

*** ACTIVITY REPORT ***

TRANSMISSION OK

0000

TI/RI NO.	2394
CONNECTION TEL	7p2895859
CONNECTION ID	
START TIME	03/30 15:38
USAGE TIME	02'44
PAGES	4
RESULT	OK

30 MAR 93

MAY 20 1993

1 AIRCRAFT SERIAL NUMBER		2 MODEL		3 DATE		4 PAGE	
7015303		OH-58A		13 May 93		3	
PART I - FAULT INFORMATION							
STATUS	SYS	DATE	NO	TIME	PID		
A	A	30 Mar 93	001	0800			
FAULT/REMARKS							
Bullt hole in aft flight oil tank support assembly							
DELAY DAYS							
1 5144 2 1 3							
AC HRS	4492.2	WHEN DISC	HOW REC	MAL EFF	WUC		
W.O.			G	24	08-13-2		
STATUS	SYS	DATE	NO	TIME	PID		
A	A	30 Mar 93	002	0830			
FAULT/REMARKS							
Removed battery							
DELAY DAYS							
1 2 3							
AC HRS	4492.2	WHEN DISC	HOW REC	MAL EFF	WUC		
W.O.							
STATUS	SYS	DATE	NO	TIME	PID		
A	A	13 Mar 93		1300			
FAULT/REMARKS							
6 month tube chgs							
DELAY DAYS							
1 2 3							
AC HRS	4492.2	WHEN DISC	HOW REC	MAL EFF	WUC		
W.O.							
PART II - CORRECTING INFORMATION							
DATE	TIME	HOURS	PID	HOURS	PID	HOURS	PID
13 May 93	13:00						
ROUNDS							
ACTION							
Replaced battery							
DATE	TIME	HOURS	PID	HOURS	PID	HOURS	PID
13 May 93	14:00						
ROUNDS							
ACTION							
Replaced battery							
DATE	TIME	HOURS	PID	HOURS	PID	HOURS	PID
17 Mar 93	13:00						
ROUNDS							
ACTION							
Completed							
DATE	TIME	HOURS	PID	HOURS	PID	HOURS	PID
17 Mar 93	13:00						
ROUNDS							
ACTION							
Completed							
DATE	TIME	HOURS	PID	HOURS	PID	HOURS	PID
17 Mar 93	13:00						
ROUNDS							
ACTION							
Completed							

AIRCRAFT INSPECTION AND MAINTENANCE RECORD
For use of this form, see DA PAM 738-751; the proponent agency is DCSLOG

DA FORM 2408-13-1, OCT 91

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

30 March 1993

ORDERS 061-023

HQ STATE AREA COMMAND(-)

(8BBAA-001)

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATIONS

Type duty code: 40E Active Duty Special Work

Number of days: 7 Day(s) (20 March 1993 - 26 March 1993)

Will proceed date : 0730 20 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$474.00 GA \$0

Act clas:

ff tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J

S41292 CTD 8BBAA

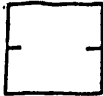
Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////
HQ, ARNG
OFFICIAL
////////////////////////////////

ADJUTANT
J

DISTRIBUTION:
AGTX-CD (5)
AGTX-SCF (2)



Everyday Inn

1008 E. CREST
Waco, Texas 76705

56101

Date 3-21- 19 97

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

[REDACTED]

Payable by
cash in advance

CAR YEAR
MAKE

LICENSE
NUMBER

REPRESENTATIVE
OF

NAME

ROOM

CLERK

ARRIVAL

AM
PM

DEPARTURE

AM
PM

ROOM NO	NO GUESTS	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR ✓	PREVIOUS BALANCE	DR ✓
		NO DAYS	AMOUNT		L. D.	LOCAL						
19			10.00									
			10.00									
			10.00									
			10.00									
			10.00									
			10.00									
		7	170.8				70.56	70.56				

ROOM

CHARGES

C.
D.

Guest's
Last name _____

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 061-026

30 March 1993

([REDACTED] HHC 49TH ARMD DIV
(PDWAA-600) [REDACTED]

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATIONS

Type duty code: 40E Active Duty Special Work

Number of days: 4 Day(s) (29 March 1993 - 01 April 1993)

Will proceed date : 0730 29 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$26.00 GA \$0

Acct clas:

Enl tvl/pd: 2132060 18-1041 P2M31.1100-211J/219J

S41292 CTD PDWAA

Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////
// HQ. ARNG //
// OFFICIAL //
////////////////////

