

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

ASS NAME- FIRST NAME- MIDDLE INITIAL
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ITINERARY								8. FOR DD USE ONLY	
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES	
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9. REIMBURSABLE EXPENSE			
DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

10. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
GTR/MTA NO	FROM	TO

11. REMARKS
 ATM: \$24.20/\$806.75 X 3%. MISC: \$6.75/ATM TERM FEE. TOTAL LODGING: \$880.00 / MILEAGE: 1199. END OF JOB.

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

5-14 **EXHIBIT** 5-14

[REDACTED]
Bed & Breakfast
[REDACTED]

[REDACTED]
Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299

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

$55 \times 16 = 880.00$
5-14 = \$880.00
EXHIBIT 5-14

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY <input type="checkbox"/> DEBIT <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Trvl Chg card \$ 1,557.89				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> DEPEND				3. FOR DO USE ONLY			
4. NAME (Last, First, Middle Initial)				5. GRADE 10		6. SSN Privacy Act Data		a. DO VOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET b. CITY Privacy Act Information.				c. STATE		d. ZIP CODE		c. PAID BY			
8. TELEPHONE NUMBER				9. TRAVEL ORDER NUMBER 403539H2 29Jun2004		10. PREVIOUS PAYMENTS/ADVANCES \$.00					
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED											
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY								d. COMPUTATIONS			
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES				
2004											
06/30	DEP 0600	LOUISVILLE / RESIDENCE KY KENT	PA								
06/30	ARR 0645	LOUISVILLE / CELRL-OP-P KY KEN		TD			23				
06/30	DEP 1200	LOUISVILLE / CELRL-OP-P KY KEN	PA								
06/30	ARR 1500	EVANSVILLE/VANDERBURGH IN INDI		TD	55.00		115				
07/17	DEP 0600	EVANSVILLE/VANDERBURGH IN INDI	PA								
07/17	ARR 0700	GREEN RIVER L/2 KY KENTUCKY		TD			48				
07/17	DEP 1300	GREEN RIVER L/2 KY KENTUCKY	PA								
	ARR 1600	LOUISVILLE / RESIDENCE KY KENT		MC			155				
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES				17. LEAVE				e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem			
17Jul2004	CREDIT CARD ATM FEE			\$ 18.14				(2) Actual Expense			
17Jul2004	LAUNDRY			\$ 24.00				(3) Mileage			
17Jul2004	VICINITY MILEAGE AMOUNT			\$ 468.00				(4) Dependent Travel			
17Jul2004	MISCELLANEOUS - SPECIFY IN REMARKS			\$ 4.75				(5) DLA			
17Jul2004	LONG DISTANCE PHONE CALLS HOME/FAMI			\$ 24.00				(6) Reimbursable Expense			
								(7) Total			
								(8) Less Advance			
								(9) Amount Owed			
								(10) Amount Due			
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> PASSENGER				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)							
20.				a. GTR/MTA NO.				b. FROM			
								c. TO			
21. a. CLAIMANT SIGNATURE				b. DATE		22. APPROVING OFFICER SIGNATURE				b. DATE	
				7-26-04						7/26/04	
23. ACCOUNTING CLASS				96 NA X 4902.0000 X 08 2437 NA 96152 H215687 J1DBLJ 100 * FUNDED							
24. COLLECTION DATA											
25. COMPUTED BY				26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)		29. AMOUNT PAID	

FORM 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY. **EXHIBIT** 5-15

LAW ENFORCEMENT SENSITIVE

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

2

LAST NAME- FIRST NAME- MIDDLE INITIAL

403S19H2 1 0

ITINERARY

B. FOR DO USE ONLY

DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS
ATM: \$18.14/\$604.75 X 3%. MISC: \$4.75/ATM TERM FEE. TOTAL LODGING: \$935.00 / MILEAGE: 1589.

FORM 1351-2C

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-15

EXHIBIT

5-15

[REDACTED]

Bed & Breakfast

[REDACTED]

[REDACTED]
 Army Corps of Engineers
 6207 Billtown Road
 Louisville, KY 40299

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
 LAW ENFORCEMENT SENSITIVE

5-15
EXHIBIT 5-15

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0			
1. PAYMENT REQUIRED BY EFT <input type="checkbox"/> CHECK <input type="checkbox"/> SPLIT DISB: Amt to Govt Trvl Chg card \$ 385.00				2. TYPE OF PAYMENT X TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> DEPEND			
4. NAME (Last, First, Middle Initial) [REDACTED]				5. GRADE 10		6. SSN Privacy Act Data	
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE d. ZIP CODE	
8. TELEPHONE NUMBER [REDACTED]		9. TRAVEL ORDER NUMBER 500057H2 05Oct2004		10. PREVIOUS PAYMENTS/ADVANCES \$.00			
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE				12. DEPENDENT(S) ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input type="checkbox"/>			
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED YES <input type="checkbox"/> NO <input type="checkbox"/>			
15. ITINERARY				16. REIMBURSABLE EXPENSES			
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC, MILES
2004							
09/27	DEP 1400	LOUISVILLE / JEFFERSON KY	PA				
09/27	ARR 1600	EVANSVILLE/VANDERBURGH IN INDI		TD	55.00		130
10/03	DEP 2359	EVANSVILLE/VANDERBURGH IN INDI	PA				
10/03	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		MC			
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17. LEAVE				18. POC TRAVEL: X OWNER/OPERATOR PASSENGER			
a. DAYS				b. HOURS			
c. TAKEN BETWEEN 27Sep2004				d. AND 03Oct2004			
19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)				a. GTR/MTA NO.			
				b. FROM			
				c. TO			
20.							
21. a. CLAIMANT SIGNATURE [REDACTED]				b. DATE 10-8-04		22. a. OFFICER SIGNATURE [REDACTED]	
						b. DATE 10/9/04	
23. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 LH7309 100 % FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)	
						29. AMOUNT PAID	

M 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 5-16

TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet)

PAGE NO. 2

POST NAME - FIRST NAME - MIDDLE INITIAL



500057H2 1 0

7. ITINERARY									8. FOR DO USE ONLY	
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES		
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9. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

10. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
GTR/MTA NO	FROM	TO

11. REMARKS
 TOTAL LODGING: \$385.00 / MILEAGE: 385.

5-16

EXHIBIT 5-16

[REDACTED]
Bed & Breakfast
[REDACTED]

[REDACTED]
*Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299*

Check-In Date: 09/27/04

Date Checked Out: 10/04/04

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
09/27/04	Room Charge	\$ 55.00
09/28/04	Room Charge	\$ 55.00
09/29/04	Room Charge	\$ 55.00
09/30/04	Room Charge	\$ 55.00
10/01/04	Room Charge	\$ 55.00
10/02/04	Room Charge	\$ 55.00
10/03/04	Room Charge	\$ 55.00
TOTAL CHARGE	_____	\$385.00

AMOUNT PAID _____ \$385.00

BALANCE DUE _____ 000.00

5-16

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 5-16

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 3 AMEND NO: 0				
1. PAYMENT REQUIRED BY <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Tvl Chg card \$ 240.00				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> DEPEND				
NAME (Last, First, Middle Initial)				5. GRADE 10		6. SSN Privacy Act Data		
ADDRESS a. NUMBER AND STREET Privacy Act Information.		b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		
TELEPHONE NUMBER		9. TRAVEL ORDER NUMBER 404151H2 15Aug2004		10. PREVIOUS PAYMENTS/ADVANCES 5.00				
ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE								
DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)				
ACCOMPANIED		UNACCOMPANIED		14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO				
ITINERARY								
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS		POC MILES
						Gov't	Ded	
'08	DEP 1200	LOUISVILLE / JEFFERSON KY	PA					
'08	ARR 1500	EVANSVILLE/VANDERBURGH IN INDI		TD	60.00		3	130
'12	DEP 1900	EVANSVILLE/VANDERBURGH IN INDI	PA					
'12	ARR 2200	LOUISVILLE / JEFFERSON KY		MC				130
	DEP							
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REIMBURSABLE EXPENSES				17. LEAVE		e. SUMMARY OF PAYMENT		
DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS			
Nov2004	CREDIT CARD ATM FEE	\$ 3.06				(1) Per Diem	\$4,834.50	
Nov2004	LAUNDRY	\$ 6.00				(2) Actual Expense		
Nov2004	VICINITY MILEAGE AMOUNT	\$ 48.00				(3) Mileage	\$684.37	
Nov2004	MISCELLANEOUS - SPECIFY IN REMARKS	\$ 2.00				(4) Dependent Travel		
Nov2004	LONG DISTANCE PHONE CALLS HOME/FAM	\$ 6.00				(5) DLA		
						(6) Reimbursable Expense	\$294.48	
						(7) Total		
						(8) Less Advance		
						(9) Amount Owed		
						(10) Amount Due		
POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR				PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
a. GTR/MTA NO.		b. FROM		c. TO				
a. CLAIMANT SIGNATURE				b. DATE 11-10-04		22. APPROVING OFFICER SIGNATURE		b. DATE 11/22/04
ACCOUNTING CLASS				96 NA X 4902.0000 X 08 2437 NA 96152 H215687 989L97 100 % FUNDED				
COLLECTION DATA								
COMPUTED BY	25. AUDITED BY	27. TRVL ORD POSTED BY	28. RECEIVED (Payee signature and date or check no.)		29. AMOUNT PAID			

1 1351-2

NCR NUMBER

5-17 EXHIBIT 5-17

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

NAME- FIRST NAME- MIDDLE INITIAL ██████████ ██████████ ██████████	404151H2	3 0
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DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES	8. FOR DO USE ONLY
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REIMBURSABLE EXPENSE			
DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
GTR/MTA NO	FROM	TO

REMARKS
ATM: \$3.06/\$102.00 X 3%. MISC: \$2.00/ATM TERM FEE. TOTAL LODGING: \$240.00 / MILEAGE: 386.


5-17

**FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE**

EXHIBIT 5-17



Bed & Breakfast

Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299

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

<u>Date</u>	<u>Description</u>	<u>Amount</u>	<u>Balance</u>
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

EXHIBIT 5-17

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0			
1. PAYMENT REQUIRED BY EFT <input type="checkbox"/> CHECK <input type="checkbox"/> SPLIT DISB: Amt to Govt Trvl Chg card \$ 1,394.18				2. TYPE OF PAYMENT X TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> DEPEND			
4. NAME (Last, First, Middle Initial) [REDACTED]				5. GRADE [REDACTED]		6. SSN [REDACTED] Privacy Act Data	
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE d. ZIP CODE	
8. TELEPHONE NUMBER [REDACTED]		9. TRAVEL ORDER NUMBER 502106K2 04Apr2005		10. PREVIOUS PAYMENTS/ADVANCES \$ 00			
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE							
12. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. ITINERARY							
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	POC MILES Ded
2005							
04/18	DEP 0700	LOUISVILLE / JEFFERSON KY KENT	PA				
04/18	ARR 0950	EVANSVILLE/VANDERBURGH IN INDI		TD	55.00		140
05/01	DEP 2359	EVANSVILLE/VANDERBURGH IN INDI	PA				
05/02	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		MC			
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16. REIMBURSABLE EXPENSES					17. LEAVE		
DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem	
01May2005	CREDIT CARD ATM FEE	\$ 18.18				(2) Actual Expense	
01May2005	LAUNDRY	\$ 20.00				(3) Mileage	
01May2005	VICINITY MILEAGE AMOUNT	\$ 165.24				(4) Dependent Travel	
01May2005	MISCELLANEOUS - SPECIFY IN REMARKS	\$ 5.00				(5) DLA	
01May2005	LONG DISTANCE PHONE CALLS HOME/FAMI	\$ 20.00				(6) Reimbursable Expense	
				c. TAKEN BETWEEN 18Apr2005		(7) Total	
				d. AND 01May2005		(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR				19. GOVERNMENT TRANSPORTATION REQUEST (CTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
20.				a. GTR/MTA NO.		b. FROM	
						c. TO	
21. a. CLAIMANT SIGNATURE [REDACTED]				b. DATE 5-8-05		22. MOVING OFFICER SIGNATURE [REDACTED]	
						b. DATE 5/5/05	
23. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 626C26 100 % FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee's signature and date or check no.)	
						29. AMOUNT PAID	

DD FORM 1351-2

NCR NUMBER

5-18 exhibit 5-18

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

LAST NAME - FIRST NAME - MIDDLE INITIAL

502106H2 1 0

1. ITINERARY

B. FOR DC USE ONLY

DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

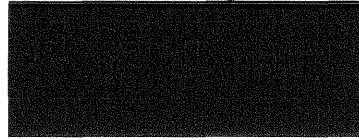
GTR/MTA NO	FROM	TO


7. REMARKS

ATM: \$18.18 / \$606.00 X 3%. MISC: \$6.00 / ATM TERM FEE. TOTAL LODGING: \$770.00 / MILEAGE: 548.

