

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1181969-0

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X For this Page X
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Zimpher

February 1, 2011
Nancy L. Zimpher

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-22-2012 BY 60324 uc baw/sab/clb

FD-540 (Rev. 6-26-02)

TRAVEL REQUEST FORM

Request No. 6937126

Date: 1/18/11 Fiscal Year: 11 Travel
 Name of Traveler: Nancy L. Zimpher FBIHQ Division: 5
 Field Office ID: _____ Cost Code: 0583 Squad/RA Code: _____
 Itinerary: Travel Period From: 2/1/11 to 2/3/11
 Points of Travel From: Albany, NY to Washington, DC b6
 To _____ to _____ b7C
 Justification: National Security Higher Education Advisory Board Meeting
(Board member) File Number: _____

(A) Source of Travel Funds: (Select a catalog)

Division Budget

- () TR11 SAC/Div. Operation/Management
 () TR12 SAC/Div. Operation/Management - Assist Another Office
 () TR13 SAC/Div. Meeting/Speech/GETA Training

General Budget

- ☒ TR14 FBIHQ Regional Conference
 () TR15 FBIHQ Special
 () TR16 FBIHQ Commercial Training
 () TR51 To/From Quantico FBI & Police Training

Travel Authorization No.: 14DV110518

Program/Subprogram _____ b7E

(B) Purpose of Travel:

(See reverse to select an item number and description from a catalog)

141 NSHEAB Meeting at FBIHQ 2-2-11
 (Item No.) (Description)

- ☒ 1 - Domestic (Conus)
 () 2 - Foreign
 () 3 - Non Foreign (O-Conus)

CAT	DESC	Estimated Expense	Actual Expense
TR	11 Air Fare	\$ <u>1276.00</u>	\$ _____
TR	12 Train Fare	\$ _____	\$ _____
TR	21 Lodging	\$ <u>181.00</u>	\$ _____
TR	22 M & IE	\$ <u>177.00</u>	\$ _____
TR	31 P.O.A (Mileage)	\$ _____	\$ _____
TR	32 Miscellaneous	\$ <u>60.00</u>	\$ _____
TR	35 Taxi	\$ <u>120.00</u>	\$ _____
TR	36 Taxes (Lodging)	\$ <u>30.00</u>	\$ _____
TR	37 Laundry	\$ _____	\$ _____
TR	41 Car Rental*	\$ _____	\$ _____
TR	Other - (_____)	\$ _____	\$ _____
Total		\$ <u>1844.00</u>	\$ _____

* The use of a rental vehicle is advantageous to the government because neither a Bucar or public transportation (bus, subway) is available and the total cost of using a taxi exceeds that of a rental car.

Transportation paid by GTA No. _____
 Lodging paid by Purchase Order No. _____
 Field Office/FBIHQ Approval: _____ Date: _____
 Draft Approval Officer: _____ Date Obligated: _____
 Advance Document No. _____ Advance Draft Number: _____ Follow-up Date: _____
 Date _____ Cashier Initials: _____
 Document No. _____ Draft Number: _____ Amount: _____
 Date _____ Cashier Initials: _____

Distribution: White Original - Submit with SF-1012
 Yellow Copy - Draft Request File
 Pink Copy - Estimated Travel Control File

TRAVEL REQUEST FORM

INSTRUCTIONS

1. Date. Date the FD-540 is prepared. Should always precede travel date.
2. Fiscal Year. The year of the September 30th date following the date of travel.
A Fiscal year includes 10/1x1 to 9/30x2.
3. FBIHQ Division of assignment (FOR FBIHQ TRAVELERS ONLY).
4. Name of traveler. Enter full Bureau name.
5. Social Security Account Number of traveler.
6. Two character field office ID.
7. Cost Center. Unique four-digit cost code for office of assignment.
8. Squad RA code. Four-digit code for squad/RA where traveler is assigned.
9. Travel period. From: Date of Departure To: Date of Return.
10. Points of travel. From: Point of Origin To: Destination (up to three). Do not list connecting points or brief stops enroute.
If round trip, enter "R/T" after first destination.
11. Universal file number of case to which travel pertains (if applicable). Do **not** enter classified information.
12. Brief justification for travel.
13. Check the box for the source of funds to which travel expense will be charged. If a General Budget source is selected, enter the Control Number (Travel Authorization Number) assigned by the Program Manager for this particular trip.
14. Select the most appropriate item number and description from the following table and complete the Purpose of Travel:

(SAC/Division Budget)		
CATALOG	ITEM	DESCRIPTION
TR11	Operation/Management	
	111	Operational Travel
	112	Subpoena Travel
	113	Management Travel
	114	Home Leave Travel
TR12	Assistance to Another Office	
	121	Operational Travel
	122	Subpoena Travel
	123	Management Travel
TR13	Meeting/Speech/GETA Training	
	131	Meeting Travel
	132	Speech Travel
	133	GETA Training Travel

