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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]

UNITED STATES MISSION TO INTERNATIONAL ORGANIZATIONS
GENEVA, SWITZERLAND

Le 8 mai

To: Jeff Levi, 202 632·1096
Fr: Ridgway Wise

Please use the following numbers to correspond by phone or fax with Patsy Fleming:

41. 22. 749·4396 (phone)
or
749·4600
41. 22. 749. 4447 (FAX)

Thankyou,
Ridgway Wise

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

Message No. | Page 1 of 1 page(s) | Date: 8 May 1995

From: Ms E. Matt, 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 CONSULTATIVE WORKSHOP, VENICE, ITALY, 17-18 MAY 1995

Dear Ms Fleming,

You are booked into the following hotel for 3 nights: 16-18 May inclusive.

HOTEL RIGEL
13 Via Enrico Dandolo
Lido
Venice
Tel: 39 41 526 8810
Fax: 39 41 526 8811

Yours sincerely,

Ms E. Matt
Joint United Nations Programme on AIDS

Copies to:

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 10, 1995

PAGES INCLUDING COVER SHEET: 17

COMMENTS:

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

Note to all participants of the above-mentioned meeting

You will find attached the background documents for the above-mentioned meeting:

- Provisional list of participants (*as of 4 May 1995 - still waiting various nominations)*
- Draft Strategic Plan Document
- UNAIDS Fact Sheets
- Geographical Coverage of the North America and Europe (including former USSR) region
- Participant brief (*will be faxed separately)*

Hotel accommodation:

A room has been reserved for you as requested, details will be faxed later.

Transportation from airport:

Transportation from the Venice airport to Piazzale Roma is serviced by a shuttle bus which departs from the airport according to flight arrivals and costs Italian Lire 5.000. Service to the Lido is provided by the public water boats (Coop. San Marco) which depart from the airport according to flight arrivals and the cost is Italian Lire 15.000. For local transportation within the city of Venice and Lido, special 2 or 3 day tickets can be purchased at low costs and permit the participants to use all water services.

Per Diem:

Participants who are entitled to per diem will receive the allowance between 16.00 and 17.00 at the Conference Centre "Palazzo Papadopoli" (near the Rialto Bridge area) before the briefing on 16 May 1995, or at lunch time during the first day of the workshop. The contact person is Ms Elizabeth Matt.

Agenda:

16 May:	Pre-Workshop briefing	18.30 - 20.00
17-18 May:	Workshop	9.00 - 18.00
17 May:	Reception (location to be determined)	18.00

CONSULTATIVE WORKSHOP : NORTH AMERICA AND EUROPE (including Former USSR Region)
Venice, Italy
17-18 May 1995

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Awaiting responses from:

Spain
Japan
Italy
Canada
France

Joint United Nations Programme on AIDS (UNAIDS)
UNDP, UNESCO, UNFPA, UNICEF, WHO, World Bank

Fact sheet on UNAIDS

REGIONAL AND INTERCOUNTRY COOPERATION

A number of AIDS-related issues cut across national boundaries. Countries, especially those sharing a border, often have common features of relevance to the epidemic - similar cultures; trade and commercial links; political, policy and institutional links; shared social and economic development concerns. Cross-boundary issues relevant to AIDS, such as migration, prostitution, drug trading, ethnic minorities and refugees, are sometimes best addressed within an intercountry, subregional or regional framework. Similarly, it may be best to tackle certain policy and technical issues through dialogue and cooperation between countries.

The Joint United Nations Programme on AIDS will consider supporting regional or intercountry AIDS activities where these are cost-effective, efficient, complementary to global and country-level action, and beneficial to the countries concerned in the sense of bringing them significant "added value". UNAIDS will have resources of its own for intercountry activities and will help finance selected initiatives. Its comparative advantages, however, lie in the provision of technical support and a forum for planning and coordination.

As stated in the January 1995 report of the Committee of Cosponsoring Organizations (CCO) to ECOSOC, "the Joint Programme . . . will support intercountry or regional activities that may be required in response to the pandemic, utilizing regional mechanisms of the cosponsors where appropriate." However, in order to streamline and simplify operations, there will be no intermediate managerial level (structure) between UNAIDS at global level and the country Theme Group/Resident Coordinator system.

Where appropriate and cost-effective, UNAIDS might make use of an existing regional structure of the cosponsors, in which case it would develop specific mechanisms of collaboration. For example, such a structure (e.g. a regional office) may be "contracted" to conduct specific activities on behalf of UNAIDS in several countries of the region, or to strengthen its capacity as a provider of technical assistance to the region.

The cosponsors' regional and intercountry structures are also expected to play an important role in supporting the integration ("mainstreaming") of AIDS-related activities and policies within their respective organization.

Regional initiatives proposed, administered and/or supported by any of the UNAIDS cosponsors, whether singly or in collaboration with bi- or multilateral partners, are expected to be developed jointly with UNAIDS. Involvement of the Joint Programme will be instrumental in ensuring coordinated action between the UN agencies and with existing regional activities. The role of UNAIDS will also include technical review of the proposed workplan and budget, and in some cases cofinancing.

To facilitate country-level and intercountry activities, it will sometimes be useful to have small teams of technical experts/intercountry advisers to serve the needs of several (usually neighbouring) countries. Once country needs are assessed, UNAIDS will consider whether and where such teams would be necessary, appropriate and cost-effective.

The Executive Director of UNAIDS will further discuss operational arrangements with interested parties. However, no definitive commitments or decisions about regional arrangements - e.g. the role of existing regional structures and projects - can be made until UNAIDS has a well-defined modus operandi at country level.

Joint United Nations Programme on AIDS (UNAIDS)
UNDP, UNESCO, UNFPA, UNICEF, WHO, World Bank

Fact sheet on UNAIDS

UNAIDS AT COUNTRY LEVEL
A preliminary framework for action

OBJECTIVE

The major objective of the Joint United Nations Programme on AIDS (UNAIDS) at country level is:

> *to strengthen national capability to plan, coordinate, implement and monitor responses to AIDS by first of all ensuring effective and coordinated support by the UN system to the national programme.*

UNAIDS aims to achieve this objective by building on what has already been achieved at the country level, and by enhancing, catalysing and facilitating the assistance provided by each of its cosponsoring organizations, not by replacing or subsuming them.

UNAIDS recognizes that needs vary greatly from country to country, and that its support role will vary accordingly.

ROLE

What UNAIDS can do:

1. Coordinate country-level activities of the cosponsors
   - establish and support the Theme Group on HIV/AIDS
   - act as executive to the Theme Group
   - develop and maintain a database on country-level operations of all participating agencies

2. Advocate among the cosponsors (and other UN agencies)
   - increase the interest, funding and response of UN agencies
   - incorporate HIV-related issues into all relevant development projects
   - promote co-ownership of UNAIDS

3. Educate, inform and train within UN agencies re
   - individual and agency values relevant to HIV (values clarification)
   - international best practice[1] in AIDS prevention and care
   - social, economic, political and cultural determinants and impacts of AIDS

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[1] "International best practice" refers to the principles, policies, strategies and activities that, according to collective international experience, are known to be the most effective in HIV/AIDS prevention and care. A primary function of UNAIDS will be the development and promotion of international best practice.

4. Advocate for maximum participation of community-based organizations (CBOs), nongovernmental organizations (NGOs), the private sector, bilateral donors, national agencies, research institutions and other national and international partners who could potentially be involved in HIV prevention and care.

5. Assist in developing needs assessments for national AIDS programmes

   - develop frameworks for external (including UN agency) assistance to national activities

6. Work with national decision-makers and opinion leaders to foster a social, legal and economic environment that supports AIDS prevention and care.

7. The focus and scope of UNAIDS technical assistance and training (and its comparative advantage) has yet to be determined, but UNAIDS will provide (directly or as a broker) technical assistance and training in any or all of the following areas:

   - policy development
   - needs assessment
   - programme planning, management, monitoring and evaluation
   - network development
   - legal and ethical responses
   - surveillance of HIV and STDs
   - behaviour change strategies, including education and skills development
   - individual, group and community counselling
   - laboratory diagnosis of HIV infection and STDs
   - clinical diagnosis and management of STDs
   - hospital and home care management of HIV/AIDS
   - marketing and distribution of condoms
   - development and distribution of information
   - blood safety
   - economic strategies for prevention and care
   - operational research.

8. Act as a broker for the procurement of commodities (e.g. condoms, diagnostic kits, relevant drugs), where possible through existing mechanisms of the cosponsors.

9. Provide seed funding for innovative activities that would otherwise go unfunded.

10. Provide direct feedback from country-level experience into global policy and programme guidance.

11. Monitor and report on the assistance by the UN system to national activities (including financial and technical assistance), and on programme, project and activity effectiveness; and assist the national government to maintain an overview of financial and technical assistance of other partners.

12. Take responsibility, as from 1 January 1996, for country-level support (technical assistance and direct project funding) funded from headquarters by WHO/GPA and other cosponsors and ensure that such support is carried out within the framework of the country coordination mechanism. Ensure sustainable solutions for the support of activities that do not become, in the long term, part of the UNAIDS country programme.

13. Consider management of "multi-bi" funding of country level activities on a case-by-case basis.

What UNAIDS should not do:

1. Directly control the activities of the cosponsoring agencies or the national programme.

2. Fund projects (in large amounts) beyond a transitional period.

3. Execute (large-scale) projects beyond a transitional period.

However, exceptions to 2 and 3 above are acceptable under specific circumstances.

In summary, at country level:

UNAIDS brings together the many and varied technical and operational strengths of its cosponsoring agencies to enhance the quality of assistance to national responses to AIDS.

UNAIDS provides technical support, training and monitoring to ensure that all national actors have access to international best practice, and in turn to ensure that their country experiences help shape global policies and programmes.

UNAIDS broadens existing activities to include advocacy and networking with decision-makers and opinion leaders as a specific focus of action.

GUIDING PRINCIPLES

UNAIDS will promote the following principles of international best practice at country level:[2]

- active involvement and participation of all potential actors, especially affected and infected communities and individuals
- promotion of a multisectoral, multilevel national response to AIDS
- assistance in developing a legal, economic and social environment that supports ethical and effective prevention and care
- maximization of access by the most vulnerable communities and individuals to information, education, protection and services
- acknowledgment of AIDS as a major societal development issue, and inclusion of AIDS-related activities in all relevant development projects
- acknowledgment of the realities of human behaviour - e.g. sexual, drug-using and health-seeking behaviours, and the economic, political, cultural and social determinants of these behaviours
- commitment to a culture of reflection and evaluation to ensure quality of the work of UNAIDS
- maximization of the use of national and regional technical expertise.

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[2] *See also GMC Task Force on HIV/AIDS Coordination, "Framework of Guiding Principles for HIV/AIDS Coordination at Country Level".*

THE COUNTRY THEME GROUPS ON HIV/AIDS[3]

The Theme Group's primary mandate is coordination of UN system activities on AIDS in a country. As such it should strengthen UN support to the country's response to AIDS. In turn, the Theme Group will participate in national coordination mechanisms organized by the government.

Who should participate?

Mandatory: UNAIDS cosponsoring agencies

Desirable: Other UN agencies

Possible: NGOs/CBOs/PWA groups
Bilateral donors
Technical cooperation agencies

How do they relate to the national government?

The Theme Groups form part of the national response to HIV and would thus invite national government to participate in a manner that the government deemed appropriate.

What they can do:

1. Support national capacity to develop frameworks for external assistance, and assist in monitoring and coordinating this assistance.

2. Make use of the comparative advantages of each of the cosponsoring agencies to strengthen national capacity to develop a multidimensional national response.

3. Enhance joint and coordinated activities in the areas of:
   - policy development
   - project planning
   - project implementation
   - project monitoring and evaluation
   - project accountability
   - fund-raising
   - technical support and training needs.

4. Develop a "peer network" of decision-makers to promote and locally adapt international best practice relating to AIDS prevention and care policies and programmes.

5. Provide regular forums for the exchange of information, debate and discussion about progress and effectiveness of national, community and individual responses to AIDS.

6. Provide forums for education and skills development in the areas of values, attitudes, behaviours and other issues relating to prevention and care among the UN agencies.

7. Monitor and report on activities of the UN system related to HIV, including all financial and technical contributions, according to a framework established by UNAIDS at global level.

8. Facilitate technical assistance by the UN system.

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[3] *The Theme Group and UNAIDS are not one and the same. They represent mutually supportive aspects of country-level activities.*

9. Promote co-ownership of UNAIDS.

10. Advocate among the many national and international partners involved, or who could potentially be involved, in AIDS prevention and care.

How will they function?

A number of key issues are yet to be determined, including procedures for establishment, terms of reference, reporting mechanisms, decision-making processes, coordinating processes and mechanisms (see footnote 2), funding mechanisms and financial arrangements, and activity monitoring and evaluation.

CONSTRAINING AND FACILITATING FACTORS

What would prevent UNAIDS from functioning well at country level?

1. Cosponsoring agencies refuse to "own" UNAIDS.

2. Cosponsors (or other relevant UN agencies) refuse to participate constructively in joint activities of the Theme Group.

3. Cosponsors abdicate their responsibilities to support country AIDS prevention and care activities.

4. One agency tries to control the Theme Group and its activities.

5. Insufficient funding.

6. Slowness in mobilizing technical expertise.

7. Poorly managed transition of GPA activities.

8. Unrealistically high expectations on the part of cosponsors, national governments or donors.

What would help UNAIDS succeed at country level?

1. Placement and ongoing support of technically credible, skilled and committed "networkers" at the country level.

2. Rapid mobilization of credible, "user-friendly" technical assistance. Availability of global, regional and sub-regional "pools" of technical expertise.

3. Ownership, commitment and involvement by cosponsoring agencies at global and country level, particularly committed and supportive Resident Coordinators.

4. Availability of funds for support of small-scale activities (particularly on-going training) designed to strengthen national capacity.

5. Fulfilling perceived needs of the national programme .

DEVELOPMENT OF UNAIDS OPERATIONS AT COUNTRY LEVEL

By the end of 1995, UNAIDS aims to have:

- gathered the necessary information for developing a modus operandi for UNAIDS and drawing up a workplan
- held a workshop to integrate this information, and established a modus operandi for UNAIDS at country level
- completed a plan for managing existing country-level operations funded from headquarters by WHO/GPA and other cosponsors
- selected, briefed, trained and placed UNAIDS Programme Officers in 20 country posts and a limited number of country operations staff in the Geneva office
- established operational Theme Groups in 20 countries.

The UNAIDS modus operandi to be defined will cover the following areas:

Establishment and operation of Theme Groups

Joint and coordinated activities in the areas of policy development, project planning, fund-raising, etc .

UNAIDS country staff

Scope of activities, staff selection, briefing, training, support, supervision

Reporting, logistics, financial mechanisms

UNAIDS country operations staff in Geneva

Scope of activities, staff selection, briefing, training, support, supervision

Management of existing headquarters-funded country activities (1996-97)

Budgeting, financial and operational management at global, (regional) and country level

WORK PLAN

For the purpose of gathering information and determining needs towards the development of its the development of its country-level modus operandi, UNAIDS plans to send teams to conduct country visits, hold consultations with decision-makers and senior agency officials, and hold intercountry workshops. In addition, advantage will be taken of the regional consultations on the UNAIDS strategic plan to be held during April and May.

Following these needs assessments, the information gathered will be integrated at a special workshop, and the modus operandi will be fully defined. Work will continue on reaching the other objectives mentioned above by the end of 1995.

GEOGRAPHICAL COVERAGE OF STRATEGIC PLAN CONSULTATIVE MEETING: NORTH AMERICA AND EUROPE (including the former USSR region)

Venice, Italy, 17-18 May 1995

AMERICAS

Northern America

Bermuda
Canada
Greenland
St. Pierre And Miquelon
United States

EUROPE

Europe

European Union

Eastern Europe

Bulgaria
Czech Republic
Hungary
Poland
Romania

Northern Europe

Denmark
Finland
Iceland
Ireland
Norway
Sweden
United Kingdom

Southern Europe

Albania
Andorra
Bosnia And Herzegovina
Croatia
Gibraltar
Greece
Italy
Macedonia, the Former Yugoslav Republic of
Malta
Portugal
San Marino
Slovenia
Spain
Vatican City State (Holy See)

Western Europe

Austria
Belgium
France
Germany
Liechtenstein
Luxembourg
Monaco
Netherlands
Switzerland

FORMER USSR

Former USSR

Armenia
Azerbaijan
Belarus
Estonia
Georgia
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Moldova, Republic of
Russian Federation
Slovakia
Tajikistan
Turkmenistan
Ukraine
Uzbekistan

Joint United Nations Programme on AIDS (UNAIDS)
UNDP, UNESCO, UNFPA, UNICEF, WHO, World Bank

Fact sheet on UNAIDS

WHAT IS UNAIDS?

The Joint United Nations Programme on AIDS (UNAIDS) brings together six agencies - all of which have been active in responding to the HIV/AIDS epidemic - into a single cosponsored programme. As the UN system's main advocate for the global response to the epidemic, UNAIDS is dedicated to preventing the transmission of HIV, reducing the suffering caused by HIV and AIDS, and countering the epidemic's impact on individuals, communities and societies.

UNAIDS seeks to achieve this aim by stimulating, nurturing and guiding action on AIDS and by empowering its many partners to act effectively, rather than by attempting to implement or control the global response.

It is important to see UNAIDS in context. UNAIDS does not represent the UN system's response to AIDS; it is not even synonymous with the efforts of its six cosponsors. Rather, it is but one part of an extensive network of UN system activities. This is a network that encompasses the integration ("mainstreaming") capacity within each cosponsoring organization; the Resident Coordinator system with its Theme Groups on HIV/AIDS at country level; the programme activities of the cosponsors at country and intercountry level; and the AIDS-related activities undertaken by other UN system organizations, in particular in areas such as humanitarian aid, assistance to refugees, peacekeeping and human rights.

