journey not authorized in advance) for any cause or any length of time.

Notice concernant L'ASSURANCE ACCIDENT

COUVRANT LES MEMBRES DU CONSEIL EXECUTIF,
LES MEMBRES DES COMITES D'EXPERTS,
LES CONFERENCIERS DES COLLOQUES ET REUNIONS D'ETUDES,
LES PERSONNES CHARGES DE REPRESENTER
L'ORGANISATION MONDIALE DE LA SANTE A DES REUNIONS
OU CONFERENCES ET LES CONSEILLERS TEMPORAIRES
(ci-après "les assurés")

1. Objet

Une assurance couvrant les principaux risques d'accidents susceptibles de survenir au cours d'un voyage officiel accompli pour le compte de l'Organisation mondiale de la Santé a été contractée en faveur de tous les assurés qui ont droit au versement d'une indemnité de subsistance et au remboursement de leurs frais de voyage par l'Organisation. Les primes des assurances individuelles contre les risques d'accidents de voyage ne seront pas remboursées, étant donné que ces assurances feraient double emploi avec celle qu'a souscrite l'OMS.

Le fait pour l'Organisation de contracter cette assurance constitue de sa part un acte bénévole qui ne saurait l'engager au-delà du paiement des prestations prévues par la police, dont les dispositions principales sont les suivantes :

2. Etendue

La police d'assurance couvre la période de mission officielle pour le compte de l'Organisation, y compris les jours de voyage, par l'itinéraire le plus direct.

Dans le cas où l'assuré déciderait de voyager par un itinéraire autre que celui qui est indiqué sur l'autorisation de voyage, ou aimerait changer l'horaire pour demander une prolongation de la couverture, il devrait en aviser l'Organisation (responsable des voyages) et ne sera couvert par l'assurance que dans la mesure où la proposition pourra être acceptée par l'Organisation qui émettra dans ce cas une nouvelle autorisation de voyage tenant compte du changement adopté. Tout supplément de prime sera à la charge de l'assuré.

Il est clairement entendu que l'assuré n'est pas couvert par la police d'assurance :

- s'il s'écarte en un point quelconque du trajet de l'itinéraire tel qu'il ressort de l'autorisation de voyage
- pendant toute interruption au cours du voyage (à un point quelconque du trajet non autorisé au préalable) quelles que soient les causes et la durée de l'interruption.

3. Compensation provided under the Insurance Policy:

The main provisions are the following:

1. Accidental death - US \$ 183 972
2. Total and permanent disability - US \$ 367 944
3. Partial and permanent disability - a proportion of the amount provided total and permanent disability; the fraction being dependent on the nature of the disability.
4. Cost of medical treatment for a single accident - US \$ 50 000

4. Per Diem Allowance paid by the Organization

In the case of accidents resulting in temporary total disablement of the insured from engaging in his profession or occupation, the Organization will pay an indemnity in the amount of the applicable per diem allowance in full where no hospitalization is involved, one-third of the per diem being payable in cases involving hospitalization, for a reasonable period of time but in no event to exceed 52 weeks.

5. Procedure as to Claims:

- (a) An insured sustaining an injury which may involve any claim under the insurance policy shall immediately inform the Chief, Pension & Insurance at Headquarters, who will send to the insured an insurance claim form to be completed by him and the medical practitioner attending him. The form is to be returned to the Chief, Pension & Insurance.
- (b) The insured must also forward all vouchers such as doctors', chemists', and nursing bills paid by him, which should indicate the exact dates of consultations, together with the proof of payment. If and when the claim is admitted, the amounts will be refunded to the insured, as and when they have been collected from the insurance company by the Organization.

3. Prestations prévues par la police d'assurance :

Les dispositions principales sont les suivantes :

1. Mort accidentelle - US \$ 183 972
2. Invalidité complète et permanente - US \$ 367 944
3. Invalidité partielle et permanente - une fraction de la somme prévue pour l'invalidité complète et permanente. Le pourcentage dépend de la nature de l'invalidité.
4. Frais de traitement médical par accident - jusqu'à concurrence de US \$ 50 000.

4. Indemnité journalière de subsistance versée par l'Organisation :

En cas d'accident entraînant, pour l'assuré, l'incapacité temporaire d'exercer sa profession ou son activité, l'Organisation verse une indemnité équivalente au montant intégral de l'indemnité journalière de subsistance s'il n'y a pas d'hospitalisation, et le tiers de cette indemnité si l'assuré est hospitalisé, et cela pendant une durée raisonnable qui, dans aucun cas, ne saurait excéder 52 semaines.

5. Marche à suivre pour la présentation des demandes de prestations :

- (a) Tout assuré victime d'un accident pouvant donner lieu à une demande d'indemnité aux termes de la police d'assurance doit en informer immédiatement le Chef du Service des Pensions et des Assurances au Siège. Celui-ci lui adressera une formule à remplir par lui-même ainsi que par le médecin traitant. Cette formule devra être renvoyée au Chef du Service des Pensions et des Assurances.
- (b) L'assuré doit également nous envoyer toutes pièces justificatives telles que les notes d'honoraires des médecins, des pharmaciens, de l'hôpital ou de la clinique, etc., payées par lui et indiquant avec exactitude les dates des consultations, ainsi que les preuves de versement. Si la demande d'indemnisation est admise, le montant des frais sera remboursé à l'assuré, dans la mesure et au moment où l'Organisation l'aura recouvré auprès de la Compagnie d'assurances.

**OFFICE OF NATIONAL INTELLIGENCE
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: Room Reservations, Hotel Rialto ATTENTION: Sabrina

FAX NUMBER: 011-39-41-523-8958 (Phone # 39-41-520-9166)

FROM: Patricia S. Fleming

DATE: May 2, 1995

PAGES INCLUDING COVER SHEET: 1

COMMENTS:

I would like to request a single room with bath for the nights of May 13, 14 and 15. Please send a reply as soon as possible. Also let me know what credit cards you accept. If you cannot accommodate these dates would you please recommend other hotels comparable to your accommodations. Thank you for your prompt attention.

May 3, 1995

Sabrina: As you request, I am confirming Room Reservations for May 13, 14 and 15. One single room with shower. Please charge to my Visa Credit Card #1409427480007874 Expiration date September 1995.

The above paragraph is the original fax sent to your Hotel yesterday.

Conf # N-13035-

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 791.21.11
Direct: 791.4603

With the compliments:

of the

Director-General

Avec les compliments

du

Directeur Général

Ms P. Fleming

United States Interim National

AIDS Policy Coordinator

Department of Health and Human Services

750 17th Street, N.W.

Washington, D.C.

USA

1211 GENEVA 27-SWITZERLAND Telegr.. UNISANTE-GENEVA Telex. 415416 OMS Fax 791.07.46 1211 GENEVE 27-SUISSE Télégr..UNISANTE-GENEVE

C —
Please tell
WHO to
correct my
stuff →
P

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

Office of the Director General
TO: World Health Organization

FAX NUMBER: 011-791-07-46-⁴¹⁻²²~~46~~

FROM: Carmena Parris, Executive Assistant to Patricia Fleming

DATE: May 5, 1995

PAGES INCLUDING COVER SHEET: 1

COMMENTS:

Please make the following change in your records:

Ms. Patricia S. Fleming
Director
United States Office of National AIDS Policy
750 17th Street, N.W. - Suite 600
Washington, DC 20503
U.S.A.

pd see attached receipt

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE White House		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 4/24/95 b. TO 4/25/95	
	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) 69637 b. DATE(S)	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) Same as C		10. CHECK NO.	
						11. PAID BY	
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) D. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)				I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials			
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
1160476519		\$300.00	USAir	Y	4/20/95	DCA	LaGuardia/NT-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 AMOUNT CLAIMED ▶ \$ 1162							
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 ▶ <i>Andrew P. Hodge</i> DATE 10/30/95						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: <i>SR</i> c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER ▶ \$ 102	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR							
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE							
18. ACCOUNTING CLASSIFICATION						21 06 01 5702 21 01 00 4502	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)								Complete this information if this is a continuation sheet. PAGE <u>2</u> OF <u> </u> PAGES	
	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. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.						TRAVEL AUTHORIZATION NO. TA9401	
									TRAVELER'S LAST NAME Traveler	

DATE 95 19	TIME (Hour and am/pm)	DESCRIPTION (Départure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCEL- LANEOUS SUBSIS- TENCE	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)
04/24	2:30P	D-:WASHINGTON HEADQUARTERS											
04/24	4:00P	A-:NEW YORK CITY, NY				19.00				19.00		19.00	
04/24		:			Highway/Bridge Toll								3.00
04/24		:			Taxi								24.00
04/24		:			Taxi								4.50
04/24		:			Taxi								4.00
04/24		:			Taxi								5.75
04/24		AUTHORIZED BUS. CALLS											3.75
04/25	5:05P	D-:NEW YORK CITY, NY											
04/25	8:00P	A:WASHINGTON HEADQUARTERS											
04/25		Subsistence				38.00				38.00		38.00	

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

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

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

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

TOTAL AMOUNT CLAIMED 102.00

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 69637

Date of Request April 10, 1995

TRAVELER:

Name: Patricia S. Fleming

Extension: xxxxxxx632-1090 Room: 600 ☒ White House Staff

☐ Other: _____

2. PURPOSE(s) and DATE(s): April 24-25, 1995 - Keynote Speaker at The Black Leadership

Commission HIV/AIDS Summit for Black Clergy leaders

3. ITINERARY: Washington/New York/Washington

(List all cities where stopovers occur.)

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
4/24/95	4:00PM	AIR	4/25/95	5:00PM	AIR

5. FUNDING SOURCE:

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

SPECIAL EXPENSES	TRAVEL ADVANCE REQUESTED
☐ Commercial Car Rental ☒ Taxi	☐ Yes ☐ No ☐ Amount \$ _____
☐ Hotel Name: <u>Empire, NYC</u>	Recipient's Signature: _____
☐ Other: _____	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: [Signature]

FOR TRANSPORTATION OFFICE USE ONLY:

Control No.: _____ Account: _____

BHRA 0 M564

ORIGINAL (Return with Voucher)

(REV. 6/21/89)

+ 1.00 Tip

ISSUED BY
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

PASSENGER RECEIPT

171504 0001717 A15

XXXXXXXXXX
BOARDING PASS

ISSUED BY
USAIR
NAME OF ISSUING AGENT
STEVENS TRAVEL NYC
NAME OF PASSENGER
FLEMING/PATRICIA
X/O FROM
X/O TO
NOT VALID FOR
TRANSPORTATION
ENDORSEMENTS/RESTRICTIONS

ARC

COUPON

XXXXXX

TOUR CODE

AGENT CODE
A33749236

PLACE OF ISSUE NY ISO CODE US DATE OF ISSUE 20APR95

CARRIER CODE
TGGCRQ/AA U

FARE BASIS/TICKET DESIGNATOR

ECI 00011

CARRIER FLIGHT

CLASS DATE

TIME

STATUS

NOT VALID BEFORE

NOT VALID AFTER

THIS IS YOUR RECEIPT

ISSUING AGENT ID
T5EO*15

NAME OF PASSENGER
FLEMING/PATRICIA

DCA

JLGA US6470 U 24APRU

DCA US6471 U 25APRU

TO

CARRIER

CARRIER FLIGHT CLASS DATE TIME

GATE SEAT SMOKE

FP CHECK /FCWAS US NYC133.64 US WAS133.64U 267.28 E
ND XFDC A3LGA3

FARE
USD 267.28
TAX
US 26.72
XF 6.00
TOTAL
USD 300.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 889 CK
37443855433

CPN

DOCUMENT NUMBER

0 037 1160476519 0

ALLOW PCS WT UNCKD

NOT VALID FOR TRAVEL
0 037 1160476519 0
AA33749236

USAir Passenger Ticket and
Baggage Check

USAir SHUTTLE Boarding Pass Only

ISSUED BY USAIR NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

FLIGHT COUPON

TOUR CODE

AIRLINE CODE FCI

OF

PLACE OF ISSUE

ISO CODE

DATE OF ISSUE

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

NOW SERVICING MONTREAL

NON-STOP BOSTON & NEW YORK JET SERVICE

This is not a Ticket

L1 Directions:

EQUIVALENT FARE PAID

Approval

ALLOW PCS WT UNCKD

FARE \$ 000.00

TAX

TAX

TOTAL

\$ 000.00

03781042086

STOCK CONTROL NUMBER TX037

CPN

DOCUMENT NUMBER

03781042086

USAir Boarding
Pass

NAME OF PASSENGER	
FROM X/O	LaGuardia/NY
TO X/O	Washington DC
CARRIER	AA
FLIGHT	6501
CLASS	Y
DATE	APR 25 1995
TIME	5:00P
BOARDING TIME	12A
SEAT	
SMOKING	

03781042086

Sent to Seth Robinson 6/28/95

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE White House		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 4/24/95 b. TO 4/25/95	
	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) b. DATE(S)	
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Same as C				
					10. CHECK NO.		
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE			
				11. PAID BY			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
1160476519		\$300.00	USAir	Y	4/20/95	DCA	LaGuardia/NT-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 AMOUNT CLAIMED \$							
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government; (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE ▶ DATE					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER ▶		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR							
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE							
18. ACCOUNTING CLASSIFICATION							

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
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)											
4/24/	2:30PM	Depart Office for DCA															
4/24	3:00PM	Dept. DCA to LaGuardia															
4/24	3:59PM	Arrive LaGuardia															
4/24		Taxi from LaGuardia to Hotel													24	00	
		Bridge toll													3	00	
		Taxi Hotel to Reception													4	00	
		Taxi Reception to Hotel													5	75	
		Local business calls						3	75						3	75	
4/24		Hotel Accommodations Paid by Black Leadership							(211	51)							
4/25	5:05PM	Depart Laguardia for DC															
4/25	8:00PM	Arrive Reisdence															
		Per Diem days @															
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.											SUBTOTALS ►						
											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 ►**

95
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

PASSENGER RECEIPT

171504

0001717

A15

XXXXXXXXXX
BOARDING PASS

ISSUED BY

USAIR

NAME OF ISSUING AGENT

STEVENS TRAVEL NYC

NAME OF PASSENGER

FLEMING/PATRICIA

NOT VALID FOR

TRANSPORTATION

ENDORSEMENTS/RESTRICTIONS

ARC

COUPON

XXXXXX

TOUR CODE

NEW YORK

AGENT CODE

A33749236

PLACE OF ISSUE

NY US20APR95

FARE BASIS/TICKET DESIGNATOR

TGGCRQ/AA U

ISSUING AGENT ID

00011/

T5ED*15

NAME OF PASSENGER

FLEMING/PATRICIA

FROM

JLGA US6470 U 24APRU

TO

JLGA US6471 U 25APRU

CARRIER

CARRIER FLIGHT CLASS DATE TIME

GATE SEAT SMOKE

FARE
USD 267.28
TAX US 26.72
TAX XF 6.00
TOTAL
USD 300.00

EQUIV. FARE PO.

