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| REMARKS ATM: \$24.20/\$806.75 X 3%. MISC: \$6.75/ATM TERM FEE. TOTAL LODGING: \$880.00 / MILEAGE: 1199. END OF JOB. | | | | | | | | | | | | | | |
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5-14 **EXHIBIT** 5-14



Arrived: 05/04/04 Payment: 05/20/04

| Date | Description | Amount | Balance |
|----------|-------------|-----------|----------|
| 05/04/04 | Room Charge | \$55.00 | \$55.00 |
| 05/05/04 | Room Charge | \$55.00 | \$110.00 |
| 05/06/04 | Room Charge | \$55.00 | \$165.00 |
| 05/07/04 | Room Charge | \$55.00 | \$220.00 |
| 05/08/04 | Room Charge | \$55.00 | \$275.00 |
| 05/09/04 | Room Charge | \$55.00 | \$330.00 |
| 05/10/04 | Room Charge | \$55.00 | \$385.00 |
| 05/11/04 | Room Charge | \$55.00 | \$440.00 |
| 05/12/04 | Room Charge | \$55.00 | \$495.00 |
| 05/13/04 | Room Charge | \$55.00 | \$550.00 |
| 05/14/04 | Room Charge | \$55.00 | \$605.00 |
| 05/15/04 | Room Charge | \$55.00 | \$660.00 |
| 05/16/04 | Room Charge | \$55.00 | \$715.00 |
| 05/17/04 | Room Charge | \$55.00 | \$770.00 |
| 05/18/04 | Room Charge | \$55.00 | \$825.00 |
| 05/19/04 | Room Charge | \$55.00 | \$880.00 |
| 05/20/04 | payment | -\$880.00 | .00. |

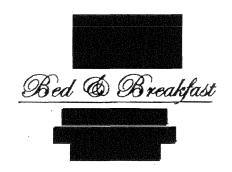
FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

\$55×16 = \$880.00 5-14 **EXHIBIT** 5-18

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| TRAVEL VOUCHER OR SUBVOUCHER | TV NO: | 1 | AMEND | NO: 0 | | | | | | | |
| 1 PAYMENT REQUIRED BY | 2. TYPE | OF PAY | MENT | | | | 3. FOR DO USE | ONLY | | | |
| EFT CHECK X SPLIT DISB: Amt to Govt Tv1 Chg card | | | | PCS MEMBER | 1 | DLA | a. DO VOUCHER NO. | | | | |
| \$ 1,557.8 | | HER | | EMPLOYE | b _ | DEPEND | | · · · · · · · · · · · · · · · · · · · | | | |
| 4. NAME (Last, First, Middle Initial) | . 5. | GRADE 10 | 6. 8 | | acy Act | Data | b. SUBVOUCHER NO. | | | | |
| 7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act In | formation | L. | c.ST | CATE d.Z | IP CODE | | C. PAID BY | | | | |
| 8. TELEPHONE NUMBER 9. TRAVEL ORDER 403539H2 2 | NUMBER 9Jun2004 | 10. | PREVI | OUS PAY | MENTS/AD | VANCES | And the second s | | | | |
| 11. ORGANIZATION AND STATION MAINTENANCE AND | REPAIR SE | | | · · · · · · · · · · · · · · · · · · · | ····· | · | ************************************** | | | | |
| 12. DEPENDENT(S) | | | | NDENTS | ADDRESS | ON | | | | | |
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| SEE ATTACHED (IF APPLICABLE) | | 14.1 | HOUSE YES | , | ODS SHIP | PED | | | | | |
| 15. ITINERARY | | Las | | | | d. COMPUTATIONS | | | | | |
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| 2004 | OF F | | SING | Gov't | Ded | MILES | | *************************************** | | | |
| 06/30 DEP 0600 LOUISVILLE / RESIDENCE KY KE | | | | *************************************** | | | | | | | |
| 06/30 ARR 0645 LOUISVILLE / CELRL-OP-P KY K 06/30 DEP 1200 LOUISVILLE / CELRL-OP-P KY K | EN PA | TD | | | | 23 | | | | | |
| 06/30 ARR 1500 EVANSVILLE/VANDERBURGH IN IN 07/17 DEP 0600 EVANSVILLE/VANDERBURGH IN IN | DI PA | rD 55. | .00 | | | 115 | | | | | |
| 07/17 ARR 0700 GREEN RIVER L/2 KY KENTUCKY 07/17 DEP 1300 GREEN RIVER L/2 KY KENTUCKY | PA | TD | | | | 4.8 | | | | | |
| DEP LOUISVILLE / RESIDENCE KY KE | TI I | AC. | | and the same of th | | 155 | | | | | |
| ARR DEP ARR | nina propinsi i | | *************************************** | Annual Proposition | | Total management of the contract of the contra | | | | | |
| 16. REIMBURSABLE EXPENSES | | ····· | - | 17. | LEAVE | i | e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense (3) Mileage | | | | |
| DATE b. NATURE OF EXPENSE | c. AMOUR | VT b. A | TTOM | ED a. D | DAYS b. | HOURS | | | | | |
| 17Jul2004 CREDIT CARD ATM FEE 17Jul2004 LAUNDRY | \$ 18. \$ 24. | , | | ~ 7 | aken be | THECK | (4) Dependent Travel (5) DLA | 277.00 | | | |
| 17Jul2004 VICINTY MILEAGE AMOUNT 17Jul2004 MISCELLANEOUS - SPECIFY IN REMARKS | \$ 468. | | | | 30Jun20 | | (6) Reimbursable Expe (7) Total (8) Less Advance | in be | | | |
| 17Jul2004 LONG DISTANCE PHONE CALLS HOME/FAMI | \$ 4. \$ 24. | 1 | | d. A | ND 17Jul200 | 04 | (9) Amount Owed (10) Amount Due | not removed to your | | | |
| 18. POC TRAVEL: X OWNER/OPERATOR | | PAS | SENG | | | | NSPORTATION REQUEST AUTHORIZATION (MTA) | (GTR)/MILITARY | | | |
| 20. | | | | a. | GTR/MT/ | NO. | b. FROM | C. TO | | | |
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| 21.a. CLAIMANT SIGNATURE | Ъ. Б | ATE | 22 | | UTNO API | 32000 C | LONATURE | b. DATE | | | |
| | ! | 16-04 | | | | | | 7/24/04 | | | |
| 3. ACCOUNTING CLASS 96 NA X 4902.0000 | X 08 | 2437 NA | | | 96152 | H215 | 687 J1DBLJ 100 % | FUNDED | | | |
| 4. COLLECTION DATA | | | | · | | , | | | | | |
| 5. COMPUTED BY 26. AUDITED BY 27.TRVL OR |) POSTED | BY 28. I | RECEI | VED (Paye | ee signa | ture a | nd date or check no.) | 29'. AMOUNT PAID | | | |
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5-15 EXHIBIT 5-15

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| | REMARKS ATM: \$18.14/\$604.75 X 3*. MISC: \$4.75/ATM TERM FEE. TOTAL LODGING: \$935.00 / MILEAGE: 1589. | | | | | | | | | | |
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| | 1351-20 | | ······································ | *************************************** | | | *************************************** | | | | |



Arrived: 06/30/04 Payment: 07/16/04

| Date | Description | Amount | Balance |
|----------|-------------|----------|----------|
| 06/30/04 | Room Charge | \$55.00 | \$ 55.00 |
| 07/01/04 | Room Charge | \$55.00 | \$110.00 |
| 07/02/04 | Room Charge | \$55.00 | \$165.00 |
| 07/03/04 | Room Charge | \$55.00 | \$220.00 |
| 07/04/04 | Room Charge | \$55.00 | \$275.00 |
| 07/05/04 | Room Charge | \$55.00 | \$330.00 |
| 07/06/04 | Room Charge | \$55.00 | \$385.00 |
| 07/07/04 | Room Charge | \$55.00 | \$440.00 |
| 07/08/04 | Room Charge | \$55.00 | \$495.00 |
| 07/09/04 | Room Charge | \$55.00 | \$550.00 |
| 07/10/04 | Room Charge | \$55.00 | \$605.00 |
| 07/11/04 | Room Charge | \$55.00 | \$660.00 |
| 07/12/04 | Room Charge | \$55.00 | \$715.00 |
| 07/13/04 | Room Charge | \$55.00 | \$770.00 |
| 07/14/04 | Room Charge | \$55.00 | \$825.00 |
| 07/15/04 | Room Charge | \$55.00 | \$880.00 |
| 07/16/04 | Room Charge | \$55.00 | \$935.00 |
| 07/16/04 | Payment | \$935.00 | 00.00 |

FOR OFFICIAL USE ONLY ENFORCEMENT SENSITIVE

| TRAVEL VOUCHER OR SUBVOUCHER | | TV NO | : 1 | AMEND | NO: 0 | | | | | |
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| YMENT REQUIRED BY | 2. TYPE | OF P | AYMENT | | | | 3. FOR DO USI | E ONLY | | |
| EFT CHECK X SPLIT DISE: Amt t Govt Tvl Chg card \$ 385.0 | - | OY THER | | PCS MEMBER EMPLOYE | / | DLA DEPE N D | a. DO VOUCHER NO. | | | |
| 4. NAME (Last, First, Middle Initial) | 5. | GRADE | 6. 4 | | acy Act | Data | b. SUBVOUCHER NO. | | | |
| 7. ADDRESS a NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act In | formation | 1. | c · S' | TATE d. | IP CODE | | c. PAID BY | | | |
| 8. TELEPHONE NUMBER 9. TRAVEL ORDER 500057H2 0 | NUMBER 50ct2004 | 11 | O.PREV | IOUS PAY | MENTS/AD | VANCES | | | | |
| 11. ORGANIZATION AND STATION MAINTENANCE AND | REPAIR SE | E . | | | | | | | | |
| 12. DEPENDENT(S) | | 1 | | | ADDRESS | ON | | | | |
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| 15. ITINERARY | | YES | 9 1 | 10 | | d. COMPUTATIONS | | | | |
| DATE LOCAL TIME PLACE | MODE R | EAS I | DAILY | NUMBER | OF MEALS | POC, | | | | |
| 2004 | | OR L | ODGING COSTS | Gov't | Ded | MILES | | | | |
| 09/27 DEP 1400 LOUISVILLE / JEFFERSON KY KE | | | | | | | | | | |
| 09/27 ARR 1600 EVANSVILLE/VANDERBURGH IN IN 10/03 DEP 2359 EVANSVILLE/VANDERBURGH IN IN | | TD S | 55.00 | | | 130 | | | | |
| 10/03 ARR 2400 EVANSVILLE/VANDERBURGH IN IN | DI . | MC | 10000 | | | | | | | |
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| 16. REIMBURSABLE EXPENSES | | | | 17. | LEAVE | | e. SUMMARY OF PAYMENT (1) Per Diem | | | |
| DATE b. NATURE OF EXPENSE | c. AMOU | NT b. | ALLOW | ED a. | DAYS b. | HOURS | (2) Actual Expense (3) Mileage | | | |
| 03Oct2004 LAUNDRY 03Oct2004 VICINTY MILEAGE AMOUNT | | .00. | | | TAKEN BET | marcinal | (4) Dependent Travel(5) DLA(6) Reimbursable Exp | | | |
| 33Oct2004 LONG DISTANCE PHONE CALLS HOME/FAMI | | ,00 | | 0. | 27Sep200 | | (7) Total (8) Less Advance | ense | | |
| | | | | đ. | AND 030ct200 |)4 | (9) Amount Owed (10) Amount Due | | | |
| 18. POC TRAVEL: X OWNER/OPERATOR | | p | PASSENG | ER 19. | | | NSPORTATION REQUEST AUTHORIZATION (MTA) | (GTR) /MILITARY | | |
| · · · · · · · · · · · · · · · · · · · | | | | a | . GTR/MTX | NO. | b. FROM | c. TO | | |
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| i.a. CLAIMANT SIGNATURE | DATE | 22. | а. Ж |)FI | ICER 5 | IGNATURE | b. DATE | | | |
| :3. ACCOUNTING CLASS 96 NA X 4902.0000 | 8.0 | ************************************** | | | | /02 1112700 200 | | | | |
| 96 NA X 4902.0000 4. COLLECTION DATA | | 2437 | **** | | 96152 | H215 | 687 LH7309 100 | * PUNDED | | |
| 5. COMPUTED BY 26. AUDITED BY 27.TRVL OR | D POSTED | BY 28 | . RECE | IVED (Pa | /ee signa | ture a | nd date or check so. |) 29. AMOUNT PAID | | |
| M 1351-2 | | | | | | | NCR NUMBER | | | |