The relationship between UNAIDS and the UN system network is therefore one of complementarity, collaboration and partnership.

In the same way, the UN network functions as part of the broad global response to the epidemic. The network is one partner among many - governments; intergovernmental organizations; nongovernmental organizations, community-based organizations, and groups of people living with HIV infection and AIDS; the private sector; and academic and research institutions - in essence, an informal global alliance bound by a common commitment to challenging AIDS.

UNAIDS is the catalyst in this global alliance. It focuses on building national capability to respond to AIDS. It acts to strengthen political commitment at all levels. It shows the way towards a technically sound, ethical and cost-effective response to AIDS that is respectful of human rights.

UNAIDS thus has three main roles:

- it serves as the **advocate** for the global response to AIDS
- it serves as the primary source of **policy, technical and strategic guidance** on responding to AIDS
- it **builds national capability** to respond to AIDS.

UNAIDS is not primarily a funding agency. With no large field infrastructure, it is generally not an implementing agency either. Its budget is likely to be small relative to the country operations budgets of some of its cosponsors, such as UNDP and UNICEF.

Because its own resources are apt to be limited, UNAIDS must focus clearly on its comparative advantages, which are:

- its **joint nature**, enabling it to draw on the strengths and comparative advantages of all six cosponsors
- its **credibility as an advocate** for a strong, sound, sustainable response to AIDS
- its **comprehensive, multisectoral scope and mandate**
- its ability to serve as a **neutral forum for achieving consensus** on sensitive technical and policy issues
- its **technical expertise** on HIV/AIDS in the form of a critical mass of high-quality staff, complemented by outside expertise
- its **mandate for promoting and facilitating coordination**, in particular among the cosponsors working at country level.

Given these strengths, UNAIDS' role at global level is relatively clear. It is to focus the world's attention on AIDS; to provide the policy and technical guidance needed; to play a major role in setting and promoting the world's research agenda on AIDS; to inspire and promote sound, effective and ethical responses to AIDS; to foster a socioeconomic and legal environment that is conducive to prevention and care and supportive of people affected by HIV/AIDS; and to convince the world to put sufficient resources into AIDS prevention, care, support and impact alleviation, including the creation of a supportive environment.

At country level, where the aim of UNAIDS is to build national capability to respond to AIDS, its role is similarly shaped by the comparative advantages and limitations mentioned above. As a joint programme, UNAIDS brings together the many and varied technical and operational strengths of its cosponsoring agencies to enhance the quality of assistance to countries; provides technical support, training and monitoring to ensure that all national actors have access to the policies, strategies and activities that constitute "international best practice" and to ensure in turn that country experiences help shape global policies and programmes; and makes advocacy and networking with decision-makers and opinion leaders a specific focus of action.

Joint United Nations Programme on AIDS (UNAIDS)
UNDP, UNESCO, UNFPA, UNICEF, WHO, World Bank

Fact sheet on UNAIDS

INTEGRATION ("MAINSTREAMING")

To ensure the necessary linkages with the Joint United Nations Programme on AIDS (UNAIDS), each cosponsoring organization will have an integration ("mainstreaming") capacity. These functions include the following:

- integrating AIDS-related issues into all relevant activities of the cosponsoring organization at global, regional and country level, in accordance with the policies and strategies of UNAIDS
- incorporating UNAIDS' policies, strategies and technical guidelines into the policies and strategies of the cosponsoring organization
- promoting and reinforcing the support given by the cosponsoring organization, through the Theme Group in each country, to the national response to AIDS (including the national AIDS programme), in accordance with UNAIDS' policies and strategies.

The financial and other support contributed by a cosponsor to UNAIDS is not defined as integration, nor is any specific task undertaken by a cosponsor on behalf of UNAIDS. Moreover, integration does not imply any major global-level AIDS-specific activity, as all such activities should be part of the UNAIDS workplan and budget and of the Global Appeal (the major mechanism for eliciting undesignated funds).

The integration activities conducted by each cosponsor will differ depending on its mandate and role within the UN system. To help ensure coordinated and complementary action, there must be an explicit understanding among the six cosponsors - and between them and UNAIDS - as to the specific activities envisaged by each cosponsoring organization to ensure integration.

As a first step towards reaching an understanding of this kind, at its most recent meeting on 27 February the Committee of Cosponsoring Organizations agreed that each of the cosponsors would prepare a description of the integration areas and activities planned for 1996-97, for discussion at the next meeting.

In presenting the Global Appeal, the Executive Director of UNAIDS has been asked to provide supplementary information about each cosponsor's individual funding requirements for an integration capacity (including staff). Accordingly, each cosponsor will prepare an indicative budget to accompany the description of planned activities to ensure integration. It is understood, however, that funding these activities is the responsibility of each cosponsoring organization.

**Chapter VII, section B.*
***These funding opportunities are described in Chapter VII, section C, of the report to ECOSOC.*

An invitation to help develop the UNAIDS strategic plan for 1996-2000

A pioneering programme is being born in the United Nations family of organizations. The Joint UN Programme on AIDS (UNAIDS) will bring six agencies together into a single effort to help the world reduce the spread of the virus, curb the suffering caused by AIDS, and counter the epidemic's impact on individuals, communities and societies. UNAIDS will be fully operational by January 1996.

To make sure UNAIDS focuses on the right objectives, and uses its limited budget and unique strengths to best advantage, it needs a strategic plan for the next five years. We would be grateful for your help in developing that plan.

Between April and June 1995, five special consultations on the strategic plan are being held in different parts of the world. Using the present document as a starting-point for discussion, participants at each of them will debate the goals, strategic direction and priorities of UNAIDS for the world as a whole. (The meetings are not meant for a discussion of regional strategies.) They will also discuss the broad global vision around which UNAIDS should be mobilizing the world community. To ensure the widest possible debate, the present document is also being distributed for written comment.

Thank you in advance for your insights and experience. We are confident that, with your collaboration and that of many other individuals, institutions and associations worldwide, the UNAIDS strategic plan will be able to build on the lessons drawn from two decades of experience in confronting AIDS. Our goal is a plan which can help the world challenge the virus even as it learns to live with AIDS, which is likely to remain part of the human condition for decades to come.

HOW TO USE THIS DOCUMENT

Progress has already been made in thinking through the mission and particular strengths of UNAIDS. **These are set out for your information in the first section called "What is UNAIDS?".**

As you will see from this first section, UNAIDS is part of a UN system "network" on HIV/AIDS, and this in turn is only one partner in the global response to AIDS. **The second section, therefore, asks for some feedback on the global agenda. What vision should be shaping the world's collective response to AIDS?**

Finally, against the backdrop of what the world as a whole should be doing about the epidemic, we ask you to turn your thoughts specifically to UNAIDS and its strategic plan. Section three first summarizes UNAIDS' major roles and then **seeks your detailed guidance on its direction and priorities.** What should UNAIDS strive for? What can it achieve? What should it refrain from taking on? What are the priorities it should be setting for itself between now and the year 2000?

Some technical terms are used in this document - goal, objective, target, and impact and outcome evaluation. You will find definitions of these in the annex.

I. WHAT IS UNAIDS?

UNAIDS brings six cosponsoring organizations together into a single programme: the UN Development Programme (UNDP), the UN Educational, Scientific and Cultural Organization (UNESCO), the UN Children's Fund (UNICEF), the UN Population Fund (UNFPA), the World Health Organization (WHO) and the World Bank. All six cosponsors have been active in responding to AIDS.

As the UN system's main advocate for the global response to the epidemic, UNAIDS is dedicated to preventing the transmission of the human immunodeficiency virus (HIV), reducing the suffering caused by HIV and AIDS, and countering the epidemic's impact on individuals, communities and societies.

UNAIDS seeks to achieve this aim by stimulating, nurturing and guiding action on AIDS and by empowering its many partners to act effectively. Governments. Intergovernmental organizations. Nongovernmental and community-based organizations. Groups of people living with HIV infection and AIDS. Donor agencies. The private sector. Academic and research institutions. All those who are bound by a common commitment to challenging AIDS.

UNAIDS is the catalyst in this informal global alliance.

- It serves as the **advocate** for the global response to AIDS, acting to strengthen political and financial commitment at all levels.

- It serves as the primary source of **policy, technical and strategic guidance**, showing the way towards a technically sound, ethical and cost-effective response to AIDS that is respectful of human rights.

- It **builds national capability** to respond to AIDS.

UNAIDS does not represent the UN system's response to AIDS. It is not the same thing as the efforts of its six cosponsors. Rather, it is a pivotal part of a broad **network of UN system activities** including:

- the Resident Coordinator system with its Theme Groups on HIV/AIDS at country level, which will help countries benefit from strong and well-coordinated UN system support to their national response to AIDS

- the AIDS-related activities that the six cosponsoring organizations carry out at country and intercountry level

- the AIDS-related activities undertaken by other UN system organizations, particularly in areas such as humanitarian aid, assistance to refugees, peacekeeping and human rights.

The relationship between UNAIDS and its partners in and outside the UN network is therefore one of complementarity, collaboration and partnership.

COMPARATIVE ADVANTAGES OF UNAIDS

UNAIDS is not primarily a funding agency. With no large field infrastructure, it cannot be a major implementing agency either. Its budget is likely to be small relative to the country operations budgets of some of its cosponsors, such as UNDP and UNICEF. UNAIDS must therefore focus squarely on its comparative strengths. These are as follows:

1. Its **joint nature**, enabling UNAIDS to draw on the special strengths and advantages of all six cosponsors.

2. Its **credibility as an advocate** for a strong, sound, sustainable response to AIDS.

3. Its **broad field of action and multisectoral scope**.

4. Its ability to serve as a **neutral forum for achieving consensus** on sensitive technical and policy issues.

5. Its **technical expertise on HIV/AIDS** in the form of a critical mass of high-quality staff, complemented by outside expertise.

6. Its **mandate for promoting and facilitating coordination**, in particular among the cosponsors working at country level.

These strengths are particularly crucial for overcoming the many societal and other obstacles to a compassionate, effective response to AIDS (see box on next page).

Two decades of experience

The current HIV/AIDS picture

Since HIV first began its epidemic spread almost two decades ago, close to 20 million men, women and children have become infected with the virus. So far, only some 4.5 million of them have progressed to the serious stage of infection known as AIDS. The world is still at the beginning of the epidemic in terms of its impact on individuals, families and communities.

Worldwide, HIV continues to spread at a rate of over 6000 new infections a day. In some places the HIV rates are stabilizing; in others - particularly in South and South-East Asia - they continue to rise steeply.

Lessons learnt

Above all, we have learnt that HIV and AIDS are now part of the human condition, and will probably remain so for decades at least. The search for a vaccine and a cure must be pursued, but neither is likely to be available for large-scale use before the year 2000.

If there is no simple biomedical solution to HIV/AIDS, neither is there a simple non-technical solution. We have learnt that it is not enough to tell people "just say no" to sex or drugs. That doesn't work any better for AIDS than for the earlier epidemics of syphilis or heroin use. People's sexual and drug-related behaviour does not occur in a vacuum. It occurs in a context - a specific cultural, legal and economic "environment" which may make it easy or hard for them to be safe from the virus. Wherever this environment does not give people the support they need to act safely - education, freedom from poverty and prostitution, control over their personal relationships, access to AIDS information and services (such as condoms), freedom from discrimination - the virus is free to spread. The existence of so many and varied "environments" explains why HIV/AIDS is not a single global epidemic but the sum of multiple epidemics, each driven by its own set of socioeconomic factors.

This being said, the third major lesson is that AIDS prevention and care are feasible. What characterizes the successful programmes? They tend to be small-scale ones with a good infrastructure and a strong community base; indeed, many owe their success to community-based and nongovernmental organizations. They rely on a combination of prevention approaches. They attempt to create an environment in which people are motivated and enabled to protect themselves, or an environment that is supportive of people with HIV and AIDS. They often are backed (or at least tolerated) by enlightened political leaders who understand the danger of AIDS.

In planning for the next decade, we must learn from these successes. AIDS prevention and care cannot be left to one sector to tackle; it should be shouldered as a broad societal responsibility. The necessary imagination, effort and investment must be found to make the environment supportive. Policy-makers - including those holding the purse-strings - must stop closing their eyes to AIDS. And discrimination and human rights violations must be combated, not only because they are unfair, but because they prevent people with HIV and AIDS from making their full contribution to the global response.

II. THE GLOBAL AGENDA

In the absence of a cure for AIDS or a vaccine for HIV, it is unrealistic to adopt goals for eliminating the virus or eradicating the disease. Even when a vaccine becomes available, it may take decades before enough people can be immunized to stop all transmission. And even with a cure, it would take decades to reverse the epidemic's impact in the developing world.

We need, nevertheless, to have an ambitious **vision** to guide us during our long search for ways of overcoming HIV and AIDS. For example:

To strive for a world free of HIV and AIDS and free of the suffering caused by their impact.

More immediately, it is important to set an ambitious global agenda for action in the years ahead. An agenda of this kind can be a powerful tool for mobilizing partners and resources for the collective response to AIDS.

A global agenda must have broad **goals** (the long-term desired effects of action) as well as supporting **targets** (measurable changes, with a timeframe). Some examples are proposed below for discussion.

Global goals:

To reduce the transmission of HIV.

To reduce the suffering caused by HIV and AIDS and the epidemic's impact on individuals, families and communities.

To increase understanding of AIDS as part of the human condition.

Global targets:

By the year 1997, the majority of injecting drug users in x% of countries will have access to information and services for preventing HIV infection.

By the year 2000, x% of countries will have enacted legislation to prohibit discrimination against people with HIV infection or their families.

By the year 2010, x% of children and adults with HIV infection in y% of countries will have access to comprehensive care across the continuum from home to hospital.

III. A STRATEGIC PLAN FOR UNAIDS

As the catalyst in the global response to AIDS, UNAIDS sees itself as playing the following roles.

* **Advocacy:**

  to focus the world's attention on AIDS

  to inspire sound, effective and ethical responses to AIDS

  to promote the involvement of affected individuals and communities in planning and carrying out those responses

  to increase political commitment to AIDS, including among national decision-makers and opinion leaders

  to foster a socioeconomic and legal environment that is conducive to prevention and care, as well as supportive of people affected by HIV/AIDS

  to convince the world to put sufficient resources into AIDS prevention, care, support, and impact alleviation, including the creation of a supportive environment

* **Guidance:**

  to serve as the primary source of policy and technical guidance on AIDS, including the policies, strategies and approaches that together constitute "international best practice"

  to serve as a neutral forum for achieving consensus on sensitive technical and policy issues

  to play a major role in setting and promoting the world's research agenda on AIDS

* **National capability strengthening:**

  to bring together and coordinate the strengths of the six cosponsors in order to maximize the quality of assistance to national AIDS activities

  to ensure that all national actors/participants have access to "international best practice" on AIDS

  to offer technical expertise on HIV/AIDS, including technical support, training and monitoring, to countries worldwide

  to facilitate networking among national decision-makers and opinion leaders.

Your views are needed to turn these broad conceptual roles into a proper strategic plan. Here are some questions which could help start the discussion:

Given the global AIDS problem, what are the priorities for the response to it?

What can UNAIDS contribute to the response?

What should other partners contribute, and how will their action relate to that of UNAIDS?

What can UNAIDS do best? Is that the best use of UNAIDS resources?

What should UNAIDS refrain from attempting?

What kinds of goals, objectives and targets should UNAIDS set? (These should be limited to those areas where UNAIDS has a high degree of control over the outcome.)

What are some "ideas for success" for UNAIDS?

What problems and constraints should UNAIDS anticipate?

How can UNAIDS avoid, overcome, or minimize those obstacles?

What principles and priorities should guide the work of UNAIDS

in setting the world's research agenda?
in helping individuals and communities to reduce their vulnerability to HIV?

in working with its many partners at country level?
in forging links with NGOs and groups of people living with HIV and AIDS?

How can UNAIDS contribute to ensuring that AIDS and AIDS-related concerns get integrated into other "agendas" and spheres of life, such as media, equity for women, and human rights/non-discrimination?

***

ANNEX

A **goal** describes what we ultimately want to achieve by carrying out our programme - that is, a desired change in a need or problem. For example, UNAIDS could have a goal of "increasing the strength of the worldwide response to AIDS". Goals are measured through **outcome evaluation**, i.e. a measurement of the programme's **long-term effects.**

An **objective** describes the short-term effects, or impact, that we are seeking to achieve through our programme. For example, a UNAIDS objective could be "increasing coordination among UN system organizations on AIDS". Objectives are measured through **impact evaluation.**

A **target** is a way of measuring the achievement of one or more objectives. It specifies place (the geographical location or setting in which the programme takes place), target group, a measurable result, and a time-frame for the desired change. For example, UNAIDS has a target of finalizing its own strategic plan by mid July 1995. A longer-term target could be: "By the end of 1997, 50% of countries receiving AIDS-related external assistance from more than two donors will have a functioning Theme Group on HIV/AIDS".

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a. FROM 10/24/94
b. TO 10/30/94

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a. NUMBER(S) 001707474186
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8. TRAVEL ADVANCE
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Complete only for actual expense travel

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We will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is $500.00.

In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

7 Release Signature: ____

Federal Express Use
Base Charges
Declared Value Charge
Other 1
Other 2
Total Charges

REVISION DATE 6/92
PART #137205 GBFE 2/93
FORMAT #136
136
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NOTICE TO CHECK RECIPIENT — TREASURY-FINANCIAL MANAGEMENT SERVICE — TFS FORM 3039 (Rev.)

