

"WHEN USING BALL-POINT PEN PRESS HARD TO ASSURE LEGIBILITY ON ALL COPIES"

ADSW

REVIEWED BY: *[Signature]*

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

DATE: 04 MAR 83

TRAVEL VOUCHER OR SUBVOUCHER <small>(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)</small>										10. FOR DO USE ONLY		
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM										DO VOUCHER NO.		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)			GRADE/RANK		SSN					SUBVOUCHER NO.		
CHECK MAILING ADDRESS (Include ZIP Code)			DUTY PHONE NO.							PAID BY		
ORGANIZATION AND STATION AGTX-CD/500 P.O. BOX 5218 AUSTIN, TX. 78763												
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) 048-053 11 MAR 83												
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 GOVT DED. OPEN MESS		4. POC MILES				
7 MAR	DEP 0900	AUSTIN, TX	GA									
7 MAR	ARR 1100			TD								
9 MAR	DEP 1245	WACO, TX	GA		96.00							
9 MAR	ARR 1445			MC								
	DEP	AUSTIN, TX										
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)												
DATE	NATURE AND EXPLANATION				AMT. CLAIMED	ALLOWED						
	NONE											
6. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a)												
7. TR'S/MTA'S/MT'S (If none, so state)												
NUMBER	FROM			TO								
	NONE											
8. LEAVE STATEMENT: _____ days _____ hours taken between _____ and _____												
9. POC TRAVEL <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER												
11. PAYMENT DESIRED <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH												
12. <input checked="" type="checkbox"/> PER DIEM REQUESTED												
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
COUNTING CLASSIFICATION												
16. COLLECTION DATA												
17. COMPUTED BY												
18. AUDITED BY												
19. TVL RCRO POSTED (20 RECEIVED) (Have signature and date of check no.)												
21. AMOUNT PAID												

D2862



AUG89-MP
Form 6481TX

PREMISE WORK
INVOICE

- INSTALLATION
- MAINTENANCE

Date 3-4-93
Phone No. 799 2771

Customer TEX NATIONAL Guard
Address TSPC Bldg 31-1
Technician No. 671

PREMISES WORK DONE										COMMENTS:
1	2	3	4	5	6	7	8	9	10	
										1 WHP 1 JAC

- ▲ = Network Interface
- = Conn. Blocks Placed
- = Inside Wire Placed

Regular Time

62 Initial Work Charge @ 62⁰⁰ =

16 Additional Work Charge @ 16 =

Overtime And Saturday

Initial Work Charge @ =

Additional Work Charge @ =

Sundays And Holidays

Initial Work Charge @ =

Additional Work Charge @ 78⁰⁰ =

TOTAL CHARGES = 78⁰⁰

Installation Billing 2 mos. 3 mos. 4 mos.

SEE BACK FOR EXPLANATION OF CHARGES

Signature [Redacted]

Customer or Agent Acknowledges Receipt

THIS IS NOT A BILL - DO NOT PAY TECHNICIAN
The charges noted on this invoice do not include applicable state and local sales taxes, initial or monthly service and equipment charges

IMPORTANT! KEEP THIS RECEIPT - 30 DAY WARRANTY ON ALL WORK PERFORMED BY SERVICE TECHNICIAN

WHITE Customer Copy (English) YELLOW Customer Copy (Spanish) PINK Technician Copy

REVIEWED BY: [REDACTED]