FOR OFFICIAL USE ONLY 5-16 EXHIBIT 5-16

| | | | L VOUCHER OR (Continuatio | | | | | | | PAGE NO. | 2 | | |
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| T | TOTAL LODGING: \$385.00 / MILEAGE: 385. | | | | | | | | | | | | |
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| D FOR | M 1351-2C | | | | | | | 121 | <u> </u> | | | | |

EXHIBIT 516



Check-In Date:

09/27/04

Date Checked Out: 10/04/04

| DATE | DESCRIPTION | Ţ | | AMOUNT | |
|--|--|--|----------|--|----|
| 09/28/04 09/29/04 09/30/04 10/01/04 | Room Charge Room Charge Room Charge Room Charge Room Charge Room Charge | | , | \$ 55.00 \$ 55.00 \$ 55.00 \$ 55.00 \$ 55.00 \$ 55.00 | |
| 10/03/04 | Room Charge | | | \$ 55.00 | ١, |
| TOTAL CHARG | GE | | | \$385.00 | |
| AMOUNT PAID | | Philips CT CO has allowing to country | \$385.00 | | |
| BALANCE DUE | | AND NOT OR THE PARTY OF THE PAR | 000.00 | | |

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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

| TRAVEL VOUCHER OR SUBVOUCHER | TV | NO: 3 A | MEND NO: 0 | | |
|--|--|--|---|--|-----------------|
| NT REQUIRED BY | 2. TYPE OF | PAYMENT | | 3. FOR DO USE | ONLY |
| CHECK X SPLIT DISB: Amt to Govt Tvl Chg card \$ 240.00 | | | S DLA MBER / DEPEN | a. DO VOUCHER NO. | |
| NAME (Last, First, Middle Initial) | 5. GRA | DE 6. SSN | | b. SUBVOUCHER NO. | |
| | , 10 | * | Privacy Act Data | | |
| ADDRESS a NUMBER AND STREET b. CITY vacy Act Information. Privacy Act Inf | ormation. | C.STAT | E d.ZIP CODE | c. PAID BY | |
| TELEPHONE NUMBER 9. TRAVEL ORDER N 404151H2 15 | TUMBER iAug2004 | 10.PREVIOU | S PAYMENTS/ADVANCE S.00 | s | |
| ORGANIZATION AND STATION MAINTENANCE AND R | EPAIR SE | | | | |
| DEPENDENT (S) | , | 13. DEPEND | ENTS! ADDRESS ON ORDERS | - | |
| ACCOMPANIED UNACCOMPANIED |) | | ED (IF APPLICABLE) | | |
| : ATTACHED (IF APPLICABLE) | | 14.HOUSEHO | LD GOODS SHIPPED | | |
| ITINERARY | | <u> </u> | | d. COMPUTATIONS | |
| E LOCAL TIME PLACE | MODE REAS | DAILY NUM | MBER OF MEALS POO | • | |
| 14 | TRVL STOP | COSTS G | ov't Ded | _ | |
| /08 DEP 1200 LOUISVILLE / JEFFERSON KY KEN /08 LARR 1500 EVANSVILLE/VANDERBURGH IN IND /12 DEP 1900 EVANSVILLE/VANDERBURGH IN IND /12 ARR 2200 LOUISVILLE / JEFFERSON KY KEN DEP DEP | I PA TD | 60.00 | 3 130 | | |
| ARR DEP R ARR DEP ARR DEP | | | | | |
| REIMBURSABLE EXPENSES | | <u> </u> | 17. LEAVE | e. SUMMARY OF PAYMEN (1) Per Diem | T \$4,834.SO |
| DATE b. NATURE OF EXPENSE | c. AMOUNT | b. ALLOWED | a. DAYS b. HOUR | - (2) Actual Expense S (3) Mileage | \$684.37 |
| NOV2004 CREDIT CARD ATM FEE NOV2004 LAUNDRY NOV2004 VICINTY MILEAGE AMOUNT NOV2004 MISCELLANEOUS - SPECIFY IN REMARKS NOV2004 LONG DISTANCE PHONE CALLS HOME/FAMI | \$ 3.06 \$ 6.00 \$ 48.00 \$ 2.00 \$ 6.00 | | c. TAKEN BETWEEN 08Nov2004 d. AND 12Nov2004 | (4) Dependent Travel (5) DLA (6) Reimbursable Exp (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due | ense \$294.48 |
| POC TRAVEL: X OWNER/OPERATOR | | PASSENGER | | RANSPORTATION REQUEST ON AUTHORIZATION (MTA) | (GTR)/MILITARY |
| | | | a. GTR/MTA NO. | b. FROM | c. TO |
| | | • | | | |
| a. CLAIMANT SIGNATURE | b. DATE | 22. | A DEPOVING OFFICER | SIGNATIOF | b. DATE |
| ACCOUNTING CLASS 96 NA X 4902.0000 | /1-10 | discourse | 263.53 333 | 00 | 11/22/04 |
| 96 NA X 4902.0000 COLLECTION DATA | X 08 243 | · 1975 | 96152 H2 | 15687 989197 100 4 | . CHARD |
| COMPUTED BY 26. AUDITED BY 27.TRVL ORD | POSTED BY | 28. RECEIVE | D(Payee signature | and date or check no.) | 29. AMOUNT PAID |
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5-17 EXHIBIT 5-17

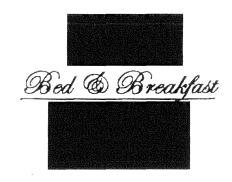
FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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| 17 | INERARY | *************************************** | | *************************************** | *************************************** | | *************************************** | | 8. FOR DO USE | ONLY |
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| | DATE | | NATURE OF E | XPENS | Σ | | | | AMOUNT CLAIMED | ALLOWED |
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| | EMARKS ATM: \$3.06/\$102.00 X 3%. MISC: \$2.00/ATM TERM FEE. TOTAL LODGING: \$240.00 / MILEAGE: 388. | | | | | | | | | |
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D FORM 1351-2C

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

EXHIBIT 577



Arrived: 11/08/04 Payment: 11/11/04

| Date | Description | Amount | Balance |
|----------|-------------|----------|----------|
| 11/08/04 | Room Charge | \$ 60.00 | \$ 60.00 |
| 11/09/04 | Room Charge | \$ 60.00 | \$120.00 |
| 11/10/04 | Room Charge | \$ 60.00 | \$180.00 |
| 11/11/04 | Room Charge | \$ 60.00 | \$240.00 |
| 11/11/04 | Payment | \$240.00 | .00 |