VENDOR NAME: PATRICIA S FLEMING — VENDOR I.D. NUMBER: 2372342914 [redacted]

AGENCY NAME AND BILLING ADDRESS: NAT. INSTITUTES OF HEALTH BLDG 31 RM B1B31 TP4301 9000 ROCKVILLE PIKE BETHESDA, MARYLAND 20892

U.S. TREASURY REG. FINANCIAL CENTER: PHILADELPHIA, PA

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
2058-00352200	$*****759*23	11-07-94

NON NEGOTIABLE

PAYMENT IDENTIFICATION DATA

INVOICE	ORDER	GROSS AMT	DISCOUNT	AMT PAID	CODE
WON4020012	WON40200	2498.23	.00	2498.23	
WON4020001		1739.00CR	.00	1739.00CR	

AGENCY SCHEDULE NUMBER: NIH-TP4301

AGENCY TELEPHONE NUMBER: 301-496-6088

[redacted]

PLEASE DIRECT ANY INQUIRIES CONCERNING THIS PAYMENT TO THE AGENCY AT THE ADDRESS (OR TELEPHONE NUMBER) INDICATED ABOVE.

DFS2002 16:54:23 TERMINAL CONNECTED TO IMS/VS IMS

****

PRINT REVIEW

(PRV FUNCTION) TRAVEL VOUCHER 10/04/94 16:54

****

ORDER#: WQN40200 ENTRY DATE: 09/29/94 FY/CAN: 48321429
OC: 2151 BID: OD CLERK ID: XRW
AO: CII AO APPROVAL DATE: 10/04/94 UPDATE: 09/29/94

TRAVELER: PATRICIA S FLEMING SSN: (b)(6)
TITLE: INTER.NAT. AIDS POL. COORDINATOR VOUCHER STATUS: AO APPROVED
MAIL ADDRESS: TRIP START DATE: 09/11/94
6009 MASSACHUSETT AVE END DATE: 09/17/94
BETHESDA, MD 20816
DUTY STATION: BETHESDA,MD BLDG: 6100EX RM: 5H01 TEL: 402-3358
CONTACT: IDA WARREN BLDG: 6100EX RM: 5H01 TEL: 402-3358
EMPLOYEE CODE: CIVILIAN

RECOMMENDED BY: JACK WHITESCARVER, PH.D. TITLE: DEPUTY DIRECTOR, OAR
AUTHORIZED BY: DARLENE BLOCKER TITLE: ADMINISTRATIVE OFFICE

PURPOSE: TO ATTEND THE HEADS OF GOVERNMENT SUMMIT ON AIDS

ITINERARY: WASHINGTODC/PARIS/WASHINGTON/WASHINGOTN

********** SUMMARY **********

	OC	COST
TRANSPORTATION/MISC. EXPENSES (EXCLUDING GTR):		.00
REGISTRATION COST:	259E	.00
PER DIEM (MEALS & LODGING):	2151	2,402.50
OTHER EXPENSES:	2151	95.73
TOTAL EXPENSES:		2,498.23
GTR COST:		670.15
SPONSOR(S) IN CASH/KIND:		.00
TOTAL COST:		3,168.38
PAID TRAVEL ADVANCE:		1,739.00
ADDITIONAL AMOUNT DUE TRAVELER:		759.23 ←

GTR# GTR-APPROP#: 0846
SPONSOR(S) OWE NTH: .00

VOUCHER CANNOT BE PAID BY AGENT CASHIER!

********** AUTHORIZATION **********

10/4 Darlene Blocker Admin. Officer OAR
DATE SIGNATURE (AUTHORIZED BY) TITLE

I HEREBY CERTIFY THAT I HAVE REVIEWED THE ITEMIZED EXPENSES AND ATTACHED DOCUMENTATION. PAYMENT IS RECOMMENDED.

10/18/94 Patricia S. Fleming
DATE SIGNATURE (TRAVELER)

I CERTIFY THAT THIS VOUCHER IS VALID AND CORRECT TO THE BEST OF MY KNOWLEDGE.

******** FORWARD SIGNED VOUCHER AND RECEIPTS TO BLDG 31 ROOM B1B50 *********

(?RV FUNCTION) TRAVEL VOUCHER 10/04/94 16:54
ORDER#: WQN40200 TRAVELER: PATRICIA S FLEMING

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

FARE: BLANKET GTR	GTR#		COST:	670.15
POV - EST. MILES:	MILEAGE RATE:	.25	COST:	.00
CAR RENTAL(S) RECEIPT #:			COST:	.00
REGISTRATION: RECEIPT #:			COST:	.00

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

LOCATION	TYPE OF EXPENSE	NO. OF DAYS	@ RATE	= MAXIMUM PERDIEM	ITEMZD MEALS LODG RCPTS	AMOUNT
WASHINGTODC	MEALS					
	LODGING					$.00
PARIS	MEALS	6.25	170	$1,593.75	$850.00	
(AEA MEALS/LODGING)	LODGING	5	207	$1,552.50	$1,940.63	$2,402.50*
WASHINGTON	MEALS					
	LODGING					$.00
WASHINGOTN	MEALS					
	LODGING					$.00

(*) MEALS MUST BE ITEMIZED, INCLUDE RECEIPTS FOR MEALS OVER $25.00.

********** OTHER EXPENSES **********

01 DATE: 09/11/94 FY/CAN: 48321429 OC: 2151 RECPT#: 1 AMT: $36.00
REMARKS: WASHINGTON FLYER TAXI (RECEIPT ATTACHED)

02 DATE: 09/16/94 FY/CAN: 48321429 OC: 2151 RECPT#: 2 AMT: $36.00
REMARKS: WASHINGTON FLYER TAXI (RECEIPT ATTACHED)

03 DATE: 09/15/94 FY/CAN: 48321429 OC: 2151 RECPT#: 006 AMT: $6.25
REMARKS: TELEPHONE (SEE HOTEL RECEIPT)

04 DATE: 09/15/94 FY/CAN: 48321429 OC: 2151 RECPT#: 006 AMT: $17.48
REMARKS: FAX (SEE HOTEL RECEIPT)

COVER SHEET

DATE: October 7, 1994

TO: Patricia Fleming

FROM: Ida Warren

SUBJECT: Travel Voucher - WQN40200
Paris, France

ACTION REQUESTED: (Circle/Check)

Approval	For Your Files	Note and Return
As Requested	For Clearance	Per Conversation
Comment	For Correction	Reply
Coordination	F.Y.I.	Signature

Other:

Remarks:

Enclosed you will find a Travel Voucher for signature. Please sign where indicated and return to me as soon as possible.

This Travel Voucher will be forwarded to the NIH Travel Audit for auditing purposes. If there are any questions, please contact me at the number listed below.

ADDRESS:
Ida Warren
6100 Executive Blvd.
Room 5H01
Rockville, MD 20792

Phone: (301) 402-3358
FAX: (301) 402-3360

3870 File: PF Travel

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Executive Office of the President

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

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: Fleming, Patricia S.

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

c. MAILING ADDRESS *(Include ZIP Code)*: Office of the National AIDS Policy Director, 750 17th St., NW, Suite 600, D.C. 20503

d. OFFICE TELEPHONE NO.: 632-1090

e. PRESENT DUTY STATION:

f. RESIDENCE *(City and State)*:

6. PERIOD OF TRAVEL: a. FROM 11/20/94 b. TO 11/20/94

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 69638 b. DATE(S) 11/16/94

8. TRAVEL ADVANCE

a. Outstanding:

b. Amount to be applied:

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

d. Balance outstanding:

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED $:

c. PAYEE'S SIGNATURE:

10. CHECK NO.:

11. PAID BY:

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
				Wash, DC	Miami, FL
				Miami, FL	Wash, 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 ▶ Patricia S. Fleming DATE 11/22/94 AMOUNT CLAIMED ▶ $ 64 40

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

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

APPROVING OFFICIAL SIGN HERE ▶ [signature] DATE 1/28/95

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION: $ 64 40
Certifier's initials: PH

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

d. NET TO TRAVELER ▶ $ 64 40

18. ACCOUNTING CLASSIFICATION

11S-0110 #210601 19.00
#210502 45.40

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 69638

Date of Request 11/16/94

1. **TRAVELER:**

Name: Patricia S. Fleming ☒ White House Staff

Extension: 632-1090 **Room:** 750 17th Street ☐ Other: _____

2. **PURPOSE(s) and DATE(s):** To attend the Memorial Service for Pedro Zamora on behalf of POTUS

3. **ITINERARY:** Washington, DC (National) - Miami, FL - Washington, DC (National)
(List all cities where stopovers occur.)

4.

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
11/20/94	AM	Commercial	11/20/94	PM	Commercial

5. **FUNDING SOURCE:**

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

6.

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

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** 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: $ 314

(REV. 6/21/89)

3114A $350 M511 **ORIGINAL (Return with Voucher)**

TRAVEL VOUCHER WORKSHEET

TRAVELLER: Fleming TRIP #: M511 POL%: 0 TA#: 69638

Travel Schedule:	DATES	TIMES	PER DIEM
From:	20-Nov-94	10:00	38.00
To:	20-Nov-94	20:00	

	TOTAL EXPENSES	OFFICIAL	POLITICAL
Per Diem (22):	19.00	19.00	0.00
Hotel (24):	0.00	0.00	0.00
Air/Rail Fare (21):	0.00	0.00	0.00
Taxi (25):	45.40	45.40	0.00
POV Mileage (25):	0.00	0.00	0.00
Autorental (26):	0.00	0.00	0.00
Parking (29):	0.00	0.00	0.00
Phone Calls (52):	0.00	0.00	0.00
Other:	0.00	0.00	0.00
LESS ADVANCE:	0.00	0.00	
	64.40	64.40	0.00

Comments:

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.:

4. SCHEDULE NO.:

FILE COPY

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: FLEMING, PATSY

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

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

d. OFFICE TELEPHONE NO.:

6. PERIOD OF TRAVEL: a. FROM 09/03/94 b. TO 09/05/94

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 0017094174 b. DATE(S) 09/02/94

e. PRESENT DUTY STATION: DHHS/PHS/OASH/NAPO

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

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

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

D. Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTRB3867614	USAIR		09/01/94	Washington, DC New York City, NY	New York City, NY Washington, DC
$146.00					

Prepared by: Gus Ventura, 632-1090

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

TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶ $ 240 17

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

14. This voucher is approved. Long distance 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 ▶ Arthur J. Lawrence Acting Director, NAPO DATE

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

17. *FOR FINANCE OFFICE USE ONLY* COMPUTATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $

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

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

7551101 5A730170 21.25

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0017094174

TRAVELER'S LAST NAME FLEMING

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/03	3:00pm	Depart National Airport VIA USAIR											20 00
09/03	4:00pm	Arrive: NYC LaGuardia											
09/03	5:30pm	Arrive: Holiday Inn-Crown Plaza via Taxi				12 67		142 00	154 67			154 67	22 50
09/03	7:00pm	Attend: AAPHR Annual Banquet (295 Lafayette St - NYC)											
09/03	8:30pm	Speak before AAPHR Annual Banquet											
09/04	9:00am	Depart for LaGuardia Airport Via Taxi											20 00
09/04	11:00am	Depart LaGuardia Aiport VIA USAIR											
09/04	12:00pm	Arrive: National Airport											
09/04	2:00pm	Arrive: Home via taxi											23 00
									SUBTOTALS ▶			154 67	85 50
									TOTALS ▶			154 67	85 50

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

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

TOTAL AMOUNT CLAIMED ▶ $240.17

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. GPO : 1987 O - 173-487

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: 01 ITIN/INVOICE NO. 64171 DATE: SEP 01 1994
CUSTOMER NBR: 5504 6AF1RO PAGE: 01

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

TO: HEALTH RESOURCES SERVICES ADMIN
ROOM 718-F HHH BLDG
4A730170-75411010017094174

FOR: FLEMING/PATRICIA*GTRB3867614

AIR USAIR FLT:OPEN COACH CLASS
LV: WASH/NATIONAL
AR: NYC/LAGUARDIA

AIR USAIR FLT:OPEN COACH CLASS
LV: NYC/LAGUARDIA
AR: WASH/NATIONAL

REFER TO 3CT-HRSA WHEN CALLING THE 800 NUMBER
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 0372 1479161336
146.00

	146.00
SUB TOTAL	146.00
TOTAL AMOUNT	146.00

"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

AP • Oct
5 pt

Date 9/11 19 94

OFFICIAL
TAXI RECEIPT

FROM ....

TO L G A — TO LAGUAD

FARE PAID 20-00

SIGNATURE [signature] #44

DATE Sep 3 COMPLETION TIME ______

ACCT # ______ ACCT NAME ______

PICK UP 6009 MASS — TO Nat'l

DROP W AIRPORT

NOTES ______

BASE METER 20.00 EXTRAS ______

GRATUITY ______ TOTAL $ ______

PASSENGER SIGNATURE ______

DRIVER [signature] DR # ______ VEH # 444

THANK YOU!

Date 9/3/ 1994

OFFICIAL
TAXI RECEIPT

TO Hotel

FROM LGA DL-SH

TO ....

FARE PAID $22.50 incl. Toll

SIGNATURE [signature] #

09.04.94 23.00

To Home

National Airport

101 17671

[signature]

Itinerary or Patsy Fleming

New York, New York

September 3 - September 4, 1994

Saturday, September 3

Open Ticket to New York

3:00 - 4PM

Reservations and Mtg. Site

Holiday Inn - Crown Plaza
1605 Broadway
New York, New York 10010
(212) 977-4000
Rate: $142 per nite
Confirm #2647433

7:00 p.m. - 10:30 p.m

AAPHR Annual Banquet
The Skylight Room at the Puck Bldg.
295 Lafayette Street
(between Soho and Houston)

7:00 p.m. Cocktails

8:00 p.m. Dinner

8:30 p.m. (approx.) You will speak

Remainder of evening will include entertainment, an awards presentation and Kate O'Hanlan's outgoing address.

Sunday, September 4

Meeting continues (see agenda)

~~Monday, September 5~~

~~Open ticket to D.C.~~

9 - 10AM

OMEGA TRAVEL
600 MARYLAND AVE SW
WASHINGTON DC 202 484-9470

CLIENT: FLEMING/PATRICIA
PAGE:01
INVOICE: 64171

USAIR FLIGHT: OPEN CLASS: Y
WASH/NATIONAL DEPART:
NYC/LAGUARDIA ARRIVE:

USAIR FLIGHT: OPEN CLASS: Y
NYC/LAGUARDIA DEPART:
WASH/NATIONAL ARRIVE:

PRINTED IN U.S.A. FC 880 REV. 4-90

TICKET: 037 1479161336 USD146.00

84
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

6305 H2 5504 01 64171 GTRB3867614 04129

PASSENGER RECEIPT

ARC [redacted]

ISSUED BY
USAIR

TOUR CODE

AGENT CODE
A09790126

NAME OF ISSUING AGENT
OMEGA TRAVEL

PLACE OF ISSUE ISO CODE
WASHINGTON DCUS

DATE OF ISSUE
15EP94

NAME OF PASSENGER
FLEMING/PATRICIA

PNR/CARRIER CODE FARE BASIS/TICKET DESIGNATOR FCI SERV.CARD ID.
6AF1RO/UA YCALGA 65880A

FROM
LGADCAUSOPENY

CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
[redacted]NOT VALID FOR [redacted] THIS IS YOUR RECEIPT
[redacted]TRANSPORTATION[redacted]

TO
DBAYDR

ENDORSEMENTS/RESTRICTIONS
FP CHECK.REFUND.AGY.ONLY FC 15EP DCA US LGA 63.64
US DCA 63.64 USD127.28 END XFDCABLOAB

FARE USD127.28
TAX US12.72
XF6.00
TOTAL USD146.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 869 CK
46838063005

CPN DOCUMENT NUMBER CK
0 037 1479161336 3

ALLOW PCS WT UNCKD
[redacted]

NOT VALID FOR TRAVEL
0 037 1479161336 3

84
ASSENGER TICKET AND BAGGAGE CHECK
UBJECT TO CONDITIONS OF CONTRACT

BOARDING PASS

ISSUED BY
DELTA AIR LINES

DATE OF ISSUE ISSUING OFFICE CODE IISI ISO
03SEP94 US

ISS. AGENT ID. PLACE OF ISSUE
DL/7E /DCAFDS

NAME OF PASSENGER (NOT TRANSFERABLE) FARE BASIS TOUR CODE FCI
ELTA

FROM
WAS-NATIONAL

TO
NYC-LAGUARDIA

CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
DL 1756 Y03SEP 230P

PRE-VALIDATION

ENDORSEMENTS/RESTRICTIONS

FINAL ISSUE
FARE CALCULATION

BOARDING PASS ONLY

ISSUED IN EXCHANGE FOR

PNR CODE PNR CODE
C4LOVD /DL

DCA 1756 [redacted] 03SEP 230

SEAT SMOKE
NO

EQUIV. FARE PAID FORM OF PAYMENT
PCS CK. WT. UNCK. WT.

STOCK CONTROL NUMBER TX
00604596691341

SEQ. NO. ALLOW PCS CK. WT. UNCK.WT.
[redacted]

CPN AIRLINE FORM AND SERIAL NUMBER CK
NOT VALID
WITHOUT FLIGHT COUPON

PASSENGER TICKET AND BAGGAGE CHECK
PASSENGER COUPON

BOARDING PASS 4

NAME OF PASSENGER
DELTA

X/O FROM
X/O TO
WAS-NATIONAL
NYC-LAGUARDIA

DELTA

[redacted] DATE TIME
[redacted] 03SEP 230

BOARDING TIME SEAT SMOKE
ANY NO

ADDITIONAL SEAT INFORMATION

PCS CK. WT. UNCK WT. SEQ.NO. PCS CK. WT. UNCK.WT.

BAGGAGE ID. NR.