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

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 2 AMEND NO: 0									
1. PAYMENT REQUIRED BY EFT <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Tvl Chg card \$ 880.00				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> DEPEND				3. FOR DO USE ONLY					
4. NAME (Last, First, Middle Initial)				5. GRADE 10		6. BSN Privacy Act Data		a. DO VOUCHER NO.					
7. ADDRESS a. NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act Information.				c. STATE		d. ZIP CODE		b. SUBVOUCHER NO.					
8. TELEPHONE NUMBER		9. TRAVEL ORDER NUMBER 502106H2 04Apr2005		10. PREVIOUS PAYMENTS/ADVANCES \$.00				c. PAID BY					
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE				12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)					
ACCOMPANIED		UNACCOMPANIED		14. HOUSEHOLD GOODS SHIPPED YES <input type="checkbox"/> NO <input type="checkbox"/>				d. COMPUTATIONS					
SEE ATTACHED (IF APPLICABLE)				15. ITINERARY				e. SUMMARY OF PAYMENT					
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES					
2005													
05/02	DEP 0001	EVANSVILLE/VANDERBURGH IN INDI	PA										
05/02	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		TD	55.00								
05/18	DEP 0700	EVANSVILLE/VANDERBURGH IN INDI	PA										
05/18	ARR 1000	LOUISVILLE / JEFFERSON KY KENT		MC					140				
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
16. REIMBURSABLE EXPENSES				17. LEAVE				e. SUMMARY OF PAYMENT					
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS							
18May2005	LAUNDRY		\$ 23.00								(1) Per Diem \$1,196.25		
18May2005	VICINITY MILEAGE AMOUNT		\$ 179.01								(2) Actual Expense		
18May2005	LONG DISTANCE PHONE CALLS HOME/FAMI		\$ 23.00								(3) Mileage \$221.94		
								c. TAKEN BETWEEN 02May2005				(4) Dependent Travel	
								d. AND 18May2005				(5) DLA	
												(6) Reimbursable Expense \$64.18	
												(7) Total	
												(8) Less Advance	
												(9) Amount Owed	
												(10) Amount Due	
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR				PASSENGER				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20.								a. GTR/MTA NO.		b. FROM		c. TO	
21. a. CLAIMANT SIGNATURE				b. DATE 5-20-05		22. a. APPROVING OFFICER SIGNATURE				b. DATE 5/23/05			
23. ACCOUNTING CLASS				96 NA X 4902.0000 X 08 2437 NA				96152 H215687 626G26 100 \$ FUNDED					
24. COLLECTION DATA													
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)		29. AMOUNT PAID					

ORM 1351-2

NCR NUMBER

5-19 **EXHIBIT** 5-19
FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

0202-09-CID032-37127

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

2

LAST NAME FIRST NAME MIDDLE INITIAL

502106H2 2 0

1. ITINERARY

8. FOR DO USE ONLY

DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
						Gov't	Ded	
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ARR								
DEP								
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5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO


7. REMARKS

TOTAL LODGING: \$680.00 / MILEAGER: 582.

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-19
EXHIBIT 519

North Side Apartments


 Army Corps of Engineers
 6207 Billtown Road
 Louisville, KY 40299

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
05/05/05	Room Charge	\$55.00	\$220.00
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
05/17/05	payment	-\$880.00	.00

\$880

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

5-19

EXHIBIT 5-19

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY <input type="checkbox"/> EFT <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Tvl Chg card \$ 220.00				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> DEPEND				3. FOR DO USE ONLY			
7. NAME (Last, First, Middle Initial) [REDACTED]				5. GRADE 10		6. SSN Privacy Act Data		a. DO VOUCHER NO.			
8. ADDRESS a. NUMBER AND STREET b. CITY Privacy Act Information.				c. STATE		d. ZIP CODE		c. PAID BY			
9. TELEPHONE NUMBER [REDACTED]		9. TRAVEL ORDER NUMBER 600049H2 04Oct2005		10. PREVIOUS PAYMENTS/ADVANCES \$ 0.00							
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE											
12. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS		POC MILES			
2005						Gov't	Ded				
10/10	DEP 0700	LOUISVILLE / JEFFERSON KY KENT	PA								
10/10	ARR 0930	GREEN RIVER L/1 KY KENTUCKY		TD	55.00						
10/14	DEP 1200	GREEN RIVER L/1 KY KENTUCKY	PA								
10/14	ARR 1600	CARROLLTON KY KENTUCKY		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	c. TAKEN BETWEEN		(1) Per Diem (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due		
14Oct2005	LAUNDRY		\$ 6.00				10Oct2005				
14Oct2005	VICINITY MILEAGE AMOUNT		\$ 243.47								
14Oct2005	LONG DISTANCE PHONE CALLS HOME/FAMI		\$ 6.00				14Oct2005				
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR				PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20.						a. GTR/MTA NO.		b. FROM		c. TO	
21. a. CLAIMANT SIGNATURE [REDACTED]				b. DATE 10-17-05		22. a. APPROVING OFFICER SIGNATURE [REDACTED]				b. DATE 10/17/05	
23. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 1175D0 100% FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)			29. AMOUNT PAID		

JRM 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE 5-20 **EXHIBIT** 5-20

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

FIRST NAME, MIDDLE INITIAL

600049H2 1 0

ITINERARY

8. FOR DO USE ONLY

LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

REMARKS
TOTAL LODGING: \$220.00 / MILEAGE: 502.

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-20 EXHIBIT 5 20

North Side Apartments



Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299

Arrived: 10/10/05
Payment: 10/14/05

Date	Description	Amount	Balance
10/10/05	Room Charge	\$55.00	\$55.00
10/11/05	Room Charge	\$55.00	\$110.00
10/12/05	Room Charge	\$55.00	\$165.00
10/13/05	Room Charge	\$55.00	\$220.00
10/14/05	payment	-\$220.00	.00

Error - Start date
was Oct 10

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-20

EXHIBIT 5-20

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. INT REQUIRED BY <input type="checkbox"/> EPT <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Tvl Chg card \$ 550.00				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> DEPEND <input type="checkbox"/> OTHER				3. FOR DO USE ONLY a. DO VOUCHER NO.			
NAME (Last, First, Middle Initial) [REDACTED]				5. GRADE 10		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY	
TELEPHONE NUMBER [REDACTED]				9. TRAVEL ORDER NUMBER 600103H2 07Oct2005		10. PREVIOUS PAYMENTS/ADVANCES \$ 0.00					
1. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE											
2. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED											
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)						14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO					
5. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	POC MILES Ded				
10/31	DEP 0700	LOUISVILLE / JEFFERSON KY KENT	PA								
10/31	ARR 1000	EVANSVILLE/VANDERBURGH IN INDI		TD	55.00						
11/10	DEP 0800	EVANSVILLE/VANDERBURGH IN INDI	PA								
11/10	ARR 1100	LOUISVILLE / JEFFERSON KY KENT		MC							
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ARR											
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ARR											
16. REIMBURSABLE EXPENSES						17. LEAVE			e. SUMMARY OF PAYMENT		
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
10Nov2005	LAUNDRY			\$ 14.29							
10Nov2005	VICINTY MILEAGE AMOUNT			\$ 291.00							
10Nov2005	LONG DISTANCE PHONE CALLS HOME/FAMI			\$ 14.29							
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR						19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
						PASSENGER					
20.						a. GTR/MTA NO.			b. FROM		
									c. TO		
21. a. CLAIMANT SIGNATURE [REDACTED]						b. DATE 11-15-05			22. APPROVING OFFICER SIGNATURE [REDACTED]		
									b. DATE 11/16/05		
23. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 JL2069 100 \$ FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY			26. AUDITED BY			27. TRVL ORD POSTED BY			28. RECEIVED (Payee signature and date or check no.)		
									29. AMOUNT PAID		

CRM 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY 5-21 **EXHIBIT** 5-21
LAW ENFORCEMENT SENSITIVE

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

2

1. FIRST NAME- MIDDLE INITIAL

600103H2 1 0

B. FOR DO USE ONLY

DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

REMARKS

TOTAL LODGING: \$550.00 / MILEAGE: 600.

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-21

EXHIBIT

5-21

North Side Apartments



*Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299*

*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
11/06/05	Room Charge	\$55.00	\$385.00
11/07/05	Room Charge	\$55.00	\$440.00
11/08/05	Room Charge	\$55.00	\$495.00
11/09/05	Room Charge	\$55.00	\$550.00
11/09/05	payment	-\$550.00	.00