5-17

| 4 | | | | | | | | | | | | | |
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| TRAVEL VOUCHER OR SU | BYOUCHER | ļ , | TV | NO: | 1 Ar | END N | 10: 0 | and the second second | | | *************************************** | | |
| . PAYMENT REQUIRED BY | | 2. TY | PE C | PAYME | NT | | The second second second | | 3 | PC | R DO U | SE ONLY | reason o a desprimentamentamentamento del aportificio de la constitución de la constitución de la constitución |
| EFT CHECK X | SPLIT DISB: Amt to Govt Tvl Chg card \$ 1,394.18 | | TDY OTHER | | | BER / | | DILA DEPEND | Í | DO ADACHI | R NO. | | |
| 4. NAME (Last, First, Middle | : Initial) | 5 | . GOUS | | . SSN | Priva | cy Act | Data | ъ. | SUBVOUCH | CR NO. | - Marine and American Control of the | and and a second se |
| 17. ACCRESS a NUMBER AND STRE | ET b. CITY Privacy Act Info | ormati | on . | c | ETATE | d ZI | P CODE | | c. | PAID BY | w | hada suuda haddel fi maanaying di mind is binna | |
| 6 TELEPHONE NUMBER | 9. TRAVEL ORDER NO | | | 10 PRI | EVIOUS | PAYM S 00 | ents/ai | VANCES | - | | | · | |
| 11. ORGANIZATION AND STATION | J | | | 1 | | | | | in the second | | | | |
| 12 CEPENDENT(9) | | | | | | | ADDRÆSS | ON | J: | | | | |
| ACCOMPANIED | UNACCOMPANIED | | | RECEIFT OF ORDERS SEE ATTACHED (IF APPLICABLE) | | | | | | | | | |
| SEE ATTACHED (IF APPLICABLE) | | 90, *** A ******************************* | | 14.600 | JR EHOT | D GOO | DS SHIP | PED | | | | | |
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| 15. ETIMERARY | | | · y | · | | angaganasaan ye war. | *************************************** | a girmana o o o o o o o o | } | *************************************** | *************************************** | | and the contribution is a contribution of the |
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| 12535 | | - | STOP | COSTS | Go | v't | Ded | | | | | of 1 complete and 2 street, an | |
| 04/13 DEP 0700 LOUISVILLE 04/18 ARR 0950 EVANSVILLE/ | VANDERBURGH IN INDI | | TD | 55.00 |) | | | 140 | | erren en e | | | |
| 05/01 DEP 2359 EVANSVILLE/ 05/01 ARR 2400 EVANSVILLE/ DEP | VANDERBURGH IN INDI VANDERBURGH IN INDI | | MC | | | Company of the Control | | | | | | | |
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| AR2 | | <u> </u> | <u> </u> | | | | | İ | e. | SUMMARY O | r payme | ENT | |
| 16. RETMBURSABLE EXPENSES | | | | y | ng tang dinanggan ng manggan ng | 17. 1 | LEAVE | | | Per Diem Actual E | coense | | |
| DATE b. NATURE OF EXPEN | SE | C. AMK | TNUC | b. ALL | CAMO. | a. DAYS G. POURS | | | (2) Actual Expense (3) Mileage (4) Dependent Travel | | | | |
| 01May2005 CREDIT CARD ATM FE 01May2005 LAUNDRY | ĺ | | 18.1 8 20.00 | | | c Taken Between | | | | DLA Reimburs | able Ex | cpense | |
| 01May2005 VICINTY MILEAGE AM 01May2005 MISCELLANEOUS - SP | ECIFY IN REMARKS | \$ | 65.24 6.00 | | | | L8Apt20 | | (8) | Total Less Adv | | | |
| 01May2005 LONG DISTANCE PHON | E CALLS HOME/PAMI | \$ 7 | 20.00 | | | d. Al | VD 01May200 | | | Amount O | | | |
| 18 POC TRAVEL: X OWNER | /OPERATOR | inacyje mojek di P. P. Petropoje mojek di Petropoje di P. P. Petropoje mojek di P. P. Petropoje di P. Petropoj | | PASSE | NGER | | | | | ORTATION (| | | ILITARY |
| 20. | | | | | | | GTR/MTZ | | Ī | b. FRO | - | | c. TO |
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| 21.a. CLAIMANT SIGNATURE | | b. | DATE | | 2 | 101 | TAK: OF | ELCER S | I GNI | applipe. | | | b. DATE |
| 23 ACCOUNTING CLASS | | | Ý | -5 | | | | 18-1-4 | J- | | 7) | | 5/5/05 |
| ř. | NA X 4902.0000 | х с | 18 243 | 7 NA | | | 96152 | H215 | 687 | 626626 | 100 | 3 FUNDE |) |
| 24. COLLECTION DATA | | | | | | | | | | | | | |
| 25. COMPUTED BY 26. AUDITE | D BY 27.TRVL ORD | POSTE | ED BY | 28. RE | CEIVEI | (Paye | e signa | iture a | nd c | iate or ch | eck no | .) 29. | AMOUNT PAIL |
| DD FORM 1351-2 | | etrocutrocuses | | | | alternação e e e e e e e e e e e e e e e e e e e | netrosco especialisto e conces | | ik Bilandara sa | NY'D KI'NOC | ······································ | 1 | |
| 0.001 20022-2 | | | | | | | | | | NCR NUMBE | 27. | | |

5-18 Exhibit 5-18

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| | n m- | 6 h th c c ** | | | And the second s | Manager o a page a 184 Note to | | | | | | | |
| - | / REM | | 8.18/ | \$606.00 X 3%. MISC: \$6.0 | o/ATM TERM | PEE. | TOTAL L | ODGING: | \$770.00 | / MILE | AGE: 548. | | |
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DD FORM 1351-2C

5-18 Exhibit 5-18

North Side Apartment

Army Corps of Engineers 6207 Billtown Road Louisville, KY 40299

Arrived: 04/18/05 Payment: 05/01/05

| Date | Description | Amount | Balance |
|----------|-------------|-----------|----------|
| 04/18/05 | Room Charge | \$55.00 | \$55.00 |
| 04/19/05 | Room Charge | \$55.00 | \$110.00 |
| 04/20/05 | Room Charge | \$55.00 | \$165.00 |
| 04/21/05 | Room Charge | \$55.00 | \$220.00 |
| 04/22/05 | Room Charge | \$55.00 | \$275.00 |
| 04/23/05 | Room Charge | \$55.00 | \$330.00 |
| 04/24/05 | Room Charge | \$55,00 | \$385.00 |
| 04/25/05 | Room Charge | \$55.00 | \$440.00 |
| 04/26/05 | Room Charge | \$55.00 | \$495.00 |
| 04/27/05 | Room Charge | \$55.00 | \$550.00 |
| 04/28/05 | Room Charge | \$55.00 | \$605.00 |
| 04/29/05 | Room Charge | \$55.00 | \$660.00 |
| 04/30/05 | Room Charge | \$55.00 | \$715.00 |
| 05/01/05 | Room Charge | \$55.00 | \$770.00 |
| 05/01/05 | Payment | -\$770.00 | .00 |

5-18 Exhibit 518

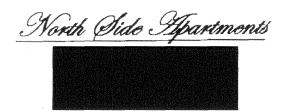
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| Govt Tvl Chg card \$ 880.00 | OTHE | R | | TEMBER / IMPLOYEE | DE | PEND | | |
| 4. NAME (Last, First, Middle Initial) | 5. GR | ADE | 6. 88 | 3N | <u></u> | | b. SUBVOUCHER NO. | *************************************** |
| | - 1 | 0 | | Privac | y Act Da | ta | | |
| 7. ADDRESS a NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act Info | ormation. | | c.STA | TE d. ZIP | CODE | | c. PAID BY | |
| 8. TELEPHONE NUMBER 9. TRAVEL ORDER NO | | 10.1 | PREVIC | DUS PAYME | NTS/ADVA | NCES | | |
| 502106H2 04 | Apr2005 | 1 | | \$.00 | | | | Δ. |
| 11. ORGANIZATION AND STATION MAINTENANCE AND RE | CPAIR SE | - | ************************************** | | ······································ | | | |
| 12. DEPENDENT(S) | | | | IDENTS' AL | DDRESS O | N | | |
| ACCOMPANIED UNACCOMPANIED | , | SEE | ATTAC | HED (IF) | APPLICAB | LE) | | |
| SEE ATTACHED (IF APPLICABLE) | | 14.F | OUSEH | OLD GOODS | SHIPPE | D | | |
| | | | YES | NO | | | d. COMPUTATIONS | |
| 15. ITINERARY | | | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| DATE LOCAL TIME PLACE | MODE REAS | DAI | | UMBER OF | | POC | | |
| 2005 | TRVL STOP | COS | TS | Gov't | Ded | | | ······································ |
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| 05/18 DEP 0700 EVANSVILLE/VANDERBURGH IN INDI 05/18 ARR 1000 LOUISVILLE / JEFFERSON KY KENT | PA | | | - | | 140 | | |
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| DEP ARR | | | | 100 | | - | | |
| 16. REIMBURSABLE EXPENSES | | 1 | | 17. LE | | | e. SUMMARY OF PAYMENT (1) Per Diem | Γ \$1,196.25 |
| | c. AMOUNT | h a | LLOWE | | | | (2) Actual Expense (3) Mileage | \$221.94 |
| | \$ 23.00 | | LILION E. | a. DAI | 5 15, 16 | İ | (4) Dependent Travel (5) DLA | 4*** . ~ 3 |
| | \$ 179.01 | Ì | | | EN BETWI May2005 | EEN | (6) Reimbursable Expe (7) Total | ense \$64.18 |
| TOTAL PROPERTY AND AND AND AND AND AND AND AND AND AND | , 23.00 | | | d. AND | - | | (8) Less Advance (9) Amount Owed | |
| | | - | | , | May2005 | - 6 | (10) Amount Due | |
| 18. POC TRAVEL: X OWNER/OPERATOR | | PAS | SENGER | 1 | | | SPORTATION REQUEST (| GTR)/MILITARY |
| 20. | The state of the s | *************************************** | *************************************** | | | | AUTHORIZATION (MTA) | |
| 5 of the state of | | | | a. 6 | TR/MTA 1 | v O. | b. FROM | c. TO |
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| 22.a. CLAIMANT SIGNATURE | b. DATE | | 22.a. | APPROVI | NG OFFIC | CER SI | GNATURE | D DATE |
| 23 ACCOMMUNICATION | 5-20- | -05 | | | | | | 19/23/05 |
| 23. ACCOUNTING CLASS 96 NA X 4902.0000 X | 08 243 | 37 NA | | | 96152 | H2156 | B7 626G26 100 % | FUNDED |
| 24. COLLECTION DATA | | | | | ,,, | | | |
| 25. COMPUTED BY 26. AUDITED BY 27.TRVL ORD | manner e- | | | man I m | | | a de la companya de l | |
| 25. COMPUTED BY 26. AUDITED BY 27.TRVL ORD | FOSTED BY | 28. B | LECEIV | ED (Payee | signatu | ire an | d date or check no.) | 29. AMOUNT PAID |
| ORM 1351-2 | | | | | | | NCR NUMBER | don |

5-19 EXHIBIT 5-19

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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5-19 **EXHIBIT** 5-19



Arrived: 05/02/05 Payment: 05/17/05

| Date | Description | Amount | Balance |
|----------|-------------|-----------------|------------------|
| 05/02/05 | Room Charge | \$55.00 | \$55.00 |
| 05/03/05 | Room Charge | \$55.00 | \$110.00 |
| 05/04/05 | Room Charge | \$55.00 | \$ 165.00 |
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| 05/06/05 | Room Charge | \$55.00 | \$275.00 |
| 05/07/05 | Room Charge | \$55.00 | \$330.00 |
| 05/08/05 | Room Charge | \$ 55.00 | \$385.00 |
| 05/09/05 | Room Charge | \$55.00 | \$440.00 |
| 05/10/05 | Room Charge | \$55.00 | \$495.00 |
| 05/11/05 | Room Charge | \$55.00 | \$550.00 |
| 05/12/05 | Room Charge | \$55.00 | \$605.00 |
| 05/13/05 | Room Charge | \$55.00 | \$660.00 |
| 05/14/05 | Room Charge | \$55.00 | \$715.00 |
| 05/15/05 | Room Charge | \$55.00 | \$770.00 |
| 05/16/05 | Room Charge | \$55,00 | \$825.00 |
| 05/17/05 | Room Charge | \$55.00 | \$880.00 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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| TRAVEL VOUCHER OR SUBVOUCHER | т | V NO: | 1 | AMEND I | NO: 0 | | | |
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| . NAME (Last, First, Middle Initial) | 15 G | L | 6. SS | | | and the second s | b SUBVOUCHER NO. | |
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| TELEPHONE NUMBER 9. TRAVEL ORDER 600049H2 | NUMBER 040ct2005 | 10. | PREVIO | OUS PAY | | DVANCES | | |
| .1. ORGANIZATION AND STATION MAINTENANCE AND | REPAIR SE | | | | | | | |
| 12. DEPENDENT(S) | | | | DENTS | | S ON | | |
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| 0/14 DEP 1200 GREEN RIVER L/1 KY KENTUCKY 0/14 ARR 1600 CARROLLTON KY KENTUCKY | PA MC | | | | | | | |
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| 6. REIMBURSABLE EXPENSES | | | | 17. | LEAVE | | e. SUMMARY OF PAYMENT | |
| DATE b. NATURE OF EXPENSE | c. AMOUNT | b. 7 | ALLLOWE | D a. I | AYS b | . HOURS | (2) Actual Expense (3) Mileage | |
| 40ct2005 LAUNDRY | \$ 6.0 | | | | | S. Markinson & C. | (4) Dependent Travel (5) DLA | * |
| OCCLEOUS VICINTY MILEAGE AMOUNT OCCLEOUS LONG DISTANCE PHONE CALLS HOME/FAM | \$ 243.4 1 \$ 6.0 | | | 1 | 'AKEN B 100ct2 | | (6) Reimbursable Expe (7) Total | nse |
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| | TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet) PAGE NO. 2 | | | | | | | | | | | | |
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Arrived: 10/1**0**/05 Payment: 10/14/05