CPN AIRLINE FORM AND SERIAL NUMBER CK
[redacted]

DSDCAFDS /7E

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0017095006

TRAVELER'S LAST NAME FLEMING

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/17	1500	LV Home for Airport via Taxi											40 00
12/17	1700	LV Dulles Airport VIA United Airlines #947											
12/17	1932	Arrive: Los Angeles											
12/17	2030	Arrive: Loews Santa Monica Hotel						135 00				147 67	
12/18	1200	Attend: Memorial Service for Elizabeth Glaser											
12/18	1400	Attend: Private Reception											
12/18	1900	Arrive: Loews Santa Monica Hotel						135 00				173 00	
12/19	1145	Depart LAX Airport VIA United Airlines #2											
12/19	1920	Arrive: Dulles Airport											
12/19	2100	Arrive: Home via Taxi										33 25	36 00
									SUBTOTALS ▶			353 92	76 00
									TOTALS ▶			353 92	76 00

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

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

TOTAL AMOUNT CLAIMED ▶ $429.92

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. GPO : 1987 O - 173-487

TRAVEL ORDER

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

2. APPROPRIATION NO.
7541101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$ 578.00	$ 146.00
PER DIEM	80.00	
OTHER		
TOTAL	$ 658.00	$ 146.00

4. NAME AND POSITION OR RANK
Patricia S. Fleming
Acting National AIDS Policy Coordinator

5. SSAN
(b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION
DHHS/PHS/OASH/NAPO

8. APPROX. DATE OF DEPARTURE
September 2, 1994

7. PRESENT OFFICIAL STATION
Washington, D.C.

9. APPROX. DATE OF RETURN
September 5, 1994

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

FROM: Washington, D.C. (Nat'l) to New York, NY and return.

PURPOSE: To participate in the 12th Annual American Association of Physicians for Human Rights symposium on lesbian and gay health issues.

PREPARED BY: Retina Holmes, 632-1090

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT ___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR XX ☐ OTHER *(Specify below)* Taxi/Limo

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

XX ☐ FTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 142/38 Lodging & M&IE XX ☐ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

FUNDS AVAILABLE Sally Cl...

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY:

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

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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 COLLEC-TION DOC.	101-106 PPBS CATE-GORY	107-108 PPBS ACTIV-ITIES	109 CASE II
2					130	0017094174				4A	730170	21.25	$658.00	1					2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL
Dr. Phil Lee, Assistant Secretary for Health

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

AUTHORIZED BY Dr. Arthur Lawrence TITLE: Acting Director, NAPO

DATE: 8/30/94

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

HHS-1 (REV. 8/86)

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	415-956-0880	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: 05 ITIN/INVOICE NO. 71700 DATE: DEC 14 1994
CUSTOMER NBR: 5504 7Q4752 PAGE: 01

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

TO: HRSA - H R S A
750 17TH ST NW 600....
5A730170-75511010017095006

FOR: FLEMING/PATSY*GTRB3867652

17 DEC 94 - SATURDAY
AIR UNITED FLT: 947 COACH CLASS DINNER-MOVIE
LV: WASH/DULLES 500P
AR: LOS ANGELES 732P NONSTOP
STATUS-CONFIRMED RESERVED SEATS-22G

19 DEC 94 - MONDAY
AIR UNITED FLT: 2 COACH CLASS LUNCH-MOVIE
LV: LOS ANGELES 1145A
AR: WASH/DULLES 720P NONSTOP
STATUS-CONFIRMED RESERVED SEATS-35F

REFER TO 3CT-HHSOS WHEN CALLING THE 800 NUMBER
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 1491103566
392.00

	392.00
SUB TOTAL	392.00
TOTAL AMOUNT	392.00

"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

AP • Oct
5 of

OMEGA TRAVEL
600 MARYLAND AVE SW
WASHINGTON DC 202 484-9470

CLIENT: **FLEMING/PATSY**

PAGE:01

INVOICE: ~~71700~~

17 DEC SA	**UNITED**	**FLIGHT:**	**947**	CLASS: Y	**SEAT: 22G**
	WASH/DULLES	DEPART:	500P		
	LOS ANGELES	ARRIVE:	732P	DINNER/MOVIE	
19 DEC MO	**UNITED**	**FLIGHT:**	**2**	CLASS: Y	**SEAT: 35F**
	LOS ANGELES	DEPART:	1145A		
	WASH/DULLES	ARRIVE:	720P	LUNCH/MOVIE	

TICKET: 016 1491103566 USD392.00

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

7100 H2 5504 05 71700 GTRB3867652 11263

PASSENGER RECEIPT

ARC [redacted]

ISSUED BY
UNITED AIRLINES INC [redacted]
NAME OF ISSUING AGENT
OMEGA TRAVEL
NAME OF PASSENGER
FLEMING/PATSY
XXD FROM
[redacted]NOT VALID FOR [redacted]
XXD TO
[redacted]TRANSPORTATION[redacted]
ENDORSEMENTS/RESTRICTIONS

TOUR CODE
AGENT CODE A09790126
PLACE OF ISSUE WASHINGTON DC DATE OF ISSUE US14DEC94
PAR CARRIER CODE 704752/UA
FARE BASIS/TICKET DESIGNATOR 65880/
CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
THIS IS YOUR RECEIPT
ISSUING AGENT ID DBAYDR

FP *CHECK.REF.AGY.ONLY FC 17DEC IAD UA LAX 175.45
UA IAD 175.45 USD350.90 END XFIADSLAX3

FARE	USD350.90
TAX	US35.10
TAX	XF6.00
TOTAL	USD392.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK 31065970972
CPN DOCUMENT NUMBER CK
0 016 1491103566 7

FLEMING/PATSY
IADLAXUA 947Y 17DEC
FROM LAXIADUA 2Y 19DEC
TO
CARRIER
CARRIER FLIGHT CLASS DATE TIME
GATE SEAT SMOKE
NOT VALID FOR TRAVEL
0 016 1491103566 7

LOEWS
SANTA MONICA
BEACH HOTEL

1700 Ocean Avenue
Santa Monica, CA 90401
310-458-6700 800-23-LOEWS
Fax 310-458-6761

FLEMMING, MS PATSY (V)
ELIZABETH GLASER MEMORIAL
6009 MASS AVE
BETHESDA, MD
20816

Arrival 12/17/94
Departure 12/19/94
No. in Party 1
Rate 135.00

Acct. No. 279492 Room No. 653

	Date	Description			Amount
	A-GST, STANDARD				
1	12/17/94	TELEPHONE - LOCAL	653	12170056003	$.75
	20:27	0000000			
2	12/17/94	ROOM CHARGE	653	239	$135.00
3	12/17/94	ROOM TAX	653	240	$16.20
4	12/18/94	TELEPHONE - LOCAL	653	12180159007	$.75
	07:28	0000000			
5	12/18/94	TELEPHONE - LOCAL	653	12180171029	$.75
	07:35	0000000			
6	12/18/94	COAST CAFE	653	600502	$8.58
	10:36:32				
7	12/18/94	TELEPHONE - LOCAL	653	12180534001	$.75
	20:17	2136530386			
8	12/18/94	TELEPHONE- LONG DIST	653	12180538008	$.75
	20:18	9097954932			
9	12/18/94	PARKING - VALET	653	247	$15.40
10	12/18/94	ROOM CHARGE	653	245	$135.00
11	12/18/94	ROOM TAX	653	246	$16.20

Continued..

OK'd By:

Company

Street

City State Zip Code

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

RECEIPT

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

NAME _____ $ 36.00

FROM _____

TO _____

DATE 12.19.94

DRIVER H. M CAB NO 851

DATE 12-17-94 COMPLETION TIME _____

ACCT # _____ ACCT NAME _____

PICK UP _____

DROP _____

NOTES _____

BASE METER _____ EXTRAS _____

GRATUITY _____ TOTAL $ 40.00

PASSENGER SIGNATURE _____

DRIVER Jeid DR # 318 VEH # 470

THANK YOU!

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.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: FLEMING, PATSY

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

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

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

e. PRESENT DUTY STATION: DHHS/PHS/OASH/NAPO

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

6. PERIOD OF TRAVEL
a. FROM: 12/17/94
b. TO: 12/19/94

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0017095006
b. DATE(S): 12/14/94

10. CHECK NO.

8. TRAVEL ADVANCE

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

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

11. PAID BY

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTRB3867652	$392	United Airlines	12/15/94	Washington, DC Los Angeles, CA	Los Angeles, CA Washington, DC

Prepared by: Gus Ventura, 632-1090

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 ▶ Patsy S. Fleming DATE 1/3/95 AMOUNT CLAIMED ▶ $ 429 92

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

14. This voucher is approved. Long distance 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 ▶ Arthur J. Lawrence
Acting Director, NAPO

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

7551101 5A730170 21.25

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

0017095006

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

2. APPROPRIATION NO. 7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$ ~~392.00~~	$ 392.00
PER DIEM	350.00	
OTHER	50.00	
TOTAL	$ ~~792.00~~ 400.00	$ 392.00

4. NAME AND POSITION OR RANK: Patricia S. Fleming

5. SSAN: (b)(6)

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

8. APPROX. DATE OF DEPARTURE: December 17, 1994

7. PRESENT OFFICIAL STATION: Washington, D.C.

9. APPROX. DATE OF RETURN: December 19, 1994

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

FROM: Washington, DC (Dulles) to Los Angeles, CA and return.

PURPOSE: To participate and attend the memorial service for Elizabeth Glaser.

Prepared by: Gus Ventura, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT ___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER *(Specify below)* Taxi/Limo

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

☒ FTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 102/38 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

FUNDS AVAILABLE Sally A. Jones

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

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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 COLLEC-TION DOC	101-108 PPBS 101-106 CATE-GORY	101-108 PPBS 107-108 ACTIV-ITIES	109 CASE II
2					130	0017095006					5A730170	21.25	$792.00						2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Anthony L. Itteilag, Deputy Assistant, DASH-MO Robin McFields for

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

AUTHORIZED BY Dr. Arthur J. Lawrence TITLE Acting Director, NAPO

DATE 12/15/94

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

HHS-1 (REV. 7/89)

C/P

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 TRVL3991
(SENSITIVE PERSONNEL DATA - USE IS RESTRICTED)

DATE OF NOTICE: 01/08/95 EMPLOYING AGENCY: 79

FLEMING PATRICIA
6009 MASSACHUSETTS AVE
BETHESDA, MD 20816

SOCIAL SECURITY NO.
(b)(6)

RE: TRAVEL AUTHORIZATION NO. 5CS7950333222

YOUR TRAVEL VOUCHER FOR 11/29/94 THROUGH 12/05/94 WAS PROCESSED ON 01/08/95. AS REQUESTED, A CHECK IN THE AMOUNT OF $513.22 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

TRAVEL VOUCHER (Temporary Duty Travel)

SECTION A - IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)	4. AGENCY CODE
5C1021 563332	(b)(6)	FLEMING PATRICIA	79

5. ORIGINATING OFFICE NUMBER	6. DATES OF TRAVEL EXPENSES FROM (Month / Day / Year)	THRU (Month / Day / Year)	7. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign OC = Outside Cont. U.S. GR = Escorted Group	8. RECLAIM AMOUNT INCLUDED	9. LEAVE TAKEN Y = Yes N = No
ST 7979 1021	11 / 29 / 94	12 / 5 / 94	FG	$	Y

10. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	11. ORGANIZATION	12. OFFICIAL DUTY STATION (City and State)	13. RESIDENT CITY AND STATE (If other than official station)
	STATE	Washington, DC	

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS

X 16. SPECIAL ADDRESS = home address

1. (35) ▶ 6009 MASSACHUSETTS AVENUE

2. (35) ▶

3. City (20) ▶ BETHESDA State (2) ▶ MD Zip Code (9) ▶ 20816

SECTION C - TRANSPORTATION COSTS

17. METHOD OF PAYMENT	18. VENDOR/CARRIER	19. IDENTIFICATION NUMBER	20. CAR RENTAL MILES	20. CAR RENTAL DAYS	21. AMOUNT
GV	UA				$648.15
If payment was made by traveler, complete Section G on reverse.		TOTALS ▶			$648.15

22. AIRLINE ACCOMMODATIONS: ◄Excess Fare (Check if Applicable) ◄Non-contract (Green Card)

SECTION D - CLAIMS

23. SUMMARY OF SUBSISTENCE

TDY LOCATION CITY/COUNTY	STATE	NO. OF DAYS	AMOUNT
Paris, France		3.25	$ 433 80

			NFC USE
24. PER DIEM No. of Days [3.25]	$ 433	80	
25. ACTUAL SUBSISTENCE No. of Days [ ]			
26. MILEAGE Rate [¢] Total Miles [ ]			
27. PARKING, TOLLS, ETC.			
28. PLANE, BUS, TRAIN (Paid by Traveler)			
29. LOCAL TRANSPORTATION	79	42	
30. MISCELLANEOUS EXPENSES			
31. CAR RENTAL			
32. TOTAL CLAIM (Blocks 24 thru 31)	513	22	
33. TRAVEL ADVANCE AMOUNT OUTSTANDING			
34. AMOUNT OF VOUCHER (Block 32) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 33)			
35. AMOUNT OF VOUCHER (Block 32) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION			
BILL NO. ▶			
36. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
37. REMAINING ADVANCE BALANCE (Block 33 Minus Block 34 and Block 36)			
38. NET TO TRAVELER (Block 32 Minus Block 34 and Block 35)	$ 513	22	
AUDITED BY (Examiner's Initials)	TOTAL DIFFERENCE		

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.)

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 OF TRAVEL CODES
1 = Site visit
2 = Information meeting
3 = Training attendance
4 = Speech or presentation
5 = Conference attendance
7 = Entitlement travel
8 = Special mission travel
9 = Emergency travel
10 = Other travel

PURPOSE CODE	ACCOUNTING CLASSIFICATION	CLAIM AMOUNT
5	X11252 1021 563332	$513 22

41. THIS AMOUNT MUST AGREE WITH TOTAL CLAIM AMOUNT ▶ $513 22

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: 202-632-1090

42. CLAIMANT'S SIGNATURE: Patricia S. Fleming 43. DATE: 12/4/94

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: 94 48. TELEPHONE (Area Code and Number): 202-647- FTS: X COMM:

FORM AD - 518 (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 3-88

SOCIAL SECURITY NO. (b)(6)

TRAVELER'S NAME: PATRICIA FLEMING

SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM DATE (Month/Day)	★ 11/29	11/29	11/30	12/1	12/2	12/5	12/5
CITY	Beth	WASH				PARIS	WASH
STATE	md	DC				France	DC
TIME	1700	1850				1200	1530
TO TDY LOCATION DATE (Month/Day)					12/4		
CITY	WASH		PARIS	PARIS	PERSONAL	WASH	Beth
COUNTY							
STATE	DC		FRANCE			DC	MD
TIME	1730		0735			1505	1600
PER DIEM NO. OF DAYS		.50	1.00	1.00			.75
LODGING (Receipt Required)			25 15	25 15			
MEALS AND INCIDENTAL EXPENSES		59 -	118	118			88 50
LESS MEALS AT GOVERNMENT EXPENSE							
PER DIEM AMOUNT		59 -	143 15	143 15	∅		88 50
ACTUAL SUBSISTENCE LODGING (Receipt Required)							
BREAKFAST							
LUNCH							
DINNER							
OTHER (Tips, Laundry, etc.)							
ACTUAL SUBSISTENCE AMOUNT							
MILEAGE MILES							
RATE PER MILE	¢	¢	¢	¢	¢	¢	¢
MILEAGE AMOUNT							
PARKING, TOLLS, ETC.							
PLANE, BUS, TRAIN (Paid By Traveler)							
LOCAL TRANSPORTATION NO. TRIPS **	1		1			1	1
DAILY EXPENSE	17 -		7 74			38 68	16 00
MISCELLANEOUS EXPENSES TELEPHONE CALLS							
SUPPLIES, ETC.							
CAR RENTAL (Paid by Traveler)	Receipt and Car Rental Agreement Required						

TOTALS

Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet

TOTAL NO. DAYS 3.25

TOTAL PER DIEM $ 433 80

TOTAL NO. DAYS

TOTAL ACTUAL SUBSISTENCE $

TOTAL MILES

TOTAL MILEAGE $

TOTAL PARKING $

TOTAL PLANE, BUS, TRAIN $

TOTAL LOCAL TRANSPORTATION $ 79 42

TOTAL MISCELLANEOUS $

TOTAL CAR RENTAL $

REMARKS

** Receipts required for single trip in excess of $15 (plus tip). Exchange rate: $1=

Per Diem: Lodging $144 plus M&IE $118

GRATITUITIES ONLY AT AMBASSADOR Residence 650 FF ÷ 5 = 130 FF p/day ÷ 5.17 = $25.15

★ Actually left 11/26, SAME times/FLIGHT, NON-State business

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.