\$550.00

5-21

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

5-21

0292-08-10032-37187

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0																																																																																																																																				
1. TYPE OF PAYMENT				3. FOR DO USE ONLY																																																																																																																																				
<input type="checkbox"/> SFT <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Trvl Chg card \$ 770.00				<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> DEPND																																																																																																																																				
2. NAME (Last, First, Middle Initial)				5. GRADE 10		6. SSN Privacy Act Data																																																																																																																																		
7. ADDRESS a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE																																																																																																																																		
8. TELEPHONE NUMBER		9. TRAVEL ORDER NUMBER 601951H2 06Apr2006		10. PREVIOUS PAYMENTS/ADVANCES \$ 0.00																																																																																																																																				
1. ORGANIZATION AND STATION MAINTENANCE AND REPAIR BR				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)																																																																																																																																				
2. DEPENDENT(S)				14. HOUSEHOLD GOODS SHIPPED																																																																																																																																				
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15. ITINERARY				16. REIMBURSABLE EXPENSES																																																																																																																																				
<table border="1"> <thead> <tr> <th>DATE</th> <th>LOCAL TIME</th> <th>PLACE</th> <th>MODE OF TRVL</th> <th>REAS FOR STOP</th> <th>DAILY LODGING COSTS</th> <th>NUMBER OF MEALS Gov't</th> <th>Ded</th> <th>POC MILES</th> </tr> </thead> <tbody> <tr> <td>04/17</td> <td>DEP 0700</td> <td>LOUISVILLE / JEFFERSON KY</td> <td>PA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>04/17</td> <td>ARR 1000</td> <td>EVANSVILLE/VANDERBURGH IN</td> <td></td> <td>TD</td> <td>55.00</td> <td></td> <td></td> <td>140</td> </tr> <tr> <td>04/30</td> <td>DEP 2355</td> <td>EVANSVILLE/VANDERBURGH IN</td> <td>PA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>04/30</td> <td>ARR 2400</td> <td>EVANSVILLE/VANDERBURGH IN</td> <td></td> <td>MC</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	Ded	POC MILES	04/17	DEP 0700	LOUISVILLE / JEFFERSON KY	PA						04/17	ARR 1000	EVANSVILLE/VANDERBURGH IN		TD	55.00			140	04/30	DEP 2355	EVANSVILLE/VANDERBURGH IN	PA						04/30	ARR 2400	EVANSVILLE/VANDERBURGH IN		MC						DEP									ARR									DEP									ARR									DSP									ARR									DEP									ARR								<table border="1"> <thead> <tr> <th>DATE</th> <th>b. NATURE OF EXPENSE</th> <th>c. AMOUNT</th> <th>b. ALLOWED</th> <th>a. DAYS</th> <th>b. HOURS</th> </tr> </thead> <tbody> <tr> <td>30Apr2006</td> <td>VICINITY MILEAGE AMOUNT</td> <td>\$ 166.43</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	30Apr2006	VICINITY MILEAGE AMOUNT	\$ 166.43			
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't	Ded	POC MILES																																																																																																																																
04/17	DEP 0700	LOUISVILLE / JEFFERSON KY	PA																																																																																																																																					
04/17	ARR 1000	EVANSVILLE/VANDERBURGH IN		TD	55.00			140																																																																																																																																
04/30	DEP 2355	EVANSVILLE/VANDERBURGH IN	PA																																																																																																																																					
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DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS																																																																																																																																			
30Apr2006	VICINITY MILEAGE AMOUNT	\$ 166.43																																																																																																																																						
17. LEAVE				18. SUMMARY OF PAYMENT																																																																																																																																				
				(1) Per Diem (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense (7) Total (8) Loan Advance (9) Amount Owed (10) Amount Due																																																																																																																																				
19. POC TRAVEL: OWNER/OPERATOR				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)																																																																																																																																				
20.				a. GTR/MTA NO. b. FROM c. TO																																																																																																																																				
21. a. CLAIMANT SIGNATURE				b. DATE 5-5-06		22. a. APPROVING OFFICER SIGNATURE																																																																																																																																		
23. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA				96152 H215627 34KHDK 100 % FUNDED		b. DATE 5 MAY 2006																																																																																																																																		
24. COLLECTION DATA																																																																																																																																								
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)																																																																																																																																		
29. AMOUNT PAID																																																																																																																																								

ORM 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-22 EXHIBIT 5-22

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

NAME - FIRST NAME - MIDDLE INITIAL
██████████ 601951H2 1 0

ITINERARY

8. FOR DD USE ONLY

TE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

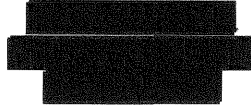
GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)


GTR/MTA NO	FROM	TO

REMARKS

TOTAL LODGING: \$770.00 TOTAL LODGING TAXES: \$0
TOTAL MILEAGE: 514 MILES
REVIEWER REMARKS: * None *

5-22
FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
EXHIBIT *5-22*

North Side Apartments


 Army Corps of Engineers
 6207 Billtown Road
 Louisville, KY 40299

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

EXHIBIT 5-22

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0								
1. EVENT REQUIRED BY <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Trvl Chg card \$ 770.00				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA DEPEND <input type="checkbox"/> OTHER				3. FOR DO USE ONLY				
NAME (Last, First, Middle Initial) ██████████				5. GRADE 10		6. SSN Privacy Act Data		a. DO VOUCHER NO.				
ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY		
TELEPHONE NUMBER ██████████				9. TRAVEL ORDER NUMBER 601951H2 06Apr2006		10. PREVIOUS PAYMENTS/ADVANCES \$.00						
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE												
12. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)								
14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO												
5. ITINERARY												
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS		POC MILES				
066						Gov't	Ded					
4/17	DEP 0700	LOUISVILLE / JEFFERSON KY KENT	PA									
4/17	ARR 1000	EVANSVILLE/VANDERBURGH IN INDI		TD	55.00			140				
4/30	DEP 2359	EVANSVILLE/VANDERBURGH IN INDI	PA									
4/30	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		MC								
	DEP											
	ARR											
	DEP											
	ARR											
	DEP											
	ARR											
6. REIMBURSABLE EXPENSES						17. LEAVE			e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due					
0Apr2006	VICINITY MILEAGE AMOUNT		\$ 166.43									
8. POC TRAVEL:						19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)						
OWNER/OPERATOR						PASSENGER						
0.						a. GTR/MTA NO.	b. FROM	c. TO				
1.a. CLAIMANT SIGNATURE				b. DATE	22.a. APPROVING OFFICER SIGNATURE				b. DATE			
3. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215607 34KHDK 100 & FUNDED												
4. COLLECTION DATA												
5. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)		29. AMOUNT PAID				

M 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-22
EXHIBIT

5-22

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: 6
TRAVEL VCHR AMEND NO: 0
TRAVELER/PAYEE NAME: [REDACTED]
TRAVEL VOUCHER DATE: 17-JUL-08
CONTACT: [REDACTED]

*** 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 CEPMS, 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.

5-22
EXHIBIT 5-22

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

North Side Apartments



Army Corps of Engineers
6207 Biltown Road
Louisville, KY 40299

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

22285

5-22

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 5-22

0292-08-1032-37187

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 2 AMEND NO: 0										
1. TYPE OF PAYMENT <input type="checkbox"/> DEPT <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Trvl Chg card \$ 840.00 <input checked="" type="checkbox"/> TDY <input type="checkbox"/> OTHER <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA DEPEND				2. TYPE OF PAYMENT				3. FOR DO USE ONLY						
NAME (Last, First, Middle Initial) <input type="checkbox"/> Privacy Act Information.				5. GRADE 10		6. SSN Privacy Act Data		a. DC VOUCHER NO.						
ADDRESS a. NUMBER AND STREET <input type="checkbox"/> Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY				
TELEPHONE NUMBER <input type="checkbox"/> Privacy Act Information.		9. TRAVEL ORDER NUMBER 601951H2 06Apr2006		10. PREVIOUS PAYMENTS/ADVANCES \$.00										
1. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE														
2. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)										
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO										
5. ITINERARY														
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS		POC MILES						
006						Gov't	Ded							
05/01	DEP 0001	EVANSVILLE/VANDERBURGH IN INDI	PA											
05/01	ARR 0002	NEWBURGH L/D IN INDIANA		TD										
05/01	DEP 1700	NEWBURGH L/D IN INDIANA	PA											
05/01	ARR 1730	EVANSVILLE/VANDERBURGH IN INDI		TD	60.00									
05/14	DEP 2359	EVANSVILLE/VANDERBURGH IN INDI	PA											
05/14	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		MC										
	DEP													
	ARR													
	DEP													
	ARR													
	DEP													
	ARR													
6. REIMBURSABLE EXPENSES						17. LEAVE								
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS								
4May2006	LAUNDRY		\$ 20.00											
4May2006	VICINTY MILEAGE AMOUNT		\$ 166.43											
4May2006	LONG DISTANCE PHONE CALLS HOME/FAMI		\$ 20.00											
						c. TAKEN BETWEEN								
						d. AND								
8. POC TRAVEL: OWNER/OPERATOR						PASSENGER								
19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)														
				a. GTR/MTA NO.		b. FROM		c. TO						
11. a. CLAIMANT SIGNATURE <input type="checkbox"/> Privacy Act Information.														
				b. DATE 5-16-06		22. APPROVING OFFICER SIGNATURE <input type="checkbox"/> Privacy Act Information.				c. DATE 5/16/06				
13. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 34XHDK 100 FUND														
14. COLLECTION DATA														
15. COMPUTED BY			26. AUDITED BY			27. TRVL ORD POSTED BY			28. RECEIVED (Payee signature and date or check no.)			29. AMOUNT PAID		

M 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-23 EXHIBIT 5-23

0292-68-1032-37187

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

2

LAST NAME, FIRST NAME, MIDDLE INITIAL

601951H2 2 0

A. ITINERARY

B. FOR DO USE ONLY

DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
						Gov't	Ded	
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5. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

6. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

7. REMARKS

EMPLOYEE REMAINED ON JOB SITE 5/7/06 AND 5/14/06 AND IS ENTITLED TO FULL PER DIEM.
 LODGING: \$840.00 LODGING TAXES: -0-
 TOTAL MILEAGE: 374 MILES
 REVIEWER REMARKS: * None *

5-23

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

5-23

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

3

NAME - FIRST NAME - MIDDLE INITIAL

601951H2 2 0

EXCEPTIONS

DATE	EXCEPTION TYPE	EXCEPTION AMOUNT
***** ***** *****	***** NO EXCEPTIONS FOUND *****	

5-23

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 5-23

032

9-17-06

Home to Evansville

140 miles

4-18-06 Evansville to Newburg
34 miles Round Trip

4-19-06 Same

4-20-06 Same

4-21-06 Same

4-22-06 Same
off day

4-23-06 Same

4-24-06 Same

4-25-06 Same

4-26-06 Same

4-27-06 Same

4-28-06 Same

4-29-06 Same
off day

4-30-06 34 miles Round Trip

5-1-06 Same

5-2-06 Same

5-3-06 Same

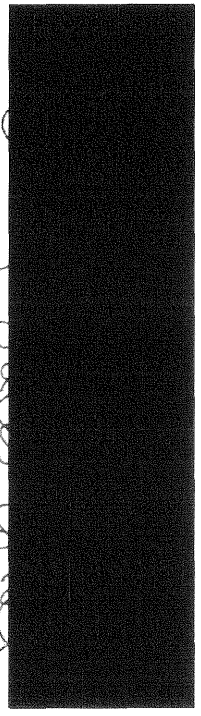
5-4-06 Same

5-5-06 Same

5-6-06 Same

5-7-06 Same
off day

5-10-06 Same
5-11-06 ~~same~~ sick day
5-12-06 same
5-13-06 same
5-14-06 off day





5-23

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 523

North Side Apartments

 
 Army Corps of Engineers
 6207 Billtown Road
 Louisville, KY 40299

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

Date	Description	Amount	Balance
05/01/06	Room Charge	\$60.00	\$60.00
05/02/06	Room Charge	\$60.00	\$120.00
05/03/06	Room Charge	\$60.00	\$180.00
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
05/14/06	Room Charge	\$60.00	\$840.00
05/14/06	payment	-\$840.00	.00