STOCK CONTROL NO. TX 989 CK

37443855433

CPN

0 037 1160476519 0

DOCUMENT NUMBER

0 037 1160476519 0

ALLOW PCS WT UNCKD

NOT VALID FOR TRAVEL
0 037 1160476519 0
AA33749236

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

94
Air Passenger Ticket and
Baggage Check

USAir SHUTTLE Boarding Pass Only

7
Air Boarding
Pass

OF

ISSUED BY USAIR NOT TRANSFERABLE
SUBJECT TO CONDITIONS OF CONTRACT

FLIGHT COUPON

TOUR CODE

AIRLINE CODE FCI

OF

PLACE OF ISSUE

ISO CODE

DATE OF ISSUE

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

NOW SERVICING MONTREAL

NON-STOP BOSTON & NEW YORK JET SERVICE

This is not a Ticket

LL Directions:

EQUIVALENT FARE PAID

Approval

ALLOW

PCS

WT

UNCKD

FARE \$ 000.00

TAX

TAX

TOTAL

\$ 000.00

03781042086

STOCK CONTROL NUMBER TX037

CPN

DOCUMENT NUMBER



NAME OF PASSENGER	
FROM	X/O
LaGuardia/NY	
TO	X/O
Washington DC	
CARRIER	
DATE	25 APR 1995
FLIGHT CLASS	6501
BOARDING TIME	5:00P
SEAT	12A
SMOKING	

REV 11-90
PRINTED IN U.S.A. BY RAND McNALLY

TRIBORO BRIDGE MAN

COL PT	DATE	TIME	OPER. ID	AMOUNT
19.	04/24/95	16:15	02077	\$83.00

5Y84
24/95 TR 3899
RT END MLES
13 20:22 01.7
E: \$ 4.25
RA: \$ 0.50
AL: \$ 4.75
COMPLAINT #
212 221-TAXI
+ 1.00 tip

MED. # 1K61
DATE: 04/24/95
START END MLES
18:18 18:25 00.9
FARE: \$ 3.00
EXTRA: \$ 0.00
TOTAL: \$ 3.00
TLC COMPLAINT #
212 221-TAXI

+ 1.00 Tip

I ♥ NEW YORK
METER 826101-026
TRIP # 2294
ST. TIME 04:09PM
END TIME 04:42PM
DATE APR-24-95
DIST 11.30
FARE \$ 18.00
FOR COMPLAINTS:
1-212-221-TAXI

I ♥ NEW YORK
MED # 3M61
TRIP # 2461
ST. TIME 01:00PM
END TIME 01:07PM
DATE APR-25-95
DIST .92
FARE \$ 3.50
FOR COMPLAINTS:
1-212-221-TAXI

Toll 24.00
Bridge 3.00

+ 1.00 Tip

Taxi - Laguardia
to Hotel = 24.00

Taxi - Hotel to
Reception = 4.00

Taxi - Reception
to Hotel = 5.75

Taxi - Hotel to
Conference = 4.50

~~Meals:~~
Meals: Dinner
20.00

Plus hotel incidentals

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 69637

Date of Request April 10, 1995

1. TRAVELER:

Name: Patricia S. Fleming

Extension: xxxxxxx632-1090 Room: 600 ☒ White House Staff

☐ Other: _____

2. PURPOSE(s) and DATE(s): April 24-25, 1995 - Keynote Speaker at The Black Leadership

Commission HIV/AIDS Summit for Black Clergy leaders

3. ITINERARY: Washington/New York/Washington

(List all cities where stopovers occur.)

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
4/24/95	4:00PM	AIR	4/25/95	5:00PM	AIR

5. FUNDING SOURCE:

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

6. SPECIAL EXPENSES

☐ Commercial Car Rental ☒ Taxi
☐ Hotel
Name: Empire, NYC
☐ 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: _____

(REV. 6/21/89)

ORIGINAL (Return with Voucher)

03/21/95

11:15

202 456 8472

WHITE HOUSE RM 1

Contact person: Carmena Parris
Phone number: 202/632-1090
Date of request: April 10, 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:

National Black Leadership Commisison AIDS Summit for Black Clergy Leaders

Date and place(s) of travel:

April 24-26, 1995 - NYC

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):

Black Leadership Commission on AIDS

Nature of expense(s) paid for:

In-kind

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):

Airfare: \$300.00

Hotel: \$200.00

Taxi: \$ 50.00

Misc: \$ 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.

Sent to WH Travel office
w/attached letter of invitation
C 4/10/95



United States Treasury

15-51 P 358,848,366
000



Pay to
the order of

11 14 95 53 PHILADELPHIA, PA
V04443 M1 EOPFMD

Check No.

2038 14443455
0EB6000012 11010001

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

\$*****102*00
VOID AFTER ONE YEAR

FLEMING VOUCHER T69637

102



⑈ 20383 ⑈

⑈000000518⑈ 144434554⑈ 011195

**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: Patricia S. Fleming

FAX NUMBER: 9-011-41-22-749-4447

FROM: Carmena Parris

DATE: May 11, 1995

PAGES INCLUDING COVER SHEET: 24

COMMENTS:

Message No.

Page 1 of 4 page(s)

Date: 11 May 1995

From: Dr Purnima Mane, UNAIDS

To: Ms Patsy Fleming
Office of National AIDS Policy
Executive Office of the President
750 17th Street, N.W.
Washington, D.C. 20503

Fax No.: 202 632 1096

Our ref.: UNAIDS/em

Subject: STRATEGIC PLAN DEVELOPMENT
REGIONAL CONSULTATIVE MEETING,
VENICE, ITALY, 17-18 MAY 1995

Dear Ms Fleming,

Please find attached the preliminary participant brief and information on the Conference Centre on *"how to get there"*.

Yours sincerely,

Ms E. Matt
Joint United Nations Programme on AIDS

JOINT UNITED NATIONS PROGRAMME ON AIDS (UNAIDS)
CONSULTATIVE WORKSHOP - NORTH AMERICA AND EUROPE
(including Former USSR Region)
VENICE 16-18 MAY 1995

PRELIMINARY PARTICIPANT BRIEF

Purpose

One of five consultative workshops, organized by UNAIDS to provide input to the drafting of the UNAIDS strategic plan.

Workshop Outcomes

At the end of the workshop, participants will:

- ♦ have a common level of knowledge of the origin and purpose of the Joint United Nations Programme on AIDS (UNAIDS) and its current stage of development;
- ♦ have a common level of understanding of the range of perspectives reflected by workshop participants on the UNAIDS vision and broad strategic direction;
- ♦ have contributed ideas to help orient the strategic plan to the best possible strategic approach by which UNAIDS can have a positive impact on the response to the HIV/AIDS pandemic;
- ♦ have contributed ideas to help orient UNAIDS activities at country level;
- ♦ have a sense of shared commitment to and collaboration with UNAIDS and its broad strategic direction.

Dates and Timing

Pre-Workshop Briefing:
Tuesday, 16 May, 1830-2030

Workshop:
Wednesday 17 May, 0900-1800
Thursday 18 May, 0900-1815

Reception:
Wednesday 17 May 1995, 1830-2000

Location

CNR-ISDGM, San Polo 1364 "Palazzo Papadopoli" (near the Rialto Bridge, Tel +41 521 6830, Fax +41 521 6892), Venice, Italy

Participants

The participant group (a maximum of 52 invited participants) has been selected to provide the widest possible range of country, government, community, organizational and programme perspectives. As a whole, the participant group should be able to represent the perspectives of UNAIDS cosponsors; national governments; nongovernmental (NGO/CBO/POHIV) organizations and networks; other UN system organizations; bilateral donors; intergovernmental organizations; the private sector; and academic and research institutions.

Workshop Organizers

The workshop has been organized by UNAIDS, together with the United Nations Educational, Scientific and Cultural Organization - Regional Office for Science and Technology for Europe (in the capacity of a cosponsor regional or field office managing the local organization for the workshop, on behalf of UNAIDS).

Workshop Schedule

Tuesday 16 May: 1830-2030

Pre-workshop briefing on UNAIDS

Wednesday 17 May - 0900-1800

Introduction

- . strategic plan development purpose and approach
- . workshop purpose and expected outcomes
- . mapping of workshop steps and procedures

Participant introductions

Pre-workshop expectations for UNAIDS - participant views

The year 2000 - what UNAIDS should look like to be successful

Focus on lessons learnt

- . lessons learnt
- . what to build on; to change
- . constraints and facilitating factors
- . ideas for success

Focus on UNAIDS outcomes and priorities

- . what UNAIDS needs to achieve in the longterm; in the short term
- . who needs to be involved; who are the clients?
- . what are the priorities?

1830-2000

Reception for participants and invited guests.

Thursday 18 May: 0900-1800

UNAIDS at the country and intercountry levels

- . what UNAIDS should be/should achieve at the country level; at the intercountry level
- . UNAIDS and a multisectoral national AIDS response
- . priorities for UNAIDS
- . management of transition
- . ideas for success.

End of workshop expectations for UNAIDS, and comments on the workshop - participant views

UNAIDS reflection and closure

Written Comments

Participants will be given the opportunity to provide written comments on the draft strategic plan, as a separate exercise from the workshop. The draft will be distributed widely for written comment (probably in May 1995).

Background Reading

- ♦ *An invitation to help develop the UNAIDS strategic plan for 1996-2000.*
- ♦ UNAIDS fact sheets:

*What is UNAIDS?
UNAIDS at Country Level. A preliminary framework for action
Regional and Intercountry Cooperation
Integration ("Mainstreaming").*

Other Information

workshop style: participative - with plenary sessions and small group work
workshop facilitators: UNAIDS team
Elizabeth Matt, UNAIDS, will provide secretariat support for the workshop
the workshop will be conducted in English
morning and afternoon tea will be provided on both days
- morning tea 1030-1045
- lunch 1245-1400
- afternoon tea 1545-1600
the workshop rooms (plenary and small group rooms) will be non-smoking environments.

HOW TO GET THERE:***"PALAZZO PAPADOPOLI"***

From the Hotel Spagna; take the water boat no. 1 (direction St. Mark's Square) from the train station stop. You get off at the stop called **San Silvestro**. The building is located on the Grand Canal and is 5 minutes by foot from the boat stop. The trip is about 20 minutes.

From the Lido: (Hotels Rigel, Riviera and Helvetia); take the water boat No. 1 (direction Rialto) and always get off at the stop called **San Silvestro**. The trip takes about 35 minutes from Lido to San Silvestro.

***** Travel Voucher *****

Name : PATRICIA S FLEMING
Address : 200 INDEPENDENCE AVE SW
WASHINGTON DC 20201
Duty Station: WASHINGTON DC
Office Phone: 202-690-5400
Department : REG99/OFFICE OF THE SECRE

Period of Travel
From: 03/25/95 To: 03/26/95

Travel Number
0362FLE003

Approve Date

Travel Advance Information

Outstanding :
Amount Applied :
Amount due Government:
Balance Outstanding :

Cash Payment Receipt

Date received :
Amount Received: 155.00
Check Attached :
Payee signature:

***** GTRs and Tickets *****

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 (41 CFR Chpts. 301-304)

Ticket No.	Value	Carrier	Mode	Departure/Arrival
1404205875		CO	AIR	WASHINGTON DC
"		CO	AIR	BURLINGTON VT
				BURLINGTON VT
				WASHINGTON DC
TOTAL TICKET COST	372.00			

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

Amount Claimed : 155.00

Amount Applied :

Net To Traveler: 155.00

Signature: Patricia S. Fleming
PATRICIA S FLEMING

Date: APR 7 1995
SSN: (b)(6)

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).)

Signature: _____
(PENDING AUTHORIZATION)

Date: _____

This voucher is certified correct and proper for payment

Signature: _____ Date: _____

Name: PATRICIA FLEMING

** Voucher ** Order No.

0362FLE003

Date	Description	M&IE Cost	Lodge Cost	Other Cost
03/25/95	DEPARTED WASHINGTON DC AT 800			
03/25/95	BURLINGTON, VT			
03/25/95	BREAKFAST, LUNCH AND DINNER	22.50		
03/25/95	LODGING COST (ALLOWED)		63.00	
03/25/95	TAXI FR RES TO NATIONAL AP			23.00
03/26/95	BREAKFAST, LUNCH AND DINNER	22.50		
03/26/95	TAXI FR NATIONAL AP TO RES			24.00
03/26/95	ARRIVED WASHINGTON DC AT 1345			

TOTAL M&IE LODGING AND OTHER

45.00

63.00

47.00

Name: PATRICIA FLEMING

** Voucher Order No:

0362FLE003

ALL APPLICABLE RECEIPTS ARE ATTACHED, EXCEPT AS NOTED

CAN	OBJ CLASS	EXPENSED AMT.	PROJECT CODE
951990362	21.21	527.00	

ADVANCE AND SECURITY PROTECTION BRANCH



U.S. Department of Health and Human Services
Immediate Office of the Secretary
Room 633F, Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, D.C. 20201
Phone: (202) 690-5409
Fax: (202) 690-6166



Facsimile Transmission Form

Deliver To: CARMENA Fax Number: 632-1096
Date: 4/7/95 Number of Pages: 4
From: Phyllis (Cover Sheet Included)
Please call (202) 690-5409 in case of transmission problems.

Comments to Recipient:

Thanks a lot!

**OFFICE OF NATIONAL ADOLESCENT 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: Phyllis

FAX NUMBER: ~~622-1026~~ 690-6166

FROM: Carmen

DATE: 4-7-95

PAGES INCLUDING COVER SHEET: 4

COMMENTS:

Purchase RecordToday's
Date:

--	--	--	--	--	--	--	--	--	--

Important Reminders...

Sign each Cheque immediately (in upper left corner).
You are not protected in case of loss or theft until you do so.
Never countersign a Cheque until ready to use it.

When using a Cheque, countersign (in lower left corner) only
when person accepting is watching.

Carry this form and your Cheque Register separately from
your Cheques. Having these records will help speed your refund
if your Cheques are lost or stolen.

More Helpful Hints...

Handle and safeguard your Cheques as you would your cash. Never
leave your Cheques in your hotel room, luggage or car.

For refund information within the United States and
Canada, call toll-free 1-800-221-7282.

Call 1-900-WEATHER from The Weather Channel®

Before you travel get up to the minute Weather Reports for over 900
cities worldwide. Just 95¢ per minute (U.S. only; rate subject to change).

This package contains

5 (FIVE) \$20 TRAVELERS CHEQUES
in numerical sequence beginning with:

DB389-222-110**US \$100****Travelers
Cheques**

Purchase Record
Customer's Copy

Purchase RecordToday's
Date:

--	--	--	--	--	--	--	--	--	--

Important Reminders...

Sign each Cheque immediately (in upper left corner).
You are not protected in case of loss or theft until you do so.
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Before you travel get up to the minute Weather Reports for over 900
cities worldwide. Just 95¢ per minute (U.S. only; rate subject to change).

This package contains

5 (FIVE) \$20 TRAVELERS CHEQUES
in numerical sequence beginning with:

DB389-222-105**US \$100****Travelers
Cheques**

Purchase Record
Customer's Copy

Purchase RecordToday's
Date:

--	--	--	--	--	--	--	--	--	--

Important Reminders...

Sign each Cheque immediately (in upper left corner).
You are not protected in case of loss or theft until you do so.
Never countersign a Cheque until ready to use it.

When using a Cheque, countersign (in lower left corner) only
when person accepting is watching.

Carry this form and your Cheque Register separately from
your Cheques. Having these records will help speed your refund
if your Cheques are lost or stolen.

More Helpful Hints...

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leave your Cheques in your hotel room, luggage or car.

For refund information within the United States and
Canada, call toll-free 1-800-221-7282.

Call 1-900-WEATHER from The Weather Channel®

Before you travel get up to the minute Weather Reports for over 900
cities worldwide. Just 95¢ per minute (U.S. only; rate subject to change).

This package contains

10 (TEN) \$100 TRAVELERS CHEQUES
in numerical sequence beginning with:

RB414-526-320**US \$1000****Travelers
Cheques**

Purchase Record
Customer's Copy

ADVANCE AND SECURITY PROTECTION BRANCH



U.S. Department of Health and Human Services
Immediate Office of the Secretary
Room 633F, Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, D.C. 20201
Phone: (202) 690-5409
Fax: (202) 690-6166



Facsimile Transmission Form

Deliver To: Carmuna ParrisFax Number: 632-1096Date: 3/22/95Number of Pages: 2
(Cover Sheet Included)From: Phyllis England

Please call (202)690-5409 in case of transmission problems.

Comments to Recipient:

Please put this copy of the T/O
with her ticket.
Thanks!!