TRAVEL VOUCHER (Temporary Duty Travel)

SECTION A - IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)	4. AGENCY CODE
5C1021 563332	(b)(6)	FLEMING PATRICIA	79

5. ORIGINATING OFFICE NUMBER	6. DATES OF TRAVEL EXPENSES FROM (Month / Day / Year)	THRU (Month / Day / Year)	7. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign OC = Outside Cont. U.S. GR = Escorted Group	8. RECLAIM AMOUNT INCLUDED	9. LEAVE TAKEN Y = Yes N = No
ST 7979 1021	11 / 29 / 94	12 / 5 / 94	FG	$	Y

10. TRAINING DOCUMENT NO. (For Purposes of Travel Code 3 Only)	11. ORGANIZATION	12. OFFICIAL DUTY STATION (City and State)	13. RESIDENT CITY AND STATE (If other than official station)
	STATE	Washington, DC	

SECTION B - TRAVEL VOUCHER MAILING ADDRESS OPTIONS

X 16. SPECIAL ADDRESS = home address

1. (35) ▶ 6009 MASSACHUSETTS AVENUE

2. (35) ▶

3. City (20) ▶ BETHESDA State (21) ▶ MD Zip Code (9) ▶ 20816

SECTION C - TRANSPORTATION COSTS

17. METHOD OF PAYMENT	18. VENDOR/CARRIER	19. IDENTIFICATION NUMBER	20. CAR RENTAL MILES	20. CAR RENTAL DAYS	21. AMOUNT
GV	UA				$648.15
If payment was made by traveler, complete Section G on reverse.		TOTALS ▶			$648.15

22. AIRLINE ACCOMMODATIONS: ◁Excess Fare (Check if Applicable) ◁Non-contract (Reason Code)

SECTION D - CLAIMS

23. SUMMARY OF SUBSISTENCE

TDY LOCATION CITY/COUNTY	STATE	NO. OF DAYS	AMOUNT
Paris, France		3.25	$ 433 80

			NFC USE
24. PER DIEM No. of Days (3.25)	$ 433	80	
25. ACTUAL SUBSISTENCE No. of Days ( )			
26. MILEAGE Rate(¢) Total Miles( )			
27. PARKING, TOLLS, ETC.			
28. PLANE, BUS, TRAIN (Paid by Traveler)			
29. LOCAL TRANSPORTATION	79	42	
30. MISCELLANEOUS EXPENSES			
31. CAR RENTAL			
32. TOTAL CLAIM (Blocks 24 thru 31)	513	22	
33. TRAVEL ADVANCE AMOUNT OUTSTANDING			
34. AMOUNT OF VOUCHER (Block 32) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 33)			
35. AMOUNT OF VOUCHER (Block 32) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION BILL NO. ▶			
36. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)			
37. REMAINING ADVANCE BALANCE (Block 33 Minus Block 34 and Block 36)			
38. NET TO TRAVELER (Block 32 Minus Block 34 and Block 35)	$ 513	22	
AUDITED BY (Examiner's Initials)	TOTAL DIFFERENCE		

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.)

XX 40. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)

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Please SIGN IN BLUE INK Work PH: 202-632-1090

CLAIMANT'S SIGNATURE: Patricia S. Fleming 42. DATE: Month 12 Day 14 Year 94

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

APPROVING OFFICER'S SIGNATURE 45. SOCIAL SECURITY NO.

NAME AND TITLE (Type or Print) IO/OIC Admin Officer 47. DATE APPROVED Month Day Year 94 48. TELEPHONE (Area Code and Number) 202-647- FTS X COMM

On completion and approval, submit original voucher to:

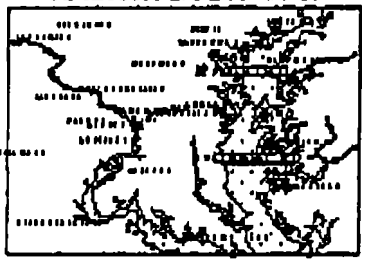
Department of State
IO/OICA - Room 1428A
Washington, DC 20520-1428

FORM AD - 616 (USDA) (Rev. 4/84)

Exception to SF 1012 approved by GSA/IRMS 3-84

FACSIMILE TRANSMISSION

DEPARTMENT OF STATE



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 3
INCLUDING
COVER SHEET

DATE 12/13/94

TO: Kris McGinn **FAX:** 632-1096

PHONE: 632-1090

MESSAGE

Have voucher signed in blue ink. Return original receipts and copy of everything—

Sender: Teri G. Miller

SOCIAL SECURITY NO. (b)(6) | TRAVELER'S NAME: PATRICIA FLEMING

SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY							
FROM DATE (Month/Day)	★ 11/29	11/29	11/30	12/1	12/2	12/5	12/5
CITY	Beth	WASH				PARIS	WASH
STATE	md	DC				France	DC
TIME	1700	1850				1200	1530
TO TDY LOCATION DATE (Month/Day)					12/4		
CITY	WASH		PARIS	PARIS	PERSONAL	WASH	Beth
COUNTY							
STATE	DC		FRANCE			DC	MD
TIME	1730		0735			1505	1600
PER DIEM NO. OF DAYS		.50	1.00	1.00			.75
LODGING (Receipt Required)			25 15	25 15			
MEALS AND INCIDENTAL EXPENSES		59 -	118	118			88 50
LESS MEALS AT GOVERNMENT EXPENSE							
PER DIEM AMOUNT		59 -	143 15	143 15	∅		88 50
ACTUAL SUBSISTENCE LODGING (Receipt Required)							
BREAKFAST							
LUNCH							
DINNER							
OTHER (Tips, Laundry, etc.)							
ACTUAL SUBSISTENCE AMOUNT							
MILEAGE MILES							
RATE PER MILE	¢	¢	¢	¢	¢	¢	¢
MILEAGE AMOUNT							
PARKING, TOLLS, ETC.							
PLANE, BUS, TRAIN (Paid By Traveler)							
LOCAL TRANSPORTATION NO. TRIPS **	1		1			1	1
DAILY EXPENSE	17 -		7 74			38 68	16 50
MISCELLANEOUS EXPENSES TELEPHONE CALLS							
SUPPLIES, ETC.							
CAR RENTAL (Paid by Traveler)	Receipt and Car Rental Agreement Required						

TOTALS

Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet

TOTAL NO. DAYS: 3.25

TOTAL PER DIEM: $ 433 80

TOTAL NO. DAYS

TOTAL ACTUAL SUBSISTENCE: $

TOTAL MILES

TOTAL MILEAGE: $

TOTAL PARKING: $

TOTAL PLANE, BUS, TRAIN: $

TOTAL LOCAL TRANSPORTATION: $ 79 42

TOTAL MISCELLANEOUS: $

TOTAL CAR RENTAL: $

REMARKS

** Receipts required for single trip in excess of $15 (plus tip). Exchange rate: $1=

Per Diem: Lodging $144 plus M&IE $118

GRATITUITIES ONLY AT AMBASSADOR Residence 650 FF ÷ 5 = 130 FF p/day ÷ 5.17 = $25.15

★ Actually left 11/26, SAME times/FLIGHT, NON-State business

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.

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 1021503332
j DATE: 11/17/94
j TYPE: FG
j FOREIGN
j STATUS: ORIGINAL
j BUREAU: IO

RAVEL DATES: BEGIN: 11/29/94 END: 12/02/94

ITINERARY: FM WASHINGTON, DC TO PARIS, FRANCE & RTN WASHINGTON, DC
RE WHO: HIGH-LEVEL MEETING ON AIDS

RAVEL PURPOSE: CONFERENCE (5)

DE OF TRANSPORTATION: AIRPLANE - COMMON CARRIER
TAXI CAB

---

* * * ESTIMATED COSTS/OBLIGATIONS * * *

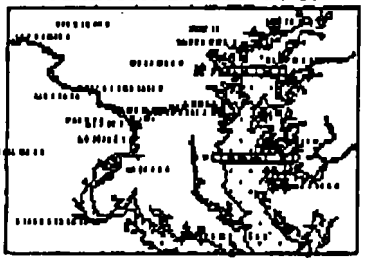
LINE	BFYS	FUND	ALLOT	BENE	ORG FUNCTION	BOC/SUB	JOB CODE	RPTG CAT	AMOUNT
01	XX	X11252	1021		3140	2152	IO410002		
RVL DESC: PD/AS/LP/SR					DESC: 1021503332				
								$	300.00
02	XX	X11252	1021		3140	2111	IO410002		
RVL DESC: TRANS TCKTS & EX BAG					DESC: 1021503332				
								$	750.00
						TOTAL		$	1,050.00

BALANCE FROM OTHER ORDERS: $ 0.00
AUTHORIZED AND PAID FOR THIS ORDER: $ 0.00
MAXIMUM AVAILABLE FOR THIS REQUEST: $ 240.00
CURRENT REQUEST: $
DATE REQUIRED: / /
RECEIVED:
DATE RECEIVED: / /
MAIL CHECK TO HOME ( ) MAIL CHECK TO BANK ( )
PICK UP CHECK MANUALLY( ) ISSUE THROUGH CASHIER ( )

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

FACSIMILE TRANSMISSION

DEPARTMENT OF STATE



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 3
INCLUDING COVER SHEET

DATE 12/13/94

TO: Kris McGinn **FAX:** 632-1096

PHONE: 632-1090

MESSAGE

Have voucher signed in blue ink. Return original receipts and copy of everything—

Sender: Teri G. Miller

NOT FOR USE IN MAGNETIC STRIPE READERS

PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER COUPON

NOTICE

This portion of the ticket should be retained as evidence of your journey.

NOTICE

International (Warsaw Convention) Notice

If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carriers for death or personal injury and for loss of or damage to baggage. See also the notices entitled "Advice to International Passengers on Limitation of Liability" and "Notice of Baggage Liability Limitations".

Domestic Notice

Air Transportation to be provided between points in the U.S. (including its overseas territories and possessions) is subject to the individual contract terms (including rules, regulations, tariffs and conditions) of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage.

Where this coupon is issued for transportation, or services other than air travel, specific terms and conditions may apply. These terms and conditions may be included in the ticket set or may be obtained from this issuing company or agent.

Please make sure you have received the important legal notices entitled "Conditions of Contract", "Notice of Incorporated Terms", "Notice of Baggage Liability Limitations", and "Notice of Overbooking" or the specific terms and conditions relating to non-air transportation or services. If not, contact the nearest office of the company or agent to obtain copies.

DEC 15 Dec 94

TRAVEL ORDER

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

TRAVELER ID:	(b)(6)	PAGE:	2
NAME:	PATRICIA FLEMING	NUMBER:	TO 1021503332
STREET ADDRESS:	6009 MASSACHUSETTS AVENUE	DATE:	11/17/94
		TYPE:	FG
CITY, STATE, ZIP:	BETHESDA, MD 20816		FOREIGN
HOME ALLOTMENT:	1021	STATUS:	ORIGINAL
WORK PHONE:		BUREAU:	IO

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.

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 $262.00 RATE

TRAVEL VIA COMMON CARRIER - AIR

TRAVEL VIA TAXI CAB

PER DIEM: ACTUAL COST OF LODGING NOT TO EXCEED $144 PER DAY,
MEALS AND MISCELLANEOUS EXPENSES AUTHORIZED $118 PER DAY, TOTAL
NTE $262 PER DAY, OR MAXIMUM AMOUNT AUTHORIZED DURING TRAVEL PERIOD.

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

SPECIAL APPROVALS -	William C. Kozlowski	AUTHORIZATION -	Patricia Fleming
INTERNATIONAL TRAVEL:		PRELIMINARY:	
ACTUAL SUBSISTENCE	Clark Randt	APPROVING OFFICIAL SIGNATURE:	
		TITLE:	Director
		DATE:	11-18-94

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

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

PAGE: 1
NUMBER: TO 1021503332
DATE: 11/17/94
TYPE: FG
FOREIGN
STATUS: ORIGINAL
BUREAU: IO

RAVEL DATES: BEGIN: 11/29/94 END: 12/02/94

TINERARY: FM WASHINGTON, DC TO PARIS, FRANCE & RTN WASHINGTON, DC
RE WHO: HIGH-LEVEL MEETING ON AIDS

RAVEL PURPOSE: CONFERENCE (5)

ODE 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	IO410002		
TRVL DESC: PD/AS/LP/SR					DESC: 1021503332					
									$	300.00
002	XX	X11252	1021		3140		2111	IO410002		
TRVL DESC: TRANS TCKTS & EX BAG					DESC: 1021503332					
									$	750.00
						TOTAL			$	1,050.00

BALANCE FROM OTHER ORDERS: $ 0.00
AUTHORIZED AND PAID FOR THIS ORDER: $ 0.00
MAXIMUM AVAILABLE FOR THIS REQUEST: $ 240.00
CURRENT REQUEST: $
DATE REQUIRED: / /
RECEIVED:
DATE RECEIVED: / /
MAIL CHECK TO HOME ( ) MAIL CHECK TO BANK ( )
PICK UP CHECK MANUALLY( ) ISSUE THROUGH CASHIER ( )

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

NAME: Patricia Fleming ADMIN OFF: kas DOC J-122

DATE	FLIGHT	TIME	DATE ARR	DEP/ARR
Nov. 26	UA-914 Q	1850		DULLES
		0755	11/27	Paris (CDG)
Dec. 5	UA-915 Q	1200		Paris (CDG)
		1505		DULLES

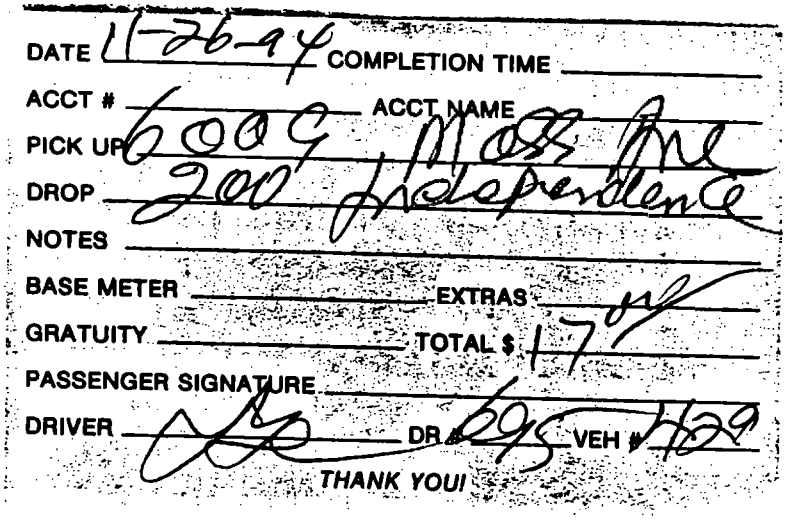
PRICE: QDG $648.15 DATE/RES/AGT: 11/17 Angui

AMERICAN EMBASSY
PARIS
RESIDENCE OF THE AMBASSADOR

Received from Ms. Patricia FLEMING
the amount of FF650.00 to cover
gratuities during her staying at
the Ambassador's Residence from
November 27 to December 1, 1994.

Ambassadeur des Etats-Unis d'Amérique
41, rue du Faubourg Saint Honoré
75008 Paris

Mr. Y. Veerasamy
Residence Finance Manager


DATE 11-26-94 COMPLETION TIME

ACCT # 6006 ACCT NAME Moss Rne

PICK UP 200 Independence

DROP

NOTES

BASE METER EXTRAS

GRATUITY TOTAL $ 17

PASSENGER SIGNATURE

DRIVER DR # 695 VEH # 429

THANK YOU!

TAXIS PARISIENS

Reçu la somme de : 34 F Date : 27/10/94

Lieu de départ : F.S. ST HONORÉ

Lieu d'arrivée : Ecole de Médecine

Heure de départ : ..... Heure d'arrivée : .....

N° minéralogique obligatoire : [illegible] **75**

BARCO SIRET 562 136 390 00035 APE 602 E

GAT SIRET 552 017 402 00025 APE 602 E

TAXICOP SIRET 622 032 357 00049 APE 602 E

Sociétés Coopératives Ouvrières Anonymes de Production à Capital Variable

56 rue Albert - 75013 PARIS

Siège Social : Tél. 45 83 48 74

AFFILIÉES A RADIO ALPHA - TAXIS

(1) 45.85.85.85

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 7h à 19h	de 19h à 7 h et dimanches 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-DELA 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 [illegible]e s'effectue aux mêmes tarifs.

"C" est applicable quelle que soit l'heure dans les communes à taxis de [illegible]e si la course est à destination de ces communes.

TAXIS PARISIENS

Reçu la somme de 100F Date 5.12

Lieu départ : _____

Lieu arrivée : To Charles de Gaulle Airpt.

Heure de départ _____ Heure d'arrivée _____

N° minéralogique obligatoire :

9885 PB 94

AFFILIE G7 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 feriés
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.

GENERAL OFFICE: 546 - 7900

YELLOW CAB COMPANY OF D.C., INC.

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

DRIVER

TIME 6 20 DATE 12/5

FROM 750 - 17

TO 6009 Mass

FARE $ 16 80

CAB NO. 392 I.D.# 5241 2

OFF CE OF NA' ' ONAL AIDS POL CY

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

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

FACSIMILE COVER SHEET

TO: Ms. Terry Miller

FAX NUMBER: 647-1301

FROM: Kris McGinn

DATE: 12/15/94

PAGES INCLUDING COVER SHEET: 13

COMMENTS:

If you have any questions, Please call me at 632-1090.

Thank you.

KM

NOT FOR USE IN MAGNETIC STRIPE READERS

REV. 6-94

PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER COUPON

NOTICE

This portion of the ticket should be retained as evidence of your journey.

NOTICE

International (Warsaw Convention) Notice

If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carriers for death or personal injury and for loss of or damage to baggage. See also the notices entitled "Advice to International Passengers on Limitation of Liability" and "Notice of Baggage Liability Limitations".

Domestic Notice

Air Transportation to be provided between points in the U.S. (including its overseas territories and possessions) is subject to the individual contract terms (including rules, regulations, tariffs and conditions) of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage.

Where this coupon is issued for transportation, or services other than air travel, specific terms and conditions may apply. These terms and conditions may be included in the ticket set or may be obtained from this issuing company or agent.

Please make sure you have received the important legal notices entitled "Conditions of Contract", "Notice of Incorporated Terms", "Notice of Baggage Liability Limitations", and "Notice of Overbooking" or the specific terms and conditions relating to non-air transportation or services. If not, contact the nearest office of the company or agent to obtain copies.

TRAVEL ORDER

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

TRAVELER ID:	(b)(6)	PAGE:	2
NAME:	PATRICIA FLEMING	NUMBER:	TO 1021503332
STREET ADDRESS:	6009 MASSACHUSETTS AVENUE	DATE:	11/17/94
		TYPE:	FG
CITY, STATE, ZIP:	BETHESDA, MD 20816		FOREIGN
HOME ALLOTMENT:	1021	STATUS:	ORIGINAL
WORK PHONE:		BUREAU:	IO

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.