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

5-23
 EXHIBIT 5-23

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 3 AMEND NO: 0			
1. PAYMENT REQUIRED BY <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> SPLIT DISB: Amt to Govt Tvl Chg card \$ 840.00				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/> DEPEND			
NAME (Last, First, Middle Initial) ██████████ ██████████ ██████████				5. GRADE 10		6. SSN Privacy Act Data	
ADDRESS a. NUMBER AND STREET Privacy Act Information.		b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE	
TELEPHONE NUMBER ██████████		9. TRAVEL ORDER NUMBER 601951H2 06Apr2006		10. PREVIOUS PAYMENTS/ADVANCES \$.00			
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
12. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. ITINERARY				d. COMPUTATIONS			
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES
5/15	DEP 0601	EVANSVILLE/VANDERBURGH IN INDI	PA				
5/15	ARR 0002	EVANSVILLE/VANDERBURGH IN INDI		TD	60.00		
5/28	DEP 2359	EVANSVILLE/VANDERBURGH IN INDI	PA				
5/28	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		MC			
	DEP						
	ARR						
	DEP						
	RR						
	DEP						
	ARR						
	DEP						
	ARR						
6. REIMBURSABLE EXPENSES				17. LEAVE			
DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	e. SUMMARY OF PAYMENT	
8May2006	LAUNDRY	\$ 20.02				(1) Per Diem \$2,692.25	
8May2006	VICINITY MILEAGE AMOUNT	\$ 166.43				(2) Actual Expense	
8May2006	LONG DISTANCE PHONE CALLS HOME/FAMI	\$ 20.02				(3) Mileage \$395.16	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expense \$40.00	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
				a. GTR/MTA NO.		b. FROM	
				c. TO			
23. CLAIMANT SIGNATURE ██				b. DATE 5-31-06		22. APPROVING OFFICER SIGNATURE ██	
						b. DATE 5/31/06	
24. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 34KHDK 100 \$ FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)	
						29. AMOUNT PAID	

FM 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-24 EXHIBIT 5-24

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

LAST NAME - FIRST NAME - MIDDLE INITIAL
601951H2 3 0

ITINERARY								8. FOR DO USE ONLY	
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES	
						Gov't	Ded		
DEP									
ARR									
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REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

MARKS
TOTAL LODGING: \$840.00 / MILEAGE: 374.
VIEWER REMARKS: * None *

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-24
EXHIBIT 5-24

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 3

ST NAME- FIRST NAME- MIDDLE INITIAL

601951H2 3 0

EXCEPTIONS

DATE	EXCEPTION TYPE	EXCEPTION AMOUNT
***** ***** *****	***** NO EXCEPTIONS FOUND *****	

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-24

EXHIBIT 5-24

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 3) (Read Privacy Act Statement on back before completing form.)	1. DATE OF REQUEST 06-APR-2006
---	---------------------------------------

REQUEST FOR OFFICIAL TRAVEL

(Last, First, Middle Initial) [REDACTED]	3. SSN [REDACTED]	4. POSITION TITLE AND GRADE / RATING MACHINIST WG10
OFFICIAL STATION MAINTENANCE AND REPAIR SECTION LOUISVILLE, KY	6. ORGANIZATIONAL ELEMENT CELRL-OP-PM	7. DUTY PHONE NUMBER [REDACTED]
TYPE OF ORDERS PROBATIONARY DUTY	9. TDY PURPOSE (see JTR, Appendix H) COMPLETE SCHEDULED REPAIRS TO CULVERT VALVES/NEWBURGH L/D	
a. APPROX NO. DAYS OF TDY (including travel time) 62	b. PROCEED (DATE) 17-APR-2006	CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL

ITINERARY 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)			
<input type="checkbox"/> AIR	<input type="checkbox"/> BUS	<input type="checkbox"/> SHIP	<input type="checkbox"/> AIR	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> SHIP	<input type="checkbox"/> CAR RENTAL	<input type="checkbox"/> TAXI	<input type="checkbox"/> OTHER	RATE PER MILE: 0.4450			
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)									<input checked="" type="checkbox"/> More advantageous to government			
									MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.			

<input checked="" type="checkbox"/> a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR	b. OTHER RATE OF PER DIEM (Specify)	
ESTIMATED COST		15. ADVANCE AUTHORIZED
DIEM \$6,088.50	TRAVEL \$135.00	OTHER \$1,999.00
TOTAL \$8,222.50		
TOTAL \$0.00		

REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
 Attached For Additional Remarks

16. TRAVEL-REQUESTING OFFICIAL (Title and signature) ELECTRONICALLY SIGNED BY/ [REDACTED] ADMINISTRATIVE SUPPORT ASSISTANT 10-APR-2006	18. TRAVEL-APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ [REDACTED] L/D EQUIPMENT MECHANIC 11-APR-2006
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... AUTHORIZATION

COUNTING CITATION
 X 4902 0000 08 2437 NA 596152 34KHDX ALLOEX MIOEX 1004

19. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) ELECTRONICALLY SIGNED BY/ [REDACTED] CAL SUPPORT BRANCH LOUISVILLE REPAIR STATION 2605 SHIPPINGPORT DRIVE LOUISVILLE, KY 40212-1010	20. PURCHASING AGENT	21. DATE ISSUED 12-APR-2006
		22. TRAVEL ORDER NUMBER 601951R2

FORM 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE.

5-24
EXHIBIT 5-24

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

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

DATE ISSUED
12-APR-2006

TRAVEL ORDER NUMBER
601951H2

rst)

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

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

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

LINE USE(S): None.

DISCLOSURE: 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.)
TRAVEL IS AUTHORIZED IN EVANSVILLE, IN, OWENSBORO, KY, AND HENDERSON, KY.

TRAVEL BY PRIVATELY-OWNED-CONVEYANCE IS AUTHORIZED

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

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

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

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

TRAVEL ACT OF 1996 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV

PERSONNEL (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

IF USE OF THE CTO TO ARRANGE OFFICIAL TRAVEL IS MANDATORY, OR A STATEMENT IN DETAIL AS TO EXACTLY WHY A CTO IS NOT

USABLE, OR OTHERWISE IS NOT BEING USED, IS MANDATORY

IF THERE IS A GSA CONTRACT CITY-PAIR PAIR BETWEEN AN OFFICIAL-TRAVEL ORIGIN AND OFFICIAL-TRAVEL DESTINATION, IT SHOULD

BE USED UNLESS ONE OF THE 5 REASONS IN PAR. C2002-AA4 EXISTS. IF A REASON EXISTS, IT MUST BE STATED ON THE TRAVEL

ORDER

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

PANY

PERMITTED AUTHORIZED

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE


EXHIBIT

5-24

5-24

North Side Apartments




Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299

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

Date	Description	Amount	Balance
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
05/27/06	Room Charge	\$60.00	\$780.00
05/28/06	Room Charge	\$60.00	\$840.00
05/28/06	payment	-\$840.00	.00

\$840.00

5-24 exhibit 5-24

0292-08 ID 032-37187

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 4 AMEND NO 0292-08			
1. AMOUNT REQUIRED BY <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> SPLIT DISB: Amt to Govt Tvl Chg card				2. TYPE OF PAYMENT <input checked="" type="checkbox"/> X TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA DEPEND			
NAME (Last, First, Middle Initial) [REDACTED]				5. GRADE 10		6. SSN Privacy Act Data	
ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE	
TELEPHONE NUMBER [REDACTED]				9. TRAVEL ORDER NUMBER 601951H2 06Apr2006		10. PREVIOUS PAYMENTS/ADVANCES \$.00	
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SEE				12. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED			
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. ITINERARY				d. COMPUTATIONS			
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILEE
5/29	DEP 0001	EVANSVILLE/VANDERBURGH IN INDI	PA				
5/29	ARR 0002	EVANSVILLE/VANDERBURGH IN INDI		TD	60.00		
6/07	DEP 2359	EVANSVILLE/VANDERBURGH IN INDI	PA				
6/07	ARR 2400	EVANSVILLE/VANDERBURGH IN INDI		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
6. REIMBURSABLE EXPENSES				17. LEAVE			
DATE	b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	e. SUMMARY OF PAYMENT	
07Jun2006	LAUNDRY	\$ 14.30				(1) Per Diem \$4,078.25	
07Jun2006	VICINTY MILEAGE AMOUNT	\$ 105.91				(2) Actual Expense	
07Jun2006	LONG DISTANCE PHONE CALLS HOME/FAMI	\$ 14.30				(3) Mileage \$561.59	
						(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expense \$80.04	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
18. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
				a. GTR/MTA NO.		b. FROM	
						c. TO	
21. a. CLAIMANT SIGNATURE [REDACTED]				b. DATE 6-9-06		22. a. [REDACTED]	
						b. DATE 6/9/06	
23. ACCOUNTING CLASS 96 NA X 4902.0000 X 08 2437 NA 96152 H215687 34XHDK 100 % FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.)	
						29. AMOUNT PAID	

RM 1351-2

NCR NUMBER

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE 5-25 EXHIBIT 5-25

FIRST NAME MIDDLE INITIAL

601951H2 4 0

ITINERARY

B. FOR DO USE ONLY

LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

EMARKS
TOTAL LODGING: \$600.00 / MILEAGE: 238.
REVIEWER REMARKS: * None *

5-25

5-25

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

3

EMPLOYEE'S FIRST NAME - MIDDLE INITIAL

██████ ██████ ██████

601951H2 4 0

EXCEPTIONS

DATE	EXCEPTION TYPE	EXCEPTION AMOUNT
..... NO EXCEPTIONS FOUND	

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

5-25

EXHIBIT 5-25

0292-08-1 ID 032-37187

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
 (Reference: Joint Travel Regulations (JTR), Chapter 3)
 (Read Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST
 06-APR-2006

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial)		3. SSN	4. POSITION TITLE AND GRADE / RATING	
[REDACTED]			MACHINIST WG10	
5. OFFICIAL STATION MAINTENANCE AND REPAIR SECTION LOUISVILLE, KY		6. ORGANIZATIONAL ELEMENT CELRL-OP-PM	7. DUTY PHONE NUMBER [REDACTED]	
8. TYPE OF ORDERS ORDINARY DUTY		9. TDY PURPOSE (see JTR, Appendix H) COMPLETE SCHEDULED REPAIRS TO CULVERT VALVES/NEWBURGH L/D		
APPROX NO. DAYS OF TDY (Including travel time) 62	b. PROCEED (DATE) 17-APR-2006		CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL	

10. ITINERARY
 VARIATION AUTHORIZED
 11. NUMBER 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

12. TRANSPORTATION MODE PA - - POC - AUTO

COMMERCIAL			GOVERNMENT			LOCAL TRANSPORTATION			PRIVATELY OWNED CONVEYANCE (Check one)	
<input type="checkbox"/> AIR	<input type="checkbox"/> BUS	<input type="checkbox"/> SHIP	<input type="checkbox"/> AIR	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> SHIP	<input type="checkbox"/> CAR RENTAL	<input type="checkbox"/> TAXI	<input type="checkbox"/> OTHER	RATE PER MILE: 0.4450	
13. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)									<input checked="" type="checkbox"/> More advantageous to government <input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.	

<input checked="" type="checkbox"/> a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR	b. OTHER RATE OF PER DIEM (Specify)	
14. ESTIMATED COST		15. ADVANCE AUTHORIZED
PER DIEM \$6,088.50	TRAVEL \$135.00	OTHER \$1,999.00
TOTAL \$8,222.50		\$.00

16. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
 Attached For Additional Remarks

17. TRAVEL-REQUESTING OFFICIAL (Title and signature) ELECTRONICALLY SIGNED BY/ [REDACTED] ADMINISTRATIVE SUPPORT ASSISTANT 10-APR-2006	18. TRAVEL-APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ [REDACTED] L/D EQUIPMENT MECHANIC SUPV 11-APR-2006
--	---

19. AUTHORIZATION
 ACCOUNTING CITATION
 NA X 4902 0000 08 2437 NA S96152 34KHDK ALLOEX MIOEX 1004

20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) ELECTRONICALLY SIGNED BY/ [REDACTED] PURCHASING AGENT LOUISVILLE REPAIR STATION 2605 SHIPPINGPORT DRIVE LOUISVILLE, KY40212-1010	21. DATE ISSUED 12-APR-2006
	22. TRAVEL ORDER NUMBER 601951H2

5-25

EXHIBIT 5-25

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

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

DATE ISSUED
12-APR-2006

(Last, First)

TRAVEL ORDER NUMBER
601951H2

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

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

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

PERMITS 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.)
TRAVEL IS AUTHORIZED IN EVANSVILLE, IN, OWENSBORO, KY, AND HENDERSON, KY.