[REDACTED]
ADJUTANT
J

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

*** ACTIVITY REPORT ***

TRANSMISSION OK

0020000

TX/RX NO.	2394
CONNECTION TEL	7p2895859
CONNECTION ID	
START TIME	03/30 15:36
USAGE TIME	02'44
PAGES	4
RESULT	OK

30 MAR 93

2301

COMPLETE ALL PERTINENT INFORMATION

State Counterdrug Support Operations Report

Proponent: Agency NGB-CDD

TO: Counterdrug Task Force				1. FROM (STATE): AGTX-CD (Texas)	
				2. DATE: 30 Mar 93	
3. Operation Number:	State TX	Serial # 0502	FY 93	Agency VAR	NGB # 14
				4. Operation Code Name: PLUS UP	
5. POC:				6. Telephone: (512) 465-5622 A-954-5622	7. Fax Line: (512) 465-5695
8. Initial <input type="checkbox"/>	Situation/ In-Process <input checked="" type="checkbox"/>		Seizure <input type="checkbox"/>	Termination <input type="checkbox"/>	
9. Agency Supported: VARIOUS AGENCIES					
10. Location of Operations: WACO, TX					
11. Start Date:			12. Scheduled Ending Date:		
13. Counterdrug Funded					
Title 32 <input type="checkbox"/>	Title 10 <input type="checkbox"/>	AFTP <input type="checkbox"/>		Incidental to Training	
		IDT <input type="checkbox"/>	Annual Training <input type="checkbox"/>		
14. ARNG Commissioned/Warrant: 3 Units:			ARNG Enlisted: 11		
15. ANG Commissioned: 0 Units:			ANG Enlisted: 0		
16. Equipment (Including uniforms, weapons, vehicles, radios, etc.): Aircraft by type:					

FYTD NATIONAL GUARD ASSISTED SEIZURE INFORMATION

(Cumulative- Expressed in pounds and decimals thereof)

17. A. # MJ Plants:	B. Cocaine Lbs:	C. Heroin Lbs:
D. MJ Lbs:	E. Opium Lbs:	F. Hashish Lbs:
G. Vehicles:	H. Weapons:	I. Ammo Rounds:
J. Arrest:	K. Currency (\$\$):	L. Other Drugs Lbs:
M. Property \$\$ Value:	N. Property by Type:	

FLYING HOURS

18. Aircraft Hrs Flown:	UH-1:	OH-58:	OH-6:	C-130:	C-12:
F-16:	RF-4C:	T-42:	UH-60:	C-26:	OV-10:
Other:					

FYTD CARGO INSPECTION (IN-PROCESS) INFORMATION

This information is required (Cumulative FYTD)

19. A. Containers:	B. Aircraft:	C. Vehicles:
D. Buses:	E. Vessels:	F. 55 Gal. Drums:
G. Pallets Full: Pallets Empty:	H. Crates Full: Crates Empty:	I. Trailers Full: Trailers Empty:
J. Warehouses:	K. Boxes, etc.:	L. Buildings:

REVIEWED BY _____
DATE _____

DIARY 4 [REDACTED] DSN 738-0681

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

ADJUTANT GENERAL'S DEPT. CIVILY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

NAME: [REDACTED] GRADE/RANK: [REDACTED]

MAILING ADDRESS (Include ZIP Code): [REDACTED] PHONE NO.: [REDACTED]

ORGANIZATION AND STATION: [REDACTED] DSN 738-0681 76542

TEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)

RD # 057-078 DTD: 24 March 1993

TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, Station No. If none, so state)

NONE

ITINERARY (See Item 23 for Symbols)				2. COST OF LODGING	3. NUMBER OF MEALS		4. POC MILES
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL		REASON FOR TRIP	GOVT DED.	
MAR	DEP 1400	GATESVILLE, TX	GA		70.56	/	0
MAR	ARR 1600	MT. CARMEL		TD			
MAR	DEP 1200	WACO, TEXAS	GA				
MAR	ARR 1400	GATESVILLE, TX		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED

APPROVING OFFICER (31 USC 6604)

TRAVEL ADVANCES (If none, so state)

NUMBER	FROM	TO

TRAVEL STATEMENT: _____ days _____ hours last on between _____ and _____

TYPE OF TRAVEL: OWNER/OPERATOR (See Item 22d) PASSENGER

NOTE: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

SIGNATURE OF CLAIMANT: [REDACTED]