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 $262.00 RATE

TRAVEL VIA COMMON CARRIER - AIR

TRAVEL VIA TAXI CAB

PER DIEM: ACTUAL COST OF LODGING NOT TO EXCEED $144 PER DAY,
MEALS AND MISCELLANEOUS EXPENSES AUTHORIZED $118 PER DAY, TOTAL
NTE $262 PER DAY, OR MAXIMUM AMOUNT AUTHORIZED DURING TRAVEL PERIOD.

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

SPECIAL APPROVALS -	AUTHORIZATION
INTERNATIONAL TRAVEL:	PRELIMINARY:
ACTUAL SUBSISTENCE	APPROVING OFFICIAL
	SIGNATURE:
	TITLE: Director
	DATE: 11-18-94

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.:

4. SCHEDULE NO.:

FILE COPY

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: FLEMING, PATSY

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

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

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

6. PERIOD OF TRAVEL: a. FROM 12/17/94 b. TO 12/19/94

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 0017095006 b. DATE(S) 12/14/94

e. PRESENT DUTY STATION: DHHS/PHS/OASH/NAPO

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

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

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

D Balance outstanding

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED

b. AMOUNT RECEIVED $

c. PAYEE'S SIGNATURE

11. PAID BY

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTRB3867652	$392	United Airlines	12/15/94	Washington, DC Los Angeles, CA	Los Angeles, CA Washington, DC

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

TRAVELER SIGN HERE ▶ DATE AMOUNT CLAIMED ▶ $348 92

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

14. This voucher is approved. Long distance 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 ▶ Arthur J. Lawrence
Acting Director, NAPO

DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's initials:* $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

7551101 5A730170 21.25

NAME: Patricia Fleming ADMIN OFF: kas DOC J-122

DATE	FLIGHT	TIME	DATE ARR	DEP/ARR
Nov. 26	UA-914 Q	1850		DULLES
		0755	11/27	Paris (CDG)
Dec. 5	UA-915 Q	1200		Paris (CDG)
		1505		DULLES

PRICE: QDG $648.15 DATE/RES/AGT: 11/17 Angui

AMERICAN EMBASSY
PARIS
RESIDENCE OF THE AMBASSADOR

Received from Ms. Patricia FLEMING
the amount of FF650.00 to cover
gratuities during her staying at
the Ambassador's Residence from
November 27 to December 1, 1994.

Ambassadeur des Etats-Unis d'Amérique
41, rue du Faubourg Saint Honoré
75008 Paris

Mr. Y. Veerasamy
Residence Finance Manager

DATE 11-26-94 COMPLETION TIME _____

ACCT # 6009 ACCT NAME Moss Rue

PICK UP 6009 Moss Rue

DROP 200 Independence

NOTES _____

BASE METER _____ EXTRAS _____

GRATUITY _____ TOTAL $ 17

PASSENGER SIGNATURE _____

DRIVER _____ DR # 695 VEH # 429

THANK YOU!

TAXIS PARISIENS

Reçu la somme de : 34 F Date : 27/11/94

Lieu de départ : F.S. ST HONORÉ

Lieu d'arrivée : École de Médecine

Heure de départ : ..... Heure d'arrivée : .....

N° minéralogique obligatoire : [illegible] **75**

BARCO SIRET 562 136 390 00035 APE 602 E

GAT SIRET 552 017 402 00025 APE 602 E

TAXICOP SIRET 622 032 357 00049 APE 602 E

Sociétés Coopératives Ouvrières Anonymes de Production à Capital Variable

56 rue Albert - 75013 PARIS

Siège Social : Tél. 45 83 48 74

AFFILIÉES A RADIO ALPHA - TAXIS

(1) 45.85.85.85

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 7h à 19h	de 19h à 7 h et dimanches 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-DELA 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 [illegible]e s'effectue aux mêmes tarifs.

"C" est applicable quelle que soit l'heure dans les communes à taxis de [illegible]le si la course est à destination de ces communes.

TAXIS PARISIENS

Reçu la somme de 200F Date 5.12.

Lieu départ : _____

Lieu arrivée : To Charles de Gaulle Airpt.

Heure de départ _____ Heure d'arrivée _____

N° minéralogique obligatoire :

9686 PB 94

AFFILIE G/ RADIO 4/ 39 4/ 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 feriés
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 Aeroports 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.

GENERAL OFFICE: 546 - 7900

YELLOW CAB COMPANY OF D.C., INC.

1636 BLADENSBURG ROAD, N.E. WASHINGTON, D.C. 20002

TAXICAB SERVICE: 544 - 1212

M Rice

DRIVER

TIME 6 20 DATE 12/5

FROM 750-17

TO 6009 Mass

FARE $ 16 00

CAB NO. 392 I.D.# 5241

OFFICE OF NATIONAL AIDS POLICY

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

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

FACSIMILE COVER SHEET

TO: Ms. Terry Miller

FAX NUMBER: 647-1301

FROM: Kris McGinn

DATE: 12/15/94

PAGES INCLUDING COVER SHEET: 13

COMMENTS:

If you have any questions, Please call me at 632-1090.

Thank you.

KM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

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

1. TRAVEL ORDER NO.: 0017095006

2. APPROPRIATION NO.: 7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$ ~~392.00~~	$ 392.00
PER DIEM	350.00	
OTHER	50.00	
TOTAL	$ ~~792.00~~ 400.00	$ 392.00

4. NAME AND POSITION OR RANK: Patricia S. Fleming

5. SSAN: (b)(6)

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

7. PRESENT OFFICIAL STATION: Washington, D.C.

8. APPROX. DATE OF DEPARTURE: December 17, 1994

9. APPROX. DATE OF RETURN: December 19, 1994

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

FROM: Washington, DC (Dulles) to Los Angeles, CA and return.

PURPOSE: To participate and attend the memorial service for Elizabeth Glaser.

Prepared by: Gus Ventura, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT

___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS

___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER *(Specify below)* Taxi/Limo

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

☒ FTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 102/38 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

FUNDS AVAILABLE Sally A. Jones

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

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

1 RECORD TYPE	2-7 EFF DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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 101 106 CATEGORY	107-108 ACTIVITIES	109 CASE II
2					130	0017095006					5A730170	21.25	$792.00						2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Anthony L. Itteilag, Deputy Assistant, DASH-MO Robin McFields for

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

AUTHORIZED BY Dr. Arthur J. Lawrence TITLE Acting Director, NAPO

DATE 12/15/94

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

HHS-1 (REV. 7/89)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0017095006

TRAVELER'S LAST NAME FLEMING

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
12/17	3:00pm	LV Home for Airport via Taxi											25 00
12/17	5:00pm	Lv Dulles Airport VIA United Airlines #947											
12/17	7:32pm	Arrive: Los Angeles											
12/17	8:30pm	Arrive: Loews Santa Monica Hotel				12 67		135 00	147 67			114 67	
12/18	1200pm	Attend: Memorial Service for Elizabeth Glaser											
12/18	2:00pm	Attend: Private Reception											
12/18	7:00pm	Arrive: Loews Santa Monica Hotel				38 00		135 00	173 00			140 00	
12/19	11:45am	Depart LAX Airport VIA United Airlines #2											
12/19	7:20pm	Arrive: Dulles Airport											
12/19	9:00pm	Arrive: Home via Taxi				33 25			33 25				36 00
									SUBTOTALS ▶			287 92	61 00
									TOTALS ▶			287 92	61 00

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

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

TOTAL AMOUNT CLAIMED ▶ $348.92

In compliance with the Privacy Act of 1974, the following information is provided. Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. G.P.O. 1983-381-526/8206

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.

4. SCHEDULE NO.

FILE COPY

5. TRAVELER (PAYEE)
- a. NAME *(Last, first, middle initial)*: FLEMING, PATSY
- b. SOCIAL SECURITY NO.: (b)(6)
- c. MAILING ADDRESS *(Include ZIP Code)*: 750 17th St., NW, Suite 600 Washington, DC 20503
- d. OFFICE TELEPHONE NO.: (202) 632-1090
- e. PRESENT DUTY STATION: DHHS/PHS/OASH/NAPO
- f. RESIDENCE *(City and State)*: Washington, DC

6. PERIOD OF TRAVEL
- a. FROM: 10/21/94
- b. TO: 10/22/94

7. TRAVEL AUTHORIZATION
- a. NUMBER(S): 0017095001
- b. DATE(S): 10/19/94

10. CHECK NO.

11. PAID BY

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

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

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTRB3867621	USAIR	Coach	10/19/94	Washington, DC New York City, NY	New York City, NY Washington, DC
$144.00					

Prepared by: Gus Ventura, 632-1090

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

TRAVELER SIGN HERE ▶ | DATE | AMOUNT CLAIMED ▶ $187 42

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 ▶ Arthur J. Lawrence, Ph.D. Acting Director, NAPO | 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

7551101 5A730170 21.25

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: 05 ITIN/INVOICE NO. 71700 DATE: DEC 14 1994
CUSTOMER NBR: 5504 7Q4752 PAGE: 01

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

TO: HRSA - H R S A
750 17TH ST NW 600....
5A730170-75511010017095006

FOR: FLEMING/PATSY*GTRB3867652

~~17 DEC 94 - SATURDAY~~
AIR UNITED FLT: 947 COACH CLASS DINNER-MOVIE
LV: WASH/DULLES 500P
AR: LOS ANGELES 732P NONSTOP
STATUS-CONFIRMED RESERVED SEATS-22G

19 DEC 94 - MONDAY
AIR UNITED FLT: 2 COACH CLASS LUNCH-MOVIE
LV: LOS ANGELES 1145A
AR: WASH/DULLES 720P NONSTOP
STATUS-CONFIRMED RESERVED SEATS-35F

REFER TO 3CT-HHSOS WHEN CALLING THE 800 NUMBER
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 1491103566
392.00

	392.00
SUB TOTAL	392.00
TOTAL AMOUNT	392.00

"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

AP • Oct
5 ot

[redacted]

OMEGA TRAVEL
600 MARYLAND AVE SW
WASHINGTON DC 202 484-9470

CLIENT: **FLEMING/PATSY**

PAGE:01

INVOICE: ~~71700~~

---

17 DEC SA — **UNITED** WASH/DULLES LOS ANGELES — **FLIGHT:** 947 DEPART: 500P ARRIVE: 732P — CLASS: Y **SEAT:** 22G — DINNER/MOVIE

19 DEC MO — **UNITED** LOS ANGELES WASH/DULLES — **FLIGHT:** 2 DEPART: 1145A ARRIVE: 720P — CLASS: Y **SEAT:** 35F — LUNCH/MOVIE

TICKET: 016 1491103566 USD392.00

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

7100 H2 5504 05 71700 GTRB3867652 11263

PASSENGER RECEIPT

ARC [redacted]

ISSUED BY
UNITED AIRLINES INC [redacted]
NAME OF ISSUING AGENT
OMEGA TRAVEL
NAME OF PASSENGER
FLEMING/PATSY
XO FROM
[redacted]NOT VALID FOR [redacted]
XO TO
[redacted]TRANSPORTATION[redacted]
ENDORSEMENTS/RESTRICTIONS

TOUR CODE
AGENT CODE A09790126
PLACE OF ISSUE WASHINGTON ID CODE DCUS14DEC94 DATE OF ISSUE
PRI/CARRIER CODE 704752/UA FARE BASIS/TICKET DESIGNATOR FC 65880/
CARRIER FLIGHT CLASS DATE TIME STATUS RTG/UNTIL BEFORE NOT VALID AFTER
THIS IS YOUR RECEIPT
ISSUING AGENT ID DBAYDR

FP *CHECK.REF.AGY.ONLY FC 17DEC IAD UA LAX 175.45
UA IAD 175.45 USD350.90 END XFIADSLAX3

FARE USD350.90
TAX US35.10
TAX XF6.00
TOTAL USD392.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 889 CK 31065970972
CPN
DOCUMENT NUMBER CK 0 016 1491103566 2
ALLOW POS W ENDRSD

[redacted]
ELEMING/PATSY
IADLAXUA 947Y 17DEC
FROM LAXIADUA 2Y 19DEC
TO
CARRIER
CARRIER FLIGHT CLASS DATE TIME
DATE SEAT SMOKE
PSR INT ENDRSD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 016 1491103566 2

ISSUED SUBJECT TO THE CONDITIONS OF CONTRACT ON THE ORIGINAL ISSUE OF THIS DOCUMENT AND NOT TRANSFERABLE. ADDITIONAL RESTRICTIONS MAY APPLY. VOID IF ALTERED OR IF ISSUED IN EXCHANGE FOR A TICKET OBTAINED BY FRAUD, THEFT OR IN ANY UNLAWFUL MANNER. ISSUANCE AND ACCEPTANCE CONSTITUTES AGREEMENT TO THE CONDITIONS OF CONTRACT. ENTRY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

LOEWS
SANTA MONICA
BEACH HOTEL

1700 Ocean Avenue
Santa Monica, CA 90401
310-458-6700 800-23-LOEWS
Fax 310-458-6761

FLEMMING, MS PATSY (V)
ELIZABETH GLASER MEMORIAL
6009 MASS AVE
BETHESDA, MD
20816

Arrival 12/17/94
Departure 12/19/94
No. in Party 1
Rate 135.00

Acct. No. 279492 Room No. 653

	Date	Description		Amount
	A-GST, STANDARD			
1	12/17/94 TELEPHONE - LOCAL	653	12170056003	$.75
	20:27 0000000			
2	12/17/94 ROOM CHARGE	653	239	$135.00
3	12/17/94 ROOM TAX	653	240	$16.20
4	12/18/94 TELEPHONE - LOCAL	653	12180159007	$.75
	07:28 0000000			
5	12/18/94 TELEPHONE - LOCAL	653	12180171029	$.75
	07:35 0000000			
6	12/18/94 COAST CAFE	653	600502	$8.58
	10:36:32			
7	12/18/94 TELEPHONE - LOCAL	653	12180534001	$.75
	20:17 2136530386			
8	12/18/94 TELEPHONE- LONG DIST	653	12180538008	$.75
	20:18 9097954932			
9	12/18/94 PARKING - VALET	653	247	$15.40
10	12/18/94 ROOM CHARGE	653	245	$135.00
11	12/18/94 ROOM TAX	653	246	$16.20

Continued..

OK'd By: Company Street

City State Zip Code

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

RECEIPT

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

NAME _____ $ 36.00

FROM _____

TO _____

DATE 12/19/94

DRIVER H-M CAB NO 851

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

1. TRAVEL ORDER NO. 0017095001

2. APPROPRIATION NO. 7551101

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

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$	$ 144.00
PER DIEM	540.00	
OTHER	60.00	
TOTAL	$ 600.00	$ 144.00

4. NAME AND POSITION OR RANK: Patricia S. Fleming

5. SSAN: (b)(6)

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

7. PRESENT OFFICIAL STATION: Washington, D.C.

8. APPROX. DATE OF DEPARTURE: October 21, 1994

9. APPROX. DATE OF RETURN: October 23, 1994

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

FROM: Washington, DC (National) to New York, New York and return.

PURPOSE: To participate and attend the Gay Men's Health Center Meeting.

Prepared by: Retina Holmes, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT ___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER *(Specify below)*

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE Taxi/Limo

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

☒ JTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 142/38 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

FUNDS AVAILABLE Libby A. [illegible]

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

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

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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 101-106 CATEGORY	101-108 PPBS 107-108 ACTIVITIES	109 CASE II
2					130	0017095001					[illegible]	21.25	$600.00	1					2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Anthony L. Trellag, Deputy Assistant, DASH-MO

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

AUTHORIZED BY Dr. Arthur J. Lawrence TITLE Acting Director, NAPO

DATE 10/19/94

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

HHS-1 (REV. 7/89)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0017095001

TRAVELER'S LAST NAME FLEMING

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/21	3:45pm	Leave Office for National Airport via White House Car											
10/21	4:00pm	Leave National Airport for NYC VIA USAIR											
10/21	5:00pm	Arrive: NYC LaGuardia											
10/21	6:20pm	Arrive: Loews New York Hotel via taxi				12 67		75 00	87 67			87 67	23 00
10/21	7:00pm	Arrive: Cafe Bondi via Taxi											5 50
10/21	8:45pm	Deliver Speech to Gay Mens Health Conference (GMHC)											
10/22	11:30am	Attend Breakfast Mtg											
10/22	6:35pm	Arrive: NYC LaGuardia via Taxi											21 25
10/22	7:30pm	Depart LaGuardia for National VIA Delta Shuttle											
10/22	8:45pm	Depart National for Humphrey Bldg via Taxi	38 00						38 00			38 00	12 00
									SUBTOTALS ▶			125 67	61 75
									TOTALS ▶			125 67	61 75

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

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

TOTAL AMOUNT CLAIMED ▶ $187.42

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

☆U.S. GPO: 1989-241-175/80310

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.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: FLEMING, PATSY

COPY FOR YOUR INFORMATION

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

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

d. OFFICE TELEPHONE NO.