TRAVEL VOUCHER		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☒ PERMANENT CHANGE OF STATION		3. VOUCHER NO.			
(Read the Privacy Act Statement on the back)				EX-101 1995 MAY 10 10:36 (b)(6)		4. SCHEDULE NO.			
5. TRAVELER (PAYEE)	a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO.		6. PERIOD OF TRAVEL a. FROM 4/5/95 b. TO 4/5/95			
	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) 69636 b. DATE(S)			
	e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Same as C		10. CHECK NO.				
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT				11. PAID BY	
a. Outstanding		0.00		b. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied				c. PAYEE'S SIGNATURE					
c. Amount due Government (Attached: ☐ Check ☐ Cash)									
D. Balance outstanding									
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)						Traveler's Initials	
		AGENT'S VALUATION OF TICKET (a)		ISSUING CAR- RIER (Initials) (b)		MODE, CLASS OF SERVICE AND ACCOM- MODATIONS (c)		DATE ISSUED (d)	
								POINTS OF TRAVEL FROM (e) TO (f)	
1162331734		\$102.00		USA		Y		4/4/95 Washington, Nat'l. Boston	
1403982314		\$832.50		NW		Y		3/22/95 Boston Detroit Detroit 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 4-18-95		AMOUNT CLAIMED		\$ 155.50	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).									
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)		APPROVING OFFICIAL SIGN HERE		DATE 4/29/95		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
						a. DIFFERENCES, IF ANY (Explain and show amount)			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		a. VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
						Certifier's initials: JR		\$ 155.50	
						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$	
						d. NET TO TRAVELER		\$ 155.50	
18. ACCOUNTING CLASSIFICATION									

**SCHEDULE
OF
EXPENSES
AND
AMOUNTS
CLAIMED**

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and 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

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: 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)							
4/5	8:00 AM	Taxi from Res. to National Airport										22.50	26.00
4/5		Taxi from Boston Airport to Harvard AIDS Institute											20.00
4/5	7:05 PM	Depart Boston to Detroit											
4/5	9:15 PM	Arr. Detroit											
4/5		Taxi from Detroit A/port to Pontchartrain Hotel											32.00
4/5		Hotel paid for by Michigan AIDS Fund						77.59				30	
4/6	4:40 PM	Depart Detroit A/port											
4/6	6:09 PM	Arrive DCA											
4/6		Taxi from DCA to Residence											25.00
4/6	7:00 PM	Arrive Residence											
SUBTOTALS ▶													103.00
TOTALS ▶											52.50		103.00

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 ▶

155.50

NO. 69636

1995 MAY 12 AM 10:36
Date of Request March 22, 1995

☐ Other:**ORIGINAL (Return with Voucher)**

**THIS APPROVAL IS 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 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 2500.)**

PASSENGER RECEIPT SITI

ARC

TOUR CODE

AGENT CODE

ISSUED BY NORTHWEST AIRLINES I

WITTE ASSOCIATES

FLEMING/PATSY

NOT VALID FOR

TRANSPORTATION

PNR/CARRIER CODE

GRAND RAPIDS MIUS22MAR95

ZML3FL/UA Y26 0 5880/

THIS IS YOUR RECEIPT

DBCWPW

FP CHECK-ACCT-3387 FC 5APR BOS NW DTW Q2.27 390.91
NW DCA 358.18 USD751.36 END XFBOS3DTW3

FARE USD751.36
TAX US75.14
TAX XF6.00
TOTAL USD832.50

STOCK CONTROL NO. TX 888 CK 59629822464

CPN 0 012 1403982314 6

ALLOW PCB WT UNCKD

DOCUMENT NUMBER

NAME OF PASSENGER FLEMING/PATSY

FROM BOSDTWNN 393 Y 5AP

DTWDCANW 12 Y 6AP

TO

CARRIER

CLASS

DATE

TIME

GATE

SEAT

SMOKE

NOT VALID FOR TRAVEL

0 012 1403982314 6

CROWNE PLAZA
PONTCHARTRAIN
Two Washington Boulevard • Detroit, Michigan 48226-4416
(313) 965-0200 • Fax (313) 965-9464

Acct No

Room No

* FLEMING, PATSY 1/2 *

Description

Amount

750-17TH ST NW STE 1060
WASHINGTON, DC
20050
MAFO405
183535

4/06/95

1

69.00

*** PRELIMINARY ***

814

1 4/05/95 LOCAL PHONE...../814/4050265006/1/4 3.07
2 4/05/95 ROOM CHARGE...../814/1/1/4 69.00
3 4/05/95 COUNTY ASSESSMENT.../814/1/1/4 5.52

* BALANCE DUE * 77.59

City State Zip Code

Crowne Plaza Pontchartrain is owned by Pontchartrain Hotel Group, LLC
and operated by Two Washington Boulevard, Inc. under license from
Holiday Inns Franchising, Inc.

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

Signature



WITTE TRAVEL

3250 28th Street S.E., Grand Rapids, Michigan 49512

JILL NOVAK
THE GREYSTONE GROUP
678 FRONT NW-STE 260
GRAND RAPIDS MI 49504

JILL NOVAK
THE GREYSTONE GROUP
678 FRONT NW-STE 260
GRAND RAPIDS MI 49504

CORPORATE TRAVEL (616) 957-8989 GROUP TOURS (616) 957-8113 VACATION PLANNING (616) 942-5112

TOLL FREE 1-800-469-4883

02 7ML3FL DBCWV 01
DATE OF ISSUE: MAR 22 1995
CUSTOMER NO. : 3387
INVOICE NO. : 51639

FLEMING/PATSY

05 APR 95 - WEDNESDAY

NORTHWEST AIR 393 COACH CLASS
LV: BOSTON 705P
AR: DETROIT/METRO 915P
SNACK

EQUIP-BOEING 727 JET
NONSTOP MILES- 632 CONFIRMED
ELAPSED TIME- 2:10

CAR NOT NEEDED AT THIS TIME
HOTEL NOT NEEDED AT THIS TIME
SEATS 6AB

06 APR 95 - THURSDAY

NORTHWEST AIR 12 COACH CLASS
LV: DETROIT/METRO 440P
AR: WASH/NATIONAL 609P
SEATS 9BC

EQUIP-AIRBUS A320 JET
NONSTOP MILES- 405 CONFIRMED
ELAPSED TIME- 1:29

ALL APPLICABLE FREQUENT FLYER NUMBERS HAVE NOT BEEN ENTERED

THANK YOU FOR CHOOSING WITTE TRAVEL

TRAVEL PLANS PREPARED FOR YOU BY PAMELA VANDER WULP

OUR 24 HOUR EMERGENCY TOLL FREE NUMBER IS 800 345-8463. ID NBR A-A6Y

WE ADVISE YOU TO ALWAYS TRAVEL WITH PHOTO I.D.

TICKET NUMBER/S:

FLEMING/PATSY 1403982314 832.50

AIR TRANSPORTATION	751.36	TAX	81.14	TTL	832.50
		SUB TOTAL			832.50
		AMOUNT DUE			832.50

Glenn F. Kossick, Chair
Metro Health Foundation

Ira Strumwasser, Ph.D.,
Vice Chair

Michigan Health Care Education
and Research Foundation
(Affiliate of BCBSM)

Earl J. Schipper,
Executive Director

Michael Boucree, M.D.
Hurley Medical Group

Frederick W. Bryant, M.D.

Robert Collier
Rotary Charities of Traversie City

Carolee Dodge Francis
Michigan Native American
Foundation and Dickinson-Iron
District Health Department

RIVERVIEW CENTER BUILDING
678 FRONT STREET, N.W., SUITE 265
GRAND RAPIDS, MI 49504
TEL: 616-451-2394
FAX: 616-451-9180



MICHIGAN AIDS FUND

Mary Fisher
Family AIDS Network

Barbara J. Getz
The Kresge Foundation

Jay Kaplan
HIV/AIDS Advocacy Program

Jeanette Mansour
Charles Stewart Mott Foundation

Mark A. Miller

Dexter Shurney, M.D.
Blue Cross and Blue Shield
of Michigan

Leonard W. Smith
The Skillman Foundation

Henrie M. Treadwell, Ph.D.
W.K. Kellogg Foundation

March 24, 1995

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

Dear Ms. Fleming:

Enclosed you will find your airline tickets to Detroit, Michigan, for your participation in our *Third Annual Conference on AIDS*. Also, I wanted to let you know that we have already made hotel and transportation reservations for you.

We are also wondering if you might be available for some interviews on the morning of Thursday, April 6. Earl Schipper, Executive Director of the Michigan AIDS Fund, and Jim Grossman, media consultant for the conference, have already been asking if you might be willing to do some interviews. If you are, please contact either Earl Schipper or me at 616.451.2394.

I'm also enclosing a copy of our registration brochure for you.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,


Jill Novak
Office Manager

/jn
Enclosures

Glenn F. Kossick, Chair
Metro Health Foundation

Ira Strumwasser, Ph.D.,
Vice Chair
*Michigan Health Care Education
and Research Foundation*
(Affiliate of BCBSM)

Michael Boucree, M.D.
Hurley Medical Group

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Dexter Shurney, M.D.
*Blue Cross and Blue Shield
of Michigan*

Leonard W. Smith
The Skillman Foundation

Henrie M. Treadwell, Ph.D.
W.K. Kellogg Foundation

February 6, 1995

Mr. Gus M. Ventura, Executive Assistant
Office of the National AIDS Policy Director
750 17th Street, NW, Suite 1060
Washington, D.C., 20050

Dear Mr. Ventura:

We are delighted to learn that Patsy Fleming, Director of National AIDS Policy has consented to deliver the keynote address at the 1995 Michigan Conference on AIDS on Thursday, April 6, 1995.

While the keynote address is scheduled for 1:00 p.m., at the opening of the conference, we are hopeful Ms. Fleming will be able to consider our invitation to attend the exclusive evening performance of **Quilt: A Musical Celebration** and the Afterglow reception which will be held at the Cobo Center, across the street from the Crowne Plaza Pontchartrain Hotel where the AIDS conference will be held.

I will call you within a few weeks to discuss details of Ms. Fleming's Detroit visit and keynote address.

Sincerely,


Earl J. Schipper, Executive Director
Michigan AIDS Fund
Telephone: 616.451.2493
Facsimile: 616.451.9180

EJS/jn

Full week

United States Treasury ¹⁵⁻⁵¹ P 321,460,309
000



Pay to
the order of

07 28 95 9 PHILADELPHIA, PA
V04443 M1 EOPFMD

Check No. 2038 12417753
0EB5000042 11010001

FLEMING, PATRICIA
C/O WHITE HOUSE ADMN OFC
OEOB RM 1 17TH & PENN NW
WASHINGTON DC 20500

\$*****169*50

VOID AFTER ONE YEAR

FLEMING VOUCHER T69636

169.5



⑈ 20383 ⑈

⑈ 000000518⑈ 124177537⑈ 010795

Seth Robinson

Rm: 1
originals sent to Seth

4/18/95 -

Seth,

4/18

The attached originals
per our discussion
yesterday

Thanks-

Pamela

632-1090

Return to Seth on 4/19/95
e

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☐ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO.																			
		4. SCHEDULE NO.																							
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 4/5/95 b. TO 4/5/95																			
	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) b. DATE(S)																			
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) Same as C																					
	8. TRAVEL ADVANCE a. Outstanding 0.00 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																				
10. CHECK NO.																									
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																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AGENT'S VALUATION OF TICKET (a)</th> <th style="width:10%;">ISSUING CARRIER (Initials) (b)</th> <th style="width:10%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th style="width:10%;">DATE ISSUED (d)</th> <th colspan="2" style="width:55%;">POINTS OF TRAVEL</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:27%;">FROM (e)</th> <th style="width:28%;">TO (f)</th> </tr> </thead> <tbody> <tr> <td>1162331734</td> <td>\$102.00</td> <td>USA</td> <td>Y</td> <td>4/4/95</td> <td>Washington, Nat'l. Boston</td> </tr> </tbody> </table>		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)	1162331734	\$102.00	USA	Y	4/4/95	Washington, Nat'l. Boston						
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)																				
1162331734	\$102.00	USA	Y	4/4/95	Washington, Nat'l. Boston																				
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE ▶ <i>Patricia S. Fleming</i>		DATE 4-18-95		AMOUNT CLAIMED ▶ \$ 46.00																					
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).																									
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE ▶ _____ DATE _____				17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) _____ b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION \$ _____ Certifier's initials: _____ c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ _____ d. NET TO TRAVELER ▶ \$ _____																					
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR				16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ _____ DATE _____																					
18. ACCOUNTING CLASSIFICATION																									

**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

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: 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)											
4/5	8:00 AM	Taxi from Res. to National Airport											22	50	26	00	
4/5		Taxi from Boston Airport to Harvard AIDS Institute													20	00	
4/5	7:05 PM	Depart Boston to Detroit															
4/5	9:15 PM	Arr. Detroit															
4/5		Taxi from Detroit A/port to Pontchartrain Hotel													32	00	
4/5		Hotel paid for by Michigan AIDS Fund							77	59							
4/6	4:40 PM	Depart Detroit A/port															
4/6	6:09 PM	Arrive DCA															
4/6		Taxi from DCA to Residence													25	00	
4/6	7:00 PM	Arrive Residence															
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.										SUBTOTALS ▶						103	00
										TOTALS ▶							

CLINTON LIBRARY PHOTOCOPY

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 ▶ \$46.00**

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO. 1095	
TRAVELER (PAYEE)	a. NAME (Last, first, middle initial) FLEMING, Patricia S.			b. SOCIAL SECURITY NO. (g)(q)		6. PERIOD OF TRAVEL a. FROM 4/5/95 b. TO 4/5/95	
	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) 69636 b. DATE(S)	
	e. PRESENT DUTY STATION Washington, DC			f. RESIDENCE (City and State) Same as C		10. CHECK NO. 11. PAID BY	
	8. TRAVEL ADVANCE a. Outstanding 0 00 b. Amount to be applied c. Amount due Government (Attached ☐ Check ☐ Cash) d. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE			
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL	
						FROM (e)	TO (f)
1162331734		\$102.00	USA	Y	4/4/95	Washington, Nat'l	Boston
1403982314		\$832.50	NW	Y	3/22/95	Boston Detroit	Detroit Washington, DC
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15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE	
18. ACCOUNTING CLASSIFICATION							

DATE	TIME
19 <u>95</u>	(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)

(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.

(fm) 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

FLEMING

[illegible]

If additional space is required, continue on another SF 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 ▶ \$46.00**

24MAR95 12:22 FROM 62029160 0131831M TO 2026321096

VIA AT&T EASYLINK

PAGE 1 OF 2

EASYLINK 0131831M001 24MAR95 12:22/12:22 EST

FROM: 62029160

AMERICAN EXPRESS TRAVEL

TO: 2026321096

SALES PERSON: 50
CUSTOMER NBR: 1695000023

ITINERARY
RGHWQZ

DATE: 24 MAR 95
PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA

05 APR 95 - WEDNESDAY

AIR USAIR FLT:2510 ECONOMY
LV WASHINGTON NATL 900A
AR BOSTON 1030A
FLEMING/PATRICI SEAT-5D

EQP: FOKKER 100
NON-STOP

. TOTAL AIR FARE USD 102.00

FOR AFTER HOUR EMERGENCIES

CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52

.....REMINDER.....

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

.....
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 25 1994

MICHIGAN AIDS FUND
ONE SOUTH HARBOR AVE., SUITE 3
GRAND HAVEN, MI 49417

Employer Identification Number:
38-3151591
Case Number:
314036042
Contact Person:
TERRY L. BARKER
Contact Telephone Number:
(513) 684-2501
Accounting Period Ending:
March 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(3) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(3) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that

MICHIGAN AIDS FUND

their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner

MICHIGAN AIDS FUND

of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

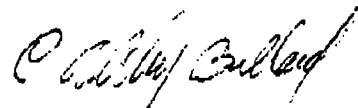
If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



C. Ashley Bullard
District Director

Glenn F. Kosciak, Chair
Maru Health Foundation

Ira Stroutwasser, Ph.D.,
Vice Chair
Michigan Health Care Education
and Research Foundation
(Affiliate of BCBSM)

Michael Brodzner, M.D.
Hurley Medical Group

Frederick W. Bryant, M.D.
Robert Collier
Rotary Chairman of Traverse City
Carolee Dodge Francis
Michigan Native American
Foundation and Dickinson Iron
District Health Department


RIVERVIEW CENTER BUILDING
678 FRONT STREET, N.W., SUITE 265
GRAND RAPIDS, MI 49504
TEL: 616-451-2394
FAX: 616-451-9180

Mary Fisher
Family AIDS Network

Barbara J. Getz
The Kresge Foundation

Joy Kaplan
HIV/AIDS Advocacy Program

Jeanette Mansour
Charles Stewart Mott Foundation

Mark A. Miller
Dexter Shumay, M.D.
Blue Cross and Blue Shield
of Michigan

Leonard W. Smith
The Skillman Foundation

Henrie M. Treadwell, Ph.D.
W.K. Kellogg Foundation

MICHIGAN AIDS FUND

Facsimile Cover Sheet

TO: Carmena Paris

FROM: Jill Novak / Michigan AIDS Fund
Facsimile Number: 616/451-9180

DATE: July 20, 1995

Number of Pages Including the Cover Sheet: 4

Per your request I'm attaching a copy of our Internal Revenue Service 501(c)(3) determination letter.