TRAVEL VOUCHER OR SUBVOUCHER				(Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil)				10. FOR DO USE ONLY			
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM								GO VOUCHER NO.			
LAST NAME-FIRST NAME-MIDDLE INITIAL (Print Type)				GRADE/RANK		SSN		SUBVOUCHER NO.			
CHECK MAILING ADDRESS (Include ZIP Code) HQ, 249th SPT BN (MAIN), PO Box 5218, Austin, Texas 78763-5218				DUTY PHONE NO.		465-5113		PAID BY AGTX-OTM-D 26 MAR 1993 RECEIVED AGTX-OTM-D 29 MAR 1993 SUBMITTED <i>Delay Voucher</i> <i>COMPUTATIONS</i> <i>Was sent directly to USPEO. Returned to AGTX-CD.</i>			
ORGANIZATION AND STATION HHC, 49th Ard Div Spt Cmd, Austin, Tx 78763-5218											
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders) 042-211, AGTX, dtd 3 Mar 93											
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. NUMBER OF MEALS			
DATE	LOCAL TIME	PLACE	MODE OF TRAVEL	REASON FOR TRAVEL	COST OF LODGING	GOVT DED*	OPEN MEALS	POC MILES			
93											
2/28	DEP 1600	Camp Mabry, Aust	GA								
2/28	ARR 2400	Waco, Tx		TD		0					
3/2	DEP 1000		GA		0	0	0				
3/2	ARR 1300	Camp Mabry, Aust		MC	0	0	0				
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)								SUMMARY OF PAYMENT			
DATE	NATURE AND EXPLANATION				AMT. CLAIMED	ALLOWED	Per Diem				
							Actual Expense				
6. Long distance telephone calls are certified as necessary in the interest of the Government.								Mileage or Transp Allowances			
APPROVING OFFICER (31 USC 6804)								Reimbursable Expenses			
7. TRIP/MTA/MT'S (If none, so state)								Total Entitlement			
NUMBER	FROM					TO	Less Previous Payments				
	NONE					Less Voucher Deductions					
								Amt. Charged to Acctg. Class			
								11. PAYMENT DESIRED			
								<input checked="" type="checkbox"/> CHECK		<input type="checkbox"/> CASH	
8. LEAVE STATEMENT: <u>2</u> days <u>2</u> hours taken between <u> </u> and <u> </u>								12. <input checked="" type="checkbox"/> PER DIEM REQUESTED			
9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER								13. BAS RATE			
* 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.										DATE 4 Mar 93	
16. COLLECTION DATA											

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

ORDERS 042-211

03 March 1993

① [REDACTED] HHC 49th Armd Div Spt Cmd, TXARNG, Austin TX
78763-5218 (WTQ4AA-500)

You are ordered to active duty for special work (ADSW) for the period shown plus allowable travel time. Upon completion of the period of ADSW unless sooner released or extended by proper authority, you will return to the place where you entered ADSW and be released from such duty.

Period (TDY): 28 February 1993 - 02 March 1993

Report to: Unit Aromry/Further assigned to Waco Texas

Reporting time and date: Not later than 0730 hours 28 Feb 1993

Purpose: Support AGTX-CD Operations

Additional instructions: Government quarters and mess will be utilized. Travel by privately owned conveyance is authorized. Individual must comply with standards in AR 600-9. This training is considered an event and individual's unit will not process payroll. TCMJ authority is granted to attached unit. However, during IDT assemblies, parent unit has TCMJ authority. Enlisted personnel are authorized BAS at the RNA rate. Soldier terminates ADSW status 2400 hrs on the day prior to AT and automatically reverts to ADSW status 0001 hrs on the day following the AT period. Performance of AT does not constitute a break in service: accrued leave and all other appropriate entitlements are continued. VHA is not payable during the AT period.

FOR ARNG/ARMY USE

Auth: VOTAG date: 28 Feb 1993, Subsec 505 Title 32 USC & AGTX-CD

HOR:

Type duty code: 40E

Acct clas: Enl pay/alw/tvl/pd:

2132060 18-1041 P2M31.1100-1198/1199/1210/1250/211J/219J S41292 (CD) (TQ4AA)

PEBD: 31 AUG 56

Federal WE:M-0

Marital status: M-1

Dependents: 1

Incentive or special pay: No

State tax code: TX

Scty clnc: SECRET

Format: 282

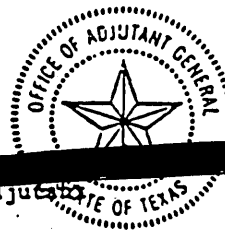
FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

AGTX-CD (2)

AGTX-SCF (2)