6. PERIOD OF TRAVEL
a. FROM: 09/03/94
b. TO: 09/05/94

7. TRAVEL AUTHORIZATION
a. NUMBER(S): 0017094174
b. DATE(S): 09/02/94

e. PRESENT DUTY STATION: DHHS/PHS/OASH/NAPO

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

10. CHECK NO.

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

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

11. PAID BY

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTRB3867614					
$146.00	USAIR		09/01/94	Washington, DC New York City, NY	New York City, NY Washington, DC

Prepared by: Gus Ventura, 632-1090

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

TRAVELER SIGN HERE ▶ | DATE | AMOUNT CLAIMED ▶ $ 240 17

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

14. This voucher is approved. Long distance 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 ▶ Arthur J. Lawrence
~~Acting Director, NAPO~~ | DATE

17. *FOR FINANCE OFFICE USE ONLY*
COMPUTATION

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

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

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials: $

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ | DATE

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

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

7551101 5A730170 21.25

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77)
Prescribed by GSA, FPMR (41 CFR) 101-7

CORPORATE OFFICES												
CORPORATE HQ 703-389-0200		GA	Atlanta	404-255-7400	MA	Boston	617-227-0006	PA	Harrisburg	717-234-2136	VA	Falls Church	703-998-7330
CA	Los Angeles	310-557-2080	IL	Chicago Dtn.	312-715-0717	MI	Troy	313-362-0900		Philadelphia	215-864-1694		Norfolk	804-629-2500
	San Francisco	415-956-0680	IN	Indianapolis	317-844-0507	MN	Minneapolis	612-673-0119		Pittsburgh	412-765-3636		Richmond	804-649-9110
CT	Stamford	203-324-6600	LA	New Orleans	504-525-8900	NY	Buffalo	716-626-1731		York	717-846-8189		Tysons Corner	703-827-8243
DC	Northwest	202-466-5160	MD	Baltimore	410-837-3439		New York City	212-753-4900	TN	Memphis	901-278-1911	WI	Madison Airport	608-246-8600
	Nat'l Press	202-347-1650		Greenbelt	301-345-3297	NC	Jacksonville	919-455-9077	TX	Houston Dtn.	713-654-4422		Milwaukee Airport	414-747-1150
				Rockville	301-984-3888	OH	Cleveland	216-771-7900		Dallas/Irving	214-869-9863		Milwaukee HQ	414-423-2400

SALES PERSON: [illegible] ITIN/INVOICE NO. 67383 DATE: OCT 19 1994
CUSTOMER NBR: 5504 5R05KK PAGE: 01

TO: HEALTH RESOURCES SERVICES ADMIN
ROOM 7-35 HUMPHREY BLD
[illegible]

FOR: FLEMING/PATRICIA MRS

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

21 OCT 94 FRIDAY
AIR USAIR FLT:OPEN COACH CLASS
LV: WASH/NATIONAL
AR: NYC/LAGUARDIA

23 OCT 94 - SUNDAY
AIR USAIR FLT:OPEN COACH CLASS
LV: NYC/LAGUARDIA
AR: WASH/NATIONAL

REFER TO 3CT-HRSA WHEN CALLING THE 800 NUMBER
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 0372 1495023050
144.00

144.00

SUB TOTAL 144.00

TOTAL AMOUNT 144.00

"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

Itinerary for Patsy Fleming

New York, New York

GMHC - Board of Directors Dinner

Friday, October 21, 1994

NOTE: USAir leaves every hour on the hour. Delta departs every hour on the half hour.

3:45 p.m.	Car to National Airport
4:30 p.m.	Lv. National via USAir/Delta Shuttle
5:30 p.m.	Arr. New York City

NOTE: If you go downstairs to ground transportation, there is a van/shuttle that will take you to the hotel. The cost is approximately $11.00. Travel time is approx. 1/2 hour.

Reservations

Loews New York Hotel
569 Lexington Avenue
(at 51st Street)
New York, New York
(212) 752-7000
Rate: $87.69 per nite
Confirm #7471210

Travel time from the hotel to Cafe Bondi is approx. 15 minutes by taxi.

Dinner Site

Cafe Bondi
7 West 20th Street
(between 5th and 6th Avenues)
New York, New York
(212) 691-8136

6:30 p.m.	Cocktail Hour
8:00 p.m.	Dinner begins
8:45 p.m.- 9:15 p.m.	Speech begins (followed by some time for discussion and questions)

Saturday, October 22

Ret to D.C. via open ticket on Delta Shuttle

BKFST MTG 11:30-12:30

Doug Fleming - 212-309-6834 (home)
212-925-5595 (work)

OMEGA TRAVEL
500 MARYLAND AVE SW
WASHINGTON DC 202 484-9470

CLIENT: FLEMING/PATRICIA

INVOICE: 67383

USAIR
WASH/NATIONAL
NYC/LAGUARDIA

FLIGHT: OPEN CLASS: Y
DEPART:
ARRIVE:

USAIR
NYC/LAGUARDIA
WASH/NATIONAL

FLIGHT: OPEN CLASS: Y
DEPART:
ARRIVE:

TICKET: 037 1485023050 USD144.00

04
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

0364 H2 5504 06 67383

PASSENGER RECEIPT

GTRB3867621 07176

ARC [redacted]

ISSUED BY
USAIR

TOUR CODE

AGENT CODE
A09790126

NAME OF ISSUING AGENT
OMEGA TRAVEL

PLACE OF ISSUE WASHINGTON

DATE OF ISSUE
DCUS18OCT94

NAME OF PASSENGER
FLENING/PATRICIA

PRIV CARRIER CODE
5R05KK/UA

FARE BASIS/TICKET DESIGNATOR
YCALGA

FCI
SERV CAR ID
65880/

CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER

[redacted]NOT VALID FOR [redacted] THIS IS YOUR RECEIPT
[redacted]TRANSPORTATION[redacted]

ENDORSEMENTS/RESTRICTIONS
DBAYDR

FP CHECK.REFUND.AGY.ONLY FC 21OCT DCA US LGA 62.73
US DCA 62.73 USD125.46 END XFDCABLCAB

FARE USD125.46
TAX US12.54
TAX XF6.00
TOTAL USD144.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 889 CK
46988003580

CPN DOCUMENT NUMBER CK
0 037 1485023050 1

DO NOT MARK OR WRITE IN THIS WHITE AREA ABOVE

NAME OF PASSENGER
FLENING/PATRICIA

DCALGAUSOPENY
FROM
LGADCAUSOPENY
TO
CARRIER
CARRIER FLIGHT CLASS DATE TIME
GATE SEAT SMOKE

ALLOW PCS WT UNCKD
PCS WT UNCKD BAGGAGE ID NUMBER

NOT VALID FOR TRAVEL
0 037 1485023050 1

04
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

BOARDING PASS

ISSUED BY
DELTA AIR LINES

DATE OF ISSUE
21OCT94

ISSUING OFFICE CODE ISI
ISS. AGENT ID.
DL/8K

PLACE OF ISSUE
/DCAFD

ISO
US

NAME OF PASSENGER (NOT TRANSFERABLE)
DELTA

FARE BASIS

FCI

XXO FROM
WAS-NATIONAL
XXO TO
NYC-LAGUARDIA

CARRIER FLIGHT CLASS DATE TIME
DL 1760 Y 21OCT 430P

REVALIDATION

VALID AFTER

ENDORSEMENTS/RESTRICTIONS

ORIGINAL ISSUE

FARE CALCULATION

BOARDING PASS ONLY

ISSUED IN EXCHANGE FOR

PNR CODE PNR CODE
ELQK7B /DL

CONJ. TKT. NO.

SEAT/SMOKE
ANY NO

FARE
TAX
TAX
TAX
TOTAL

EQUIV. FARE PAID
PCS CK. WT. UNCK. WT.

FORM OF PAYMENT

STOCK CONTROL NUMBER TX
00604606094334

SEQ. NO. ALLOW PCS CK. WT. UNCK.WT.

CPN AIRLINE FORM AND SERIAL NUMBER CK
NOT VALID
WITHOUT FLIGHT COUPO

PASSENGER TICKET AND BAGGAGE CHECK
PASSENGER COUPON

BOARDING PASS 4

NAME OF PASSENGER
DELTA

XXO FROM
WAS-NATIONAL
XXO TO
NYC-LAGUARDIA
DELTA

CARRIER FLIGHT CLASS DATE TIME
DL 1760 Y 21OCT 430P

REVALIDATION

GATE BOARDING TIME SEAT SMOKE
NO

ADDITIONAL SEAT INFORMATION

PCS CK. WT. UNCK WT. SEQ.NO. PCS CK. WT. UNCK.WT.

BAGGAGE ID. NR.

CPN AIRLINE FORM AND SERIAL NUMBER CK

DSDCAFDS /8K

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. USA

Time _____ Date 6-23 19 94

Cab# _____ ID# _____

Origin of Trip From

Destination _____ Fare $ 12.00

Signature [signature]

I ♡ NEW YORK
METER 031909-020
TRIP # 3665
ST. TIME 05 :PM
END TIME 06:10PM
DATE OCT-21-94
DIST 9.48
FARE $ 17.50
FOR COMPLAINTS:
1-212-221-TAXI

Toll $3.00
Tip $ 23.00
To Hotel

MED. # 9G35
10/21/94 TR 2291
START END MLES
22:39 22:50 02.1
FARE: $ 5.00
EXTRA: $ 0.50
TOTAL: $ 5.50
TLC COMPLAINT #
212 221-TAXI

To Event
No Return

I ♡ NEW YORK
MED # 9L06
TRIP # 4005
ST. TIME 06:05PM
END TIME 06:35PM
DATE OCT-21-94
DIST 13.16
FARE $ 19.50
FOR COMPLAINTS:
1-212-221-TAXI

$3.00 Toll
$3.00 Tips

To LAGUAN

TRAVEL ORDER

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

2. APPROPRIATION NO. 7541101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$ 578.00	$ 146.00
PER DIEM	80.00	
OTHER		
TOTAL	$ 658.00	$ 146.00

4. NAME AND POSITION OR RANK
Patricia S. Fleming
Acting National AIDS Policy Coordinator

5. SSAN (b)(6)

6. CONSTITUENT/BUREAU/DIVISION/REGION
DHHS/PHS/OASH/NAPO

8. APPROX. DATE OF DEPARTURE
September 2, 1994

7. PRESENT OFFICIAL STATION
Washington, D.C.

9. APPROX. DATE OF RETURN
September 5, 1994

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

FROM: Washington, D.C. (Nat'l) to New York, NY and return.

PURPOSE: To participate in the 12th Annual American Association of Physicians for Human Rights symposium on lesbian and gay health issues.

PREPARED BY: Retina Holmes, 632-1090

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT ___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR XX OTHER *(Specify below)* Taxi/Limo

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

XX FTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 142/38 Lodging & M&IE XX LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

FUNDS AVAILABLE Sally C...

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY:

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

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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.	101-106 PPBS 101-106 CATEGORY	107-108 ACTIVITIES	109 CASE II
2					130	0017094174					4A730170	21.25	$658.00	1					2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL
Dr. Phil Lee, Assistant Secretary for Health

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

AUTHORIZED BY Dr. Arthur Lawrence TITLE: Acting Director, NAPO DATE: 8/30/94

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

HHS-1 (REV. 8/86)

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0017094174

TRAVELER'S LAST NAME FLEMING

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
09/03	3:00pm	Depart National Airport VIA USAIR											20 00
09/03	4:00pm	Arrive: NYC LaGuardia											
09/03	5:30pm	Arrive: Holiday Inn-Crown Plaza via Taxi				12 67		142 00	154 67			154 67	22 50
09/03	7:00pm	Attend: AAPHR Annual Banquet (295 Lafayette St - NYC)											
09/03	8:30pm	Speak before AAPHR Annual Banquet											
09/04	9:00am	Depart for LaGuardia Airport Via Taxi											20 00
09/04	11:00am	Depart LaGuardia Aiport VIA USAIR											
09/04	12:00pm	Arrive: National Airport											
09/04	2:00pm	Arrive: Home via taxi											23 00
									SUBTOTALS ▶			154 67	85 50
		If additional space is required, continue on another SF 1012-A BACK. leaving the front blank.							TOTALS ▶			154 67	85 50

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

TOTAL AMOUNT CLAIMED ▶ $240.17

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

U.S. GPO : 1987 O - 173-487

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.

4. SCHEDULE NO.

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: FLEMING, PATSY

COPY FOR YOUR INFORMATION

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

6. PERIOD OF TRAVEL: a. FROM: b. TO:

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

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

7. TRAVEL AUTHORIZATION: a. NUMBER(S): 0017095001 b. DATE(S): 10/19/94

e. PRESENT DUTY STATION: DHHS/PHS/OASH/NAPO

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

10. CHECK NO.

8. TRAVEL ADVANCE

a. Outstanding

b. Amount to be applied

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

D. Balance outstanding

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

11. PAID BY

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTRB3867621 $144.00	USAIR	Coach	10/19/94	Washington, DC New York City, NY	New York City, NY Washington, DC

Prepared by: Gus Ventura, 632-1090

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

TRAVELER SIGN HERE ▶ DATE: AMOUNT CLAIMED ▶ $187 42

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 ▶ Arthur J. Lawrence, Ph.D. Acting Director, NAPO 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

7551101 5A730170 21.25

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

SALES PERSON: 01 ITIN/INVOICE NO. 64171 DATE: SEP 01 1994
CUSTOMER NBR: 5504 6AF1RQ PAGE: 01

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

TO: HEALTH RESOURCES SERVICES ADMIN
ROOM 718-F HHH BLDG
4A730170-75411010017094174

FOR: FLEMING/PATRICIA*GTRB3867614

AIR USAIR FLT:OPEN COACH CLASS
LV: WASH/NATIONAL
AR: NYC/LAGUARDIA

AIR USAIR FLT:OPEN COACH CLASS
LV: NYC/LAGUARDIA
AR: WASH/NATIONAL

REFER TO 3CT-HRSA WHEN CALLING THE 800 NUMBER
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 0372 1479161336
146.00

	146.00
SUB TOTAL	146.00
TOTAL AMOUNT	146.00

"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

AP • Oct
5 pt

Date 9/17 19 94

OFFICIAL

TAXI RECEIPT

FROM

TO L G A

FARE PAID 20-00

SIGNATURE [illegible] # [illegible]

TO LAGUAD

DATE Sep 3 COMPLETION TIME

ACCT # ACCT NAME

PICK UP 6009 MASS

DROP W AIRPORT

NOTES

BASE METER 20.00 EXTRAS

GRATUITY TOTAL $

PASSENGER SIGNATURE

DRIVER Tony [illegible] DR # VEH # 414

THANK YOU!

TO Nat'l

Date 9/3/ 19 94

OFFICIAL

TAXI RECEIPT

FROM LGA DL-SH

TO

FARE PAID $ 22.50 incl. Toll

SIGNATURE [illegible] # [illegible]

TO Hotel

DATE 09-04-94 23.00

TO Home

RECE[IVED]

FROM National Airport

DEST

CAB 101 17691

[illegible signature]

Itinerary or Patsy Fleming

New York, New York

September 3 - September 4, 1994

Saturday, September 3

Open Ticket to New York

3:00 - 4PM

Reservations and Mtg. Site

Holiday Inn - Crown Plaza
1605 Broadway
New York, New York 10010
(212) 977-4000
Rate: $142 per nite
Confirm #2647433

7:00 p.m. - 10:30 p.m

AAPHR Annual Banquet
The Skylight Room at the Puck Bldg.
295 Lafayette Street
(between Soho and Houston)

7:00 p.m. Cocktails

8:00 p.m. Dinner

8:30 p.m. (approx.) You will speak

Remainder of evening will include entertainment, an awards presentation and Kate O'Hanlan's outgoing address.

Sunday, September 4

Meeting continues (see agenda)

~~Monday, September 5~~

Open ticket to D.C.

9 - 10AM

OMEGA TRAVEL
600 MARYLAND AVE SW
WASHINGTON DC 202 484-9470

CLIENT: FLEMING/PATRICIA

PAGE:01

INVOICE: 64171

USAIR FLIGHT: OPEN CLASS: Y
WASH/NATIONAL DEPART:
NYC/LAGUARDIA ARRIVE:

USAIR FLIGHT: OPEN CLASS: Y
NYC/LAGUARDIA DEPART:
WASH/NATIONAL ARRIVE:

TICKET: 037 1479161336 USD146.00

94
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

6305 H2 5504 01 64171

PASSENGER RECEIPT

GTRB3867614 04129

ARC

ISSUED BY
USAIR

TOUR CODE

AGENT CODE
A09790126

NAME OF ISSUING AGENT
OMEGA TRAVEL

PLACE OF ISSUE
WASHINGTON

ISO CODE
DCUS

DATE OF ISSUE
15SEP94

NAME OF PASSENGER
FLEMING/PATRICIA

PNR/CARRIER CODE
6AFLRO/UA

FARE BASIS/TICKET DESIGNATOR
YCALGA

FC
65880/

SERV CARR ID

FROM
LGADCAUSOPENY

CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER

NOT VALID FOR THIS IS YOUR RECEIPT
TRANSPORTATION

ISSUING AGENT ID
DBAYDR

ENDORSEMENTS/RESTRICTIONS

P CHECK.REFUND.AGY.ONLY FC 15SEP DCA US LGA 63.64
S DCA 63.64 USD127.28 END XFDCA9LGA3

RE USD127.28
X US12.72
X XF6.00
USD146.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 059 CK
46838063005

CPN
0

DOCUMENT NUMBER CK
037 1479161336 3

ALLOW PCS WT UNCKD

NOT VALID FOR TRAVEL
0 037 1479161336 3

94
ASSENGER TICKET AND BAGGAGE CHECK
BJECT TO CONDITIONS OF CONTRACT

BOARDING PASS

UED BY
DELTA AIR LINES

DATE OF ISSUE
03SEP94

ISSUING OFFICE CODE IISI

ISO
US

ISS. AGENT ID.
DL/7E

PLACE OF ISSUE
/DCAFDS

ME OF PASSENGER (NOT TRANSFERABLE)
ELTA

FARE BASIS

TOUR CODE

FCI

FROM
WAS-NATIONAL

TO
NYC-LAGUARDIA

CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
DL 1756 Y03SEP 230P

REVALIDATION

ORSEMENTS/RESTRICTIONS

PNR CODE PNR CODE
C4LOYD /DL

NAL ISSUE
IE CALCULATION

BOARDING PASS ONLY

ISSUED IN EXCHANGE FOR

SEAT SMOKE
ANY NO

DCA 1756 SEP

EQUIV. FARE PAID FORM OF PAYMENT

PCS CK. WT. UNCK. WT.