Please let me know if there is anything else I can assist you with.

If you have any problems with this transmission, please call 616/451-8880.

A Supporting Foundation of the Council of Michigan Foundations

THE WHITE HOUSE
WASHINGTON

April 12, 1995

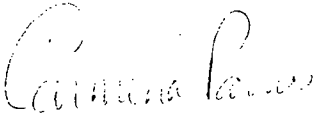
Ms. Jill Novak
Office Manager
Michigan AIDS Fund
Riverview Center Building
678 Front Street, NW - Suite 265
Grand Rapids, MI 49504

Dear Ms. Novak:

As we discussed, I am sending you Patricia Fleming's original receipts for taxi cab fares incurred for her trip to Detroit to speak at the Michigan AIDS Fund Conference, April 6. Also, enclosed is the passenger receipt for her air fare and a Hotel bill. A refund is due Ms. Fleming for the taxi fares only.

Thanks for your assistance in this matter.

Sincerely,



Carmena Parris
Executive Assistant

Enclosures



CORPORATE TRAVEL (616) 957-8989 GROUP TOURS (616) 957-8113 VACATION PLANNING (616) 942-5112
TOLL FREE 1-800-469-4883

02 7MCHFL DBOWPV 01
DATE OF ISSUE: MAR 22 1995
CUSTOMER NO. : 3387
INVOICE NO. : 51639

FLEMING/PATSY

JILL NOVAK
THE GREYSTONE GROUP
678 FRONT NW-STE 240
GRAND RAPIDS MI 49504

JILL NOVAK
THE GREYSTONE GROUP
678 FRONT NW-STE 240
GRAND RAPIDS MI 49504

03 APR 95 - WEDNESDAY

NORTHWEST AIR 893 COACH CLASS EQUIP-BOEING 727 JET
LV: BOSTON 705P NONSTOP NILES- 632 CONFIRMED
AR: DETROIT/METRO 915P ELAPSED TIME- 2:10
SNACK
CAR NOT NEEDED AT THIS TIME
HOTEL NOT NEEDED AT THIS TIME
SEATS 6AB

04 APR 95 - THURSDAY

NORTHWEST AIR 12 COACH CLASS EQUIP-AIRBUS A320 JET
LV: DETROIT/METRO 640P NONSTOP NILES- 405 CONFIRMED
AR: WASH/NATIONAL 609P ELAPSED TIME- 1:29
SEATS 2BC

ALL APPLICABLE FREQUENT FLYER NUMBERS HAVE NOT BEEN ENTERED

THANK YOU FOR CHOOSING WITTE TRAVEL

TRAVEL PLANS PREPARED FOR YOU BY PAMELA VANDER WULF

OUR 24 HOUR EMERGENCY TOLL FREE NUMBER IS 800-345-8463. ID NBR A-A6Y

WE ADVISE YOU TO ALWAYS TRAVEL WITH PHOTO I.D.

TICKET NUMBER/SS
FLEMING/PATSY 1403982314 832.50

AIR TRANSPORTATION 751.36 TAX 81.14 TTL 832.50
SUB TOTAL 832.50
AMOUNT DUE 832.50

REMITTANCE COPY



RESPONSIBILITY: Witte Travel acts only as Agent in providing means of transportation or other services, and all tickets are issued and all other services are offered or provided subject to any and all terms and conditions under which such means of transportation or other services are offered or provided. The issuance and acceptance of such tickets and other services shall be deemed to be consent to the further conditions that Witte Travel shall not be or become liable or responsible in any way in connection with such means of transportation or other services or for any loss, injury or damage to or in respect of any person or property howsoever caused or arising.





CORPORATE TRAVEL (616) 957-8989 GROUP TOURS (616) 957-8113 VACATION PLANNING (616) 942-5112

TOLL FREE 1-800-469-4883

02 7ML3FL DBOWPV 01
DATE OF ISSUE: MAR 22 1995
CUSTOMER NO. : 3387
INVOICE NO. : 51639

FLEMING/PATSY

JILL NOVAK
THE GREYSTONE GROUP
678 FRONT NW-STE 260
GRAND RAPIDS MI 49504

JILL NOVAK
THE GREYSTONE GROUP
678 FRONT NW-STE 260
GRAND RAPIDS MI 49504

05 APR 95 - WEDNESDAY

NORTHWEST AIR 323 COACH CLASS EQUIP-BOEING 727 JET
LV: BOSTON 705P NONSTOP MILES- 632 CONFIRMED
AR: DETROIT/METRO 915P ELAPSED TIME- 2:10
SNACK
CAR NOT NEEDED AT THIS TIME
HOTEL NOT NEEDED AT THIS TIME
SEATS 6AB

06 APR 95 - THURSDAY

NORTHWEST AIR 12 COACH CLASS EQUIP-AIRBUS A320 JET
LV: DETROIT/METRO 440P NONSTOP MILES- 405 CONFIRMED
AR: WASH/NATIONAL 609P ELAPSED TIME- 1:29
SEATS 9EC

ALL APPLICABLE FREQUENT FLYER NUMBERS HAVE NOT BEEN ENTERED

THANK YOU FOR CHOOSING WITTE TRAVEL

TRAVEL PLANS PREPARED FOR YOU BY PAMELA VANDER WULF

OUR 24 HOUR EMERGENCY TOLL FREE NUMBER IS 800 345-8463. ID NBR A-A6Y

WE ADVISE YOU TO ALWAYS TRAVEL WITH PHOTO I.D.

TICKET NUMBER/S:
FLEMING/PATSY

1403982314

832.50

AIR TRANSPORTATION	751.36	TAX	81.14	TTL	832.50
		SUB TOTAL			832.50
		AMOUNT DUE			832.50



RESPONSIBILITY: Witte Travel acts only as Agent in providing means of transportation or other services, and all tickets are issued and all other services are offered or provided subject to any and all terms and conditions under which such means of transportation or other services are offered or provided. The issuance and acceptance of such tickets and other services shall be deemed to be consent to the further conditions that Witte Travel shall not be or become liable or responsible in any way in connection with such means of transportation or other services or for any loss, injury or damage to or in respect of any person or property howsoever caused or arising.





CORPORATE TRAVEL (616) 957-8989 GROUP TOURS (616) 957-8113 VACATION PLANNING (616) 942-5112
TOLL FREE 1-800-469-4883

02 TMLSEL BEONPV 01
DATE OF ISSUE: MAR 23 1990
CUSTOMER NO. : 3387
INVOICE NO. : 51639

FLEMING/PATSY

0111 NOVAK
THE GREYSTONE GROUP
678 FRONT HWY-STE 260
GRAND RAPIDS MI 49504

0111 NOVAK
THE GREYSTONE GROUP
678 FRONT HWY-STE 260
GRAND RAPIDS MI 49504

05 APR 20 - WEDNESDAY

NORTHWEST AIR 393 COACH CLASS EQUIP-BOEING 727 JET
LVI BOSTON 705P NONSTOP MILES- 632 CONFIRMED
ARI DETROIT/METRO 915P ELAPSED TIME- 2:10
SNACK
CAR NOT NEEDED AT THIS TIME
HOTEL NOT NEEDED AT THIS TIME
SEATS AAB

06 APR 25 - THURSDAY

NORTHWEST AIR 12 COACH CLASS EQUIP-ATRIBUS A320 JET
LVI DETROIT/METRO 640P NONSTOP MILES- 405 CONFIRMED
ARI WASH/NATIONAL 607P ELAPSED TIME- 1:29
SEATS ABC

ALL APPLICABLE FREQUENT FLYER NUMBERS HAVE NOT BEEN ENTERED

THANK YOU FOR CHOOSING WITTE TRAVEL

TRAVEL PLANS PREPARED FOR YOU BY FANFILA VONDER WULF

OUR 24 HOUR EMERGENCY TOLL FREE NUMBER IS 800 345-2445. ID NBR A-A6Y

WE ADVISE YOU TO ALWAYS TRAVEL WITH PHOTO I.D.

TICKET NUMBER/S:

FLEMING/PATSY 1403982914 832.50

AIR TRANSPORTATION	781.36	TAX	81.14	TTL	862.50
		SUB TOTAL			862.50
		AMOUNT DUE			862.50



RESPONSIBILITY: Witte Travel acts only as Agent in providing means of transportation or other services, and all tickets are issued and all other services are offered or provided subject to any and all terms and conditions under which such means of transportation or other services are offered or provided. The issuance and acceptance of such tickets and other services shall be deemed to be consent to the further conditions that Witte Travel shall not be or become liable or responsible in any way in connection with such means of transportation or other services or for any loss, injury or damage to or in respect of any person or property howsoever caused or arising.



PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

51639 02 3387 244 20581
PASSENGER RECEIPT SITI

ARC

TOUR CODE

AGENT CODE

NAME OF PASSENGER

NORTHWEST AIRLINES I

ALLIANCE ASSOCIATES

PRE-CARRIER CODE

GRAND RAPIDS

PLACE OF ISSUE

DATE

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STATUS

FLEMING/PATSY

FROM

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CLASS

FARE BASIS

DATE

TIME

NOT VALID FOR

THIS IS YOUR RECEIPT

ISSUING AGENT ID

DATE

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TRANSPORTATION

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FP CHECK-ACCT-3387 FC 5APR BOS NW DTW Q2.27 390.91

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USD75.14

XF6.00

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CROWNE PLAZA

PONTCHARTRAIN

Two Washington Boulevard • Detroit, Michigan 48226-4416
(313) 965-0200 • Fax (313) 965-9464

Arrival
Departure
No. in Party
Rate

Acct No

Room No

FLEMING, PATSY 1/2 **

Description

Amount

750-17TH ST NW STE 1060
WASHINGTON, DC
20050

4/05/95
4/06/95
1
69.00

MAF0405
183535

814

*** PRELIMINARY ***

1	4/05/95	LOCAL PHONE...../814/4050265006/1/4	3.07
		22:29/8105441	
2	4/05/95	ROOM CHARGE...../814/1/1/4	69.00
3	4/05/95	COUNTY ASSESSMENT.../814/1/1/4	5.52

* BALANCE DUE * 77.59

Ok'd
By:

Company

Street

City

State

Zip Code

Crowne Plaza Pontchartrain is owned by Pontchartrain Hotel Group, LLC
and operated by Two Washington Boulevard, Inc. under license from
Holiday Inns Franchising, Inc.

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

Signature

04/07/95 09:22 2028906166

IOS SCHEDULING

2002

***** Travel Voucher *****

Name : PATRICIA S FLEMING	Period of Travel
Address : 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	From: 03/25/95 To: 03/26/95
Duty Station: WASHINGTON DC	Travel Number
Office Phone: 202-690-5400	0362FLE003
Department : REG99/OFFICE OF THE SECRE	Approve Date

Travel Advance Information

Cash Payment Receipt

Outstanding :	Date received :
Amount Applied :	Amount Received: 155.00
Amount due Government:	Check Attached :
Balance Outstanding :	Payee signature: _____

***** GTRs and Tickets *****

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 (41 CFR Chpts. 301-304)

Ticket No.	Value	Carrier	Mode	Departure/Arrival
1404205875		CO	AIR	WASHINGTON DC
"		CO	AIR	BURLINGTON VT
				BURLINGTON VT
				WASHINGTON DC
TOTAL TICKET COST	372.00			

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

Amount Claimed : 155.00

Amount Applied :

Net To Traveler: 155.00

Signature: Patricia S. Fleming
PATRICIA S FLEMING

Date: APR 7 1995
SSN: (b)(6)

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).)

Signature: _____
(PENDING AUTHORIZATION)

Date: _____

This voucher is certified correct and proper for payment

Signature: _____ Date: _____

***** Travel Voucher *****

Name : PATRICIA S FLEMING Address : 200 INDEPENDENCE AVE SW WASHINGTON DC 20201 Duty Station: WASHINGTON DC Office Phone: 202-690-5400 Department : REG99/OFFICE OF THE SECRE	Period of Travel From: 03/25/95 To: 03/26/95 <table border="1" style="width:100%"> <tr> <td style="width:50%">Travel Number 0362FLE003</td> <td style="width:50%">Approve Date</td> </tr> </table>	Travel Number 0362FLE003	Approve Date
Travel Number 0362FLE003	Approve Date		

Travel Advance Information	Cash Payment Receipt
Outstanding : Amount Applied : Amount due Government: Balance Outstanding :	Date received : Amount Received: 155.00 Check Attached : Payee signature:

***** GTRs and Tickets *****

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 (41 CFR Chpts. 301-304)

Ticket No.	Value	Carrier	Mode	Departure/Arrival
1404205875		CO	AIR	WASHINGTON DC
"		CO	AIR	BURLINGTON VT
				BURLINGTON VT
				WASHINGTON DC
 TOTAL TICKET COST	 372.00			

I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.

Amount Claimed : 155.00
 Amount Applied :
 Net To Traveler: 155.00

Signature: Patricia S. Fleming
 PATRICIA S FLEMING

APR 7 1995
 Date: _____
 SSN: (b)(6)

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).)

Signature: _____ Date: _____
 (PENDING AUTHORIZATION)

This voucher is certified correct and proper for payment

Signature: _____ Date: _____

Name: PATRICIA FLEMING

** Voucher ** Order No.

0362FLE003

Date	Description	M&IE Cost	Lodge Cost	Other Cost
03/25/95	DEPARTED WASHINGTON DC AT 800			
03/25/95	BURLINGTON,VT			
03/25/95	BREAKFAST, LUNCH AND DINNER	22.50		
03/25/95	LODGING COST (ALLOWED)		63.00	
03/25/95	TAXI FR RES TO NATIONAL AP			23.00
03/26/95	BREAKFAST, LUNCH AND DINNER	22.50		
03/26/95	TAXI FR NATIONAL AP TO RES			24.00
03/26/95	ARRIVED WASHINGTON DC AT 1345			

TOTAL M&IE LODGING AND OTHER

45.00

63.00

47.00

Name: PATRICIA FLEMING

** Voucher Order No:

0362FLE003

ALL APPLICABLE RECEIPTS ARE ATTACHED, EXCEPT AS NOTED

CAN	OBJ CLASS	EXPENSED AMT.	PROJECT CODE
951990362	21.21	527.00	

U.S. Department of Health and Human Services
***** Travel Order *****

Travel Order No. :	0362FLE003	Trans. :	170.00
Appropriation No.:	7550120	Per Diem:	116.50
Traveler Name :	PATRICIA FLEMING	Other :	56.00
Region/Division :	REG99/OFFICE OF THE SECRETARY	Total :	342.50
Duty Station :	WASHINGTON DC	Advance :	
Approx. Departure:	03/25/95		
Approx. Return :	03/26/95	SSN:	(b)(6)

Justification:

***** PURPOSE *****
TO DELIVER REMARKS ON AIDS PREVENTION TO THE VERMONT
CARES DINNER IN BURLINGTON, VERMONT. TRAVELER IS
WITH THE WHITE HOUSE NATIONAL AIDS PROGRAM.