HHC 49th Armd Div (5)



Z 0017538

RECEIVED
 ADJUTANT GENERAL'S DEPT
 MAR 93 13 - 14 4 Mar 93

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

10. FOR DO USE ONLY

1. LAST NAME - FIRST NAME - MIDDLE INITIAL (Print Type) [REDACTED] GRADE/RANK [REDACTED] SSN [REDACTED]

2. CHECK MAILING ADDRESS (Include ZIP Code) [REDACTED] DUTY PHONE NO. 465-5010

3. ORGANIZATION AND STATION: HQ STARC, Austin Tx

4. TRAVEL ORDERS (Paragraph, S.O. No., Issuing No., Date) (Include amending orders): 042-106 AGTX-CD 03 MAR 93

5. 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

6. 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	GOVT OF MEALS (DED*)	OPEN MESS	POC MILES
2 Mar 1993	DEP 11:00	Austin, Tx	GP					
2 Mar	ARR 11:50			TD	18.50			0
4 Mar	DEP 0800	Waco, Tx	GP					0
4 Mar	ARR 0815	Austin, Tx		MC				0
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
	None		

8. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (31 USC 680a)

9. TR'S/MTA'S/MTS (If none, so state)

NUMBER	FROM	TO
	None	

10. SUMMARY OF PAYMENT

Per Diem	
Actual Expense	
Mileage or Transp Allowances	
Reimbursable Expenses	
Total Entitlement	
Less Previous Payments	
Less Voucher Deductions	
Am't Charged to Acctg Class	

11. PAYMENT DESIRED CHECK CASH

12. PER DIEM REQUESTED

13. BAS RATE

14. SIGNATURE: [REDACTED] DATE: 4 Mar 93

15. 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.

16. COLLECTION DATA

ROOM NO
NO OF GUESTS

45
1

Everyday Inn

1008 E. CREST
Waco, Texas 76705

No 55823

Date 3-2 19 93

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME [REDACTED]

ADDRESS [REDACTED] Payable by cash in advance

CITY & STATE [REDACTED] CAR - YEAR MAKE LICENSE NUMBER

GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF

DATE	ROOM NO	NO GUESTS	ROOM CHARGE		TAX	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CA	PREVIOUS BALANCE	CA
			NO DAYS	AMOUNT		L.D.	LOCAL						
3-2	45	1	1	1750	-			1850	1850	0		0	

EXPLANATION OF OTHER CHARGES
A. C. Guest's
B. D. Last name

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

ORDERS 042-106

03 March 1993

① [REDACTED]
(8EBAA-001) P O BOX 5218

② [REDACTED] HQ STATE AREA COMMAND(-)
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 OPERATION
Type duty code: 40H Active Duty Special Work
Number of days: 2 Day(s) (02 March 1993 - 03 March 1993)
Will proceed date : 0730 02 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 \$148.00 GP \$0

Acct clas:

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

S41292 CTD 8BBAA

Format: 400

FOR THE ADJUTANT GENERAL:

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

③ [REDACTED]
ADJUTANT

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

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

ORDERS 042-105

03 March 1993

 2 3
/ (V7ZA1-705) 2001 EAST 51ST ST

DET 1 CO E 149TH AVN
AUSTIN TX

78723

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 OPERATION

Type duty code: 40H Active Duty Special Work

Number of days: 2 Day(s) (02 March 1993 - 03 March 1993)

Will proceed date : 0730 02 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 \$148.00 GP \$0

Acct clas:

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

S41292 CTD V7ZA1

Format: 400

FOR THE ADJUTANT GENERAL:

4
HQ. ARNG
OFFICIAL


DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

RECEIVED
ADJUTANT GENERAL'S
MAR 93 13

1404 MAR 93

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

10. FOR DO USE ONLY

11. VOUCHER NO. _____

12. SUBVOUCHER NO. _____

13. PAID BY _____

14. ORGANIZATION AND STATION
DET. 1 CO. E 149 AV AUSTIN, TEXAS

15. TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)
042-105 AGTX-CD 03 MARCH 1993

16. 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

17. 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		POG MILES
						GOVT DED.	OPEN MESS	
19 93								
3/2	DEP 1100	AUSTIN, TX.	GP					
3/2	ARR 1150	WACO, TX.		TD	62.50	NONE		
3/4	DEP 0800		GP					
3/4	ARR 0845	AUSTIN, TX.		MC				
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