STOCK CONTROL NUMBER TX
00604596691341

SEQ. NO. ALLOW PCS. CK. WT. UNCK.WT.

CPN AIRLINE FORM AND SERIAL NUMBER CK

NOT VALID
WITHOUT FLIGHT COUPON

PASSENGER TICKET AND BAGGAGE CHECK
PASSENGER COUPON

BOARDING PASS 4

NAME OF PASSENGER
DELTA

X/O FROM
WAS-NATIONAL

X/O TO
NYC-LAGUARDIA

DELTA

03SEP 230

BOARDING TIME SEAT SMOKE
ANY NO

ADDITIONAL SEAT INFORMATION

PCS CK. WT. UNCK WT. SEQ.NO. PCS CK. WT. UNCK.WT.

BAGGAGE ID. NR.

CPN AIRLINE FORM AND SERIAL NUMBER CK

DSDCAFDS /7E

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TRAVEL ORDER

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

1. TRAVEL ORDER NO. 0017095001

2. APPROPRIATION NO. 7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$	$ 144.00
PER DIEM	540.00	
OTHER	60.00	
TOTAL	$ 600.00	$ 144.00

4. NAME AND POSITION OR RANK: Patricia S. Fleming

5. SSAN: (b)(6)

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

7. PRESENT OFFICIAL STATION: Washington, D.C.

8. APPROX. DATE OF DEPARTURE: October 21, 1994

9. APPROX. DATE OF RETURN: October 23, 1994

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

FROM: Washington, DC (National) to New York, New York and return.

PURPOSE: To participate and attend the Gay Men's Health Center Meeting.

Prepared by: Retina Holmes, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT ___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER *(Specify below)*

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE Taxi/Limo

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

☒ FTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 142/38 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF ☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

FUNDS AVAILABLE Lilly A. [illegible]

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

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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 101-106 CATEGORY	101-108 PPBS 107-108 ACTIVITIES	109 CASE II
2					130	0017095001				94	A730170	21.25	$600.00	1					2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL: Anthony L. Tretter, Deputy Assistant, DASH-MO

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

AUTHORIZED BY Dr. Arthur J. Lawrence TITLE Acting Director, NAPO

DATE 10/19/94

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

HHS-1 (REV. 7/89)

FISCAL/ACCOUNTING

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

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

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

Complete only for actual expense travel

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

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

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

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

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

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

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

TRAVEL AUTHORIZATION NO. 0017095001

TRAVELER'S LAST NAME FLEMING

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS BREAKFAST (d)	MEALS LUNCH (e)	MEALS DINNER (f)	MEALS TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/21	3:45pm	Leave Office for National Airport via White House Car											
10/21	4:00pm	Leave National Airport for NYC VIA USAIR											
10/21	5:00pm	Arrive: NYC LaGuardia											
10/21	6:20pm	Arrive: Loews New York Hotel via taxi				12 67		75 00	87 67			87 67	23 00
10/21	7:00pm	Arrive: Cafe Bondi via Taxi											5 50
10/21	8:45pm	Deliver Speech to Gay Mens Health Conference (GMHC)											
10/22	11:30am	Attend Breakfast Mtg											
10/22	6:35pm	Arrive: NYC LaGuardia via Taxi											21 25
10/22	7:30pm	Depart LaGuardia for National VIA Delta Shuttle											
10/22	8:45pm	Depart National for Humphrey Bldg via Taxi	38 00						38 00			38 00	12 00
									SUBTOTALS ▶			125 67	61 75
									TOTALS ▶			125 67	61 75

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

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

TOTAL AMOUNT CLAIMED ▶ $187.42

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

*U.S. GPO: 1989-241-175/80310

TRAVEL VOUCHER

(Read the Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE: Executive Office of the President

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

3. VOUCHER NO.:

4. SCHEDULE NO.:

5. TRAVELER (PAYEE)

a. NAME *(Last, first, middle initial)*: Fleming, Patricia S.

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

c. MAILING ADDRESS *(Include ZIP Code)*: Office of the National AIDS Policy Director
750 17th St., NW, Suite 600

d. OFFICE TELEPHONE NO.: 632-1090

e. PRESENT DUTY STATION:

f. RESIDENCE *(City and State)*:

6. PERIOD OF TRAVEL: a. FROM 11/20/94 b. TO 11/20/94

7. TRAVEL AUTHORIZATION: a. NUMBER(S) 69638 b. DATE(S) 11/16/94

10. CHECK NO.:

11. PAID BY:

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

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

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

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

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
				Wash, DC	Miami, FL
				Miami, FL	Wash, 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 ▶ Patricia S. Fleming DATE 11/22/94 AMOUNT CLAIMED ▶ $

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

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

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. FOR FINANCE OFFICE USE ONLY COMPUTATION $

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

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION
- a. VOUCHER NO.
- b. D.O. SYMBOL
- c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION $
Certifier's initials:

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

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

d. NET TO TRAVELER ▶ $

18. ACCOUNTING CLASSIFICATION

1012-116 NSN 7540-00-634-4180 STANDARD FORM 1012 (REV. 10-77) Prescribed by GSA, FPMR (41 CFR) 101-7

FORM 7

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

SALES PERSON: 01 ITIN/INVOICE NO. 67383 DATE: OCT 18 1994
CUSTOMER NBR: 5504 5R05KK PAGE: 01

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

TO: HEALTH RESOURCES SERVICES ADMIN
ROOM 7-18F HUMPHREY BLD
5A730170-75511010017075001

FOR: FLEMING/PATRICIA*CTR82867621

~~21 OCT 94~~ FRIDAY
AIR USAIR FLT:OPEN COACH CLASS
LV: WASH/NATIONAL
AR: NYC/LAGUARDIA

23 OCT 94 - SUNDAY
AIR USAIR FLT:OPEN COACH CLASS
LV: NYC/LAGUARDIA
AR: WASH/NATIONAL

REFER TO 3CT-HRSA WHEN CALLING THE 800 NUMBER
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 0372 1495023050
144.00

	144.00
SUB TOTAL	144.00
TOTAL AMOUNT	144.00

"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

Itinerary for Patsy Fleming

New York, New York

GMHC - Board of Directors Dinner

Friday, October 21, 1994

NOTE: USAir leaves every hour on the hour. Delta departs every hour on the half hour.

3:45 p.m.	Car to National Airport
4:30 p.m.	Lv. National via USAir/Delta Shuttle
5:30 p.m.	Arr. New York City

NOTE: If you go downstairs to ground transportation, there is a van/shuttle that will take you to the hotel. The cost is approximately $11.00. Travel time is approx. 1/2 hour.

Reservations

Loews New York Hotel
569 Lexington Avenue
(at 51st Street)
New York, New York
(212) 752-7000
Rate: $87.69 per nite
Confirm #7471210

Travel time from the hotel to Cafe Bondi is approx. 15 minutes by taxi.

Dinner Site

Cafe Bondi
7 West 20th Street
(between 5th and 6th Avenues)
New York, New York
(212) 691-8136

6:30 p.m.	Cocktail Hour
8:00 p.m.	Dinner begins
8:45 p.m.- 9:15 p.m.	Speech begins (followed by some time for discussion and questions)

Saturday, October 22

Ret to D.C. via open ticket on Delta Shuttle

BKFST MTG 11:30-12:30

Doug Fleming - 212-309-6834 (home)
212-925-5595 (work)

OMEGA TRAVEL — CLIENT: FLEMING/PATRICIA — PAGE:01

500 MARYLAND AVE SW
WASHINGTON DC 202 484-9470 INVOICE: 67383

USAIR FLIGHT: OPEN CLASS: Y
WASH/NATIONAL DEPART:
NYC/LAGUARDIA ARRIVE:

USAIR FLIGHT: OPEN CLASS: Y
NYC/LAGUARDIA DEPART:
WASH/NATIONAL ARRIVE:

TICKET: 037 1485023050 USD144.00

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

0364 H2 5504 06 67383 GTRB3867621 07176

PASSENGER RECEIPT

ARC [redacted]

ISSUED BY: USAIR
NAME OF ISSUING AGENT: OMEGA TRAVEL
TOUR CODE
AGENT CODE: A09790126
PLACE OF ISSUE: WASHINGTON
DATE OF ISSUE: DCUS18OCT94
NAME OF PASSENGER: FLEMING/PATRICIA
FPTP/CARRIER CODE: 5R05KK/UA
FARE BASIS/TICKET DESIGNATOR: YCALGA
FC: 65880/
SER/CARR ID
XXD FROM: [redacted] NOT VALID FOR [redacted]
XXD TO: TRANSPORTATION[redacted]
CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER: THIS IS YOUR RECEIPT
ENDORSEMENTS/RESTRICTIONS
RSVD SEAT/SMOKE: DBAYDR

FP CHECK.REFUND.AGY.ONLY FC 21OCT DCA US LGA 62.73
US DCA 62.73 USD125.46 END XFDCASLCAS

NAME OF PASSENGER: FLEMING/PATRICIA
DCALGAUSOPENY
FROM LGADCAUSOPENY
TO
CARRIER
CARRIER FLIGHT CLASS DATE TIME
GATE SEAT SMOKE
NOT VALID FOR TRAVEL
PCS WT UNCKD BAGGAGE ID NUMBER
0 037 1485023050 1

FARE USD125.46
TAX US12.54
TAX XF6.00
TOTAL USD144.00

EQUIV. FARE PD.
STOCK CONTROL NO. TX 869 CK: 46988003580

CPN: 0
DOCUMENT NUMBER: 037 1485023050
ALLOW PCS WT UNCKD CK
1

DO NOT WRITE IN THE WHITE AREA ABOVE

04 PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

ISSUED BY: DELTA AIR LINES

BOARDING PASS

DATE OF ISSUE: 21OCT94
ISSUING OFFICE CODE: ISS
ISS: US
ISS. AGENT ID: DL/8K
PLACE OF ISSUE: /DCAFD
FCI

NAME OF PASSENGER (NOT TRANSFERABLE): DELTA
XXD FROM: WAS-NATIONAL
XXD TO: NYC-LAGUARDIA
FARE BASIS
CARRIER FLIGHT: DL 1760
CLASS DATE: Y21OCT
TIME: 430P
REVALIDATION
NOT VALID AFTER
ENDORSEMENTS/RESTRICTIONS

ORIGINAL ISSUE
FARE CALCULATION
ISSUED IN EXCHANGE FOR
BOARDING PASS ONLY

PNR CODE: ELQK7B /DL
CONJ. TKT. NO.

SEAT/SMOKE
ANY NO

FARE
TAX
TAX
TAX
TOTAL
EQUIV. FARE PAID
FORM OF PAYMENT
PCS CK. WT. UNCK. WT.
STOCK CONTROL NUMBER TX: 00604606094334

CPN AIRLINE FORM AND SERIAL NUMBER CK
SEQ. NO. ALLOW PCS CK. WT. UNCK.WT.
NOT VALID WITHOUT FLIGHT COUPO

PASSENGER TICKET AND BAGGAGE CHECK
PASSENGER COUPON

BOARDING PASS 4

NAME OF PASSENGER: DELTA
XXD FROM: WAS-NATIONAL
XXD TO: NYC-LAGUARDIA
DL 1760 Y21OCT 430P
GATE SMOKE: NY NO
ADDITIONAL SEAT INFORMATION
PCS CK. WT. UNCK WT. SEQ.NO. PCS CK. WT. UNCK.WT.
BAGGAGE ID. NR.
CPN AIRLINE FORM AND SERIAL NUMBER CK
DSDCAFDS /8K

TAXI DRIVER'S CUSTOMER RECEIPT

Company / Ass'n. USA

Time _____ Date 6-22 19 94

Cab# _____ ID# _____

Origin of Trip From

Destination _____ Fare $ 12.00

Signature [illegible]

I ♡ NEW YORK
METER 021909-020
TRIP # 9635
ST. TIME 05:[illegible]PM
END TIME 06:[illegible]PM
DATE 06-22-94
DIST 3.45
FARE $ 17.25
FOR COMPLAINTS
1-212-221-TAXI

Toll $3-00
Tip $ 23-00

To Hotel

MED. # 9G35
06/21/94 TR 2291
START END MLES
22:39 22:50 02.1
FARE: $ 5.00
EXTRA: $ 0.50
TOTAL: $ 5.50
TLC COMPLAINT #
21. 221-TAXI

To Event

No return

I ♡ NEW YORK
MED # 3L85
TRIP # 9955
ST. TIME 06:05PM
END TIME 06:[illegible]PM
DATE 06-22-94
DIST 13.16
FARE $ 19.25
FOR COMPLAINTS
1-212-221-TAXI

$3.00 Toll
$3.00 Tips

To LAGUAR

TRAVEL ORDER

0017095006

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

2. APPROPRIATION NO. 7551101

3. ESTIMATED COST*

	TO DHHS	TO OTHERS
TRAVEL	$ 392.00	$
PER DIEM	350.00	
OTHER	50.00	
TOTAL	$ 792.00	$

4. NAME AND POSITION OR RANK: Patricia S. Fleming

5. SSAN: (b)(6)

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

7. PRESENT OFFICIAL STATION: Washington, D.C.

8. APPROX. DATE OF DEPARTURE: December 17, 1994

9. APPROX. DATE OF RETURN: December 19, 1994

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

FROM: Washington, DC (Dulles) to Los Angeles, CA and return.

PURPOSE: To participate and attend the memorial service for Elizabeth Glaser.

Prepared by: Gus Ventura, 632-1090

NOTICE: TRAVELERS ARE RESPONSIBLE AND LIABLE FOR UNUSED GTR'S — TICKETS RECEIVED UNTIL THEY HAVE BEEN PROPERLY ACCOUNTED FOR ON A TRAVEL VOUCHER OR RETURNED TO THE AGENCY.

11. SPECIAL AUTHZTN

TRAVEL BY PRIVATELY OWNED AUTO IS AUTHORIZED ON MILEAGE BASIS RATE SPECIFIED BELOW FOR: ☐ EMPLOYEE AND/OR ☐ DEPENDENTS

___¢ PER MILE AS MORE ADVANTAGEOUS TO GOVT ___¢ PER MILE NOT TO EXCEED COMMON CARRIER COSTS ___¢ PER MILE NOT TO EXCEED COSTS BY GOVT-OWNED AUTO

☐ GSA AUTO ☐ AUTO RENTAL UNDER GSA CONTR ☒ OTHER *(Specify below)* Taxi/Limo

☐ EXCESS BAGGAGE ☐ REGISTRATION FEE

11A. CHANGE OF STATION

TRANSPORTATION OF ☐ DEPENDENTS ☐ H/H GOODS & PERS. EFFECTS

☐ 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:

☒ FTRs ☐ JTR'S ☐ OTHER *(Specify)*

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

RATE $ 102/38 ☒ LODGINGS PLUS ☐ ACTUAL EXPENSE ☐ FIXED

FUNDS AVAILABLE _____

13. FOREIGN TRAVEL

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

EXPENSES TO BE PAID BY

SECURITY APPROVAL GRANTED FOR TRAVEL OF

☐ 90 DAYS OR LESS ☐ OVER 90 DAYS DATE _____

RESPONSIBLE FOR SECURITY CLEARANCE OF TRAVELER ASSUMED BY

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

1 RECORD TYPE	2-7 EFF. DATE	8-10 TRANSACTION CODE	11 REVERSE CODE	12 MODIFIER	ORIGINAL OBLIGATION 13-15 DOC. REF. CODE	ORIGINAL OBLIGATION 16-25 DOCUMENT NO.	OTHER DOCUMENTS 26-28 DOC. REF. CODE	OTHER DOCUMENTS 29-38 DOCUMENT NO.	39 GEO. CODE	40 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.	101-106 PPBS CATEGORY	107-108 PPBS ACTIVITIES	109 CASE II
2					130	0017095006					5A730170	21.25	$792.00	T					2
2																			
2																			
2																			

15. NAME AND TITLE OF OFFICER RECOMMENDING ABOVE TRAVEL

Anthony L. Itteilag, Deputy Assistant, DASH-MO

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

TITLE Acting Director, NAPO

AUTHORIZED BY Dr. Arthur J. Lawrence DATE _____

To be completed by Office Initiating Travel Order, Other Accounting Data to be Completed by Fiscal/Accounting Office

HS-1 (REV. 7/89)

FORM 7

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 PAGE

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

DATE 19 94 (a)	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
11/20	10AM	Depart Wash, DC											
		to Miami, FL											
	1PM	Arrive Miami , FL											
	5PM	Depart Miami, FL											
		to Wash, DC											
	8PM	Arrive Wash, DC											
		Taxi											45 | 4

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

SUBTOTALS ▶

TOTALS ▶

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

TOTAL AMOUNT CLAIMED ▶

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

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

THE WHITE HOUSE OFFICE
TRAVEL AUTHORIZATION

NO. 69638

Date of Request 11/16/94

1. **TRAVELER:**

Name: Patricia S. Fleming ☒ White House Staff

Extension: 632-1090 Room: 750 17th Street ☐ Other: _____

2. **PURPOSE(s) and DATE(s):** To attend the Memorial Service for Pedro Zamora on behalf of POTUS

3. **ITINERARY:** Washington, DC (National) - Miami, FL - Washington, DC (National)
(List all cities where stopovers occur.)

4.

DEPARTURE			RETURN		
Date:	Time:	Mode:	Date:	Time:	Mode:
11/20/94	AM	Commercial	11/20/94	PM	Commercial

5. **FUNDING SOURCE:**

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

6.

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

Please See Reverse Side for Further Instructions Regarding Travel Expenses

7. **TRAVELER'S SIGNATURE:** 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: $ 314

(REV. 6/21/89)

3118A $350 M511 **ORIGINAL (Return with Voucher)**