



# THE STATE UNIVERSITY *of* New York

Office of the  
Chancellor

State University Plaza  
Albany, New York  
12246

fax [redacted]

[www.suny.edu](http://www.suny.edu)

December 3, 2010

[redacted]

FBIHQ

[redacted]

935 Pennsylvania Avenue, NW  
Washington, DC 20535

b6  
b7C  
b7E

Dear [redacted]

Enclosed is the reimbursement request for Chancellor Nancy Zimpher.

In the event we were to receive a Freedom of Information Law (FOIL) request for the Chancellor's travel records, it would be preferable to have these expenses reimbursed via a check rather than an ACH payment. Our Finance Office has requested that a check be made payable to the State University of New York and mailed to me at State University Plaza, T-12, Albany, NY 12246.

I hope this will not cause any inconvenience. If you have any questions or need additional information, please feel free to contact me at [redacted]. Thanks for your assistance.

Sincerely,

[redacted signature box]

Office of the Chancellor

b6  
b7C

<b>TRAVEL VOUCHER</b> (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE <b>Department of Justice</b> <b>Federal Bureau of Investigation</b>		2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.  4. SCHEDULE NO.																			
		5. TRAVELER (PAYEE) a. NAME (Last, first, middle initial) <div style="text-align: center; font-size: 1.2em;">Zimpher, Nancy, L</div>		b. SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		6. PERIOD OF TRAVEL a. FROM b. TO																			
c. MAILING ADDRESS (Include ZIP Code) State University Plaza, T-12 353 Broadway Albany, NY 12246		d. OFFICE TELEPHONE NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		7. TRAVEL AUTHORIZATION a. NUMBER(S) <div style="text-align: center; font-size: 1.1em;">14DV110507</div> b. DATE(S)																					
e. PRESENT DUTY STATION		f. RESIDENCE (City and State) <div style="text-align: center; font-size: 1.1em;">Albany, NY</div>		10. CHECK NO.																					
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED <div style="text-align: center; font-size: 1.2em;">\$</div> 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). <div style="text-align: right; font-size: 0.8em;">Traveler's Initials</div>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">AGENT'S VALUATION OF TICKET</th> <th style="width: 10%;">ISSUING CARRIER (Initials)</th> <th style="width: 15%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width: 10%;">DATE ISSUED</th> <th colspan="2" style="width: 50%;">POINTS OF TRAVEL</th> </tr> <tr> <th style="font-size: 0.8em;">(a)</th> <th style="font-size: 0.8em;">(b)</th> <th style="font-size: 0.8em;">(c)</th> <th style="font-size: 0.8em;">(d)</th> <th style="width: 25%; font-size: 0.8em;">FROM (e)</th> <th style="width: 25%; font-size: 0.8em;">TO (f)</th> </tr> </thead> <tbody> <tr><td style="height: 150px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL		(a)	(b)	(c)	(d)	FROM (e)	TO (f)												
AGENT'S VALUATION OF TICKET	ISSUING CARRIER (Initials)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL																					
(a)	(b)	(c)	(d)	FROM (e)	TO (f)																				
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 <div style="font-size: 1.2em;">11/30/10</div>		AMOUNT CLAIMED <div style="font-size: 1.2em;">\$ 114.75</div>																			
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).						<div style="font-size: 1.2em;">\$ 114.75</div>																			
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).		APPROVING OFFICIAL SIGN HERE		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)																			
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials:		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		d. NET TO TRAVELER																			
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		\$		\$																			
18. ACCOUNTING CLASSIFICATION																									

b6  
b7C

<b>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</b>	<b>INSTRUCTIONS TO TRAVELER</b> <i>(Unlisted items are self-explanatory)</i>										Complete this PAGE information of if this is a continuation sheet. <span style="float: right;">PAGES</span>		
	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 <i>(unless information is shown on the travel authorization.)</i>										<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 5px;">Complete only for actual expense travel</div> <div>           Col. (d) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.            (g) }            (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. <i>(other than for meals)</i>.            (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 <i>(if purchased with cash)</i>, local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.         </div> </div>		
	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 5px;">Complete only for actual expense travel</div> <div>           Col. (d) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.            (g) }            (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. <i>(other than for meals)</i>.            (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 <i>(if purchased with cash)</i>, local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.         </div> </div>												
DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED		
(a)	(b)	(c)	BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
10/28/10		per diem					\$33.75		\$33.75			\$33.75	
10/28/10		taxi					\$31.00		\$31.00			\$31.00	
10/28/10		baggage fees					\$50.00		\$50.00			\$50.00	
SUBTOTALS													
TOTALS											\$0.00	\$114.75	\$0.00
If additional space is required, continue on another SF 1012-A, BACK, leaving the front blank.													
<div style="display: flex;"> <div style="flex: 1;"> <p>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 for 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</p> </div> <div style="flex: 1;"> <p>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.</p> </div> </div>													
Enter grand total of columns (l), (m), and (n), below and in Item 13 on the front of this form.												<b>TOTAL AMOUNT CLAIMED</b>	
												\$114.75	