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

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED
	NONE		

19. Long distance telephone calls are certified as necessary in the interest of the Government. APPROVING OFFICER (34 USC 680a)

20. TR'S/MTA'S/MT'S (If none, so state)

NUMBER	FROM	TO
	NONE	

21. LEAVE STATEMENT: N/A days N/A hours taken between N/A and N/A

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

23. BAS RATE

24. 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.)

25. 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.

26. COUNTING CLASSIFICATION _____

27. DATE 04 MARCH 1993

28. COLLECTION DATA

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

ADSW

REVIEWED BY [REDACTED]
DATE: 5 MAR 93

TRAVEL VOUCHER OR SUBVOUCHER (Complete by typewriter, ink, or ballpoint pen (PRESS HARD) do not use pencil)
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

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

CHECK MAILING ADDRESS (Include ZIP Code) DUTY PHONE NO.

ORGANIZATION AND STATION

COF(-) 149AVN 49AD Austin, TX

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

AGTX 042-104 03 March 1993

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

NONE

1. ITINERARY (See Item 25 for Symbols)				2.		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 STOP	COST OF LODGING	GOVT DED*	OPEN MESS	
19 93								
3/02	DEP 1100	Austin, TX	GP					
	ARR 1150			TD				
3/04	DEP 0800	Waco, TX	GP		40.50	NONE		
	ARR 0845			MC				
	DEP	Austin, TX						
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							
	DEP							
	ARR							

10. FOR DO USE ONLY
DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

AGTX-OTM-D

05 MAR 1993 RECEIVED

AGTX-OTM-D

09 MAR. 1993 DATE OUT

COMPUTATIONS

1 NIGHT @ TRSD
1 NIGHT @ 22.00

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

DATE	NATURE AND EXPLANATION	AMT. CLAIMED	ALLOWED
	NONE		

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

NUMBER	FROM	TO
	NONE	

11. PAYMENT DESIRED

CHECK CASH

PER DIEM REQUESTED

8. LEAVE STATEMENT: N/A days N/A hours taken between N/A and N/A

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 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.

COUNTING CLASSIFICATION DATE 04 MARCH 1993

16. COLLECTION DATA

ROOM NO.
NO OF GUESTS

43
1

Everyday Inn

1008 E. CREST
Waco, Texas 76706

No. 55824

Date MARCH 2 19 93

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME (1) [REDACTED]

ADDRESS (2) [REDACTED]

CITY & STATE (3) [REDACTED]

GUEST NATURE (3) [REDACTED]

43 Payable by cash in advance

CAR YEAR MAKE

LICENSE NUMBER

REPRESENTATIVE OF

DATE CLERK ARRIVAL

AS DEPARTURE AS PM

DATE	ROOM NO.	NO GUESTS	ROOM CHARGE		TAX	OTHER	TOTAL CHARGES	PAID BY ACCOUNT	BALANCE DUE	PREVIOUS BALANCE
			NO DAYS	AMOUNT						
3-21	43	1	1	18.50	-		18.50	18.50	0	0
[REDACTED]										

EXPLANATION OF OTHER CHARGES

- A. _____
- B. _____
- C. _____
- D. _____

Guest's Last name _____



Best Western
Old Main Lodge



1H 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1-800-299-WACO (9226)