TRAVEL BY PRIVATELY-OWNED-CONVEYANCE IS AUTHORIZED.

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

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

OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE
GOVERNMENT 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.

FEDERAL TRAVEL REGULATION (FTR) OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV
EMPLOYEES (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AGENCY
POLICY.

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
BEING USED, OR OTHERWISE IS NOT BEING USED, IS MANDATORY.

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

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

TRAVELER AUTHORIZED

North Side Apartments



Army Corps of Engineers
6207 Billtown Road
Louisville, KY 40299

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

Date	Description	Amount	Balance
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
06/07/06	Room Charge	\$60.00	\$600.00
06/07/06	payment	-\$600.00	.00

$\$60 \times 10$
 $= \$600$

5-25

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 525

1. VOUCHER		TV NO: 1 AMEND NO: 0		3. FOR DO USE ONLY						
SPLIT DISB: Amt to <input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DLA <input type="checkbox"/> DEPEND Govt Tvl Chg card <input type="checkbox"/> OTHER <input type="checkbox"/>		2. TYPE OF PAYMENT		a. DO VOUCHER NO.						
(Middle Initial) _____		5. GRADE 10	6. SSN Privacy Act Data	b. SUBVOUCHER NO.						
a. NUMBER AND STREET Information. b. CITY Privacy Act Information. c. STATE d. ZIP CODE		9. TRAVEL ORDER NUMBER 705332H2 09Apr2007		10. PREVIOUS PAYMENTS/ADVANCES \$.00						
11. ORGANIZATION AND STATION MAINTENANCE AND REPAIR SE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)		c. PAID BY						
2. DEPENDENT(S)		14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO								
ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input type="checkbox"/>		17. LEAVE a. DAYS b. HOURS c. TAKEN BETWEEN 16Apr2007 d. AND 16May2007								
SEE ATTACHED (IF APPLICABLE)		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA) a. GTR/MTA NO. b. FROM c. TO								
ITINERARY		d. COMPUTATIONS		e. SUMMARY OF PAYMENT						
TE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES			
07										
/16	DEP 0700	LOUISVILLE / JEFFERSON KY	PA							
/16	ARR 1030	EVANSVILLE/VANDERBURGH IN	PA	TD	60.00					
/16	DEP 0700	EVANSVILLE/VANDERBURGH IN	PA							
/16	ARR 1100	EVANSVILLE/VANDERBURGH IN		MC						
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REIMBURSABLE EXPENSES				17. LEAVE		e. SUMMARY OF PAYMENT				
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem (2) Actual Expense (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expense (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
ay2007	LAUNDRY		\$ 58.00							
ay2007	LONG DISTANCE PHONE CALLS HOME/FAMI		\$ 58.00							
ay2007	VICINITY MILEAGE AMOUNT		\$ 1,144.60							
POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> PASSENGER				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)						
				a. GTR/MTA NO.		b. FROM		c. TO		
CLAIMANT				b. DATE	22. APPROVING OFFICER SIGNATURE				b. DATE	
				5-17-07					16May2007	
ACCOUNTING CLASS	96 NA X	4902 0000 X	08 2437 NA	96152	H215687	0L0354	090 % FUNDED			
	96 NA X	4902 3600 X	08 2437 NA	96152	H215687	D6BDLH	010 % FUNDED			
COLLECTION DATA										
COMPUTED BY	26. AUDITED BY	27. TRVL USED POSTED BY	28. RECEIVED (Payee signature and date or check no.)		29. AMOUNT PAID					

1351-2

NCR NUMBER

5-26 **EXHIBIT** 5-26
 FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

2

MIDDLE INITIAL

705332H2 1 0

8. FOR DC USE ONLY

TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OR MEALS		POC MILES
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9. REIMBURSABLE EXPENSE

DATE	NATURE OF EXPENSE	AMOUNT CLAIMED	ALLOWED

10. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)

GTR/MTA NO	FROM	TO

REMARKS

TOTAL LODGING: \$1800.00 / MILEAGE: 2360. MISSION COMPLETE.
REVIEWER REMARKS: * None *

5-26

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 9-26

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO.

3

INITIAL

705332H2

1 0

EXCEPTION TYPE

EXCEPTION AMOUNT

NO EXCEPTIONS FOUND

5-26

EXHIBIT 5-26

AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
 (Reference: Joint Travel Regulations (JTR), Chapter 3)
 (Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST
 09-APR-2007

REQUEST FOR OFFICIAL TRAVEL

2. APPROX. NO. DAYS OF TDY (Including travel time) 34		3. SSN	4. POSITION TITLE AND GRADE / RATING MACHINIST WG10
5. APPROX. NO. OF ORDERS TEMPORARY DUTY		6. ORGANIZATIONAL ELEMENT CELRL-OP-PM	7. DUTY PHONE NUMBER
8. APPROX. NO. OF ORDERS TEMPORARY DUTY		9. TDY PURPOSE (see JTR, Appendix H) SCHEDULED REPAIRS AT JOHN T MYERS L/D	
10. APPROX. NO. OF ORDERS TEMPORARY DUTY		b. PROCEED (DATE) 16-APR-2007	
11. APPROX. NO. OF ORDERS TEMPORARY DUTY		CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL	

12. ITINERARY VARIATION AUTHORIZED

13. 1 OF 1 AMENDMENT NUMBER: 0
 FROM: LOUISVILLE / JEFFERSON KY KENTUCKY PROCEED ON 16-APR-2007 AT 700 HRS
 TO : JTM L/D & VICINITY IN INDIANA DEPART ON 19-MAY-2007 AT 1700 HRS

14. TRANSPORTATION MODE PA - - POC - AUTO

COMMERCIAL			GOVERNMENT			LOCAL TRANSPORTATION			PRIVATELY OWNED CONVEYANCE (Check one)			
IL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	RATE PER MILE: 0.4850		
										<input checked="" type="checkbox"/>	More advantageous to government	
15. AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)										<input type="checkbox"/>	MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO 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)

16. ESTIMATED COST					17. ADVANCE AUTHORIZED		
PER DIEM	TRAVEL	OTHER	TOTAL				
\$3,316.50	\$500.00	\$950.00	\$4,766.50	\$0.00			

18. REMARKS (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)
 19. Attached For Additional Remarks

20. TRAVEL-REQUESTING OFFICIAL (Title and signature) ELECTRONICALLY SIGNED BY/ [REDACTED] ADMINISTRATIVE SUPPORT ASSISTANT 09-APR-2007	21. TRAVEL-APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ [REDACTED] L/D EQUIPMENT MECHANIC SUPV 09-APR-2007
--	---

AUTHORIZATION

22. ACCOUNTING CITATION
 NA X 4902 0000 08 2437 NA S96152 0L0354 ALLOEX DOE 90%
 NA X 4902 0000 08 2437 NA S96152 D6BDLH ALLOEX DOE 10%

23. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature) ELECTRONICALLY SIGNED BY/ [REDACTED] VIL/OPS/ENVIRONMENTAL BR 0 DR. MLKJ PLACE OM 821	24. PURCHASING AGENT P.O. BOX 59 LOUISVILLE, KY40202-2230	25. DATE ISSUED 10-APR-2007	26. TRAVEL ORDER NUMBER 705332H2
--	---	--------------------------------	-------------------------------------

FORM 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE.

5-26

EXHIBIT 5-26

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE

0 292 - 08 . 1 032 - 371 87

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)

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

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

PERMITTED 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.)


TRAVELER IS RESPONSIBLE FOR ALL COST INCURRED
 TRAVEL BY PRIVATELY-OWNED-CONVEYANCE IS AUTHORIZED
 TRAVELERS ARE AUTHORIZED TRAVEL WITHIN AND AROUND TEMPORARY DUTY STATION.
 COMMUNITY MILEAGE IN THE AREA OF THE TDY LOCATION APPROVED AS ADVANTAGEOUS.
 IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL
 AIRFARE COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'D FOR ON THE
 TRIP.
 OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE
 GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
 LONG DISTANCE PHONE CALLS TO TRAVELER'S HOME/FAMILY FOR OFFICIAL BUSINESS IS AUTHORIZED
 FEDERAL ACQUISITION REGULATION (FAR) OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV
 PERSONNEL (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR THE AGENCY
 CONTRACT.
 ALL CLAIMS SHALL BE SUBMITTED WITHIN 5 WORKING DAYS OF RETURN TO, OR ARRIVAL AT, THE PDS
 THE USE OF THE CTO TO ARRANGE OFFICIAL TRAVEL IS MANDATORY, OR A STATEMENT IN DETAIL AS TO EXACTLY WHY A CTO IS NOT
 AVAILABLE, OR OTHERWISE IS NOT BEING USED, IS MANDATORY
 IF THERE IS A GSA CONTRACT CITY-PAIR PAIR BETWEEN AN OFFICIAL-TRAVEL ORIGIN AND OFFICIAL-TRAVEL DESTINATION, IT SHOULD
 BE USED UNLESS ONE OF THE 5 REASONS IN PAR. C2602-AA4 EXISTS. IF A REASON EXISTS, IT MUST BE STATED ON THE TRAVEL
 ORDER.
 TRAVELERS WHO USE THEIR GOVERNMENT CREDIT CARD FOR TRAVEL ARE REQUIRED TO SPECIFY AN AMOUNT TO BE PAID TO THE CARD
 COMPANY.
 TRAVELERS WHO USE THEIR GOVERNMENT CREDIT CARD FOR TRAVEL ARE REQUIRED TO SPECIFY AN AMOUNT TO BE PAID TO THE CARD
 COMPANY.
 ALL FEES AUTHORIZED

5-26

EXHIBIT 5-26

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

North Side 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	\$60.00	\$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

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5-26
EXHIBIT 5-26

0092-08-01032-87287

05/12/07	Room Charge	\$60.00	\$1,620.00
05/13/07	Room Charge	\$60.00	\$1,680.00
05/14/07	Room Charge	\$60.00	\$1,740.00
05/15/07	Room Charge	\$60.00	\$1,800.00
05/15/07	payment	-\$1,800.00	.00

60 x 30
= \$1800

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5-26

EXHIBIT 5-26

CELR-~~RM-F~~ T.O. # 705332HQ, Voucher #1
Complete: 6/20/07
MEMORANDUM FOR Participants of Travel Audit

1. _____ Upon completion of the post settlement travel audit, the following items were not in compliance with the references listed below:

- a. Joint Travel Regulations, JTR Volume II.
- b. CERMF Memorandum, 7 Jun 96, Subject: Policy for Retention of Travel Expense Receipt.
- c. SOP No. UFC 98-05, TDY/PCS Procedures.
- d. CEFMS POLICY/PROCEDURES - Travel Settlement Process.

_____ Failure to obtain signature of traveler or electronic signature, if automated. (Block 21.2)

_____ 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. _____ All travel reimbursements and documentation was submitted in accordance with the above references.

Remarks: _____

~~The enclosed travel documents are being returned for record keeping purposes. If you have any questions, please call the undersigned at 502-315-7037.~~

Judy Bruns
Accountant

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5-27 EXHIBIT 5-27

5. POST SETTLEMENT CHECKLIST This checklist is to be used for the local finance and accounting office to review a processed travel voucher.