***** ITINERARY *****
WASHINGTON TO BURLINGTON
BURLINGTON TO WASHINGTON

LODGING M&IE
64.00 30.00

**** Accounting Information ****

CAN	OBJECT CLASS	AMOUNT
951990362	21.21	342.50

***** Funds Certifier *****

ANTONETTE FLEMING

Type of Travel:

PER DIEM = IN U.S.
TYPE = LODGING PLUS

Special Authorizations:

Recommended by:

Name: JANICE STEVENSON
Position: ADMIN ASSISTANT
Date:

Regional Travel Approvals

Signature: _____ Date: _____
Position : _____

Authorized by:

Name: (PENDING AUTHORIZATION)
Position:
Date:

No signature required. This Travel
Order has been electronically
approved by the person named to the
left of this statement. For
verification call: 202 690 7336

Name: PATRICIA FLEMING

Itinerary Order No:

0362FLE003

Depart WASHINGTON

DC Date: 03/25/95 Time: 1000AM Travel Mode: AIR

Arrive BURLINGTON

VT Date: 03/25/95 Time: 0140PM

Via

Carrier: CO 306

Hotel Name:

Hotel Street:

Phone: --

Hotel City/St: VT

Rent-Car Name:

Phone:

Rent-Car City:

Depart BURLINGTON

VT Date: 03/26/95 Time: 0545PM Travel Mode: AIR

Arrive WASHINGTON

DC Date: 03/26/95 Time: 0916PM

Via

Carrier: CO 3683

Hotel Name:

Hotel Street:

Phone:

Hotel City/St:

Rent-Car Name:

Phone:

Rent-Car City:

Name: PATRICIA FLEMING

** Travel Order No:

0362FLE003

PURPOSE

TO DELIVER REMARKS ON AIDS PREVENTION TO THE VERMONT
CARES DINNER IN BURLINGTON, VERMONT. TRAVELER IS
WITH THE WHITE HOUSE NATIONAL AIDS PROGRAM.

REGION	OPDIV	CAN	OBJECT CLASS	PROJECT CODE	OBLIGATED AMT.
99	B	951990362	21.21		342.50



United States Treasury

15-51 B 738,949,758
000



Check No.

04 19 95 1 BIRMINGHAM, AL - 3510 79665500

237234291400 M1 DHHS R9504C0012 75010099

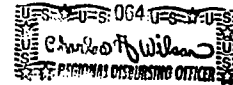
Pay to
the order of

PATRICIA S FLEMING
200 INDEPENDENCE AVE SW
WASHINGTON DC 20201

\$****155*00

VOID AFTER ONE YEAR

T041695052
0362FLE003-VCH



⑈35101⑈

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ADVANCE AND SECURITY PROTECTION BRANCH



U.S. Department of Health and Human Services
Immediate Office of the Secretary
Room 633F, Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, D.C. 20201
Phone: (202) 690-5409
Fax: (202) 690-6166



Facsimile Transmission Form

Deliver To: Carmen Parris Fax Number: 632-1096
Date: 3/23/95 Number of Pages: 4
From: Phyllis England (Cover Sheet Included)
Please call (202) 690-5409 in case of transmission problems.

Comments to Recipient:

4-5-95
Sent PFS original travel expenses for Vermont to
Phyllis England today.

MAJOR OMEGA OFFICES	GA Atlanta 404-255-7400	MA Boston 617-227-0006	PA Harrisburg 717-234-2136	VA Falls Church 703-998-7330
CORPORATE HQ 703-359-0200	IL Chicago Dtn. 312-715-0717	MI Troy 313-362-0900	Philadelphia 215-864-1694	Norfolk 804-629-2500
CA Los Angeles 310-557-2080	IN Indianapolis 317-844-0507	MN Minneapolis 612-673-0119	Pittsburgh 412-765-3636	Richmond 804-649-9110
San Francisco 415-956-0680	LA New Orleans 504-525-8900	NY Buffalo 716-626-1731	York 717-846-8189	Tysons Corner 703-827-8243
CT Stamford 203-324-6600	MD Baltimore 410-837-3439	New York City 212-753-4900	TN Memphis 901-278-1911	WI Madison Airport 608-246-8600
DC Northwest 202-466-5160	Greenbelt 301-345-3297	NC Jacksonville 919-455-9077	TX Houston Dtn 713-654-4422	Milwaukee Airport 414-747-1150
Nat'l Press 202-347-1650	Rockville 301-984-3888	OH Cleveland 216-771-7900	Dallas/Irving 214-869-9863	Milwaukee HQ 414-423-2400

SALES PERSON: F6

CUSTOMER NBR: H2 5505

ITIN/INVOICE NO. 77922
700020

DATE: MAR 23 1995
PAGE: 01

TO: DHHS - OFFICE OF THE SECRETARY
750 17TH ST NW SUITE 600
51990362-0362FLE003

OMEGA WORLD TRAVEL

Mail payments to: Dept. 0876, McLean, VA 22109-0876

AMERICAN	800-433-7300	SOUTHWEST	800-435-9792
AMERICA WEST	800-247-5692	TWA	800-221-2000
CONTINENTAL	800-525-0280	UNITED	800-241-6522
DELTA	800-221-1212	USAIR	800-428-4322
NORTHWEST	800-225-2525	OMEGA 24 HOUR	800-285-6342

FOR: FLEMING/PATRICIA*AX

25 MAR 95

AIR: USAIR

FLT: 4420 CONFIRMED

COACH CLASS

LV: WASH/NATIONAL 900A

AR: NYC/LAGUARDIA 959A

SNACK

EQUIP-BOEING 727 JET

ELAPSED TIME- 1:59

AIRMILES: 214

NONSTOP

AIR: USAIR

FLT: 3602 CONFIRMED

COACH CLASS

LV: NYC/LAGUARDIA 1059A

AR: BURLINGTON VT 1224P

EQUIP-DHC 8 TURBO

ELAPSED TIME- 1:25

AIRMILES: 258

NONSTOP

RESERVED SEATS- 3F

26 MAR 95

AIR: DL CODESHARE

FLT: 4319 CONFIRMED

COACH CLASS

LV: BURLINGTON VT 925A

AR: BOSTON 1025A

EQUIP-SAAB SF340

ELAPSED TIME- 1:00

AIRMILES: 181

NONSTOP

RESERVED SEATS-14C

AIR: DL CODESHARE

FLT: 4307 CONFIRMED

COACH CLASS

LV: BOSTON 1055A

AR: WASH/NATIONAL 100P

EQUIP-SAAB SF340

ELAPSED TIME- 2:05

AIRMILES: 399

NONSTOP

RESERVED SEATS-12C

THANK YOU FOR CALLING OMEGA...HAVE A GOOD TRIP.
PLEASE READ THE IMPORTANT INFORMATION ON THE BACK OF THE ITINERARY.

PLEASE RECONFIRM FLIGHTS DIRECTLY WITH THE AIRLINE AT LEAST 24 HRS PRIOR TO DEPARTURE TO AVOID DELAYS AND CANCELLATIONS
THIS IS A REMINDER THAT ALL FREQUENT FLYER BENEFITS EARNED WHILE ON OFFICIAL TRAVEL ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT. RETURN UNUSED TICKETS IMMEDIATELY TO YOUR TRAVEL COORDINATOR OR THE TRAVEL AGENCY MONDAY-FRIDAY 9AM-530P EST. OUR OFFICE CAN BE REACHED BY CALLING 1-800-486-9740.

REFER TO OCT-HRSOS WHEN CALLING THE 800 NUMBER
JUSTIFICATION 1

"To avoid inconvenience - Please verify departure times directly with carrier on day of travel"
Terms and conditions plus important travel information on reverse side

AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED

BUSINESS TRAVELER #2 OR ACCTG. FILE COPY RETAIL MAIL LIST COPY

STANDARD TERMS AND CONDITIONS-IMPORTANT TRAVEL INFORMATION

On Approved Credit-Our Terms Are Not 14 days 1 1/2% per month (18% per year) service charges will be added to unpaid invoices. Collection or legal fees required to resolve outstanding debts will be added to the amount due and payable.

IMPORTANT

In the unusual event you arrive at an airline ticket counter with your ticket to find that the airline shows no reservation for you, **DO NOT LEAVE THE COUNTER.** Check your ticket. If the status box shows OK for the flight in question, the airline must accommodate you on that flight. If that is not possible, they must either find you a substitute flight or pay you denied boarding compensation. If the problem persists, ask to speak to their supervisor or service manager. Remember... if your ticket reads OK... you are OK.

BY ACCEPTING THE ENCLOSED AIRLINE TICKET, YOU AGREE TO THE FOLLOWING:

1. DELAYED AND CANCELLED FLIGHTS

Airlines don't guarantee their schedules, and you should realize this when you're planning your trip. There are many things that can add up to make a flight late or even cancel it. Some of these problems, like bad weather, air traffic delays, and mechanical repairs, are not in your control and beyond the airline's control. Airlines generally are not ready required to help stranded passengers find alternate flights or provide food and other basic amenities during long waits at the airport. They may not assume responsibility for other kinds of expenses or losses. But passengers must know airline schedules aren't set in stone. Airlines can't be held liable about what they do or don't do to get you home. If you're stranded at the airport, you're not a stranded traveler, and the airline's staff will do what it can to get you home. Look of these out in your ticket documents and on the airline's consumer notice card, which is sent with your ticket.

2. DISCOUNT TICKETS

All airlines have rules about advance and change penalties for most discounted tickets. These rules are responsible for the fact that many airlines have no refunds on advance tickets. If you have a refund, the airline will allow it.

3. ADVERTISED FARES

Low fares are based on restrictions, rules, and conditions. These are usually not available on popular destinations on popular dates. Seats at the lowest fares are always limited and a "sold out" notice will be shown.

4. OVERBOOKING

Most airlines overbook their flights and passengers are sometimes denied boarding or "bumped" as a result. The U.S. Department of Transportation (DOT) has rules to encourage people who aren't in a hurry to give up their seats voluntarily in exchange for money and a later flight.

INVOLUNTARY CUMING: The DOT also requires each airline to give every passenger who is bumped involuntarily a written statement explaining how the airline decided who gets on an overbooked flight and who doesn't. Those travelers who don't get to fly are almost always entitled to an immediate payment of denied boarding compensation. The amount depends on the price of their ticket and the length of the delay.

If you are bumped involuntarily, the airline must pay you the fare to your next stopover or destination with a \$200 maximum. If they can't arrange another flight that is scheduled to reach your destination within 2 hours of the original flight (4 hours on international flights), the amount of compensation doubles. You always get to keep your original ticket, and you can use it on another flight at a later date. This denied boarding compensation is essentially a payment for your inconvenience.

Like all rules, however, there are exceptions. To qualify for compensation, you must have a confirmed reservation, and you must meet the airline's deadline for filing your claim.

Most airlines require a passenger to arrive at the boarding gate on time. If you don't, you may lose your seat. This is a rule of flight to compensation.

If the airline substitutes a smaller plane for the one they originally planned to use, or cancels or delays your flight, the airline isn't required to pay people who do not arrive on schedule.

5. DOCUMENTS

Please check your documents when you receive them. Call us if you have questions.

6. RECONFIRMATION

Reconfirm your return or continuing flight 24 hours in advance for domestic and 72 hours in advance for international. Failure to use any reconfirmation you submit in advance will result in a penalty and other consequences. The airline will not refund your ticket if you don't reconfirm.

7. HOTEL CONFIRMATIONS

Flights and hotels performed on a guaranteed payment basis. If you cancel or change plans, please notify your hotel at least 48 hours in advance to avoid mandatory payment.

8. HOTEL OVERBOOKING

We make every effort to confirm your hotel reservations. However, all hotels overbook, and your reservation may not be honored.

9. CAR RENTALS

We make every effort to confirm your car reservations. However, all car rental companies overbook, and your reservation or car class requested may not be honored.

10. CHANGES ENROUTE

If your plans change enroute, you can sometimes apply the value of your ticket toward a reduced one. It may be necessary to purchase a new ticket.

If a refund is due, obtain a receipt from the airline. Cancelled or unused tickets must be returned for proper credit to your account. Lost, stolen, or destroyed tickets must be paid for until refund is received from the issuing carrier, subject to an airline imposed service charge.

11. CHECK-IN TIME

Minimum check-in time for domestic flights is 45 minutes prior to scheduled departure and for international flights 1 1/2 hours.

12. SERVICE CHARGES

We reserve the right to charge a minimum processing fee in the event of a refund or a cancellation.

13. FREE BAGGAGE ALLOWANCE

Passengers are granted a free baggage allowance based on either the number and size of bags, or baggage weight, dependent upon the carrier.

Baggage in excess of the free allowance will be charged in accordance with published tariffs and will be carried subject to available space on the aircraft.

FREE BAGGAGE ALLOWANCE BASED ON NUMBER AND SIZE

FIRST CLASS One piece of checked baggage, maximum weight 70 lbs (32 kg), maximum dimensions 62" x 35" x 25" (158 cm x 89 cm x 64 cm).

ECONOMY CLASS Two pieces of checked baggage, maximum weight 100 lbs (45 kg) each, maximum dimensions 62" x 35" x 25" (158 cm x 89 cm x 64 cm).

CARRY-ON BAGGAGE One piece of carry-on baggage, maximum weight 15 lbs (7 kg), maximum dimensions 22" x 14" x 9" (56 cm x 35 cm x 23 cm).

INFANTS One piece of checked baggage, maximum weight 10 lbs (4.5 kg), maximum dimensions 62" x 35" x 25" (158 cm x 89 cm x 64 cm).

These limits are subject to change without notice. The airline will not be responsible for any damage to or loss of baggage.

FREE PASSENGER ALLOWANCE BASED ON WEIGHT

One piece of checked baggage, maximum weight 100 lbs (45 kg).

Two pieces of checked baggage, maximum weight 100 lbs (45 kg) each.

These limits are subject to change without notice. The airline will not be responsible for any damage to or loss of baggage.

These limits are subject to change without notice. The airline will not be responsible for any damage to or loss of baggage.

For more information, see the airline's website or call the airline's customer service. The airline will not be responsible for any damage to or loss of baggage.

14. HAZARDOUS MATERIALS RESTRICTED ARTICLES

Acid, ether, fluid, materials and other items classified by the Federal government as hazardous materials are prohibited. Explosives, flammable liquids and solids, oxidizing materials, corrosive materials, compressed gases, poisons, radioactive materials, and other hazardous materials are prohibited. Federal regulations require that hazardous materials in checked baggage must be declared.

15. INSURANCE

NAME LABELS: Checked baggage must have the passenger's name on the outside. Free labels are available at any airline ticket counter.

TO SERVE YOU BETTER: 1. Look your baggage. 2. Liability for loss, damage or theft is limited to \$1,250.00 domestically, and approximately \$20.00 per pound (\$20.00 per kg) for international travel. Therefore: (a) If your baggage and its contents exceed these limits, purchase additional insurance from your nearest Omega World Travel Office or pay the airline's excess valuation charges; (b) Do not put valuables, medication, or prescriptions in baggage to be checked; (c) fragile articles in your baggage will be checked only at your own risk. 3. When claim up baggage, compare the number on your claim tag with number on the back of your baggage tag. 4. Use your airline ticket as a receipt for baggage.

16. RESPONSIBILITY

Omega World Travel, Inc. and its agents and affiliates, to the extent permitted by law, are not responsible for any loss, damage, or delay to baggage, or for any loss, damage, or delay to passengers, or for any loss, damage, or delay to property, or for any loss, damage, or delay to any other organization.