DR TRIP / CAPED  
SILVER CAB CO

CAB # 130

10/28/10 TR 6824

START END MILES

08:06 08:19 2.5

FARE FOR EA RATE

RATE 1: \$ 7.75

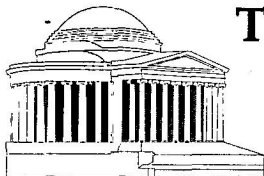
EXTRA: \$ 2.00

TOTAL: \$ 9.75

THANKS 130

DC TAXICAB COMM 11.00

TEL 202 645-6018



# TAXICAB RECEIPT

Time: \_\_\_\_\_

Date: 10/28/10

Origin of trip: FBI

Destination: DCA

Fare: 20.00 Sign: \_\_\_\_\_



# U.S AIRWAYS



# U.S AIRWAYS

FMZ3RW/US 28OCT10 BF0DB1X9

## E-TICKET RECEIPT

ZIMPHER/NANCYL

ARRIVAL

FROM

TO

-5-

1000A EXCESS BAG EBC US 9957 Y

28OCT

1130A FEE FEE

EBC FEE

FP [REDACTED] 1012/025761 /FC BAGGAGE FEE (1B) 01 0025 (2B) 00  
0000 (3B) 00 0000 (OW) 00 0000 (OZ) 00 0000 (SE) 00 0000 USD TTL 025.00E

ND

FARE USD 25.00

TAX US .00

TAX

DOCUMENT NUMBER 0372407939840

TOTAL USD 25.00

NO CASH VALUE

THANK YOU FOR FLYING  
US AIRWAYS

b6

b7C



*Thanks for traveling with us today. All of us at US Airways are committed to providing the best customer service and your feedback will help us continue to improve!*

*Please let us hear from you at the address below. Thank you for taking the time to contact us and for your business!*

Mailing address:

Customer Relations

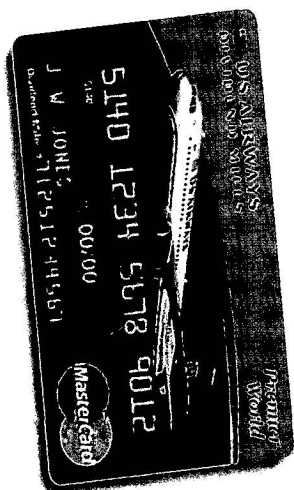
4000 E. Sky Harbor Blvd. Phoenix, AZ 85034

Email address:

<http://www.usairways.com/feedback>

**U.S. AIRWAYS<sup>®</sup>**  
**DIVIDEND MILES**

# Dividend Miles Select<sup>\*</sup>



- Fly for less
- Board with Zone 2

Ask your flight attendant.

\*See terms & conditions for complete details at [mostmiles.com](http://mostmiles.com)

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

Log in | Join Dividend Miles

US AIRWAYS

[Book travel](#) [Travel tools](#) [Dividend Miles](#) [Specials](#) [Contact US](#)

1 Your flight 2 Payment 3 Confirmation 4 Print boarding passes

## Baggage confirmation

Confirmation code: C0XTQ5

Original date issued: Monday, October 25, 2010

[Check in & print passes](#)

Depart: Albany, NY Washington, DC (Reagan)

Depart: Tuesday, October 26, 2010 6:00 AM ALB

Arrive: Tuesday, October 26, 2010 7:23 AM DCA

[Download to Outlook](#)

[Email itinerary](#)

[Print or view trip details](#)

### Total baggage fees

1st bag charge (1 x \$25) \$25.00

Total \$25.00

Charged to Nancy L Zimpher  
(Visa)

b6  
b7C

## Trip details

Depart: Albany, NY Washington, DC (Reagan)

Status: Active

[Flight status](#)

Date: Tuesday, October 26, 2010

Flight # / Carrier	Depart	Arrive	Travel time	Meal	Aircraft	Cabin	Seats
3229	6:00 AM ALB	7:23 AM DCA	1h 23m	None	E175	Coach (Y)	9A

Flight operated by Republic Airlines doing business as US Airways Express

[Check in & print passes](#)

TICKETS ARE  
CLOSER THAN  
THEY APPEAR



Up to 35,000 bonus miles  
with qualifying transactions

[See Terms and Conditions](#)





[REDACTED] (CD) (FBI)

**From:** [REDACTED] (CD) (FBI)  
**Sent:** Thursday, January 13, 2011 11:10 AM  
**To:** [REDACTED] (FD)(FBI)  
**Subject:** RE: Banking information for University of Rochester

UNCLASSIFIED  
NON-RECORD

Hello [REDACTED]

I got your voice message, the sub program is [REDACTED] and the SOC is [REDACTED] Thanks for your help. Have a wonderful day.

**From:** [REDACTED] (FD)(FBI)  
**Sent:** Tuesday, December 21, 2010 4:56 PM  
**To:** [REDACTED] (CD) (FBI)  
**Subject:** RE: Banking information for University of Rochester

b7E

UNCLASSIFIED  
NON-RECORD

What type of assistance are you looking for?