YES NO N/A

- () () 1. Complete set of the travel orders and amendments. Traveler has five days to comply.
- () () 2. A copy of the IATS summary voucher printout. Traveler is required to keep 2 copy. UFC will make every effort to enclose a copy with the audit.
- () () 3. All signatures needed: traveler, approving official, technical advisor (if needed), telephone approving official, etc.
- () () 4. Itinerary on the orders agrees with the itinerary on the IATS printout.
- () () 5. All items for reimbursement are fully documented.
- () () 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.
- () () 7. Verify advances were taken from the settlement amount. A copy of the DD 1351 must 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.
- () () 9. Review of IATS enclosures will encompass a verification of accuracy of computations.
- () () 10. Any discrepancies that arise (overpaid/underpaid) must be set out by travel order number in a memorandum to UFC via e-mail.

NOTE: FOR SPECIFIC ITEMS TO VERIFY SEE THE 'PRE SETTLEMENT CHECKLIST'.

5-27

EXHIBIT 5-27

UFC 98-05, TDY SOP, May-2000

I-15

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EXHIBIT

5-87

5-87

Date	Lodging Amt	M&IE	Total	LODGING TAX	RENTAL CAR	ATM Fee	GAS	LAUNDRY	PHONE	Mileage
16-Apr	60.00	29.25	89.25							
17-Apr	60.00	39.00	99.00					2.00	2.00	
18-Apr	60.00	39.00	99.00					2.00	2.00	
19-Apr	60.00	39.00	99.00					2.00	2.00	
20-Apr	60.00	39.00	99.00					2.00	2.00	
21-Apr	60.00	39.00	99.00					2.00	2.00	
22-Apr	60.00	39.00	99.00					2.00	2.00	
23-Apr	60.00	39.00	99.00					2.00	2.00	
24-Apr	60.00	39.00	99.00					2.00	2.00	
25-Apr	60.00	39.00	99.00					2.00	2.00	
26-Apr	60.00	39.00	99.00					2.00	2.00	
27-Apr	60.00	39.00	99.00					2.00	2.00	
28-Apr	60.00	39.00	99.00					2.00	2.00	
29-Apr	60.00	39.00	99.00					2.00	2.00	
30-Apr	60.00	39.00	99.00					2.00	2.00	
1-May	60.00	39.00	99.00					2.00	2.00	
2-May	60.00	39.00	99.00					2.00	2.00	
3-May	60.00	39.00	99.00					2.00	2.00	
4-May	60.00	39.00	99.00					2.00	2.00	
5-May	60.00	39.00	99.00					2.00	2.00	
6-May	60.00	39.00	99.00					2.00	2.00	
7-May	60.00	39.00	99.00					2.00	2.00	
8-May	60.00	39.00	99.00					2.00	2.00	
9-May	60.00	39.00	99.00					2.00	2.00	
10-May	60.00	39.00	99.00					2.00	2.00	
11-May	60.00	39.00	99.00					2.00	2.00	
12-May	60.00	39.00	99.00					2.00	2.00	
13-May	60.00	39.00	99.00					2.00	2.00	
14-May	60.00	39.00	99.00					2.00	2.00	
15-May	60.00	39.00	99.00					2.00	2.00	
16-May		29.25	29.25							1144.60
TOTAL	1,800.00	1,189.50	2,989.50					58.00	58.00	1,144.60
Total Per diem		2,989.50								
Total Misc Reimb		1,260.60								
Total Reimb		4,250.10								
Total Voucher		4,250.10								
Balance										
TOTAL UNDER PAID										

0 292-08 . 1 032-37187

VOUCHER OR SUBVOUCHER		TV NO: 6		AMEND NO: 0	
SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.					
Pay by Check <input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ 0					
1. NAME (Last, First, Middle Initial)		3. GRADE		4. SSN	
[REDACTED]		11		[REDACTED]	
5. TYPE OF PAYMENT			6. MEMBER/EMPLOYEE		
<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s)			<input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA		
7. ADDRESS a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	
8. TRAVEL ORDER NUMBER		9. PREVIOUS GOVT PAYMENT(S) ADVANCES		10. FOR D.O. USE ONLY	
807378H2 18 MAR 2008		[REDACTED]		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION		12. DEPENDENTS(s) (X and complete as applicable)		b. SUBVOUCHER NUMBER	
MAINTENANCE AND REPAIR SECTION LOUISVILLE, KY		<input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		c. PAID BY	
13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS		14. HOUSEHOLD GOODS SHIPPED?		d. COMPUTATIONS	
[REDACTED]		<input type="checkbox"/> YES <input type="checkbox"/> NO		e. SUMMARY OF PAYMENT (1) Per Diem \$7,620.25 (2) Actual Expense (3) Mileage \$2,406.33	
15. ITINERARY					
a. DATE		b. PLACE (Home Office, Base Activity, City and State, City and County, etc.)		c. MEANS/ MODE OF TRAVEL	
2008					
06/16 DEP		1 OWENSBORO/ DAVIESS KY KENTUCKY		PA	
06/16 ARR		2 OWENSBORO/ DAVIESS KY KENTUCKY		TD \$70.00	
06/22 DEP		1 OWENSBORO/ DAVIESS KY KENTUCKY		PA	
06/22 ARR		2 EVANSVILLE/VANDERBURGH IN INDIANA		TD \$70.00	
07/08 DEP		1200 EVANSVILLE/VANDERBURGH IN INDIANA		PA	
07/08 ARR		1400 LOUISVILLE / JEFFERSON KY KENTUCKY		MC	
16. POC Travel (X one)		O OWNER/OPERATOR		PASSENGER	
17. LEAVE		18. REIMBURSABLE EXPENSES		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)	
a. DAYS		b. HOURS		c. TAKEN BETWEEN	
0		0		16 JUN 2008	
d. AND		e. SUPERVISOR SIGNATURE		f. DATE	
08 JUL 2008		[REDACTED]		18 JUL 08	
20. ACCOUNTING CLASSIFICATION		21. COLLECTION DATA		22. COMPUTED BY	
96 NA X 4902 0000 08 2437 NA S96152 H215687 0H1C95 ALLOEX DOE 33 % FUNDED 96 NA X 4902 0000 08 2437 NA S96152 H215687 19C384 ALLOEX DOE 33 % FUNDED 96 NA X 4902 0000 08 2437 NA S96152 H215687 94B1JC ALLOEX DOE 34 % FUNDED		[REDACTED]		[REDACTED]	
23. COLLECTION DATA		24. AUTHORIZED BY		25. RECEIVED (Payee Signature and Date or Check No.)	
COMPUTED BY		25. AUDITED BY		26. AMOUNT PAID	

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 LAW ENFORCEMENT SENSITIVE 5-28 EXHIBIT 5-28

TRAVEL VOUCHER OR SUBVOUCHER

(Continuation Sheet)

NAME (Last, First Middle Initial)

807378H2

TV NO: 6

AMEND NO: 0

9. Prior Payments

FOR DO USE ONLY

15. ITINERARY

a. DATE 2008	b. PLACE (Home Office, Base Activity, City and State, City and County, etc.)	MEANS/ MODE OF TRAVEL	REASON FOR STOP	LODGING COST	Number of Meals		POC MILES
					GOV'T	DED	

16. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

22. ACCOUNTING CLASSIFICATION

REMARKS

TOTAL LODGING: \$1540.00 / TAX: \$26.46 / MILEAGE: 1615. MC. REVIEWER REMARKS: "None"

5-28

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EXHIBIT 5-28

807378H2

#6



Holiday Inn EXPRESS

108

07-15-08

	Folio No. :	26761	Room No. :	210
	A/R Number :		Arrival :	06-16-08
	Group Code :		Departure :	06-22-08
	Company :	ARMY CORP ENGINEERING	Conf. No. :	66825461
	Membership No. :	PC 491809337	Rate Code :	IMGOV
	Invoice No. :		Page No. :	1 of 2

Date	Description	Charges	Cre
06-16-08	*Accommodation	70.00	
06-16-08	Occupancy Tax	3.71	
06-16-08	KY Transient Tax	0.70	
06-17-08	*Accommodation	70.00	
06-17-08	Occupancy Tax	3.71	
06-17-08	KY Transient Tax	0.70	
06-18-08	*Accommodation	70.00	
06-18-08	Occupancy Tax	3.71	
06-18-08	KY Transient Tax	0.70	
06-19-08	*Accommodation	70.00	
06-19-08	Occupancy Tax	3.71	
06-19-08	KY Transient Tax	0.70	
06-20-08	*Accommodation	70.00	
06-20-08	Occupancy Tax	3.71	
06-20-08	KY Transient Tax	0.70	
06-21-08	*Accommodation	70.00	
06-21-08	Occupancy Tax	3.71	
06-21-08	KY Transient Tax	0.70	
06-22-08	Visa XXXXXXXXXXXXX7717		446.46

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Holiday Inn Express Owensboro
3220 West Parrish Ave.
Owensboro, KY 42301
Telephone: (270) 685-2433 Fax: (270) 685-1054

5-28

EXHIBIT 528

807378H2

#6

0292-08 CID 032-37187



Holiday Inn EXPRESS

108

07-15



Folio No. :	26761	Room No. :	210
A/R Number :		Arrival :	06-16-08
Group Code :		Departure :	06-22-08
Company :	ARMY CORP ENGINEERING	Conf. No. :	68825461
Membership No. :	PC 491809337	Rate Code :	IMGOV
Invoice No. :		Page No. :	2 of 2

Date	Description	Charges	Credits
------	-------------	---------	---------

Thank you for staying at the Holiday 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	446.46	446.46
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability 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.

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LAW ENFORCEMENT SENSITIVE**

5-28

Holiday Inn Express Owensboro
3220 West Parrish Ave. E
Owensboro, KY 42301
Telephone: (270) 685-2433 Fax: (270) 685-1054

EXHIBIT 5-28

807378H2
#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

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>BALANCE</u>
06/22/08	ROOM CHARGE	\$70.00	\$ 70.00
06/23/08	ROOM CHARGE	\$70.00	\$ 140.00
06/24/08	ROOM CHARGE	\$70.00	\$ 210.00
06/25/08	ROOM CHARGE	\$70.00	\$ 280.00
06/26/08	ROOM CHARGE	\$70.00	\$ 350.00
06/27/08	ROOM CHARGE	\$70.00	\$ 420.00
06/28/08	ROOM CHARGE	\$70.00	\$ 490.00
06/29/08	ROOM CHARGE	\$70.00	\$ 560.00
06/30/08	ROOM CHARGE	\$70.00	\$ 630.00
07/01/08	ROOM CHARGE	\$70.00	\$ 700.00
07/02/08	ROOM CHARGE	\$70.00	\$ 770.00
07/03/08	ROOM CHARGE	\$70.00	\$ 840.00
07/04/08	ROOM CHARGE	\$70.00	\$ 910.00
07/05/08	ROOM CHARGE	\$70.00	\$ 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	PAYMENT-----		\$1,120.00
	BALANCE-----		0-

5-28
Total **EXHIBIT** 5-28
\$1540.00
+ 26.46

\$1566.46

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LAW ENFORCEMENT SENSITIVE

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE
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)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

Form fields for 2. DATE (28 Aug 08), 3. TIME (1220), 4. FILE NUMBER, 6. ORGANIZATION OR ADDRESS (US Army Corps of Engineers Louisville District), 7. GRADE/STATUS (CIV/YF2)

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

SECTION A. Rights

The investigator whose name appears below told me that he/she is with the United States Army Criminal Investigation Command (CID) and wanted to question me about the following offense(s) of which I am suspected/accused: Fraud, Larceny, and Conspiracy

- Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:
1. I do not have to answer any questions or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning.