THIS INFORMATION IS SUBJECT TO CHANGE

MAJOR OMEGA OFFICES			GA	Atlanta	404-255-7400	MA	Boston	617-227-0006	PA	Harrisburg	717-234-2136	VA	Falls Church	703-998-7330
CORPORATE HQ 703-359-0200			IL	Chicago Dtn.	312-715-0717	MI	Troy	313-362-0900		Philadelphia	215-864-1694		Norfolk	804-629-2500
CA	Los Angeles	310-557-2080	IN	Indianapolis	317-844-0507	MN	Minneapolis	612-673-0119		Pittsburgh	412-765-3636		Richmond	804-649-9110
	San Francisco	415-956-0680	LA	New Orleans	504-525-8900	NY	Buffalo	716-626-1731		York	717-846-8189		Tysons Corner	703-827-8243
CT	Stamford	203-324-6600	MD	Baltimore	410-837-3439		New York City	212-753-4900	TN	Memphis	901-278-1911	WI	Madison Airport	608-246-8600
DC	Northwest	202-466-5160		Greenbelt	301-345-3297	NC	Jacksonville	919-455-9077	TX	Houston Dtn.	713-654-4422		Milwaukee Airport	414-747-1150
	Natl Press	202-347-1650		Rockville	301-984-3888	OH	Cleveland	216-771-7900		Dallas/Irving	214-869-9863		Milwaukee HQ	414-423-2400

SALES PERSON: F6

ITIN/INVOICE NO. 77922

DATE: MAR 23 1995

CUSTOMER NBR: H2 5505

700020

PAGE: 02

TO: OHNS - OFFICE OF THE SECRETARY
750 17TH ST NW SUITE 600
51990362-0362FLE003

OMEGA WORLD TRAVEL			
Mail payments to: Dept. 0876, McLean, VA 22109-0876			
AMERICAN	800-433-7300	SOUTHWEST	800-435-9792
AMERICA WEST	800-247-5692	TWA	800-221-2000
CONTINENTAL	800-525-0280	UNITED	800-241-6522
DELTA	800-221-1212	USAIR	800-428-4322
NORTHWEST	800-225-2525	OMEGA 24 HOUR	800-285-6342

FUR: FLEMING/PATRICIA*AX

TICKET NUMBER/S:
AIR TICKET/S 0372 1404205875 AX378390161201008
CARD 372.00

372.00

SUB TOTAL372.00

TOTAL AMOUNT0.00

"To avoid inconvenience - Please verify departure times directly with carrier on day of travel"
Terms and conditions plus important travel information on reverse side

AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED

BUSINESS TRAVELER #2 OR ACCTG. FILE COPY RETAIL MAIL LIST COPY

STANDARD TERMS AND CONDITIONS-IMPORTANT TRAVEL INFORMATION
On-Approved Credit Our Terms Are: Net 14 days. 1-1/2% per month (18% per year) service charges will be added to unpaid invoices. Collection of legal fees required to resolve outstanding debts will be added to the amount due and payable.

IMPORTANT

In the unusual event you arrive at an airline ticket counter with your ticket to find that the airline shows no reservation for you, DO NOT LEAVE THE COUNTER. Check your ticket. If the status box shows OK for the flight in question, the airline must accommodate you on that flight. If that is not possible, they must either find you a substitute flight or pay you denied boarding compensation. If the problem persists, ask to speak to their supervisor or service manager. Remember... if your ticket reads OK... you are OK.

BY ACCEPTING THE ENCLOSED AIRLINE TICKET, YOU AGREE TO THE FOLLOWING:

1. DELAYED AND CANCELLED FLIGHTS

Airlines don't guarantee their schedules, and you should realize this when you're planning your trip. There are many things that can and often do make it impossible for flights to leave on time. Some of these problems, like bad weather, air traffic delays, and mechanical repairs, are hard to predict and beyond the airline's control. Airlines generally are not legally required to help stranded passengers find alternate flights or provide food and other basic amenities during long waits at the airport. They may not accept responsibility for other kinds of expenses or losses that passengers incur when airline schedules aren't met. Each airline has its own policies about what it will do for delayed passengers waiting at the airport. If you are stranded by a long delay and the airline's staff can't or won't help you, keep track of these out-of-pocket expenses and write to the airline's consumer office for reimbursement when you get home.

2. DISCOUNT TICKETS

All airlines now impose cancellation and change penalties for most discount tickets. You are responsible for paying them. For certain fares, no refunds are allowed.

3. ADVERTISED FARES

Low fares advertised in newspapers, radio, and television are usually not available to popular destinations on popular dates. Seats at the lowest fares are always limited and often pre-sold before the ad appears.

4. OVERBOOKING

Most airlines overbook their flights and passengers are sometimes denied boarding or "bumped" as a result. The U.S. Department of Transportation (DOT) has rules to encourage people who aren't in a hurry to give up their seats voluntarily in exchange for money and a later flight.

INVOLUNTARY BUMPING: The DOT also requires each airline to give every passenger who is bumped involuntarily a written statement explaining how the airline decided who gets on an oversold flight and who doesn't. Those travelers who don't get to fly are almost always entitled to an on-the-spot payment of denied boarding compensation. The amount depends on the price of their ticket and the length of the delay.

If you are bumped involuntarily, the airline must pay you the fare to your next stopover or destination with a \$200 maximum. If they can't arrange another flight that is scheduled to reach your destination within 2 hours of the original flight (4 hours on international flights), the amount of compensation doubles. You always get to keep your original ticket, and you can use it on another flight or refund it. The denied boarding compensation is essentially a payment for your inconvenience.

Like all rules, however, there are a few exceptions:

- To qualify for compensation, you must have a confirmed reservation, and you must meet the airline's deadline for buying your ticket.

- Most airlines require passengers to arrive at the boarding gate ten minutes (sometimes more) before the scheduled departure. If you don't, you may lose your reservations and your right to compensation.

- If the airline substitutes a smaller plane for the one they originally planned to use, or cancels or delays your flight, the airline isn't required to pay people who do not arrive on schedule.

5. DOCUMENTS

Please check your documents when you receive them. Call us if you have questions.

6. RECONFIRMATION

Reconfirm your return or continuing flights 24 hours in advance for domestic and 72 hours in advance for international. Failure to use any reservations will result in automatic cancellation of continuing and return reservations. Please advise the airlines if your travel plans change enroute.

7. HOTEL CONFIRMATIONS

Hotels are usually confirmed on a guaranteed payment basis. If you cancel or change plans, please notify your hotel(s) by 4:00 p.m. local time to avoid mandatory payment.

8. HOTEL OVERBOOKING

We make every effort to confirm your hotel reservations. However, all hotels overbook, and your reservation may not be honored.

9. CAR RENTALS

We make every effort to confirm your car reservations. However, all car rental companies overbook, and your reservation or car size requested may not be honored.

10. CHANGES ENROUTE

If your plans change enroute, you can sometimes apply the value of your ticket toward a reissued one. It may be necessary to purchase a new ticket.

If a refund is due, obtain a receipt from the airline.

Cancelled or unused tickets must be returned for proper credit to your account. Lost, stolen, or destroyed tickets must be paid for until refund is received from the issuing carrier, subject to an airline imposed service charge.

11. CHECK-IN TIME

Minimum check-in time for domestic flights is 45 minutes prior to scheduled departure and for international flights 1 1/2 hours.

12. SERVICE CHARGES

We reserve the right to charge a minimum processing fee in the event of a refund or a cancellation.

13. FREE BAGGAGE ALLOWANCE

Passengers are granted a free baggage allowance based on either the number and size of bags, or baggage weight, dependent upon the carrier.

Baggage in excess of the free allowance will be charged in accordance with published tariffs and will be carried subject to available space on the aircraft.

FREE BAGGAGE ALLOWANCE BASED ON NUMBER AND SIZE

FIRST CLASS 2 Checked Bags Each with maximum dimensions of 62 inches (158 cm) length x 22 inches (56 cm) width x 31 inches (79 cm) height (23 kg each)

ECONOMY CLASS 2 Checked Bags Each with maximum dimensions of 62 inches (158 cm) length x 22 inches (56 cm) width x 31 inches (79 cm) height (23 kg each)

CARRY-ON BAGGAGE Limited to total dimensions of 45 inches (114 cm) and must fit under seat.

INFANTS One Checked Bag with total dimensions of 39 inches (100 cm) plus one checked collapsible stroller or car seat.

*Total dimensions = Length + Width + Height. Special provisions apply for odd-shaped or bulky items and for fragile and heavy or porous items. See carrier's rules.

FREE BAGGAGE ALLOWANCE BASED ON WEIGHT

FIRST CLASS 66 Pounds (30 kg)

ECONOMY CLASS 44 Pounds (20 kg)

CARRY-ON BAGGAGE As listed in the above weight allowances.

INFANTS Under 2 years old - no baggage allowance.

Commuter carriers, local foreign carriers and some carriers have substantially lower allowances than those listed above. Ask Omega World Travel, the carrier, or check the Official Airline Guide for specific allowance requirements.

14. HAZARDOUS MATERIALS-RESTRICTED ARTICLES

Acid, flammable fluid, matches and other items classified by the Federal government as hazardous materials - i.e., explosives, flammable solids and liquids, oxidizing materials, corrosive materials, compressed gasses, poisons, etiologic agents, radioactive materials and irritating materials cannot be carried in checked baggage. Federal regulations require that firearms in checked baggage must be declared.

15. INSURANCE

NAME LABELS: Checked baggage must have the passenger's name on the outside. Free labels are available at any airline ticket counter.

TO SERVE YOU BETTER: 1. Lock your baggage. 2. Liability for loss, damage or theft is limited to \$1,250.00 domestically, and approximately \$9.07 per pound (\$20.00 per kg) for international travel. Therefore: (a) If your baggage and its contents exceed these limits, purchase additional insurance from your nearest Omega World Travel Office or pay the airline excess valuation charges; (b) Do not put valuables, medication or prescriptions in baggage to be checked; (c) Fragile articles in your baggage will be checked only at your own risk. 3. When claiming baggage, compare the number on your claim check with number on the strap of your baggage. See your airline ticket for additional details.

15. RESPONSIBILITY

Omega World Travel, Inc. represents and is an agent for carefully selected carriers, transportation companies, tour operators, hotels, wholesalers and service companies, all of which are disclosed principals and independent contractors. This agency is not responsible for any negligent act or omission by any of these organizations.

THIS INFORMATION IS SUBJECT TO CHANGE

U.S. Department of Health and Human Services
***** Travel Order *****

Travel Order No. :	0362FLE003	Trans. :	170.00
Appropriation No.:	7550120	Per Diem:	116.50
Traveler Name :	PATRICIA FLEMING	Other :	56.00
Region/Division :	REG99/OFFICE OF THE SECRETARY	Total :	342.50
Duty Station :	WASHINGTON DC	Advance :	
Approx. Departure:	03/25/95		
Approx. Return :	03/26/95	SSN: (b)(6)	

Justification:

***** PURPOSE *****

TO DELIVER REMARKS ON AIDS PREVENTION TO THE VERMONT CARES DINNER IN BURLINGTON, VERMONT. TRAVELER IS WITH THE WHITE HOUSE NATIONAL AIDS PROGRAM.

***** ITINERARY *****

WASHINGTON TO BURLINGTON
BURLINGTON TO WASHINGTON

LODGING M&IE
64.00 30.00

**** Accounting Information ****

CAN	OBJECT CLASS	AMOUNT
951990362	21.21	342.50

***** Funds Certifier *****

ANTONETTE FLEMING

Type of Travel:

PER DIEM = IN U.S.
TYPE = LODGING PLUS

Special Authorizations:

Recommended by:

Name: JANICE STEVENSON
Position: ADMIN ASSISTANT
Date:

Regional Travel Approvals

Signature: _____ Date: _____
Position: _____

Authorized

Name: (PENDING AUTHORIZATION)
Position: _____
Date: 3/23/95

No signature required. This Travel Order has been electronically approved by the person named to the left of this statement. For verification call: 202 690 7336

HHS-LA

APR 2/23/95

Name: PATRICIA FLEMING		Itinerary Order No:		0362FLE003
Depart WASHINGTON	DC Date: 03/25/95	Time: 1000AM	Travel Mode: AIR	
Arrive BURLINGTON	VT Date: 03/25/95	Time: 0140PM		
Via	Carrier: CO 306			
Hotel Name:				
Hotel Street:	Phone: --			
Hotel City/St: VT				
Rent-Car Name:	Phone:			
Rent-Car City:				
Depart BURLINGTON	VT Date: 03/26/95	Time: 0545PM	Travel Mode: AIR	
Arrive WASHINGTON	DC Date: 03/26/95	Time: 0916PM		
Via	Carrier: CO 3683			
Hotel Name:				
Hotel Street:	Phone:			
Hotel City/St:				
Rent-Car Name:	Phone:			
Rent-Car City:				

Name: PATRICIA FLEMING

** Travel Order No:

0362FLE003

*** PURPOSE ***

TO DELIVER REMARKS ON AIDS PREVENTION TO THE VERMONT
CARES DINNER IN BURLINGTON, VERMONT. TRAVELER IS
WITH THE WHITE HOUSE NATIONAL AIDS PROGRAM.

REGION	OPDIV	CAN	OBJECT CLASS	PROJECT CODE	OBLIGATED AMT.
99	B	951990362	21.21		342.50

Ms. Rose Newlin Clark
Center for Disease Control &
Prevention

Office of HIV/AIDS
1600 Clifton Road
Mail Stop D-21
Atlanta, GA 30333

404-639-0902

March 23, 1995

Dear Rose:

Per our discussion of today I am forwarding
Patricia Fleming's original ticket and receipts
for her trip to Atlanta.

Thanks for your assistance.

Sincerely,

Carmena Parris
Executive Assistant to
Patricia Fleming

check rec'd.



Courtland and Harris Streets, N.E.
 Atlanta, Georgia 30303
 404-659-2000

Name: 2411
 FLEMING, PATRICIA

Address: CDC
 1600 CLIFTON RD
 ATLANTA, GA
 ATLAHHHGJMAROBAGNR NGU

In Out Folio
 03/13-03/14/95 441996
 Rate PAGE 1 A
 71.88 2411
 CPP852

303336
 TRAVEL
 AGENCY

Date	Description	ID	Ref. No.	Charges	Credits	Balance
03/13/95	ROOM RATE	XAP	2411	71.68		
03/13/95	SALES TAX	XAP	2411	4.30		
03/13/95	OCCUPANCY TAX	XAP	2411	5.02		
						81.0
GOOD MORNING, FOR VIDEO CHECK OUT, PRESS MENU ON THE TV REMOTE, CHOOSE OPTION 20 AND FOLLOW STEPS OR DIAL EXT 1461.						
Checked In 18:25 by NGU						
CR:	DT:	AB:	R:N HH:	AL:	A#:	

SALES PERSON: 53
CUSTOMER NBR: 544215

ITINERARY/INVOICE NO. 0053987
SRUMYA

DATE: 06 MAR 95
PAGE: 01

TO: SATOTRAVEL
4 EXECUTIVE PK DR
BLDG 4
ATLANTA GA 30329

FOR: FLEMING/PATRICIA

REF: 0,121,75232

13 MAR 95 - MONDAY

AIR DELTA AIR LINES INC FLT:1799 COACH
LV WASHINGTON NATL ~~615P~~
AR ATLANTA ~~815P~~
FLEMING/PATRICIA SEAT-44C

EQP: BOEING 757
NON-STOP

14 MAR 95 - TUESDAY

AIR DELTA AIR LINES INC FLT:608 COACH
LV ATLANTA 334P
AR WASHINGTON NATL 515P
FLEMING/PATRICIA SEAT-40C

EQP: BOEING 757
NON-STOP

AIR TICKET DL1850352274

FLEMING PATRICIA

BILLING REF 56RA1640514

415.00

SUB TOTAL

415.00

TOTAL AMOUNT DUE

415.00

SATOTRAVEL EXECUTIVE PARK HRS MON-FRI 1230PM-430PM

24 HR EMERGENCY SERVICE 800-827-7777 SATO ID/K6H1

EXECUTIVE PARK PHONE 404-315-8664

PLEASE RETURN ALL UNUSED OFFICIAL TICKETS TO

FMO-BUCKHEAD E-12 TO INSURE A TIMELY REFUND

FREQUENT TRAVELER BENEFITS EARNED IN CONNECTION WITH

OFFICIAL TRAVEL MAY BE USED ONLY FOR OFFICIAL TRAVEL

SHOW GOV ID FOR PARKING DISCOUNTS AT PARK N FLY...

THE CARPORT...PARK N TICKET...PRESTIGE PARK...PARK N GO

N-1153.004C04CA

LV Wash Natl
AR Atlanta

4:15pm on flight #1774
6:12pm

Car # 58 will pick you up at 3:45 30
He allowed ticket changing time - but is this enough time?