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| 10/1 0 /05 | Room Charge | \$55.00 | \$55.00 |
| 10/1 1 /05 | Room Charge | \$55.00 | \$110.00 |
| 10/1 2/ 05 | Room Charge | \$55.00 | \$165.00 |
| 10/18/05 | Room Charge | \$55.00 | \$220.00 |
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| 16. REIMBURSABLE EXPENSES | | · | | | L | 17. | LEAVE | | f . | SUMMARY OF P | AYMEN | T | |
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FOR OFFICIAL USE ONLY 5-2/ EXH B 5-2/
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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Arrived: 10/31/05 Payment: 11/09/05

| Date | Description | Amount | Balance |
|----------|-------------|-----------------|----------|
| 10/31/05 | Room Charge | \$55.00 | \$55.00 |
| 11/01/05 | Room Charge | \$55.00 | \$110.00 |
| 11/02/05 | Room Charge | \$55.00 | \$165.00 |
| 11/03/05 | Room Charge | \$55.00 | \$220.00 |
| 11/04/05 | Room Charge | \$55.00 | \$275.00 |
| 11/05/05 | Room Charge | \$55.00 | \$330.00 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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| 6. REIMBURSABLE EXPENSES | | *************************************** | 17. LEAVE | *************************************** | (1) Per Diem (2) Actual Expense | |
| DATE b. NATURE OF EXPENSE | c. AMOUNT | b. Alix | OWED a. DAYE | b. HOURS | (3) Mileage (4) Dependent Trave | 1 |
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FOR OFFICIAL USE ONLY 5-22 EXH BT 5-22

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| Q | STR/MTA NO | | | FROM | | | | TO | |
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| TOTAL MILEAG | G: \$770.00 TOTAL LODGING T E: 514 MILES ARKS: * None * | AXES: \$0 | | | | | | | |
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| | *************************************** | | | | | | 7.7 | A 3 | |
| FORM 1351-2C | | | | | | | 100 | 22 | |



Arrived: 04/17/06 Payment: 04/30/06

| Date | Description | Amount | Balance |
|----------|-------------|-----------------|----------|
| 04/17/06 | Room Charge | \$55.00 | \$55.00 |
| 04/18/06 | Room Charge | \$55.00 | \$110.00 |
| 04/19/06 | Room Charge | \$55.00 | \$165.00 |
| 04/20/06 | Room Charge | \$55.00 | \$220.00 |
| 04/21/06 | Room Charge | \$55.00 | \$275.00 |
| 04/22/06 | Room Charge | \$55.00 | \$330.00 |
| 04/23/06 | Room Charge | \$55.00 | \$385.00 |
| 04/24/06 | Room Charge | \$55.00 | \$440.00 |
| 04/25/06 | Room Charge | \$55.00 | \$495.00 |
| 04/26/06 | Room Charge | \$55.00 | \$550.00 |
| 04/27/06 | Room Charge | \$ 55.00 | \$605.00 |
| 04/28/06 | Room Charge | \$55.00 | \$660.00 |
| 04/29/06 | Room Charge | \$55.00 | \$715.00 |
| 04/30/06 | Room Charge | \$55.00 | \$770.00 |
| 04/30/06 | payment | -\$770.00 | .00 |

5-22

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

| /30 DEP 2359 EVANSVILLE/VANDERBURGH IN INDI PA MC DEP ARR DEP | j. | | , | | | | | | | | | | 0 2 | 9 | 2 - 0 8 · · I D | 032 | 2-371 | |
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| DATE D. NATURE OF EXPENSE C. AMOUNT D. ALLOWED a. DAYS D. HOURS (3) Mileage pr2006 VICINTY MILEAGE AMOUNT \$ 166.43 C. TAKEN BETWEEN (6) Reimbursable Expense (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due POC TRAVEL: OWNER/OPERATOR PASSENGER 19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA) a. GTR/MTA NO. D. FROM C. TO A. CLAIMANT SIGNATURE b. DATE 22.8. APPROVING OFFICER SIGNATURE b. DATE ACCOUNTING CLASS | . REIMB | URSABLE | EXPENSES | *************************************** | | | | | ļ | i | 117, | LEAVE | | - 1 : | | T | | |
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| TRANSPORTATION AUTHORIZATION (MTA) a. GTR/MTA NO. b. FROM c. TO c. TO b. DATE 22.a. APPROVING OFFICER SIGNATURE b. DATE ACCOUNTING CLASS | | | | | | NAME AND ADDRESS OF THE PARTY AND ADDRESS OF T | | And an analysis of the second | | | d. | AND | *************************************** | | (8) Less Advance (9) Amount Owed | | | |
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| A. CLAIMANT SIGNATURE D. DATE 22.8. APPROVING OFFICER SIGNATURE D. DATE ACCOUNTING CLASS | | *************************************** | | FF-14 | | reconstant and design | PARAL TO STATE OF THE | | ······································ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | TRANSI | PORTATI | ON | AUTHORIZATION (MTA) | | *************************************** | |
| ACCOUNTING CLASS | | | | | | | | | | | a | . GTR/N | MTA NO. | | b. FROM | | c. TO | |
| ACCOUNTING CLASS | | | | | | | | | | | - | | | | | | | |
| | a. CLAI | MANT SI | GNATURE | | | | ۵. | DATE | | 22.a | . APPR | OVING (|)FFICER | نــــ 51 | GNATURE | L | b. DATE | |
| | ACCOUN | TING CL | | NA X | 4902.0000 |) Х | 0 | 8 243 | 7 NA | | | 9615 | 52 H2: | 156 | 587 34KHDK 100 1 | ; FUNDEI |) | |

26. AUDITED BY

5. COMPUTED BY

M 1351-2

5-27 EXHBIT 5-22

NCR NUMBER

27.TRVL ORD POSTED BY 28. RECEIVED(Payee signature and date or check no.) 29. AMOUNT PAID

:dyfax.2.1.5 719

Page: 1

Date: 17-JUL-2008

TDY RECEIPTS TRANSMITTAL FORM

This form is required with receipts - EMAIL & FAX.

TO:

USACE FINANCE CENTER

OFFICE SYMBOL:

CEFC-R

FAX NUMBER:

(901) 874-8662

OR

EMAIL ADDRESS:

cefc-tdy@usace.army.mil

DATE:

17-JUL-08

TRAVEL ORDER:

807378H2

TRAVEL VOUCHER NO:

TRAVEL VCHR AMEND NO:

TRAVELER/PAYEE NAME:

TRAVEL VOUCHER DATE:

17-JUL-08

CONTACT:

*** DO NOT SUBMIT RECEIPTS UNTIL VOUCHER IS SIGNED BY REVIEWER ***

Please attach all required receipts.
Please ensure all receipts are legible.
Upon approval by the Travel Approving Official of this travel voucher in CEFMS, this form and the receipts must be immediately faxed to USACE FINANCE CENTER (UFC) at 901-874-8662 or emailed to cefc-tdy@usace.army.mil.
If you receive payment for expenses claimed without legible, required receipts you may be billed for the unsupported reimbursement.

Receipts to Send to UFC

All Lodging

All Reimb Exp equal to or greater than \$75

Per JTR: If Actual Expenses are claimed you must submit copy of Authorization.

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE



Arrived: 04/17/06 Payment: 04/30/06

| Date | Description | Amount | Balance |
|----------|-------------|-----------------|------------------|
| 04/17/06 | Room Charge | \$55.00 | \$55.00 |
| 04/18/06 | Room Charge | \$55.00 | \$110.00 |
| 04/19/06 | Room Charge | \$55.00 | \$165.00 |
| 04/20/06 | Room Charge | \$55.00 | \$220.00 |
| 04/21/06 | Room Charge | \$55.00 | \$275.00 |
| 04/22/06 | Room Charge | \$55.00 | \$330.00 |
| 04/23/06 | Room Charge | \$55.00 | \$385.00 |
| 04/24/06 | Room Charge | \$55.00 | \$440.00 |
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| 04/27/06 | Room Charge | \$55.00 | \$605.00 |
| 04/28/06 | Room Charge | \$ 55.00 | \$660.00 |
| 04/29/06 | Room Charge | \$55.00 | \$715.00 |
| 04/30/06 | Room Charge | \$55.00 | \$770.00 |
| 04/30/06 | payment | -\$770.00 | .00 |