-or-

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have the right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)
Have you requested a lawyer after being read your rights? NO

SECTION B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available) section with fields for name and organization, including 280th MP Det (CID) Fort Knox, KY 40121

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

SIGNATURE OF INTERVIEWEE

SWORN STATEMENT

For use of this form, see AR 190-45, the proponent agency is Office of The Deputy Chief of Staff for Personnel.

[REDACTED]	DATE <u>28 Aug 08</u>	TIME <u>1435</u>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	[REDACTED]		GRADE/STATUS <u>CIV/YE2</u>

ORGANIZATION OR ADDRESS
US Army Corps of Engineers, Louisville District

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 I AM ONE OF THE THREE TRAVEL AUTHORIZING OFFICIALS (TAO) AT THE LOUISVILLE DISTRICT, OPERATIONS DIVISION, LOUISVILLE REPAIR STATION (LRS). THE TWO OTHER TAOS ARE [REDACTED] AND [REDACTED]. I HAVE BEEN A TAO SINCE ~1999.

- THE PROCEDURE FOR SUBMITTING A TRAVEL VOUCHER AT LRS IS:
- EMPLOYEE OBTAINS LODGING RECEIPT AND SUBMITS RECEIPT AND TRAVEL LOG TO ADMIN SUPPORT ASSISTANT. THE TRAVEL LOG CONTAINS INFORMATION ON POV MILES DRIVEN, PHONE EXPENSES, AND LAUNDRY EXPENSES.
 - THE ADMIN SUPPORT ASSISTANT PREPARES THE TRAVEL VOUCHER IN CEFMS.
 - THE CEFMS GENERATED TRAVEL VOUCHER AND LOG ARE RETURNED TO THE EMPLOYEE FOR VERIFICATION AND SIGNATURE.
 - THE TRAVEL VOUCHER IS FORWARDED TO A TAO FOR SIGNATURE, AND APPROVAL IN CEFMS.
 - THE TRAVEL VOUCHER IS FAXED TO THE USACE FINANCIAL CENTER (UFC).
 - THE TRAVEL VOUCHER IS FILED FOR 6 YEARS AND 3 MONTHS AT LRS.

[REDACTED] BEGAN WORKING AT LRS IN ~2004. HE PURCHASED A HOME IN SOUTHERN INDIANA AND HIS WIFE MAINTAINS A HOME IN THE OWENSBORO, KY AREA. BEFORE HE WAS AUTHORIZED TRAVEL ORDERS FOR A TDY LOCATION IN THE OWENSBORO, KY AREA, THIS SITUATION WAS TOLD TO THE TRAVEL OFFICE IN THE LOUISVILLE DISTRICT, AND WE WERE ASKED IF [REDACTED] WAS AUTHORIZED TO BE ON TDY. THE ANSWER WAS YES.

IN ~2005, AN E-MAIL FROM [REDACTED] WAS SENT TO THE LOUISVILLE DISTRICT COMMANDER STATING AMONG OTHER ITEMS THAT [REDACTED] SHOULD NOT BE ON TDY ORDERS WHILE AT NEWBURGH LOCKS. ASSISTANT CHIEF OF OPERATIONS, PETER FRICK INVESTIGATED THE ALLEGATION AND FOUND THAT [REDACTED] OWNED
 continued on next page.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>3</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

A RESIDENCE IN SOUTHERN INDIANA AND WAS AUTHORIZED TO BE ON TDY ORDERS.

[REDACTED] BELMONT WORKING AT LBS IN THE EARLY TO MID 1990S. THE ~~SOFFER~~ FORMER CHIEF OF LBS INVESTIGATED AN ALLEGATION THAT [REDACTED] WAS STATING WITH HIS [REDACTED] IN A BED AND BREAKFAST, NUMEROUS YEARS AGO. I BELIEVE HE (FORMER CHIEF OF LBS) TOLD ME THE CLAIM WAS VALID. I DO NOT REMEMBER APPROVING A TRAVEL VOUCHER WITH A RECEIPT FROM "FLORIAN'S BED AND BREAKFAST" FOR [REDACTED] 70

Q: SA [REDACTED]

A: Mr. [REDACTED]

A: KATUL, RESEARCHER.

Q: Who conducted the investigation which pertained to Mr. [REDACTED]

A: [REDACTED] WELLESLEY CHIEF OF DEPARTMENTS, LOUISVILLE DISTRICT.

Q: Was this a formal investigation put in writing?

A: I DO NOT BELIEVE SO. I HATE NOT SEEING A FORMAL REPORT.

Q: Who told you that Mr. [REDACTED] claims were authorized?

A: [REDACTED] (SP2) USE TO BE MULLOUD. 315-6621.

Q: Do you know [REDACTED]?

A: NO

Q: Have you ever been to [REDACTED] "Bed and Breakfast"?

A: NO

Q: Do you know if [REDACTED] owns a Bed and Breakfast?

A: NO

Q: Have you ever authorized Mr. [REDACTED] travel vouchers claiming lodging for [REDACTED] "Bed and Breakfast"?

A: I DO NOT REMEMBER DOING SO.

Q: What is the criteria for claiming lodging, per diem, etc?

A: EMPLOYEE MUST MEET THREE CRITERIA.
1. TDY LOCATION MUST BE ONE HOUR DRIVE FROM PERMANENT DUTY STATION (PDS). ^ AT LEAST

2. EMPLOYEE'S RESIDENCE MUST BE ONE HOUR DRIVE FROM TDY LOCATION. ^ AT LEAST

3. EMPLOYEE MUST BE AWAY FROM RESIDENCE FOR MORE THAN 12 HOURS.

Q: Did you ever knowingly authorize travel orders which were fraudulent?

A: NO

Q: Have you ever changed the mileage ^{or time} to accommodate certain employees?

A: NO.

Q: Why do you believe this has been reported?

A: REMOVAL BY PAUL STASAL POLLY. MR. POLLY WAS REMOVED IN

Continued on next page

EXHIBIT 6

STATEMENT OF [REDACTED] TAKEN AT _____, DATED 28 Aug 08 CONTINUED:

FEBRUARY 2008 FOR CASE FALSIFYING A LETTER OF RECOMMENDATION BY HIS SUPERVISOR TO OBTAIN A USCG MASTER LICENSE.

Q: Do you have anything further you would like to add to your statement?

A: NO. /// End of Statement /// 70

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of Aug 2008 at

ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

10 USC 936
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 3 OF 3 PAGES

EXHIBIT 6

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

Form with fields for DATE, TIME, FILE NO., ORGANIZATION OR ADDRESS, and GRADE/STATUS. Includes handwritten entries: 29 Aug 08, 1230, Louisville Kaptain Station, Louisville KY 40212, and XH-15.

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army Criminal Investigation Command and wanted to question me about the following offense(s) of which I am suspected/accused: Fraud, Breach, Conspiracy, NIGM

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- 1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. For personnel subject to the UCMJ I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning.
4. If I am now willing to discuss the offense(s) under investigation, with or without 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 waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

Form with fields for WITNESSES (Name, Organization or Address and Phone) and ORGANIZATION OF INVESTIGATOR. Includes handwritten entries: 2 Lt MP Det (CID), Fort Knox, KY 40121.