CDC

Centers for Disease Control and Prevention

HIV/AIDS PREVENTION

Office of the Associate Director for HIV/AIDS
1600 Clifton Rd, M.E., MS (D21)
Atlanta, Georgia 30333

FACSIMILE TRANSMISSION

FROM:

Dorothy A. Triplett, M.ED.
Associate Director for Minority
and Other Special Populations
Building 26, Executive Park Drive, MS (D21)
(404) 639-0906 fax: (404) 639-0910

TO:

Patsy Fleming

DATE:

3/7/94

Telephone: _____

Facsimile #: *202-632-1096*

Number of Pages: _____

Subject: _____

Comments/Notes: _____

As Requested

W. Holden

TELEPHONE REFERENCES

CDC Program Announcements	(404) 332-4561
CDC Grants Information Line	(404) 842-6575
CDC Statistics Hotline	(404) 332-4570
CDC Public Affairs	(404) 639-3286
CDC National AIDS Hotline	1-800-342-2437
CDC National AIDS Clearinghouse	1-800-458-5231
CDC Resource Center	(404) 982-0353
Division of Adolescent and School Health	(404) 5272 or 5314

HHS/PHS/CENTERS FOR DISEASE CONTROL
TRAVEL ORDER

TRAVEL ORDER #: 9512324
NAME OF TRAVELER: PATSY FLEMING
ORGANIZATION: OD ODD (HCA71)
DUTY STATION:

DATE INITIATED: 02/28/95

(b)(6)

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

PURPOSE: TRAVELER WILL BE PRESENTING AT THE HIV PREVENTION
COMMUNITY PLANNING CO-CHAIRS MEETING IN ATLANTA,
GEORGIA, MARCH 14, 1995.

POINT OF ORIGIN: WASHINGTON, DC

DEPARTURE DATE: 03/13/95

DUTY POINTS

ARRIVAL DATES

ATLANTA, GA

03/13/95

WASHINGTON, DC

03/14/95

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. THE FOLLOWING ARE AUTHORIZED:
MEETING ATTENDANCE

THIS TRIP IS NOT YET APPROVED
STATUS OF TRIP: ORDER REQUESTED

TRAVELER: PATSY FLEMING

TRAVEL ORDER: 9512324

PAGE 2

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

	DHHS	REIMB	IN CASH/KIND
GTR TICKET(S)	415.00	0.00	0.00
PER DIEM	128.50	0.00	0.00
OTHER	50.00	0.00	0.00
REGISTRATION	0.00	0.00	0.00
TOTAL	593.50	0.00	0.00

ALLOW	CAN	OBJ	OBJ	OBJ
*****	*****	*****	*****	*****
A2AXB	59210066	21.51	415.00	0.00
A2AXB	59210066	21.51	178.50	0.00

ACTUAL ITINERARY

TRAVEL ORDER 9512324 - PATSY FLEMING

TICKET PICK-UP DATE - 03/07/95

DATE	TIME	DESTINATION	TRAVEL DETAILS
031395	04:15 PM	WASHINGTON, DC	DL 1799
031395	06:12 PM	ATLANTA, GA	MIE: 38 LDG: 81
031495	03:34 PM	ATLANTA, GA	DL 608
031495	05:15 PM	WASHINGTON, DC	MIE: 38

SENT BY: CDC AIDS
JUSTIFICATIONS

; 3- 7-95 ; 5:22PM ;

OD (AIDS)→

202 632 1096;# 5

TRAVEL ORDER 9512324 - PATSY FLEMING

MEETING ATTENDANCE

MS. FLEMING WILL BE MODERATING THE PLENARY
HIV PREVENTION AND YOUNG PEOPLE SESSION AT THE
COMMUNITY PLANNING CO-CLAIRS MEETING ON MARCH 14.

United States Treasury ¹⁵⁻⁵¹000 B 734,884,027



Pay to
the order of

04 03 95 13 BIRMINGHAM, AL
337234291401 M1 DHHS-CDC

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

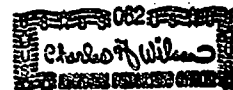
Check No.

3510 79466769
R950780001 75090421

\$****173*50

VOID AFTER ONE YEAR

951232401V



⑈35101⑈

⑆000000518⑆ 794667698⑈ 010495

Check Received 8/4/95

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE DHHS/PHS/OASH/NAPO		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)		6. PERIOD OF TRAVEL a. FROM 10/24/94 b. TO 10/30/94	
	c. MAILING ADDRESS (Include ZIP Code) 750 17th Street, NW Suite 600 Washington, DC 20503			d. OFFICE TELEPHONE NO. 202-632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0017094186 b. DATE(S) 10/12/94	
	e. PRESENT DUTY STATION DHHS/PHS/OASH/NAPO			f. RESIDENCE (City and State) Bethesda, MD		10. CHECK NO.	
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE			
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)
1485023425		\$718.25	JA	MULTI	10/19/94	Wash./Dulles	Paris/DeGaulle
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE <i>Patricia S. Fleming</i>				DATE 6/29/95		AMOUNT CLAIMED \$1,102.12	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680e).)						17. FOR FINANCE OFFICE USE ONLY COMPUTATION	
APPROVING OFFICIAL SIGN HERE						a. DIFFERENCES, IF ANY (Explain and show amount)	
DATE							
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE						d. NET TO TRAVELER	
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) 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.

0017094186

TRAVELER'S LAST NAME
FLEMING

DATE 19 94	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				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)		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)	
/25/94		Taxi from Hotel to U.S. Embassy											5 83	
/25/94		Taxi to Mtg. @ Restaurant											9 71	
/26/94		Taxi Hotel to Conf. Center											8 74	
		Taxi conference Center to Hotel											8 35	
/27/94		Taxi Hotel to Conf. Center											8 54	
		Taxi Conf. Center to Hotel											8 35	
/28/94		Taxi From Rest. to Embassy											5 24	
		Taxi from Embassy to Hotel (Car not available)											10 68	
/30/94		4 Nights @ \$77.67						310 68	310 68			310 68		
0/25- /30/94		6 days @ \$113.00				678 00			678 00			678 00		
30/95	2:45PM	Arrive Dulles												
	4:30PM	Taxi to Office @HHS											48 00	
SUBTOTALS ▶												988 68	113 44	
TOTALS ▶												988 68	113 44	

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.

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

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

TOTAL AMOUNT CLAIMED ▶ \$1,102.12

TRAVEL VOUCHER <i>(Read the Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE DHHS/PHS/OASH/NAPO		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 10/24/94 b. TO 10/30/94	
	c. MAILING ADDRESS (Include ZIP Code) 750 17th Street NW Suite 600 Washington, DC 20503			d. OFFICE TELEPHONE NO. 202-632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) 0017094186 b. DATE(S) 10/12/94	
	e. PRESENT DUTY STATION DHHS/PHS/OASH/NAPO			f. RESIDENCE (City and State) Bethesda, MD		10. CHECK NO. 	
	8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: ☐ Check ☐ Cash) d. Balance outstanding			9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED c. PAYEE'S SIGNATURE			
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)					
1485023425		AGENT'S VALUATION OF TICKET (a) \$718.25	ISSUING CARRIER (Initials) UA	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c) MULTY	DATE ISSUED (d) 10/19/94	POINTS OF TRAVEL FROM (e) Wash./Dulles TO (f) Paris/DeGaulle	
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. TRAVELER SIGN HERE <i>Patricia S. Fleming</i> DATE 6/29/95 AMOUNT CLAIMED \$							
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) APPROVING OFFICIAL SIGN HERE _____ DATE _____						17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): d. NET TO TRAVELER	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR						\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE _____ DATE _____						\$	
18. ACCOUNTING CLASSIFICATION							

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.
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Complete this information if this is a continuation sheet. PAGE 1 OF 2 PAGES

TRAVEL AUTHORIZATION NO.

0017094186

TRAVELER'S LAST NAME
FLEMING

DATE 19 94	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: c NO. OF MILES (k)	AMOUNT CLAIMED				
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)									
10/25/94		Taxi from Hotel to U.S. Embassy (A)					5	83							
10/25/94		Taxi to Mtg. @ Restaurant (B)					9	71							
10/26/94		Taxi Hotel to Conf. Center					8	74							
		Taxi conference Center to Hotel (D)					8	35							
10/27/94		Taxi Hotel to Conf. Center (E)					8	54							
		Taxi Conf. Center to Hotel (F)					8	35							
10/28/94		Taxi From Rest. to Embassy (G)					5	24							
		Taxi from Embassy to Hotel (Car not available)					10	68							
10/30/94		Hotel - 4 nights @ 40.00					10	68							
10/30/94	2:45PM	Arrive Dulles													
	4:30PM	Arrive Office @ HHS													
		Taxi to Office					48	00							
									SUBTOTALS ▶						
									TOTALS ▶						

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶**

DATE 19 <u>94</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) } 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).

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

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

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

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

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

**TOTAL
AMOUNT
CLAIMED ▶**

TRAVEL ORDER

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

4. NAME AND POSITION OR RANK
Patricia S. Fleming
Nat'l AIDS Policy Coordinator (Interim)

5. SSAN
(b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION
HHS/OS

7. PRESENT OFFICIAL STATION
Washington, D.C.

1. TRAVEL ORDER NO.
0017094186

2. APPROPRIATION NO.
7550943

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	\$ 1397.00	\$ 718.25
PER DIEM	200.00	
OTHER		
TOTAL	\$ 1597.00	\$ 718.25

8. APPROX. DATE OF DEPARTURE
October 24, 1994

9. APPROX. DATE OF RETURN
October 30, 1994

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

FROM: Washington (Dulles) to Paris, France and return.

PURPOSE: To attend preparatory meeting for the AIDS Summit to be held in Paris December 1.

Prepared by: Retina Holmes, 632-1090

11. SPECIAL AUTHZTN	TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR:			11A. CHANGE OF STATION	TRANSPORTATION OF ☐ DEPENDENTS ☐ W/H GOODS & PERS. EFFECTS		
	☐ EMPLOYEE AND/OR ☐ DEPENDENTS — \$ PER MILE AS MORE ADVANTAGEOUS TO GOVT — \$ PER MILE NOT TO EXCEED COMMON CARRIER COSTS — \$ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO ☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER (Specify below) ☐ EXCESS BAGGAGE ☐ REGISTRATION FEE <i>Taxi/Limo</i>				☐ TEMPORARY QTRS ☐ RESIDENCE TRANSACTIONS ☐ TEMPORARY STORAGE ☐ HOUSE HUNTING TRIP ☐ MISC. EXP. ALLOWANCE ☐ OTHER (Specify) HHS 355: ☐ 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.)		
☒ FTRs ☐ JTR'S ☐ OTHER (Specify) PER DIEM: ☐ NONE ☒ IN U.S. ☐ OUTSIDE U.S. ☐ VARYING RATES PER ABOVE REGS. RATE \$ 138.00/113 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED FUNDS AVAILABLE <i>Self-pay</i>					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 Acct'g Manual & Acct'g Code Book)

RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION		OTHER DOCUMENTS		39-40 GEO. CODE FISCAL YEAR	41-47 COMMON ACCOUNTING NO.	48-51 OBJ. CLASS CODE	52-63 AMOUNT DOLLARS & CENTS	64 FED/NON FED	65-79 VENDOR/CUSTOMER CODE (PRIMARY RECIPIENT)	95-100 PAYMENT COLLECTION DOC.	101-108 PPBS		109 CASE #
					13-15 DOC. REF. CODE	16-25 DOCUMENT NO.	26-28 DOC. REF. CODE	29-38 DOCUMENT NO.								101-106 CATEGORY	107-108 ACTIVITIES	
2					130					59210066	21.25	\$1597.00						2
2																		
2																		
2																		

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL
Anthony L. [Signature], Deputy, DASH NO. [Signature]
AUTHORITY IS HEREBY GRANTED TO PERFORM TRAVEL AND TO INCUR SUCH EXPENSES AS MAY BE NECESSARY UNDER THE CONDITIONS SET FORTH ABOVE.
Dr. Arthur J. Lawrence
TITLE: Acting Director, NAPO
DATE: 10/12/94

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

TAXIS PARISIENS

Reçu la somme de 44,00 Date 27/10/94
 Lieu départ : _____
 Lieu arrivée : _____
 Heure de départ _____ Heure d'arrivée _____
 N° minéralogique obligatoire : _____

REVENIR LUGET 111
 48 47 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0 ONLY

Prise en charge : 12,00 F. Tarif A : 3,23 par km Tarif B : 5,10 par km Tarif C : 6,88 par km Heure d'attente : 120,00 F.	TARIFS APPLICABLES	
	de 7 h à 19 h	de 19 h à 7 h et dimanche et jours fériés
ZONE PARISIENNE Paris, Boulevard périphérique compris	A	B
ZONE SUBURBAINE * Départements des Hauts-de-Seine, Seine-St-Denis, Val de Marne	B	C
AU-DELÀ DE LA ZONE SUBURBAINE	C	C

Aucune indemnité de retour n'est jamais due. (Suppléments au dos).
 * La desserte des Aéroports d'Orly et de Roissy ainsi que du Parc
 Expositions de Villepinte s'effectue aux mêmes tarifs.
 Le tarif "C" est applicable quelle que soit l'heure dans les communes
 à taxis de banlieue si la course est à destination de ces communes.

TAXIS PARISIENS

Reçu la somme de 243,00 Date 27/10/94
 Lieu départ : _____
 Lieu arrivée : _____
 Heure de départ _____ Heure d'arrivée _____
 N° minéralogique obligatoire : _____

21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0 ONLY

Prise en charge : 12,00 F. Tarif A : 3,23 par km Tarif B : 5,10 par km Tarif C : 6,88 par km Heure d'attente : 120,00 F.	TARIFS APPLICABLES	
	de 7 h à 19 h	de 19 h à 7 h et dimanche et jours fériés
ZONE PARISIENNE Paris, Boulevard périphérique compris	A	B
ZONE SUBURBAINE * Départements des Hauts-de-Seine, Seine-St-Denis, Val de Marne	B	C
AU-DELÀ DE LA ZONE SUBURBAINE	C	C

Aucune indemnité de retour n'est jamais due. (Suppléments au dos).
 * La desserte des Aéroports d'Orly et de Roissy ainsi que du Parc
 Expositions de Villepinte s'effectue aux mêmes tarifs.
 Le tarif "C" est applicable quelle que soit l'heure dans les communes
 à taxis de banlieue si la course est à destination de ces communes.

TAXIS PARISIENS

Reçu la somme de 27 FF Date 28/10/94
 Lieu départ : _____
 Lieu arrivée : _____
 Heure de départ _____ Heure d'arrivée _____
 N° minéralogique obligatoire : _____

2544 YD 92

Prise en charge : 12,00 F. Tarif A : 3,23 par km Tarif B : 5,10 par km Tarif C : 6,88 par km Heure d'attente : 120,00 F.	TARIFS APPLICABLES	
	de 7 h à 19 h	de 19 h à 7 h et dimanche et jours fériés
ZONE PARISIENNE Paris, Boulevard périphérique compris	A	B
ZONE SUBURBAINE * Départements des Hauts-de-Seine, Seine-St-Denis, Val de Marne	B	C
AU-DELÀ DE LA ZONE SUBURBAINE	C	C

Aucune indemnité de retour n'est jamais due. (Suppléments au dos).
 * La desserte des Aéroports d'Orly et de Roissy ainsi que du Parc des Expositions de Villepinte s'effectue aux mêmes tarifs.
 Le tarif "C" est applicable quelle que soit l'heure dans les communes à taxis de banlieue si la course est à destination de ces communes.

TAXIS PARISIENS

Reçu la somme de 50 FF Date 25.10.94
 Lieu départ : _____
 Lieu arrivée : _____
 Heure de départ _____ Heure d'arrivée _____
 N° minéralogique obligatoire : _____

2544 YD 92

AFFILIE 67 RADIO 47 39 47 39

Prise en charge : 12,00 F. Tarif A : 3,23 par km Tarif B : 5,10 par km Tarif C : 6,88 par km Heure d'attente : 120,00 F.	TARIFS APPLICABLES	
	de 7 h à 19 h	de 19 h à 7 h et dimanche et jours fériés
ZONE PARISIENNE Paris, Boulevard périphérique compris	A	B
ZONE SUBURBAINE * Départements des Hauts-de-Seine, Seine-St-Denis, Val de Marne	B	C
AU-DELÀ DE LA ZONE SUBURBAINE	C	C

Aucune indemnité de retour n'est jamais due. (Suppléments au dos).
 * La desserte des Aéroports d'Orly et de Roissy ainsi que du Parc des Expositions de Villepinte s'effectue aux mêmes tarifs.
 Le tarif "C" est applicable quelle que soit l'heure dans les communes à taxis de banlieue si la course est à destination de ces communes.