22 285

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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0 292 - 08 - 1 - 0 3 2 - 371 87

| | | | | | ************ | | |
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| TRAVEL VOUCHER OR SUBVOUCHER | TV | NO: | 2 | AMEND NO: 0 | | | |
| MENT REQUIRED BY | 2. TYPE C | F PAY | MENT | | | 3. FOR DO USE | ONLY |
| EPT CHECK X SPLIT DISB: Amt t | | | | PCS MEMBER / | DLA | a. DO VOUCHER NO. | |
| Govt Tvl Chg card | | R | | EMPLOYEE | DEPEND | | |
| . NAME (Last, First, Middle Initial) | 5. GR | ADE 0 | 6. | SSN Privacy Act | Data | b. SUBVOUCHER NO. | |
| . ADDRESS a NUMBER AND STREET b. CITY rivacy Act Information. Privacy Act In | formation. | | c.s | TATE G.ZIP CODE | | c. PAID BY | |
| . TELEPHONE NUMBER 9. TRAVEL ORDER 601951H2 0 | NUMBER 6Apr2006 | 10.1 | PREV: | IOUS PAYMENTS/AD \$.00 | VANCES | | |
| 1. ORGANIZATION AND STATION MAINTENANCE AND | REPAIR SE | | | * | | and the second s | |
| .2. DEPENDENT(S) | | | | ENDENTS' ADDRESS | ON | gar, entonous, juan | |
| ACCOMPANIED UNACCOMPANIE |) | | | OF ORDERS ACHED (IF APPLIC | ABLE) | 12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| (SE ATTACHED (IF APPLICABLE) | | 14.F | HOUSE | EHOLD GOODS SHIP | PED | | |
| • | | | YES | NO | | d. COMPUTATIONS | |
| 5. ITINERARY | | | | | | d. conformations | |
| NATE LOCAL TIME PLACE | MODE REAL | * | | NUMBER OF MEALS | POC | | |
| :006 | TRVL STO | | | Gov't Ded | PILLED | | |
| 15/01 DEP 0001 EVANSVILLE/VANDERBURGH IN INI 15/01 ARR 0002 NEWBURGH L/D IN INDIANA 15/01 DEP 1700 NEWBURGH L/D IN INDIANA 15/01 ARR 1730 EVANSVILLE/VANDERBURGH IN INI 15/14 DEP 2359 EVANSVILLE/VANDERBURGH IN INI 15/14 ARR 2400 EVANSVILLE/VANDERBURGH IN INI | PA TD | 60. | 00 | | | | |
| ARR | | <u></u> | | <u> </u> | | e. SUMMARY OF PAYMENT | |
| 6. REIMBURSABLE EXPENSES | **** | 1 | | 17. LEAVE | | (1) Per Diem (2) Actual Expense | \$1,306.25 |
| DATE b. NATURE OF EXPENSE 4May2006 LAUNDRY 4May2006 VICINTY MILEAGE AMOUNT 4May2006 LONG DISTANCE PHONE CALLS HOME/FAMI | \$ 20.00 \$ 166.43 | | PTOM | c. TAKEN BET | | (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expe (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due | \$226.73 |
| 8. POC TRAVEL: OWNER/OPERATOR | | PAS | SENG | | | NSPORTATION REQUEST (| GTR)/MILITARY |
|). | ernetissessessessessessessessessessessessesse | <u></u> | | | | AUTHORIZATION (MTA) | |
| | | | | a. GTR/MTA | NO, | b. FROM | c. TO |
| | | | | 6 | | | |
| l.a. CLAIMANT SIGNATURE | b. DAT | | 22. | SAU DELINGER | o anns | CONTURE | 1 PATE - 16/06 |
| 0. ACCOUNTING CLASS 96 NA X 4902.0000 | X 08 24; | 37 NA | | 96152 | H215 | 687 34KHDK 100 * | FUNDED |
| . COLLECTION DATA | | | | | goddi'i saum gongi n 27 ys wedd a | | |
| . COMPUTED BY 26. AUDITED BY 27.TRVL ORL | POSTED BY | 28. R | ECEI | VED(Payee signa | ture a | nd date or check no.) | 29. AMOUNT PAID |
| M 1351-2 | | mmmmmmmmm | | | *************************************** | NCR NUMBER | |

| TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet) | | | | | | | | | | | | | PAGE NO. | 2 |
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FORM 1351-2C

5-23

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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| | TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet) | PAGE NO. | 3 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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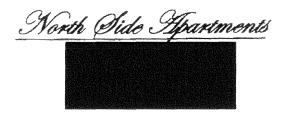
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5-23

FOR OFFICIAL USE ONLY VENFORCEMENT SENSITIVE



Arrived: 05/01/06 Payment: 05/14/06

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| 05/01/06 | Room Charge | \$60.00 | \$60.00 |
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| 05/04/06 | Room Charge | \$60.00 | \$240.00 |
| 05/05/06 | Room Charge | \$60.00 | \$300.00 |
| 05/06/06 | Room Charge | \$60.00 | \$360.00 |
| 05/07/06 | Room Charge | \$60.00 | \$420.00 |
| 05/08/06 | Room Charge | \$60.00 | \$480.00 |
| 05/09/06 | Room Charge | \$60.00 | \$540.00 |
| 05/10/06 | Room Charge | \$60:00 | \$600.00 |
| 05/11/06 | Room Charge | \$60.00 | \$660.00 |
| 05/12/06 | Room Charge | \$60.00 | \$720.00 |
| 05/13/06 | Room Charge | \$60.00 | \$780.00 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

5-23 EXMBIT 5-23

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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

EXHIBIT 5-24

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL 1. DATE OF REQUEST (Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.) 06-APR-2006 REQUEST FOR OFFICIAL TRAVEL (Last, First, Middle Initial) 13.SSN 4. POSITION TITLE AND GRADE / RATING MACHINIST PFICIAL STATION 6.ORGANIZATIONAL ELEMENT 7. DUTY PHONE NUMBER NTENANCE AND REPAIR SECTION HISVILLE, KY CELRL-OP-PM YPE OF ORDERS 9.TDY PURPOSE (see JTR, Appendix H) COMPLETE SCHEDULED REPAIRS TO CULVERT VALVES/NEWBU PORARY DUTY RGH L/D .APPROX NO. DAYS OF TDY b.PROCEED (DATE) (Including travel time) 62 17-APR-2006 CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL ITINERARY Y VARIATION AUTHORIZED 1 OF 1 AMENDMENT NUMBER: 0 FROM: LOUISVILLE / JEFFERSON KY KENTUCKY PROCEED ON 17-APR-2006 AT 700 HRS PO : NEWBURGH L/D IN INDIANA DEPART ON 17-JUN-2006 AT 1700 HRS TRANSPORTATION MODE PA - - POC - AUTO COMMERCIAL PRIVATELY OWNED CONVEYANCE (Check one) GOVERNMENT LOCAL TRANSPORTATION ATR BUS SHIP AIR VEHICLE CAR RENTAL TAXI OTHER RATE PER MILE: 0.4450 SHIP X More advantageous to government AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION (Overseas Travel only) AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR. a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR b. OTHER RATE OF PER DIEM (Specify) ATED COST 15. ADVANCE AUTHORIZED DIEM TRAVEL OTHER TOTAL \$6,088.50 \$1,999.00 (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) REMARKS Attached For Additional Remarks WAVEL-REQUESTING OFFICIAL (Title and signature) 18. TRAVEL-APPROVING OFFICIAL (Title and signature) TRONICALLY SIGNED BY/ /ELECTRONICALLY SIGNED BY/ INISTRATIVE SUPPORT ASSISTANT 11-17-2006 10-APR-2006 L/D EQUIPMENT MECHANIC .. AUTHORIZATION COUNTING CITATION X 4902 0000 08 2437 NA 596152 34KHDK ALLOEX MIOEX 100% THORIZING/ORDER-ISSUING OFFICIAL (Title and signature) 21.DATE ISSUED FRONICALLY SIGNED BY/ PURCHASING AGENT 12-APR-2006 CAL SUPPORT BRANCH VILLE REPAIR STATION 2605 SHIPPINGPORT DRIVE 22. TRAVEL ORDER NUMBER LOUISVILLE KY40212-1010 601951H2 M 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE.

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE





U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED

12-APR-2006

st)

TRAVEL ORDER NUMBER

PRIVACY ACT STATEMENT (5 U.S.C. 552a)

DRITY: 5 U.S.C. 5701, 5702, and E.O. 9397.

CIPLE PURPOSE(S): Used for reviewing, approving, and accounting for official travel.

INE USE(S): None,

TOSURE: Voluntary; however, failure to provide the requesting information may delay or preclude timely authorization of your travel request.

EMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
ING IS AUTHORIZED IN EVANSVILLE, IN, OWENSBORO, KY, AND HENDERSON, KY.

TEL BY PRIVATELY-OWNED-CONVEYANCE IS AUTHORIZED

NITY MILEAGE IN THE AREA OF THE TDY LOCATION APPROVED AS ADVANTAGEOUS.

THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL CET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR ON THE

COLL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE ERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. DISTANCE PHONE CALLS TO TRAVELER'S HOME/FAMILY FOR OFFICIAL BUSINESS IS AUTHORIZED

TTRA OF 1996 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV SONNEL (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AGENCY

CLAIMS SHALL BE SUBMITTED WITHIN 5 WORKING DAYS OF RETURN TO, OR ARRIVAL AT, THE PDS USE OF THE CTO TO ARRANGE OFFICIAL TRAVEL IS MANDATORY, OR A STATEMENT IN DETAIL AS TO EXACTLY WHY A CTO IS NOT LLABLE, OR OTHERWISE IS NOT BEING USED, IS MANDATORY

THERE IS A GSA CONTRACT CITY-PAIR PAIR BETWEEN AN OFFICIAL-TRAVEL ORIGIN AND OFFICIAL-TRAVEL DESTINATION, IT SHOULD USED UNLESS ONE OF THE 5 REASONS IN PAR. C2002-AA4 EXISTS. IF A REASON EXISTS, IT MUST BE STATED ON THE TRAVEL ERS

VELERS WHO USE THEIR GOVERNMENT CREDIT CARD FOR TRAVEL ARE REQUIRED TO SPECIFY AN AMOUNT TO BE PAID TO THE CARD

AUTHORIZED

PORM 1610 (BACK), JAN 2001

y 5 -

EXHBISZY



Army Corps of Engineers 6207 Billtown Road Louisville, KY 40299

Arrived: 05/15/06 Payment: 05/28/06

| Date | Description | Amount | Balance |
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| 05/15/06 | Room Charge | \$60.00 | \$60.00 |
| 05/16/06 | Room Charge | \$60.00 | \$120.00 |
| 05/17/06 | Room Charge | \$60.00 | \$180.00 |
| 05/18/06 | Room Charge | \$60.00 | \$240.00 |
| 05/19/06 | Room Charge | \$60.00 | \$300.00 |
| 05/20/06 | Room Charge | \$60.00 | \$360.00 |
| 05/21/06 | Room Charge | \$60.00 | \$420.00 |
| 05/22/06 | Room Charge | \$60.00 | \$480.00 |
| 05/23/06 | Room Charge | \$60.00 | \$540.00 |
| 05/24/06 | Room Charge | \$60.00 | \$600.00 |
| 05/25/06 | Room Charge | \$60.00 | \$660.00 |
| 05/26/06 | Room Charge | \$60,00 | \$720.00 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0 292 - 08 · ID032 - 37187 TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet) T- FIRST NAME- MIDDLE INITIAL 601951H2 EXCEPTIONS DATE EXCEPTION AMOUNT EXCEPTION TYPE ******** NO EXCEPTIONS POUND *******