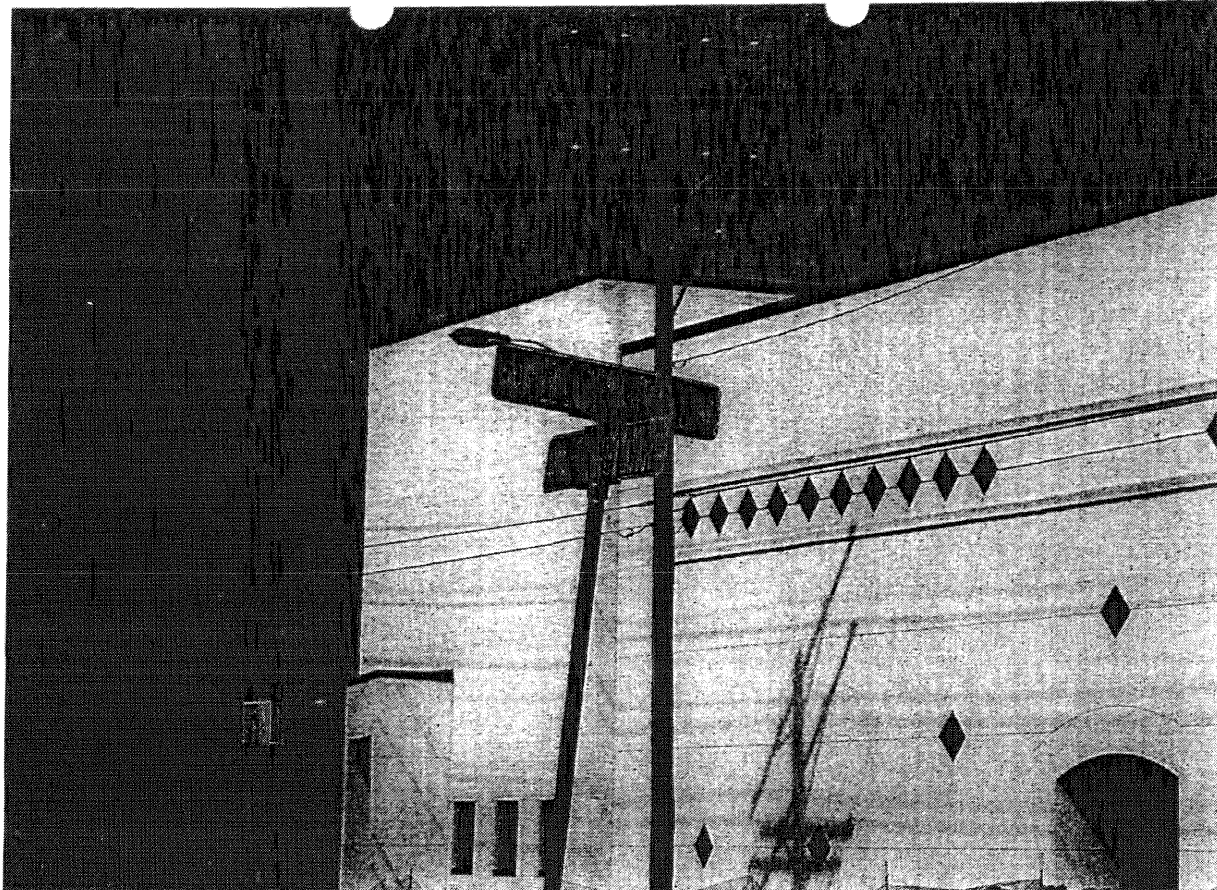
Section C. Non-waiver

- 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

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

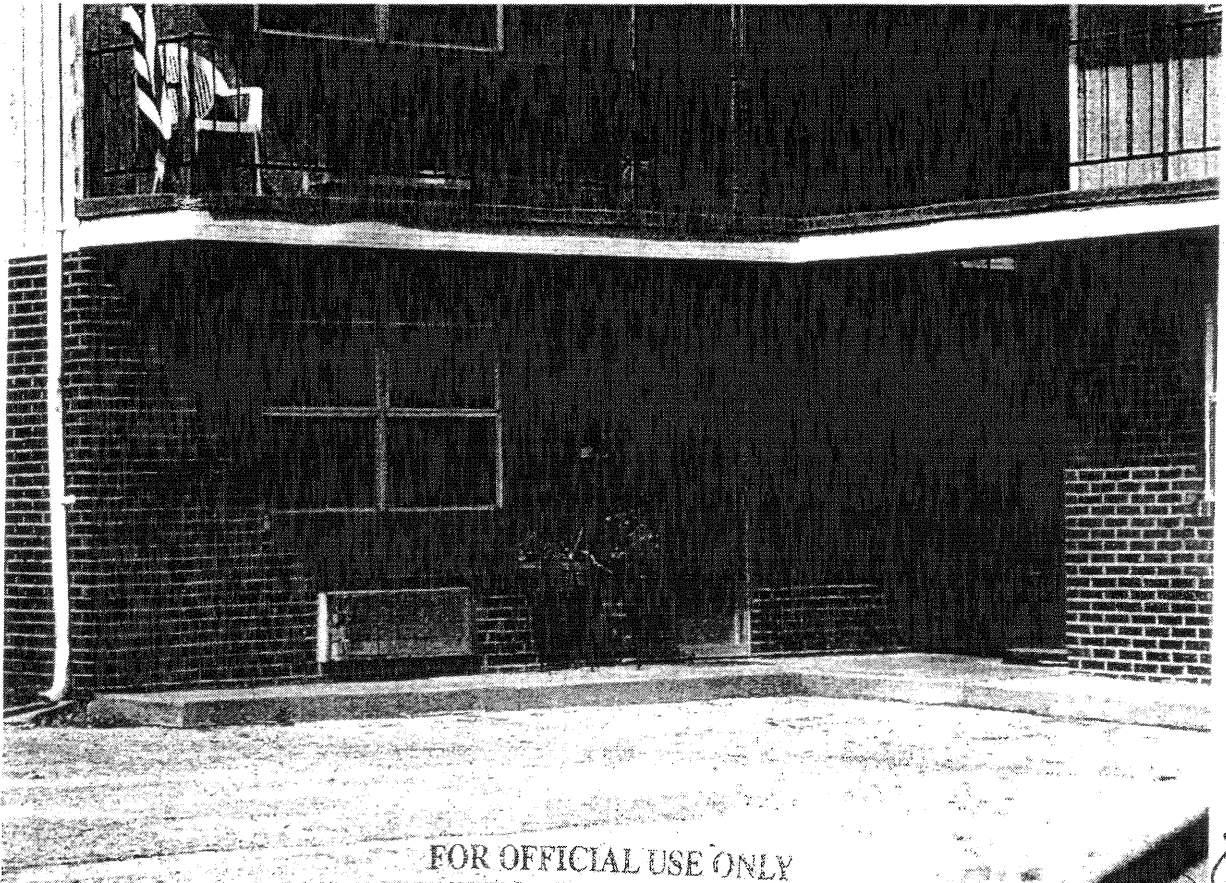
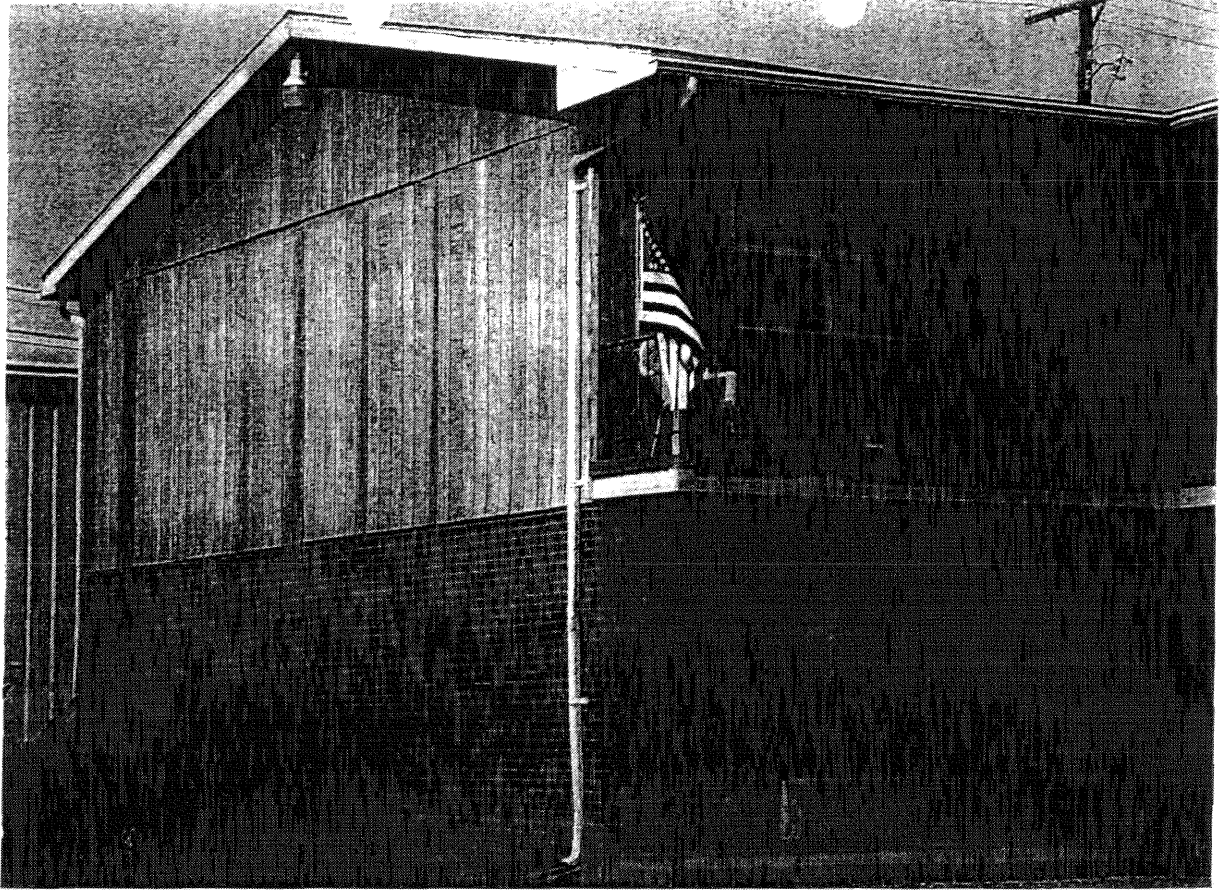
FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 7



FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 8



FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EVLRIT

8



LAW ENFORCEMENT SENSITIVE

8

PART II - RIGHTS WARNING PROCEDURE	
THE WARNING	
<p>1. WARNING - Inform the suspect/accused of:</p> <ol style="list-style-type: none"> a. Your official position. b. Nature of offense(s). c. The fact that he/she is a suspect/accused. <p>2. RIGHTS - Advise the suspect/accused of his/her rights as follows: <i>"Before I ask you any questions, you must understand your rights."</i></p> <ol style="list-style-type: none"> a. "You do not have to answer my questions or say anything." b. "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 	<p>can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."</p> <p style="text-align: center;">- or -</p> <p><i>(For civilians not subject to the UCMJ)</i> 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."</p> <ol style="list-style-type: none"> d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer 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." <p>Make certain the suspect/accused fully understands his/her rights.</p>
THE WAIVER	
<p>"Do you understand your rights?" (If 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.)</p> <p>"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 <i>i.e., fewer than 30 days ago</i>, 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.)</p>	<p>"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.)</p> <p>"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?" <i>(If 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.)</i></p>
SPECIAL INSTRUCTIONS	
<p>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/she 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.</p> <p>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.</p> <p>PRIOR INCRIMINATING STATEMENTS:</p> <ol style="list-style-type: none"> 1. If the suspect/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. 	<p>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.</p> <p>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.</p> <p>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.")</p>
<p>COMMENTS <i>(Continued)</i></p>	

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

02 7-08 CID032-37187

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION K.P.	2. DATE 5-28-08	3. TIME 18:29	4. FILE NO.
7. GRADE/STATUS VG-10		8. ORGANIZATION OR ADDRESS Louisville Repair Station Louisville, KY 40299	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army Criminal Investigation Command and wanted to question me about the following offense(s) of which I am suspected/accused: Perjury, Harassment, Conspiracy III I.H.

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- [For personnel subject to the UCMJ]* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

[For civilians not subject to the UCMJ] I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

If I am now willing to discuss the offense(s) under investigation, with or without 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 waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above and I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print)		[Redacted Signature]	
b. ORGANIZATION OR ADDRESS AND PHONE			
2a. NAME (Type or Print)			
b. ORGANIZATION OR ADDRESS AND PHONE			
		6. ORGANIZATION OF INVESTIGATOR 280 MP Det (CID) Fort Knox, KY 4012	

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

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

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EXHIBIT 10

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.

LOCATION

DATE J. H.

TIME J. H.

FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

28 Aug 08

19:36

GRADE/STATUS

CIV/WG-10

ORGANIZATION OR ADDRESS

US Army Corps of Engineers, Louisville District

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I have been dating miss [redacted] for approximately 8 years. I started staying in her apartment approximately 5 or 6 years ago. She lived at [redacted] She now has lived with my parents at [redacted] for approximately 2 months. While I stayed at [redacted] apartment in Evansville I paid her all money received from the government for lodging. [redacted] created a receipt on a friends computer. At the beginning she labeled the receipts with [redacted] Bed and Breakfast and later changed it to "North Side Apartments." Those receipts were submitted with my travel vouchers. I mainly paid her with cash. There was a verbal agreement between us. No lease was ever drawn up. I thought it was legal to stay there because she was just a friend and not a relative. That's information that's been passed down over the years from other employees. I don't even know where to find the rules and regulation on that. There was an investigation about 4 years ago that [redacted] conducted internally. He asked me if I was keeping the money. I told him no. He then called [redacted] and asked if I was paying her and she told him yes. He said everything was okay and then I hadn't heard anything else about it until now [redacted]

Q: SA [redacted]

A: Mr [redacted]

Q: Did [redacted] stay in the apartment with you during the 5 or 6 years you've resided at [redacted]

A: All but the last two months.

Q: Did you keep any of the money paid to you for lodging?

A: No.

Q: Do you know what she did with the money you paid her?

A: I guess paid off bills.

Q: Did you ever stay at [redacted] and claim that you were staying at a hotel?

A: No.

Q: Did you seek any guidance pertaining to lodging from anyone [redacted] continued on next page

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [redacted] TAKEN AT [redacted] DATED [redacted] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [redacted] OF [redacted] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONTINUED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

02 92 - 08 CID 032 - 37187

other than Mr. [REDACTED] or Mr. [REDACTED]

A: No, I figured they knew more than me.

Q: Did you knowingly submit a false claim on your travel vouchers in an effort to defraud the government?

A: I didn't know it was false. I thought it was perfectly legal as long as you weren't married to the person or related.

Q: Do you have anything further you would like to add to your statement?

A: No.

Q: Was this statement written by [REDACTED] as dictated by you?

A: Yes. ///End of Statement///

STATEMENT OF [REDACTED] TAKEN AT _____, DATED 28 Aug 08 CONTINUED:

Not Used

AFFIDAVIT

[REDACTED] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

[REDACTED] (Signature of Person Administering Oath)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28th day of Aug, 2008 at

ORGANIZATION OR ADDRESS

[REDACTED] (Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED] (Typed Name of Person Administering Oath)

10 USC 936

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 3 OF 3 PAGES

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FBI/DOJ

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