(General Budget)		
CATALOG	ITEM	DESCRIPTION
TR14	Regional Conference	
	141	Regional Conference
	142	Asset Forfeiture
	143	FOIPA Training Travel
	144	Explosives Training
TR15	FBIHQ Special Travel	
	151	FBIHQ Special Travel
	152	Inspection Travel
	153	INF Treaty Travel
TR16	Commercial Training Travel	
	161	Polygraph Training
	162	Language Training
	163	FSI Training Travel
	164	Aviation Training
	165	Divisional Training
TR51	To/From Quantico. Police Training Travel	
	511	On Site Academy
	512	Off Site Academy
	513	National Academy
	514	Police Training

October, 2010
Zimpher University Paid

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-22-2012 BY 60324 uc baw/sab/clb



FBI FACSIMILE COVER SHEET

PRECEDENCE

- ☐ Immediate
☐ Priority
☐ Routine

CLASSIFICATION

- ☐ Top Secret
☐ Secret
☐ Confidential
☐ Sensitive
☒ Unclassified

Time Transmitted: _____

Sender's Initials: _____

Number of Pages: 5
(including cover sheet)

To: _____

Name of Office

Date: 01/12/2011b6
b7C
b7E

Facsimile Number: _____

Attn: _____

Name

Room

Telephone

From: FBI Counterintelligence Division _____

Name of Office

Subject: Invoice from State University of New YorkChancellor attend a meeting here atFBIHQ on October 28, 2010

Special Handling Instructions: Please call me if you have any questions, not sure about
the Vendor #, this is the first time they have submitted their invoice

Originator's Name: _____

Telephone: _____

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b7C

Originator's Facsimile Number: _____

Approved: _____

Brief Description of Communication Faxed: Invoice, Invoice Submission Form, andACH form**WARNING**

Information attached to the cover sheet is U.S. Government Property. If you are not the intended recipient of this information, disclosure, reproduction, distribution, or use of this information is prohibited (18.U.S.C. § 641). Please notify the

Invoice Submission Form
(for Purchase Orders and Direct Expenses)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-30-2012 BY 60324 uc baw/sab/clg

Vendor Number:

Invoice Date:

Invoice # or Account #:

Date Goods/Services Verified:

Date Invoice Received at FBI:

Acceptance Date:

01/05/11
2011-001
10/28/10
01/12/11
01/12/11

[A]

[B]

[C]

[D]

[E]

[F] = the later of [D] and [E]

[1]	[2]	[3]	[4]	[5]	[6]
Direct Expenses Only					
Fiscal Year	Cost Code	PO # or SOC	PO Line #	PO Quantity	Total Amount
2011	0583				\$ 114.75
	Program/Sub-Program =				
		SOC =	552580		
				Total Amount to Pay	\$ 114.75

*Ensure the Total Amount to Pay matches the amount on the invoice.

Note: any penalty payments resulting from omitted invoice information will be charged against the office of origin.

COTR/POC Approval:

Received Date:	<u>1-12-2011</u>	Name:	
Approved Date:	<u>1-12-2011</u>	Signature:	
Date sent to CO:	<u>1-12-2011</u>		

b6
b7C

CO Approval:

Received Date:	_____	Name:	_____
Approved Date:	_____	Signature:	_____
Date sent to CPCSUS:	_____		

PLEASE DO NOT STAMP THE ORIGINAL INVOICE.

TO Department of Justice
Federal Bureau of Investigation
Attn:

[REDACTED]
The State University of New York, SUNY Plaza, T-12, 353 Broadway, Albany, NY 12246



Office of the Chancellor
State University of New York

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b7C

ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:		TELEPHONE NUMBER:
		()
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME	SUNY System Administration		SSN NO. OR TAXPAYER ID NO.
ADDRESS	353 Broadway		
	Albany, NY 12246		
CONTACT PERSON NAME			

FINANCIAL INSTITUTION INFORMATION

NAME:	M and T BANK		
ADDRESS:	80 State Street		
	Albany, NY 12207		
ACH COORDINATOR NAME			
NINE-DIGIT ROUTING TRANSIT NUMBER:			
DEPOSITOR ACCOUNT TITLE:	Revenue Account		
DEPOSITOR ACCOUNT NUMBER:		LOCKBOX NUMBER:	
TYPE OF ACCOUNT:	<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the)			TELEPHONE NUMBER:
AUTHORIZED			

OF 2007 (REV. 11-2007)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210

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THE STATE UNIVERSITY *of* NEW YORK

Office of the
Chancellor

State University Plaza
Albany, New York
12246

Fax Transmittal

From the Office of Chancellor Nancy L. Zimpher

Fax -

TO:

Fax:

From:

Subject: ACH form

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b7C

Date and time of transmission: 1/12/2011 2:09:04 PM
Number of pages including this cover sheet: 2