· FORM 1351-20

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

5-25 EXHIBIT 5-25

1. DATE OF REQUEST REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3) 06-APR-2006 (Read Privacy Act Statement on back before completing form.) REQUEST FOR OFFICIAL TRAVEL 4 POSITION TITLE AND GRADE / RATING (Last, First, Middle Initial) ME 3 BSN WG10 MACHINIST 7. DUTY PHONE NUMBER 'FICIAL STATION 6.ORGANIZATIONAL ELEMENT TENANCE AND REPAIR SECTION SVILLE, KY CELRL-OP-PM (PE OF ORDERS 9 TDY PURPOSE (see JTR, Appendix H) COMPLETE SCHEDULED REPAIRS TO CULVERT VALVES/NEWBU YORARY DUTY RGH L/D APPROX NO. DAYS OF TDY b. PROCEED (DATE) (Including travel time) CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL 62 17-APR-2006 (TINERARY Y VARIATION AUTHORIZED 1 OF 1 AMENDMENT NUMBER: 0 FROM: LOUISVILLE / JEFFERSON KY KENTUCKY PROCEED ON 17-APR-2006 AT 700 HRS TO : NEWBURGH L/D IN INDIANA DEPART ON 17-JUN-2006 AT 1700 HRS TRANSPORTATION MODE PA - - POC - AUTO COMMERCIAL GOVERNMENT LOCAL TRANSPORTATION PRIVATELY OWNED CONVEYANCE (Check one) AIR BUS SHIP VEHI CLE CAR RENTAL TAXI OTHER RATE PER MILE: 0.4450 More advantageous to government AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO (Overseas Travel only) CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR. a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR b. OTHER RATE OF PER DIEM(Specify) ESTIMATED COST 15. ADVANCE AUTHORIZED TRAVEL OTHER TOTAL \$6,088.50 \$8,222.50 \$135.00 \$1,999.00 \$.00 PEMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.) Attached For Additional Remarks FRAVEL-REQUESTING OFFICIAL (Title and signature) 18 TRAVEL-APPROVING OFFICIAL (Title and signature) ECTRONICALLY SIGNED BY/ /ELECTRONICALLY SIGNED BY/ ININISTRATIVE SUPPORT ASSISTANT L/D EQUIPMENT MECHANIC SUPA 1-APR-2006 AUTHORIZATION ACCOUNTING CITATION NA X 4902 0000 08 2437 NA S96152 34KHDK ALLOEX MIOEX 100% AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) 21.DATE ISSUED ECTRONICALLY SIGNED BY/ PURCHASING AGENT 12-APR-2006 SICAL SUPPORT BRANCH ISVILLE REPAIR STATION 2605 SHIPPINGPORT DRIVE 22. TRAVEL ORDER NUMBER LOUISVILLE, KY40212-1010 601951H2

FORM 1610, JAN 2001

PREVIOUS EDITION IS OBSOLETE

5-25

EXHIBIT 5-25

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0 292 - 08 · LID 0 3 2 - 371 87

601951H2

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
12-APR-2006
TRAVEL ORDER NUMBER

(Last, First)

PRIVACY ACT STATEMENT (5 U.S.C. 552a)

#ORITY: 5 U.S.C. 5701, 5702, and E.O. 9397

NCIPLE PURPOSE(S): Used for reviewing, approving, and accounting for official travel.

FINE USE(S): None.

MLOSURE: Voluntary; however, failure to provide the requesting information may delay or preclude timely authorization of your travel request.

REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
SINGIS AUTHORIZED IN EVANSVILLE, IN, OWENSBORO, KY, AND HENDERSON, KY.

JEL BY PRIVATELY-OWNED-CONVEYANCE IS AUTHORIZED

INITY MILEAGE IN THE AREA OF THE TDY LOCATION APPROVED AS ADVANTAGEOUS.

THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL KET COUPONS HAVE BEEN USED FOR OFFICIAL TRUL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR ON THE R

ICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE BRIMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

3 DISTANCE PHONE CALLS TO TRAVELER'S HOME/FAMILY FOR OFFICIAL BUSINESS IS AUTHORIZED

TIRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV

SOUNDED COUNTY OF THE PROPERTY OF THE PROPE

CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AGENCY

CLAIMS SHALL BE SUBMITTED WITHIN 5 WORKING DAYS OF RETURN TO, OR ARRIVAL AT, THE PDS
USE OF THE CTO TO ARRANGE OFFICIAL TRAVEL IS MANDATORY, OR A STATEMENT IN DETAIL AS TO EXACTLY WHY A CTO IS NOT
ELABLE, OR OTHERWISE IS NOT BEING USED, IS MANDATORY
THERE IS A GSA CONTRACT CITY-PAIR FAIR BETWEEN AN OFFICIAL-TRAVEL ORIGIN AND OFFICIAL-TRAVEL DESTINATION, IT SHOULD
USED UNLESS ONE OF THE 5 REASONS IN PAR. C2002-AA4 EXISTS. IF A REASON EXISTS, IT MUST BE STATED ON THE TRAVEL

JELERS WHO USE THEIR GOVERNMENT CREDIT CARD FOR TRAVEL ARE REQUIRED TO SPECIFY AN AMOUNT TO BE PAID TO THE CARD PANY

PANT

ERS

AUTHORIZED

610 (BACK), JAN 2001

EXHIBIT 5-25



Army Corps of Engineers 6207 Billtown Road Louisville, KY 40299

Arrived: 05/29/06 Payment: 06/07/06

| Date | Description | Amount | Balance |
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| 05/29/06 | Room Charge | \$60.00 | \$60.00 |
| 05/30/06 | Room Charge | \$60.00 | \$120.00 |
| 05/31/06 | Room Charge | \$60.00 | \$180.00 |
| 06/01/06 | Room Charge | \$60.00 | \$240.00 |
| 06/02/06 | Room Charge | \$60.00 | \$300.00 |
| 06/03/06 | Room Charge | \$60.00 | \$360.00 |
| 06/04/06 | Room Charge | \$60.00 | \$420.00 |
| 06/05/06 | Room Charge | \$60.00 | \$480.00 |
| 06/06/06 | Room Charge | \$60.00 | \$540.00 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

5-25

EXHIBIT 5 25

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| REIMBURSABLE EXPENSES | | | | 17. LEAVE | | e. SUMMARY OF PAYMENT |
| ATE b. NATURE OF EXPENSE | c. AMOUNT | r b. a | TTOMED | 1 | o. HOURS | (2) Actual Expense (3) Mileage (4) Dependent Travel |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

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| .ESTIMATED | COST | ······ | | | | | | | *************************************** | ······································ | 15. ADVANCE AUTHORIZED |
| R DIEM \$3,3 | 16.50 | TY | RAVEL | \$500.00 | | OTHER \$1 | 950.00 | | TOTAL \$4,766.5 | 0 | \$.00 |
| REMARKS Attached | (Us For Addi | e this | space : Remarks | for special | requir | ements, leave | e, exc | ess ba | ggage, accommodation | ns, regi | stration fees, etc.) |
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| TRAVEL-REQ ECTRONICAL UNISTRATIV | LY SIGNE | D BY/ | | Fitle and s 09-APR-20 | - | ·) | /ELE | CTRONI | APPROVING OFFICIAL CALLY SIGNED BY/ COT MECHANIC SUPV | | le and signature) 9-APR-2007 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

5-26

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED

10-APR-2007

TRAVEL ORDER NUMBER 705332H2

PRIVACY ACT STATEMENT (5 U.S.C. 552a)

ORITY: 5 U.S.C. 5701, 5702, and E.O. 9397

NCIPLE PURPOSE(S): Used for reviewing, approving, and accounting for official travel.

TIME USE(S): None.

CLOSURE: Voluntary; however, failure to provide the requesting information may delay or preclude timely authorization of your travel request.

REMARKS (Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
VELER IS RESPONSIBLE FOR ALL COST INCURRED

VEL BY PRIVATELY-OWNED-CONVEYANCE IS AUTHORIZED

I ARE AUTHORIZED TRAVEL WITHIN AND AROUND TEMPORARY DUTY STATION.

LINITY MILEAGE IN THE AREA OF THE TDY LOCATION APPROVED AS ADVANTAGEOUS

THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL KET COUPONS HAVE EEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR ON THE IR

FICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE FERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

JG DISTANCE PHONE CALLS TO TRAVELER'S HOME/FAMILY FOR OFFICIAL BUSINESS IS AUTHORIZED

TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV

RESONNEL (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AGENCY AD.

CLAIMS SHALL BE SUBMITTED WITHIN 5 WORKING DAYS OF RETURN TO, OR ARRIVAL AT, THE PDS

USE OF THE CTO TO ARRANGE OFFICIAL TRAVEL IS MANDATORY, OR A STATEMENT IN DETAIL AS TO EXACTLY WHY A CTO IS NOT GILABLE, OR OTHERWISE IS NOT BEING USED. IS MANDATORY

THERE IS A GSA CONTRACT CITY-PAIR FAIR BETWEEN AN OFFICIAL-TRAVEL ORIGIN AND OFFICIAL-TRAVEL DESTINATION, IT SHOULD USED UNLESS ONE OF THE 5 REASONS IN PAR. C2002-AA4 EXISTS. IF A REASON EXISTS, IT MUST BE STATED ON THE TRAVEL DESS

FRS WHO USE THEIR GOVERNMENT CREDIT CARD FOR TRAVEL ARE REQUIRED TO SPECIFY AN AMOUNT TO BE PAID TO THE CARD

AUTHORIZED

AVELERS WHO USE THEIR GOVERNMENT CREDIT CARD FOR TRAVEL ARE REQUIRED TO SPECIFY AN AMOUNT TO BE PAID TO THE CARD MPANY

M FEES AUTHORIZED

1610 (BACK), JAN 2001

5-26

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FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

0292-08.010032-37187

North Gide Apartments

Army Corps of Engineers 6207 Billtown Road Louisville, KY 40299

Arrived: 04/16/07 Payment: 05/15/07

| Date | Description | Amount | Balance |
|----------|-------------|-----------------|------------|
| 04/16/07 | Room Charge | \$60.00 | \$60.00 |
| 04/17/07 | Room Charge | \$60.00 | \$120.00 |
| 04/18/07 | Room Charge | \$60.00 | \$180.00 |
| 04/19/07 | Room Charge | \$60.00 | \$240.00 |
| 04/20/07 | Room Charge | \$60.00 | \$300.00 |
| 04/21/07 | Room Charge | \$60.00 | \$360.00 |
| 04/22/07 | Room Charge | \$60.00 | \$420.00 |
| 04/23/07 | Room Charge | \$6 0.00 | \$480.00 |
| 04/24/07 | Room Charge | \$60.00 | \$540.00 |
| 04/25/07 | Room Charge | \$60.00 | \$600.00 |
| 04/26/07 | Room Charge | \$60.00 | \$660.00 |
| 04/27/07 | Room Charge | \$60.00 | \$720.00 |
| 04/28/07 | Room Charge | \$60.00 | \$780.00 |
| 04/29/07 | Room Charge | \$60.00 | \$840.00 |
| 04/30/07 | Room Charge | \$60.00 | \$900.00 |
| 05/01/07 | Room Charge | \$60.00 | \$960.00 |
| 05/02/07 | Room Charge | \$60.00 | \$1,020.00 |
| 05/03/07 | Room Charge | \$60.00 | \$1,080.00 |
| 05/04/07 | Room Charge | \$60.00 | \$1,140.00 |
| 05/05/07 | Room Charge | \$60.00 | \$1,200.00 |
| 05/06/07 | Room Charge | \$60.00 | \$1,260.00 |
| 05/07/07 | Room Charge | \$60.00 | \$1,320.00 |
| 05/08/07 | Room Charge | \$60.00 | \$1,380.00 |
| 05/09/07 | Room Charge | \$60.00 | \$1,440.00 |
| 05/10/07 | Room Charge | \$60.00 | \$1,500.00 |
| 05/11/07 | Room Charge | \$60.00 | \$1,560.00 |
| | • | | 5-26 |