GUEST
FOLIO

ARRIVE NGTS DEPART
SAT FEB27, 93 05 THU MAR04, 93
ROOM MKT S/A # T/A #
102 GM
TYPE A K R C E D M
QQ 1
NAME / ADDRESS

TIME EMP FOLIO #
0603 S1 03775

TAX & FEE
TIME
.00

NO	DATE	ROOM	Rm	AMOUNT	NA
1	MAR03	ROOM	102E	22.00+	NA
2	MAR04	VISA/MC		22.00-	S1

① _____

TX NAT GUARD
PO BOX 5218

AUSTIN, TX
78763 USA AUS

BY BY
GTD BY BC

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

LODGING STATEMENT

①

[REDACTED]
(NAME)

stayed at the EVERYDAY INN
(HOTEL/MOTEL)

WACO, TX
(LOCATION)

, phone number: _____ during the
(HOTEL/MOTEL)

TDY period of: MARCH 2, 1993. I paid \$ 18.50 per night at a total cost
(DAILY RATE + TAX)

of: \$ 18.50.

The original lodging receipt was ~~lost~~ ^{destroyed}. I understand that the Finance and
Accounting Office will verify my stay and charges at the above location.

②

[REDACTED]
SIGNATURE

DATE: 9 MARCH 93

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

ORDERS 042-104

03 March 1993

① [REDACTED] ② [REDACTED] O F(-)149TH AVN
(V70AA-708) 2001 E 51ST ST AUSTIN TX

78723

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 OPERATION

Type duty code: 40H Active Duty Special Work

Number of days: 2 Day(s) (02 March 1993 - 03 March 1993)

Will proceed date : 0730 02 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 \$148.00 GP \$0

Acct clas:

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

S41292 CTD V70AA

Format: 400

FOR THE ADJUTANT GENERAL:

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

③ [REDACTED]
ADJUTANT

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

[Handwritten initials]

ADSW

RECEIVED
ADJUTANT GENERAL'S DEPT
MAR 03 13

3
1404 MAR 93

TRAVEL VOUCHER OR SUBVOUCHER				(Complete by typewriter, ink or ballpoint pen (PRESS HARD) do not use pencil)				10. FOR DO USE ONLY	
READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.								VOUCHER NO. 011	
NAME - FIRST NAME - MIDDLE INITIAL (Print Type)				GRADE/RANK		SSN		SUBVOUCHER NO.	
CHECK MAILING ADDRESS (Include ZIP Code)				DUTY PHONE NO.				PAID BY	
ORGANIZATION AND STATION				DET. 1 CO. E 149 AV AUSTIN, TEXAS					
TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)				042-105 AGTX-CD 03 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)								3. NUMBER OF MEALS	
DATE	LOCAL TIME	PLACE	MODE OF TRAVEL	REASON FOR STOP	COST OF LODGING	GOVT DED	OPEN MESS	POC MILES	
3/2	DEP 1100	AUSTIN, TX.	GP						
3/2	ARR 1150	WACO, TX.		TD	62.50	NONE			
3/4	DEP 0800		GP						
3/4	ARR 0845	AUSTIN, TX.		MC					
	DEP								COMPUTATIONS
	ARR								1 NIGHT @ 18.50
	DEP								2 NIGHT @ 44.00
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
5. REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS (See Item 24)								SUMMARY OF PAYMENT	
DATE	NATURE AND EXPLANATION			AMT. CLAIMED	ALLOWED				
	NONE					Per Diem			
						Actual Expense			
6. Long distance telephone calls are certified as necessary in the interest of the Government.						APPROVING OFFICER (31 USC 680a)		Mileage or Transp. Allowances	
7. TR'S/MTA'S/MT'S (If none, so state)								Reimbursable Expenses	
NUMBER	FROM		TO				Total Entitlement		
	NONE						Less Previous Payments		
							Less Voucher Deductions		
							Amt. Charged to Acctg. Class		
						11. PAYMENT DESIRED			
						<input checked="" type="checkbox"/> CHECK		<input type="checkbox"/> CASH	
8. LEAVE STATEMENT: N/A days N/A hours taken between N/A and N/A						12. <input checked="" type="checkbox"/> PER DIEM REQUESTED			
9. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> 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 287J)									
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.								DATE	
COUNTING CLASSIFICATION								04 MARCH 1993	
16. COLLECTION DATA									