RECEIPT

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

NAME _____ \$ 42
 FROM _____
 TO _____
 DATE _____
 DRIVER 3 CAB NO. 217

TAXIS PARISIENS

Reçu la somme de

55 F Date 28-10

Lieu départ :

Lieu arrivée :

Heure de départ

Heure d'arrivée

N° minéralogique obligatoire :

5570 RG 73 #

SOCIETE S.B.

18 rue de l'Egalité

93330 NEUILLY SUR MARNE

48 72 01 12

Prise en charge : 12,00 F. Tarif A : 3,23 par km Tarif B : 5,10 par km Tarif C : 6,88 par km Heure d'attente : 120,00 F.	TARIFS APPLICABLES	
	de 7 h à 19 h	de 19 h à 7 h et dimanche et jours fériés
ZONE PARISIENNE Paris, Boulevard périphérique compris	A	B
ZONE SUBURBAINE * Départements des Hauts-de-Seine, Seine-St-Denis, Val de Marne	B	C
AU-DELÀ DE LA ZONE SUBURBAINE	C	C

Aucune indemnité de retour n'est jamais due. (Suppléments au dos).
* La desserte des Aéroports d'Orly et de Roissy ainsi que du Parc des Expositions de Villepinte s'effectue aux mêmes tarifs.
Le tarif "C" est applicable quelle que soit l'heure dans les communes à taxis de banlieue si la course est à destination de ces communes.

HOTEL "LA LOUISIANE"

60, rue de Seine - 75006 PARIS

Tél. : (1) 43 29 59 30

M. LEMING PATRICIA
Chambre N° 42 Arrangement 400 FF
du 25 oct 94 au 30 oct 94

Appartement (5x400) 2000 FF

Petits déjeuners supplémentaires

Téléphone interurbain

HOTEL - LA LOUISIANE
60, rue de Seine
75006 PARIS - 43 29 59 30
SNET 001 104 0010

PRIX NETS

2000 FF

Chèques libellés à son nom en sa qualité de membre d'un Centre
de Gestion agréé par l'Administration Fiscale. Décret du 27-7-79.

A. C. S. 104 0010

U. M. 104 0010

OMEGA TRAVEL
600 MARYLAND AVE SW
WASHINGTON

CLIENT: FLEMING/PATRICIA

PAGE:01

DC 202 484-9470

INVOICE: 67465

24 OCT MO  UNITED FLIGHT: 914 CLASS: Q
WASH/DULLES DEPART: 600P
PARIS/DEGAULL ARRIVE: 645A 25OCT 1 FULL/1 LT MEAL/MOVIE

30 OCT SU  UNITED FLIGHT: 915 CLASS: M
PARIS/DEGAULL DEPART: 1200N
WASH/DULLES ARRIVE: 245P 1 FULL/1 LT MEAL/MOVIE

TICKET: 016 1485023125

USD718.25

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

0832 H2 5504 06 67465
PASSENGER RECEIPT

GTRB3867621 07247
~~RECEIVED~~

ISSUED BY UNITED AIRLINES INC
NAME OF ISSUING AGENT OMEGA TRAVEL
NAME OF PASSENGER FLEMING/PATRICIA
NOT VALID FOR TRANSPORTATION

ARC 0832 H2 5504 06 67465
COUPON
TOUR CODE
PLACE OF ISSUE WASHINGTON
AGENT CODE A09790126
DATE OF ISSUE DCUS19OCT94
FARE BASIS/TICKET DESIGNATOR 7G78T1/UA MULTI
CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
95880/
THIS IS YOUR RECEIPT
ISSUING AGENT X/ DBAYDR

NAME OF PASSENGER FLEMING/PATRICIA
FROM IAD CDGUA 914Q 24OCT
TO CDG IADUA 915M 30OCT

*CHECK.REFUND.AGY.ONLY FC 24OCT WAS UA(AT)PAR Q5
00 R311.00QDC UA(AT)WAS Q5.00 R371.00MMZNUC 692.00
END ROE1.00 XT 6.50YC 6.00XY 3.30FR 1.45XA 3.00XFI
D3

USD692.00
US6.00
XT20.25
USD718.25

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK
CPN
ALLOW PCS WT UNCKD
DOCUMENT NUMBER
46988008266
0 016 1485023125 6

TO *****
FROM *****
CARRIER *****
FLIGHT CLASS DATE TIME *****
GATE SEAT SMOKE *****

NOT VALID FOR TRAVEL
0 016 1485023125 6

MAJOR OMEGA OFFICES		GA Atlanta 404-255-7400	MA Boston 617-227-0006	PA Harrisburg 717-234-2136	VA Falls Church 703-998-7330
CORPORATE HQ 703-359-0200		IL Chicago Dtn. 312-715-0717	MI Troy 313-362-0900	Philadelphia 215-864-1694	Norfolk 804-629-2500
CA Los Angeles 310-557-2080	IN Indianapolis 317-844-0507	MN Minneapolis 612-673-0119	Pittsburgh 412-765-3636	Richmond 804-649-9110	
San Francisco 415-956-0680	LA New Orleans 504-525-8900	NY Buffalo 716-626-1731	York 717-846-8189	Tysons Corner 703-827-8243	
CT Stamford 203-324-6600	MD Baltimore 410-837-3439	New York City 212-753-4900	TN Memphis 901-278-1911	WI Madison Airport 608-246-8600	
DC Northwest 202-466-5160	Greenbelt 301-345-3297	NC Jacksonville 919-455-9077	TX Houston Dtn. 713-654-4422	Milwaukee Airport 414-747-1150	
Natl Press 202-347-1650	Rockville 301-984-3888	OH Cleveland 216-771-7900	Dallas/Irving 214-869-9863	Milwaukee HQ 414-423-2400	

SALES PERSON: 06

ITIN/INVOICE NO. 67465

DATE: OCT 19 1994

CUSTOMER NBR: 5504

7G78T1

PAGE: 01

TO: HEALTH RESOURCES SERVICES ADMIN
ROOM 718 F
59210066-7550943Q017094186

OMEGA WORLD TRAVEL			
Mail payments to: Dept. 0876, McLean, VA 22109-0876			
AMERICAN	800-433-7300	SOUTHWEST	800-435-9792
AMERICA WEST	800-247-5692	TWA	800-221-2000
CONTINENTAL	800-525-0280	UNITED	800-241-6522
DELTA	800-221-1212	USAIR	800-428-4322
NORTHWEST	800-225-2525	OMEGA 24 HOUR	800-285-6342

FOR: FLEMING/PATRICIA*GTRB3867621

24 OCT 94

MONDAY

AIR UNITED

FLT: 914

COACH CLASS

1FULL/1LT-MEAL-MOVIE

LV: WASH/DULLES

600P

AR: PARIS/DEGAULLE

645A

NONSTOP

STATUS-CONFIRMED

RESERVED SEATS-27A

30 OCT 94

SUNDAY

AIR UNITED

FLT: 915

COACH CLASS

1FULL/1LT-MEAL-MOVIE

LV: PARIS/DEGAULLE

1200N

AR: WASH/DULLES

245P

NONSTOP

STATUS-CONFIRMED

RESERVED SEATS-35D

REFER TO 3CT-HHSOS WHEN CALLING THE 800 NUMBER
JUSTIFICATION CODE 1 IS REQUIRED FOR ABOVE ITINERARY
THANK YOU FOR CALLING OMEGA....HAVE A GOOD TRIP.
PLEASE READ THE IMPORTANT INFORMATION ON THE BACK OF THE
ITINERARY.
PLEASE RECONFIRM FLIGHTS DIRECTLY WITH THE AIRLINE AT LEAST
24 HRS PRIOR TO DEPARTURE TO AVOID DELAYS AND CANCELLATIONS
THIS IS A REMINDER THAT ALL FREQUENT FLYER BENEFITS EARNED
WHILE ON OFFICIAL TRAVEL ARE THE SOLE PROPERTY OF THE U.S.
GOVERNMENT. RETURN UNUSED TICKETS IMMEDIATELY TO YOUR
TRAVEL COORDINATOR OR THE TRAVEL AGENCY. MONDAY-FRIDAY
9AM-530P EST. OUR OFFICE CAN BE REACHED BY CALLING
1-800-486-9740.

TICKET NUMBER/S:
AIR TICKET/S 0162 1485023125
718.25

	718.25
SUB TOTAL	718.25
TOTAL AMOUNT	718.25

"To avoid inconvenience - Please verify departure times directly with carrier on day of travel"
Terms and conditions plus important travel information on reverse side

AIRLINE TICKETS ARE NEGOTIABLE DOCUMENTS - RETURN TICKETS NOT USED

BUSINESS TRAVELER #2 OR ACCTG. FILE COPY RETAIL MAIL LIST COPY

STANDARD TERMS AND CONDITIONS-IMPORTANT TRAVEL INFORMATION

On Approved Credit-Our Terms Are: Net 14 days, 1 1/2% per month (18% per year) service charges will be added to unpaid invoices. Additional legal fees required to resolve outstanding debts will be added to the amount due and payable.

IMPORTANT

In the unusual event you arrive at an airline ticket counter with your ticket to find that the airline shows no reservation for you, DO NOT LEAVE THE COUNTER. Check your ticket. If the status box shows OK for the flight in question, the airline must accommodate you on that flight. If that is not possible, they must either find you a substitute flight or pay you denied boarding compensation. If the problem persists, ask to speak to their supervisor or service manager. Remember... if your ticket reads OK... you are OK.

BY ACCEPTING THE ENCLOSED AIRLINE TICKET, YOU AGREE TO THE FOLLOWING:

1. DELAYED AND CANCELLED FLIGHTS

Airlines don't guarantee their schedules, and you should realize this when you're planning your trip. There are many things that can and often do make it impossible for flights to leave on time. Some of these problems, like bad weather, air traffic delays, and mechanical repairs, are hard to predict and beyond the airline's control. Airlines generally are not legally required to help stranded passengers find alternate flights or provide food and other basic amenities during long waits at the airport. They may not accept responsibility for other kinds of expenses or losses that passengers incur when airline schedules aren't met. Each airline has its own policies about what it will do for delayed passengers waiting at the airport. If you are stranded by a long delay and the airline's staff can't or won't help you, keep track of these out-of-pocket expenses and write to the airline's customer office for reimbursement when you get home.

2. DISCOUNT TICKETS

All airlines now impose cancellation and change penalties for most discount tickets. You are responsible for paying them. For certain fares, no refunds are allowed.

3. ADVERTISED FARES

Low fares advertised in newspapers, radio, and television are usually not available to popular destinations on popular dates. Seats at the lowest fares are always limited and often pre-sold before the ad appears.

4. OVERBOOKING

Most airlines overbook their flights and passengers are sometimes denied boarding or "bumped" as a result. The U.S. Department of Transportation (DOT) has rules to encourage people who aren't in a hurry to give up their seats voluntarily in exchange for money and a later flight.

INVOLUNTARY BUMPING: The DOT also requires each airline to give every passenger who is bumped involuntarily a written statement explaining how the airline decided who gets on an oversold flight and who doesn't. Those travelers who don't get to fly are almost always entitled to an on-the-spot payment of denied boarding compensation. The amount depends on the price of their ticket and the length of the delay.

If you are bumped involuntarily, the airline must pay you the fare to your next stopover or destination with a \$200 maximum. If they can't arrange another flight that is scheduled to reach your destination within 2 hours of the original flight (4 hours on international flights), the amount of compensation doubles. You always get to keep your original ticket, and you can use it on another flight or refund it. The denied boarding compensation is essentially a payment for your inconvenience.

Like all rules, however, there are a few exceptions:

• To qualify for compensation, you must have a confirmed reservation, and you must meet the airline's deadline for buying your ticket.

• Most airlines require passengers to arrive at the boarding gate ten minutes (sometimes more) before the scheduled departure. If you don't, you may lose your reservations and your right to compensation.

• If the airline substitutes a smaller plane for the one they originally planned to use, or cancels or delays your flight, the airline isn't required to pay people who do not arrive on schedule.

5. DOCUMENTS

Please check your documents when you receive them. Call us if you have questions.

6. RECONFIRMATION

Reconfirm your return or non-stop flight 24 hours in advance for domestic and 72 hours in advance for international. Failure to use any reservations will result in automatic cancellation of continuing and return reservations. Please advise the airline if your travel plans change enroute.

7. HOTEL CONFIRMATIONS

Hotels are usually confirmed on a guaranteed payment basis. If you cancel or change plans, please notify your hotel(s) by 4:00 p.m. local time to avoid mandatory payment.

8. HOTEL OVERBOOKING

We make every effort to confirm your hotel reservations. However, all hotels overbook, and your reservation may not be honored.

9. CAR RENTALS

We make every effort to confirm your car reservations. However, all car rental companies overbook, and your reservation or car size requested may not be honored.

10. CHANGES ENROUTE

If your plans change enroute, you can sometimes apply the value of your ticket toward a reissued one. It may be necessary to purchase a new ticket.

If a refund is due, obtain a receipt from the airline. Cancelled or unused tickets must be returned for proper credit to your account. Lost, stolen, or destroyed tickets must be paid for until refund is received from the issuing carrier, subject to an airline-imposed service charge.

11. CHECK-IN TIME

Minimum check-in time for domestic flights is 45 minutes prior to scheduled departure and for international flights 1 1/2 hours.

12. SERVICE CHARGES

We reserve the right to charge a minimum processing fee in the event of a refund or a cancellation.

13. FREE BAGGAGE ALLOWANCE

Passengers are granted a free baggage allowance based on either the weight and size of bags, or baggage weight, dependent upon the carrier.

Baggage in excess of the free allowance will be charged in accordance with published tariffs and will be carried subject to available space on the aircraft.

FREE BAGGAGE ALLOWANCE BASED ON WEIGHT AND SIZE

FIRST CLASS 27 pounds (12 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

ECONOMY CLASS 17 pounds (8 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

CARRY-ON BAGGAGE 10 pounds (4.5 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

INFANTS One (1) year old child with total weight of 30 pounds (13.6 kg) and one (1) year old child with total weight of 30 pounds (13.6 kg).

Total baggage allowance for infants is 10 pounds (4.5 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

FREE BAGGAGE ALLOWANCE BASED ON WEIGHT AND SIZE

FIRST CLASS 27 pounds (12 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

ECONOMY CLASS 17 pounds (8 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

CARRY-ON BAGGAGE 10 pounds (4.5 kg) with 100 cubic feet of baggage space (250 cubic feet for international travel).

INFANTS One (1) year old child with total weight of 30 pounds (13.6 kg) and one (1) year old child with total weight of 30 pounds (13.6 kg).

Computer carriers, local foreign carriers and some carriers have substantially lower allowances than those listed above. At Omega World Travel, the carrier, or check the Official Airline Guide for specific allowance requirements.

14. HAZARDOUS MATERIALS-RESTRICTED ARTICLES

Acid, lighter fluid, matches, and other items classified by the Federal government as hazardous materials, i.e., explosives, flammable solids and liquids, oxidizing materials, poisonous materials, compressed gases, poisons, toxic agents, radioactive materials, and irritating materials cannot be carried in checked baggage. Federal regulations require that firearms in checked baggage must be declared.

15. INSURANCE

NAME LABELS: Checked baggage must have the passenger's name on the outside. Free labels are available at any airline ticket counter.

TO SERVE YOU BETTER: Lock your baggage. Liability for loss, damage, or theft is limited to \$1,000.00 domestically, and approximately \$5.00 per pound (\$10.00 per kg) for international travel. Therefore, (a) if your baggage and its contents exceed these limits, purchase additional insurance from your nearest Omega World Travel office or pay the same excess valuation charges; (b) Do not put valuables, medication or prescriptions in baggage to be checked; (c) Fragile articles in your baggage will be checked only at your own risk; (d) When checking baggage, compare the weight of your checked bags with numbers on the side of your baggage. See your airline ticket for additional details.

16. RESPONSIBILITY

Omega World Travel, Inc. is an agent for carefully selected carriers, transportation companies, and service companies, all of which are bonded, principal, and independent contractors. This agency is not responsible for any negligence or omission by any of these organizations.

THIS INFORMATION IS SUBJECT TO CHANGE