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EX-18 1 5-26

0 392 - 08 - 11 0 3 2 - 87187

| \$60.00 | \$1,620.00 |
|-----------------|-------------------------------|
| \$ 60.00 | \$1,680.00 |
| \$60.00 | \$1,740.00 |
| \$60,00 | \$1,800.00 |
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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

| | Complete: 6/20/07 |
|-----------|--|
| ATDIA | ORANDUM FOR Participants of Travel Audit |
| ot ir | Upon completion of the post settlement travel audit, the following items were a compliance with the references listed below: |
| a. | Joint Travel Regulations, JTR Volume II. |
| b. | CERIMF Memorandum, 7 Jun 96, Subject: Policy for Retention of Travel Expense Receipt. |
| | SOP No. UFC 98-05, TDY/PCS Procedures. CEFMS POLICY/PROCEDURES — Travel Settlement Process. |
| | Failure to obtain signature of traveler or electronic signature, if automated. (Block 21:a.) |
| | Failure to obtain signature of travel approving officer. (Block 22.a.) |
| | Signed copies of travel order or travel voucher were not submitted. |
| | Lodging receipts did not identify reimbursable items, such as daily weekly, monthly rates. |
| | Receipts of reimbursable items over \$75.00 were not attached. |
| , | Receipts for rental vehicles were not attached. |
| | Leave taken in conjunction with travel was not noted on the travel voucher in "Remarks" section. |
| | Overpayment/underpayment of travel reimbursement occurred. (See Remarks) |
| | |
| - 2. W | All travel reimbursements and documentation was submitted in accordance ith the above references. |
| ema | |
| | |
| | |
| | |
| | nclosed have focuments are being seturned for record keeping purposes. If you any questions, please call the undersigned at 502-315-7037 |

Judy Bruns Accountant

5-27EXHBIT 5-29

| to review a processe | d travel voucher. |
|--|---|
| YES NO NIA | |
| X () () 1. | Complete set of the travel orders and amendments. Traveler has five days to comply. |
| (X) () ()2. | A copy of the IATS summary voucher printout. Traveler is required to keep a copy. UPC will make every effort to enclose a copy with the audit. |
| X) () () 3. | All signatures needed: traveler, approving official, technical advisor (if needed), telephone approving official, etc. |
| (L) () 4. | Itinerary on the orders agrees with the itinerary on the IATS printout. |
| (X()()5. | All items for reimbursement are fully documented |
| (X () () 6. | Any comments in the 'Remarks' section of the orders or the travel settlement voucher have been considered by UFC when computing the settlement amount |
| () () (\forall) 7. | Verify advances were taken from the settlement amount. A copy of the DD 1351 <u>must</u> be included by traveler. |
| ()(,)()/8. | Receipts for unused transportation requests or unused carrier tickets were turned in to the Transportation Office of the supported activity. |
| K(21)9. | Review of IATS enclosures will encompass a verification of accuracy of computations. |
| ()(X()+10 | Any discrepancies that arise (overpaid/underpaid) must be set out by travel order number in a memorandum to UFC via e-mail. |
| and the second s | |

NOTE: FOR SPECIFIC ITEMS TO VERIFY SEE THE 'PRE SETTLEMENT CHECKI IST'

F-27
EXHIBIT 5-27

. UFC 98-05, TDY SOP, May-2000

LOW ENFORCEMENT SENSITIVE LOR ONLY

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FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE 5-28

| | | TR | AVEL VOUCHER OR | SUBVOUCHER | } | | - | PAGE 2 | OF 3 | PAGES |
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FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 5-28

| | TRAVEL VOUCHER OR SUBVOUCH! (Continuation Sheet) | ER | PAGE 3 | OF 3 PA | AGES |
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FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE





Holiday Dnn 892 - 08.

EXPRESS

108

07-15-08



Folio No. A/R Number

: 26761

Room No. : 210 Arrival

: 06-16-08

Group Code Company

: ARMY CORP ENGINEERING

Departure : Conf. No. : 66825461

06-22-08

Membership No. : PC

491809337

Rate Code : IMGOV

Invoice No.

Page No. : 1 of 2

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FOR OFFICIAL USE ONLY LAW ENEGGET HE NT SENSITIVE

Holiday Inn Express OwensboroL 3220 West Parrish Ave. P Owensboro, KY 42301@ Telephone: (270) 685-2433 Fax: (270) 685-1054 5-28 EXHIBIT 528

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807378H2 #-6



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07-1"

Folio No.

: 26761

Room No. :

210

A/R Number Group Code

ARMY CORP ENGINEERING

Arrival 06-16-08 Departure : 06-22-08

Company Membership No. : PC

491809337

Conf. No. Rate Code :

66825461 **IMGOV**

Invoice No.

2 of 2

Page No.

Credits

Date

Description

446.46

Charges

446.46

Thank you for staying at the Hollday Inn Express Owensboro. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www. priorityclub.com, We look forward to welcoming you back soon.

Total Balance

0.00

Guest Signature:

I have received the goods and / or services in the amount shown heron. Lagree that my flability for this bill is not waived and agree to be held personally liable in the event that the Indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

Holiday Inn Express Owensboro□ 3220 West Parrish Ave. Owensbord, KY 423017 Telephone: (270) 685-2433 Fax: (270) 685-1054

5-28

EXHIBIT 5-28

807378H20 #6. 0292-08.10032-37187

Northside Apartments

JULY 8, 2008

ARMY CORPS OF ENGINEERS 6207 BILLTOWN ROAD LOUISVILLE, KY 40299

ARRIVAL DATE: 06/22/08

CHECKED OUT; 07/07/08

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|----------------------|----------------------------|--------------------|------------------------------|
| 06/22/08 06/23/08 | ROOM CHARGE ROOM CHARGE | \$70.00 \$70.00 | \$ 70.00 \$ 140.00 |
| 06/24/08 06/25/08 | ROOM CHARGE | \$70.00 \$70.00 | \$ 210.00 \$ 280.00 |
| 06/26/08 | ROOM CHARGE | \$70,00 | \$ 350.00 |
| 06/27/08 06/28/08 | ROOM CHARGE | \$70.00 \$70.00 | \$ 420.00 \$ 490.00 |
| 06/29/08 | ROOM CHARGE | \$70.00 | \$ 560.00 |
| 06/30/08 07/01/08 | ROOM CHARGE | \$70.00 | \$ 630.00 |
| 07/01/08 | ROOM CHARGE ROOM CHARGE | \$70.00 \$70.00 | \$ 700.00 \$ 770.00 |
| 07/03/08 07/04/08 | ROOM CHARGE | \$70.00 | \$ 840.00 |
| 07/05/08 | ROOM CHARGE ROOM CHARGE | \$70.00 \$70.00 | \$ 910.00 \$ 980.00 |
| 07/06/08 | ROOM CHARGE | \$70.00 | \$1,050.00 |
| 07/07/08 | ROOM CHARGE | \$70.00 | \$1,120.00 |
| 07/07/08 | PAYMENTBALANCE | | |

16 Jal 5-28 \$ 1540.00 + 26.46 XIVE # 1566.46

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

| | RIGHTS WARNING PROC | CEDURE/WAIVER CERTIFICATE |
|--|--|--|
| | | 90-30; the proponent agency is ODCSOPS ED BY THE PRIVACY ACT |
| | DATA REQUIRE | D BY THE PRIVACY ACT |
| AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: | Title 10, United States Code, Section 30 To provide commanders and law enforc Your Social Security Number is used as Disclosure of your Social Security Num | pement officials with means by which information may be accurately identified. It is an additional/alternate means of identification to facilitate filing and retrieval. |
| DISCLOSURE: | Disclosure of your social security is an | 2. DATE 12 3. TIME 7 4. PILE NUMBER |
| | | 28 Aug 08 1220 R. ORGANIZATION OR ADDRESS |
| | | Louisville District |
| | 7. GRADE/STATUS | Louisville District |
| | CN/YF2 | |
| | PART I - RIGHTS WAIVE | ER/NON-WAIVER CERTIFICATE |
| SECTION A. Rights | | |
| The investigator whose name apart and wanted to question me about | ppears below told me that he/she is wit ut the following offense(s) of which I a | th the United States Army Criminal Investigation Command (CID) am suspected accused: Fraud, Larcery, and Conspiracy/// |
| 1. I do not have to answer any 2. Anything I say or do can be 3. (For personnel subject to the | questions or say anything. used as evidence against me in a crimi e UCMJ) I have the right to talk priva ning. This lawyer can be a civilian law | he/she made it clear to me that I have the following rights: inal trial. ately to a lawyer before, during, and after questioning and to have a lawyer wyer I arrange for at no expense to the Government or a military lawyer detailed |
| | | Or. |
| | | -01- |
| esent with me during question ant one, a lawyer will be appo | ning. I understand that this lawyer can pinted for me before any questioning be | with or without a lawyer present, I have the right to stop answering questions at |
| 6 COMMENTS (C | | |
| 5. COMMENTS (Continue on Have you requested a lawyer aff | reverse stae) for being read your rights? 10 | |
| SECTION B. Waiver | | |
| lawyer first and without having | a lawyer present with me. | he offense(s) under investigation and make a statement without talking to a |
| Ta. NAME (Type or Print) | SSES (if available) | |
| 6. ORGANIZATION OR ADDRESS AND | PHONE | |
| 2a. NAME (Type or Print) | | |
| 6. ORGANIZATION OR ADDRESS AND | PHONE | 280 th MP Det (CID) Fort Knox, KY 40121 |
| SECTION C. Non-waiver | | • |
| 1. I do no want to give up m | y rights | ATTERNATION OF THE PROPERTY OF |
| I want a lawyer SIGNATURE OF INTER | VIEWEE | I do not want to be questioned or say anything |
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DA FORM 3881, NOV 89 (AUTOMATED) EDITION OF NOV 84 IS OBSOLETE