DATE: 30 Mar 93

COUNTING CLASSIFICATION

COLLECTION DATA

COMPUTED BY: _____ 18. AUDITED BY: _____ 19. TVL ACRO POSTED BY: _____ 20. RECEIVED (Payee signature and date or check no.): _____ 21. AMOUNT PAID: _____

10. DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

RECEIVED
ADJUTANT GENERAL'S DEPT.
-1 APR 93 15 05
OTH-D TRAVEL

COMPUTATIONS

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

11. PAYMENT DESIRED

CHECK CASH

12. PER DIEM REQUESTED

13. BASIS RATE

MILITARY

DSN 738-0681

DATE

TRAVEL VOUCHER OR SUBVOUCHER

(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

FOR DO USE ONLY

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

NAME-FIRST NAME-MIDDLE INITIAL (Print/Type) GRADE/RANK SSN

DO VOUCHER NO.

SUBVOUCHER NO.

CHECK MAILING ADDRESS (Include ZIP Code)

DUTY PHONE NO.

DSN 738-0681

PAID BY

RECEIVED
ADJUTANT GENERAL'S DEPT.
-1 APR 93 14 33
OTR-D TRAVEL

ORGANIZATION AND STATION

736TH MAINT CO, GATESVILLE, TX 76528

TRAVEL ORDERS (Paragraph, S.O. No. Issuing Hq., Date) (Include amending orders)

ORD #057-080 DTD: 24 March 1993

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)

NONE

1. ITINERARY (See Item 23 for Symbols)

DATE	LOCAL TIME (24 Hour Clock)	PLACE Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LOGGING	2. NUMBER OF MEALS		4. POC MILES
						GOVT DED*	OPEN MESS	
21MAR	DEP 1400	GATESVILLE, TX	GA					
21MAR	ARR 1600	MT. CARMEL		ID				
28MAR	DEP 1200	WACO, TX	GA		70.56		0	
28MAR	ARR 1400	GATESVILLE, TX		MC				
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

COMPUTATIONS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

6. Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC 680a.)

7. TRS/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO

11. PAYMENT DESIRED

CHECK CASH

8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____

12. PER DIEM REQUESTED

9. POC TRAVEL: OWNER/OPERATOR (See Item 22d) PASSENGER

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT

DATE 30 March 93

18. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

17. COMPUTED BY

18. AUDITED BY

19. TVL RCRD POSTED BY

20. RECEIVED (Payee signature and date or check no.)

21. AMOUNT PAID

MILITARY

DSN 738-0681

TRAVEL VOUCHER OR SUBVOUCHER

(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

NAME-FIRST NAME-MIDDLE INITIAL (Print type) GRADE/RANK (ASN)

MAILING ADDRESS (Include zip code)

PHONE NO. DSN 738-0681

TRP A, 1ST SODN, 124TH CAV, 2120 NEW RD, WACO, TX

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)

ORD # 057-077 DTD: 24 MARCH 1993

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)

NONE

1. ITINERARY (See Item 23 for Symbols)				2. COST OF LODGING		3. NUMBER OF MEALS		4. POC MILES
DATE	LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR TRIP	GOVT	OPEN MEALS		
21 MAR	DEP 1400	GATESVILLE, TX	GA					
21 MAR	ARR 1600	MT. CARMEL		TD				
28 MAR	DEP 1200	WACO, TEXAS	GA		70.56	0		
28 MAR	ARR 1400	GATESVILLE, TX		MC				
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

16. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

RECEIVED S. DEPT. ADJUTANT GENERAL'S DEPT. -1 APR 93 11 43 OTM-D TRAVEL

COMPUTATIONS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

6. Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC 680a)

7. TRS/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO

11. PAYMENT DESIRED

CHECK CASH PER DIEM REQUESTED

8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____

9. POC TRAVEL: OWNER/OPERATOR (See Item 22d) PASSENGER

12. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 3 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT

DATE

30 MAR 93

15. ACCOUNTING CLASSIFICATION

SECTION DATA

17. COMPUTED BY

18. AUDITED BY

19. TVL RCRD POSTED BY

20. RECEIVED (Payee signature and date or check no.)

21. AMOUNT PAID

DD FORM 1351-2

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

Exception to SF 1012 and 1012a approved by NARS, CSA April 1978

Z 0017762

DATE _____

MILITARY

DSN 738-0681

TRAVEL VOUCHER OR SUBVOUCHER

(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)

FOR DO USE ONLY

LEAD PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

FIRST NAME-MIDDLE INITIAL (Print/Type) GRADE/RANK SSN

DO VOUCHER NO.