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

ORDERS 042-105

03 March 1993

① [REDACTED] ② [REDACTED] DET 1 CO E 149TH AVN
(V72A1-705) 2001 EAST 51ST ST AUSTIN TX

78723

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 OPERATION

Type duty code: 40H Active Duty Special Work

Number of days: 2 Day(s) (02 March 1993 - 03 March 1993)

Will proceed date : 0730 02 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 \$148.00 GP \$0

Acct clas:

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

S41292 CTD V72A1

Format: 400

FOR THE ADJUTANT GENERAL:

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

③ [REDACTED]
ADJUTANT

DISTRIBUTION:

AGTX-CD (5)

AGTX-SCF (2)

44
1

Everyday Inn

1008 E. CREST
Waco, Texas 76705

55822

Date 2 mm 1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

① [REDACTED]
 ② [REDACTED] Payable by
 cash in advance
 ③ [REDACTED] CAR YEAR LICENSE
 MAKE MAKE NUMBER
 REPRESENTATIVE OF TX ARNG

RATE	CLERK	ARRIVAL	DEPARTURE	OTHER		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CA /	PREVIOUS BALANCE	CA /
				L. D.	LOCAL						
						18.50	18.50				

EXPLANATION OF OTHER CHARGES
 C.
 D.

Guest's
 Last name _____



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

**GUEST
FOLIO**

BALANCE DUE	.00
-------------	-----

TIME 0645 EMP S1 FOUO# 03747

ARRIVE WED MAR03, 93 01 DEPART THU MAR04, 93
ROOM MKT S/A# T/A#
223 GM
TYPE A K R C E D M
QQ 2
NAME / ADDRESS



U. S. TREASURY
PO BOX 5218

AUSTIN TX 78763 USA TX

PAY BY
GTD BY BC

IIL LEWIS

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR03	ROOM	Rm 223E	44.00+	NA
2	MAR04	DNRS/CB		44.00-	S1

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

REG. NO. OF GUESTS 21

Everyday Inn

1008 E. CREST
Waco, Texas 76705

No. 55867

Date 3-2 1993

REG. NO. RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME [REDACTED]

ADDRESS [REDACTED] Payable by cash in advance

CITY & STATE [REDACTED] CAR. YEAR MAKE LICENSE NUMBER

GUEST SIGNATURE [REDACTED] REPRESENTATIVE OF TX NATIONAL GUARD

DATE	ROOM NO.	NO. GUESTS	ROOM CHARGE		TAX	ARRIVAL		DEPARTURE		TOTAL CHARGES	PAID ON ACCOUNT	BALANCE DUE	CR. <input type="checkbox"/>	PREVIOUS BALANCE	DR. <input type="checkbox"/>
			NO. DAYS	AMOUNT		AM	PM	AM	PM						
3-3	21	1	1	10.8											
3-4		1	1	10.0											
3-4			1	10.0					30.24	30.24					

EXPLANATION OF OTHER CHARGES

- A. _____
- B. _____
- C. _____
- D. _____

Guest's Last name (4) [REDACTED]



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
 WACO, TEXAS 76703
 (817) 753-0316 FAX (817) 753-3811
 RESERVATIONS 1 800 299-WACO (9226)

GUEST
 FOLIO

ARRIVE NGTS DEPART
 THU MAR04, 93 03 SUN MAR07, 93
 ROOM MKT S/A # T/A #
 223 GM
 TYPE A K R C E D M
 QQ 1
 NAME / ADDRESS

TIME EMP FCLO #
 1318 S1 03783

BALANCE DUE
.00

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR04	ROOM	Rm 223E	38.00+	NA
2	MAR05	ROOM	Rm 223E	38.00+	NA
3	MAR06	ROOM	Rm 223E	38.00+	NA
4	MAR07	DNRS/CB		114.00-	S1

1 [REDACTED]

U.S. TREASURY
 P.O. BOX 5218

AUSTIN , TX
 78763 USA AUS

PAY BY
 GTD BY DC

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
 WACO, TEXAS 76703
 (817) 753-0316 FAX (817) 753-3811
 RESERVATIONS 1 800 299-WACO (9226)