EXHIBIT

| For us | e of this form, see AR 190-45; | the proponent agency is Office of | | of Staff for Personnel. |
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| THE BOTTOM OF EACH : INITIALED AS "PAGE | ADDITIONAL PAGE MUST _ OF PAGES," WHE | BEAR THE INITIALS OF TH N ADDITIONAL PAGES ARI | HE PERSON MA E UTILIZED, THI | ATDATEDCONTINUED." KING THE STATEMENT AND BE E BACK OF PAGE 1 WILL BE THER COPY OF THIS FORM. |

| Continued on next page | H: PETALLAMON BY PAUL SASCIA POLLY. MR. POLLY WAS TERMINAPIED IN | a: Have you ever changed the miteager to accompate certain | Lybu exex knowingly authorize tra | Z. EMPLOYEE'S PESIDELICE MUST BE OLIE HOUR BRIVE FROM TOY VOLATION. 3. EMPLOYEE MUST BE AWAY FROM PESIDELICE FOR MORE ITAM | mito | A: 4 by JOT PELALL DOING 50. | a: Do you know if ewns a Bed and Breakfast? | Was this a formal investigation put in who have believe so, I the not see the Folims who told you that Mr. SPZ) USE TO BE MULLOUP DO YOU KNOW "? | C. | A: Mr. A: Where is Mr. A: KARI A THAT STATE | DLEPIEL CHI | 1-1/2 |
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| STATEMENT C | TAKEN AT | , DATED <u>28 Aug 08</u> CONTINUED: |
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| THE STATEMENT IS TRUE. I HAVE INITIALED A | BE_3_ I FULLY UNDERSTAND THE LL CORRECTIONS AND HAVE INITIA FREELY WITHOUT HOPE OF BE <u>NEFI</u> | READ OR HAVE HAD READ TO ME THIS STATEMENT CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. LED THE BOTTOM OF EACH PAGE CONTAINING THE T OR REWARD, WITHOUT THREAT OF PLINISHMENT, |
| WITNESSES: | Subscr to administer | ibed and sworn to before me, a person authorized by law oaths, this 28 day of Aug 2008 |
| ORGANIZATION OR ADDRESS | at | (Signature of Person Administering Oath) |
| ORGANIZATION OR ADDRESS | | (Typed Name of Person Administering Oath) 10 USC 936 (Authority To Administer Oaths) |
| INITIALS OF PERSON MAKING STATEMEN | | PAGE 3 OF 3 PAGES |
| | | |

RIGHTS ARNING PROCEDURE/WAIVER CERTIFICA

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY:

Title 10, United States Code, Section 3012(g)

VCIPAL PURPOSE: UTINE USES: DISCLOSURE:

To provide commanders and law enforcement officials with means by which information may be accurately identified. Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval. Disclosure of your Social Security Number is voluntary.

| | 2. Spate GM 3. TIME GM 4. FILENO. 29. Aug 08 1230 |
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| S. / NAMES TERRITORS, MILL | B. ORGANIZATION OR ADDRESS |
| | houisville Ropair Station |
| GRADE/STATUS | Lovice: 11 - 187 40212 |
| PART I - RIGHTS WAI | VER/NON-WAIVER CERTIFICATE |
| Section A. Rights | |
| during questioning. This lawyer can be a civilian tawyer t arrange for at no or both. IFor civilians not subject to the UCMJF. I have the right to talk privately to | and wanted to question me about the following offensets) of which I am G.E.Y. I G.M. nade it clear to me that I have the following rights: |
| and the second s | Table A - Brown or Alabama - Bhasin - sinks an earn again again ann aidean an ann again |
| | ithout a lawyer present, I have a right to stop answering questions at any time, or |
| speak privately with a lawyer before answering further, even if I sign the v | vaiver below. |
| 5. COMMENTS (Continue on reverse side) | |
| Section B. Walver | |
| | s) under investigation and make a statement without talking to a lawyer first and without |
| WITNESSES ()! available) | |
| Sa. NAME (Type or Print) | |
| b. ORGANIZATION OR ADDRESS AND PHONE | |
| 2a. NAME (Type or Print) | |
| b. ORGANIZATION OR ADDRESS AND PHONE | 6. ORGANIZATION OF INVESTIGATOR JEL MP DIT (CID) FLIT KHIN IK 14012 |
| Section C. Non-waiver | |
| I do not want to give up my rights | |
| ☐ I want a lawyer | l do not want to be questioned or say anything |
| SIGNATURE OF INTERVIEWEE | |
| TTACH THIS WAIVER CENTIFICATE TO ANY SWORN STATEMENT IDA FORA | 4 2823/ SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED |

A FORM 3881, NOV 89

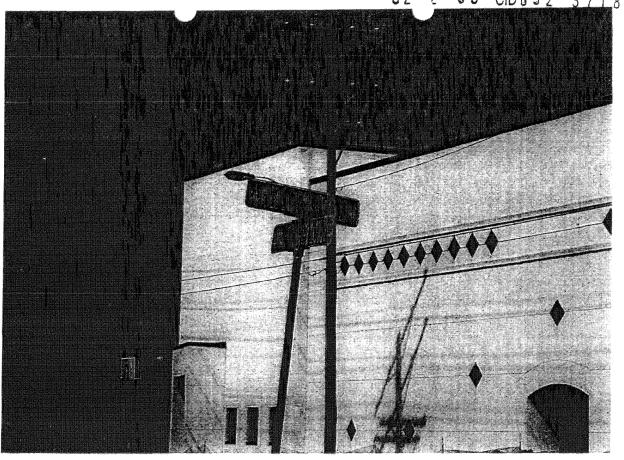
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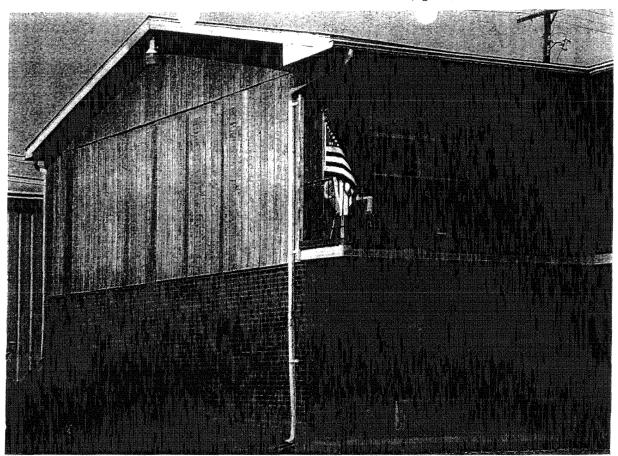
EXHIBIT 7

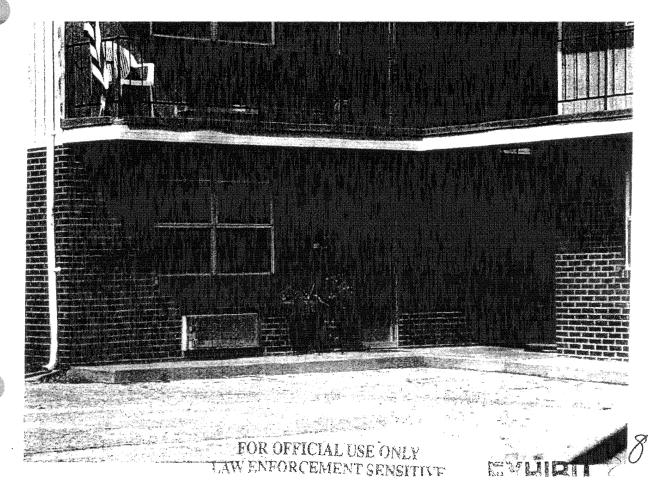
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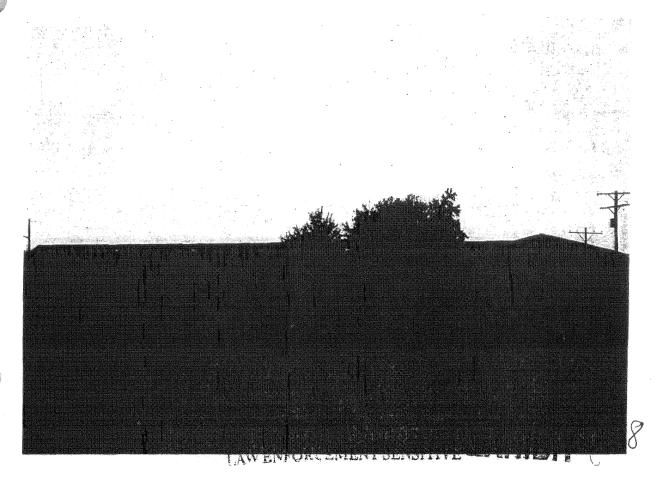
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PART II - RIGHTS WARNING PROCEDURE

THE WARNING

- 1. WARNING Inform the suspect/accused of:
 - a. Your official position.
 - b. Nature of offense(s).
 - c. The fact that he/she is a suspect/accused.
- RIGHTS Advise the suspect/accused of his/her rights as follows: "Before I ask you any questions, you must understand your rights."
 - a. "You do not have to answer my questions or say anything."
 - *Anything you say or do can be used as evidence against you in a criminal trial.*
 - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a divillan you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

. or -

(For civilians not subject to the UCMJ). You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

d. "If you are now willing to discuss the offense(s) under investigation, with or without a fawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

THE WAIVER

"Do you understand your rights?"

Iff the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?" (If the suspect/accused says "yes," find out when and where, if the request was recent fi.e., fewer than 30 days ago), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"

If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" Iff the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)

SPECIAL INSTRUCTIONS

WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE; if the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/sho has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY: in all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

PRIOR INCRIMINATING STATEMENTS:

1. If the supsect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

NOTE: If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS: If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

COMMENTS (Continued)

| | | | CEDURE/WAIVER CERTIF 90-30; the proponent agency is ODCS | | |
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| | | PART I - RIGHTS WAI | /ER/NON-WAIVER CERTIFICATE | - | |
| Section A. Rights | | | | | |
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| Section C. Non-waix | rer | | | | |

Section C. Non-waiver

1. I do not want to give up my rights

☐ I want a lawyer

☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

TTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT IDA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED.

FORM 3881, NOV 89

EDITION OF NOV 84 IS OBSOLETE

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| F | or use of this form, see AR 190-45; t | SWORN STATEMENT TO STATE STATE OF THE PROPERTY | | of Staff for Personnel. |
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| RGANIZATION OR ADDRESS | | • |
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| IITIALS OF PERSON MAKING STA | TEAAUNIT | |
| | | PAGE 3 OF 3 PAGES |
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