If you're looking for a POC to enter bank information, that still comes into CPCSU. You can either fax the vendor's completed ACH form to [REDACTED] or you can scan it and email the pdf to the HQ\_DIV12\_THIRD\_PARTY\_DRAFT mailbox.



Finance Division

[REDACTED] JEH

Office  
Fax



b6  
b7C  
b7E

**From:** [REDACTED] (CD) (FBI)  
**Sent:** Tuesday, December 21, 2010 4:28 PM  
**To:** [REDACTED] (FD)(FBI)  
**Subject:** Banking information for University of Rochester

UNCLASSIFIED  
NON-RECORD

Hello [REDACTED]

Can you give me a call tomorrow at ext. [REDACTED] regarding reimbursement to the University of Rochester. In the past the account were handle by [REDACTED] I'm not sure if you're the person who would handle this, if not, please give me the name of someone that can help me.

Thanks

[redacted]  
Management and Program Analyst  
Counterintelligence Division

[redacted]  
[redacted] (desk)  
[redacted] (bb)  
[redacted] (fax)

b6  
b7C  
b7E

office hours: 7:00 am - 4:30 pm

[redacted]@ic.fbi.gov

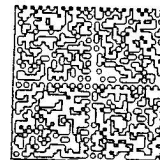
**UNCLASSIFIED**


**UNCLASSIFIED**

**UNCLASSIFIED**

Office of the Chancellor  
The State University of New York  
State University Plaza  
Albany, New York 12246

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



UNITED STATES POSTAGE  
  
PITNEY BOWES  
02 1M \$ 00.44<sup>0</sup>  
000 426 4495 DEC 03 2010  
MAILED FROM ZIP CODE 12207

**Opened & Inspected**  
  
DEC 09 2010  
  
**Mail Services #11**



FBIHQ



935 Pennsylvania Avenue, NW  
Washington, DC 20535

b6  
b7C  
b7E



THE STATE UNIVERSITY of NEW YORK



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

CALL on  
Tuesday

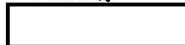
Office of the Chancellor  
The State University of New York  
State University Plaza  
Albany, New York 12246



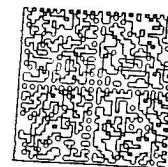
THE STATE UNIVERSITY of New York



FBIHQ



935 Pennsylvania Avenue, NW  
Washington, DC 20535



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1M  
0004264495  
\$ 00.44<sup>00</sup>  
JAN06 2011  
MAILED FROM ZIP CODE 12207

b6  
b7C  
b7E

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



UNCLASSIFIED

**FEDERAL BUREAU OF INVESTIGATION**

**Precedence:** PRIORITY

**Date:** 05/12/2010

**To:** Counterintelligence

**Attn:** MAPA [REDACTED]  
[REDACTED]  
[REDACTED]

**From:** Albany

Squad 1

**Contact:** SSA [REDACTED]

**Approved By:** [REDACTED]

**Drafted By:** [REDACTED]

**Case ID #:** [REDACTED] <sup>15</sup> (Pending) b7A

**Title:** NATIONAL SECURITY HIGHER EDUCATION  
ADVISORY BOARD - CLEARANCES

**Synopsis:** Lead covered.

**Reference:** [REDACTED] Serial 11 b7A

**Enclosure(s):** Enclosed for the Counterintelligence Division,  
[REDACTED] are the following: b7E

1) Original and one copy of Electronic Questionnaires  
for Investigations Processing (e-QIP), [REDACTED]  
[REDACTED] for Candidate [REDACTED]

2) Original and one copy of Disclosure and  
Authorization Pertaining to Consumer Reports Pursuant to the Fair  
Credit Reporting Act, Form DOJ-555;

3) Original and one copy of Non-Personnel Consent to  
Release Information, Form FD-979a;

4) One envelope containing three Forms FD-258,  
Applicant fingerprint card.

**Details:** Referenced Electronic Communication requested Albany  
Division contact [REDACTED]  
[REDACTED] for completion of the enclosed  
application and fingerprint cards.

UNCLASSIFIED

b6  
b7C  
b7E

b6  
b7C

UNCLASSIFIED

To: Counterintelligence From: Albany  
Re:  05/12/2010

b7A

Albany Division considers this lead covered.

UNCLASSIFIED

UNCLASSIFIED

To: Counterintelligence From: Albany  
Re:  05/12/2010

b7A

LEAD(s) :

Set Lead 1: (Info)

COUNTERINTELLIGENCE

AT WASHINGTON, DC

For information and processing.

◆◆

UNCLASSIFIED



United States Department of Justice

Disclosure and Authorization  
Pertaining to Consumer Reports  
Pursuant to the Fair Credit Reporting Act  
(Title 15, U.S. Code, Section 1681)

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for Federal employment, during the course of your Federal employment (including employment under contract), and/or in connection with your security clearance or your access to classified information. One or more reports about you may be obtained for purposes of evaluating your fitness for employment, promotion, reassignment, retention, access to classified information, or other employment purposes.

I, , hereby authorize the Department of Justice to obtain, and I further instruct any consumer/credit reporting agency to release to DOJ, any such report(s) for the above purposes.

5/5/10

Date

Social Security Number

Current Organization Assigned