SUBVOUCHER NO.

CHECK MAILING ADDRESS (Include ZIP Code)

DUTY PHONE NO.

DSN 738-0681

ORGANIZATION AND ADDRESS

736TH MAINT CO, 3301 E. MAINT ST GATESVILLE, TX 86528

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)

ORD # 057-079 DTD: 24 MARCH 1993

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state)

NONE

1. ITINERARY (See Item 25 for Symbols)

DATE	LOCAL TIME (24 Hour Clock)	PLACE Home, Office, Base, Activity, City and State, City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	3. NUMBER OF MEALS		4. POC MILES
						GOVT	OPEN MESS	
21 MAR	DEP 1400	GATESVILLE, TX	GA					
21 MAR	ARR 1600	MT. CARMEL		TD				
28 MAR	DEP 1200	WACO, TEXAS	GA		70.56		0	
28 MAR	ARR 1400	GATESVILLE, TX		MC				
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

COMPUTATIONS

5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED

SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Amt. Charged to Acctg. Class	

6. Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC 680e.)

7. TRS/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO

11. PAYMENT DESIRED

CHECK CASH

8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____

12. PER DIEM REQUESTED

9. POC TRAVEL: OWNER/OPERATOR (See Item 22d)

PASSENGER

13. BAS RATE

PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.

14. SIGNATURE OF CLAIMANT

DATE

30 March 93

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

17. COMPUTED BY

18. AUDITED BY

19. TVL RCRO POSTED BY

20. RECEIVED (Payee signature and date or check no.)

21. AMOUNT PAID

DD FORM 1351-2 1 JUN 78

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

Exception to SF 1012 and 1012a approved by NARS, GSA April 1978.

Z 0012563

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

30 March 1993

ORDERS 061-023

[REDACTED] HQ STATE AREA COMMAND(-)
[REDACTED]
(8BBAA-001) [REDACTED]

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATIONS

Type duty code: 40E Active Duty Special Work

Number of days: 7 Day(s) (20 March 1993 - 26 March 1993)

Will proceed date : 0730 20 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$474.00 GA \$0

ct clas:

ff tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J

emat: 400

S41292 CTD 8BBAA

FOR THE ADJUTANT GENERAL:

//////
HQ, ARNG
OFFICIAL
//////
[REDACTED]

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 061-026

30 March 1993

2

(PDWAA-600) PO BOX 5218

AUSTIN TX

78763

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATIONS

Type duty code: 40E Active Duty Special Work

Number of days: 4 Day(s) (29 March 1993 - 01 April 1993)

Will proceed date : 0730 29 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$26.00 GA \$0

Acct clas:

Enl tvl/pd: 2132060 18-1041 P2M31.1100-211J/219J

S41292 CTD PDWAA

Format: 400

FOR THE ADJUTANT GENERAL:

3

////////////////////
// HQ. ARNG //
// OFFICIAL //
////////////////////

ADJUTANT

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

STATE OF TEXAS
ADJUTANT GENERAL'S DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TEXAS 78763-5218

ORDERS 061-022 /

2

30 March 1993

[REDACTED]
(YRDAA-610) P O BOX 5218

[REDACTED] (LRS)
AUSTIN TX

78763

You are to proceed on temporary duty as shown below and will return to your permanent station upon completion of the duty.

Temporary duty at : WACO, TEXAS

Purpose: SUPPORT AGTX-CD OPERATIONS

Type duty code: 402 Active Duty Special Work

Number of days: 19 Day(s) (28 March 1993 - 15 April 1993)

Will proceed date : 0730 28 MAR 1993

Additional instructions:

- (a) Government quarters and rations are not available.
- (b) Per diem is authorized in accordance with JFTR Vol 1.
- (c) Travel by government transportation is authorized.
- (d) Authority is granted to make such changes in duty locations as may be necessary for accomplishment of this mission.
- (e) Individual will submit DD Form 1351-2 through their Commander to AGTX-SCM-V NLT 5 days after performing duty.
- (f) P/D \$1159.00 GA \$0

Acct clas:

Off tvl/pd: 2132060 18-1041 P2M11.1000-211J/219J

S41292 CTD YRDAA

Format: 400

FOR THE ADJUTANT GENERAL:

////////////////////
// HQ. ARNG //
// OFFICIAL //
////////////////////

[REDACTED] 3
ADJUTANT

DISTRIBUTION:
AGTX-CD (5)
AGTX-SCF (2)