GUEST FOLIO

BALANCE DUE

.00

ARRIVE NGTS DEPART

TIME EMP FOLIO #
 1107 S1 03801

THU MAR04, 93 02 SAT MAR06, 93
 ROOM# MKT S/A # T/A #

218 GM
 TYPE A K R C E D M

QQ 1
 NAME / ADDRESS

U. S. TREASURY

PAY BY
 BY BC
 BC4498770400722095X0793

LINE	DATE	DESCRIPTION	REFERENCE	AMOUNT	ID
1	MAR04	ROOM	Rm 218E	38.00+	NA
2	MAR05	ROOM	Rm 218E	48.00+	NA
3	MAR06	VISA/MC		46.00-	S1

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

PM - 3/7/93

MFR -

- VEHICLE UNLOADED IN AC HANGAR 20 MILES AWAY
- TRUCK TO WITHIN 1-2 KM FROM SITE
- OCU OPERATED 1 KM OUT
- DELAY AS SURVEILLANCE, DELAY, ACOUSTICS (LIGHT UP TO BLDG) - NO PROXIMITY, WANT TO SEE IF THEY WILL SHOOT AT IT
- FBI WANTS - NO PRIOR KNOWLEDGE - OF USE DUE TO ACTUAL OPS - SET FOR TONIGHT
- TWO FLIR'S TO ARRIVE WITHIN NEXT 3 HOURS
- WILL USE FO CABLE ONLY. EVEN THOUGH THEY HAVE CUT OFF ELECTRICITY, SITE HAS TV (PORTABLE)!

3/10/93

①

██████████ CALLED SEVERAL TIMES TO CLARIFY WHO APPROVED FBI REQUEST AT OSD

- PM CONFIRMED FROM OSD (██████████) THAT OSD APPROVED AS AN OSD SPONSORED PROGRAM ON SUNDAY 7 MAR 93

3/10/93

- KEEP TRUCK + DRIVE BACK \$900 * 4 DAY; 60 DAYS THEREAFTER
- TRNG IN HANGAR
- FWD TDC HAVE NOT ARRIVED AS YET
- WORKING ON TACTICS 2 1/2 MILES OUT
- ALL 3 UP
- WANT TO USE AS NIGHT
- READY WITHIN 1 1/2
- SET IN W/SRY TUNNEL
- HOW CLOSE BETWEEN SHOT
- NOT READY - I² CAMERAS
- SUGGEST - MOVE UP TO BLDG. THEN GO FORWARD

DAILEY ISSUES OF PETROLEUM PRODUCTS
For use of this form, see AR 703-1; the proponent agency is DCSLOG

VEHICLE USA REGISTRATION NUMBER	TYPE, GRADE AND UNIT OF ISSUES FOR EACH PRODUCT ISSUED					ORGANIZATION AND ADDRESS (Indicate Service: A, Army; AF, Air Force; N, Navy; M, Marine Corps)	SIGNATURE, GRADE
	ISSUES		RECEIPTS				
	DIESEL						
				MAR - 4			
NG-106B	17					HHT 1124 th CAV	[REDACTED]
NG-104N	15					MATRS	[REDACTED]
	32						
				MAR 5			
JAA 0123	23					M-2 Fighting Veh.	
JAA 0140	54					M-2 Fighting Veh	
JAA 01221	10					M-2 Fighting Veh	
JAA 20016	8					" " "	
JAA 01175	57					" " "	
JAA 01207	9					" " "	
JAA 01222	17					" " "	
JAA 01223	88					HHT(-) 1124 th CAV	
	498						
	316						
TOTAL RECEIPTS							
TOTAL ISSUES	248						
POST, CAMP OR STATION				DATE		SIGNATURE OF ATTENDANT	
WANG TX 1-124 CAV WACO, TX				4 MAR 93			

DITION OF 1 OCT 70 IS OBSOLETE.

U.S.G.P.O.: 1990-261-871/11273