FILE FOLDER

DESCRIPTION ON TAB:

FY86 Training

(Oct 85 - Sep 86)

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***Scanned as next image**

Confidential Records Management, Inc.
New Bern, NC
1-888-622-4425
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FY86 (1 Oct 85 - 30 Sep 86)

ASHTON, Brynn T. 1 November 1985	TAD	"One-day seminar presented by the U.S. Corps of Engineers on "Design of Construction of Rolled Concrete pavements...Norfolk, VA	$157.20
PHILLIPS, Mary Lynn 6-7 Nov 85	TAD	2 days at LANTDIV to become familiar with more advanced glossary functions to better utilize the NAVFAC GUIDE SPECS and learn more about editing techniques	161.36
ESTES, Fred	TRNG	(MAIN money) To attend Special Projects Seminar, Jacksonville, FL...14-15 Nov 85	550.00
BRANT, Larry	TRNG	(MAIN money) To attend Special Projects Seminar, Jacksonville, FL....14-15 Nov 85	550.00
BAKER, Carl	TRNG	- "Military Traffic Operations & Analysis Techniques" Evanston, ILL 3-7 Feb 86	1136.50
ESTES, Fred W.	TRNG	- Economic Analysis Course, Leesburg, VA 24-28Mar Facilities Planner - Leesburg, VA 17-21Mar	will not be going
BRANT, Larry	TRNG	- Air Installations Compatible Use Zones Seminar East Coast...5-6Mar 86 Florida	
PHILLIPS, Lynn	TRNG	- Specifications & Construction Contracts 10-12 Mar 86....Boston, Mass	
FITCH, Jim	TRNG	- Facilities Support Contracting, Leesburg, VA 24-28 Mar 86	will not be going
ASHTON, Brynn	TRNG	WI	

Dulles Airport flew in D.C.

50.00a Day

BAKER, Carl TRNG - Military Traffic Operations + Analysis Tech. 836.63
Evanston, Ill 3-7 Feb 86

Werner, Keith (ENERG) A/C Design Systems, Madison, WI 10-14 Ma86 1,680.00

Northwest of D.C.

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 20 Aug 85

FROM: Civilian Personnel Officer, Marine Corps Base, Camp Lejeune

TO: Distribution List

1	10	
2	04	
3		
4		
5		

SUBJ: FY 86 CIVILIAN TRAINING

Ref: (a) CG MCB CLNC ltr 12410 CPD 14 Dec 85

Encl: (1) Subject listing
(2) Civilian Employee Training Request Form

1. Enclosure (1) identifies funded training for FY86 as approved by the Commanding General.

2. It is often difficult to determine when and if conferences constitute training and should be funded from civilian training funds. The Civilian Training Committee has, therefore, resolved that conferences are not to be considered training for purposes of funding. As of 1 October 1985, all conferences will be funded with Temporary Additional Duty (TAD) funds. Conference registrants are still required, however, to submit a DD Form 1556 to the Civilian Personnel Division, Training Branch, when submitting DD Form 1610 (Request and Authorization for TDY Travel of DoD Personnel). Seminars and workshops, on the other hand, are considered to be training and will continue to be funded as such.

3. The Civilian Training Office will implement funded training for the individuals named on the Civilian Employee Training Request forms submitted during the Civilian Training Requirements Survey announced by the reference. It is realized that changes in personnel and/or courses may be required due to nonavailability of quotas, changes in personnel assignments, and other changes in priorities. Substitutions will be considered. A new Civilian Training Request Form, provided as enclosure (2), must be submitted for any substitutions.

4. Please forward to the Civilian Personnel Division (Training Branch) any individual course brochures, announcements and/or company application forms when received.

MOSEA HORNE, JR.

☆U.S. GOVERNMENT PRINTING OFFICE: 1986 — 603-015/18049

Subj: FY 86 CIVILIAN TRAINING

Distribution:
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, LOG
AC/S, BOSMAD
AC/S, TRNG (TAVSC)
INSP
PMO
Dir, RASC
CO, MCSSS
CPD
CEO
BHD
DFH
FSC
FIRE
MAIN
NREA
PWO
SAFD
CCMS

FY 1986 CIVILIAN TRAINING
Public Works

COURSE TITLE AND LOCATION	INDIRECT COST	DIRECT COST	TOTAL
Funded Training			
John J. — Design Contract Management CECOS (New Course for FY-85) 3-5 Dec 85 or - Charleston 5-7 Feb - Norfolk	$ 675	$ 0	$ 675
Lynn — NAVFAC Specification System-PWC/PWD Wang Operators Port Hueneme, California	814	0	814
Carl — Traffic Management Orlando, Florida 3-7 Feb 86	715	595	1310
Byron Ashton — Water Distribution system Analysis, Testing & Evaluation Blacksburg, Virginia	505	495	1000
Larry Grant — Air Installations Compatible Use Zone Seminar (A-4A-0035) CECOS CICOS (East) 26-27 Feb 86 - East Coast	425	0	425
Fred — Facilities Planning and Economic Analysis 18-20 Mar - Leesburg ~~18-22 Nov 85 East Coast~~ 24-28 Mar 86 Leesburg EECOS (East)	1100	0	1100
Total	$ 4234	$ 1090	$ 5324
Unfunded Training			
Larry B. — Special Projects Seminar (A-4A-0048) CECOS CECOS (East) MAIN paid for	$ 675	$ 0	$ 675
James Fitch — Specifications and Construction Contracts Dallas, Texas	630	425	1055
Andrew — Lighting Design: Principles & Practices Raleigh, NC	238	140	378
Dale — Construction Costs: Estimating and Bidding Dallas, Texas	580	545	1125
Keith — Air Conditioning Design-Systems	905	790	1695
Total	$ 3028	$ 1900	$ 4928

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name _____ Grade _____ Organization _____

Course Title _____

Length of Course _____ Location _____

Employees Last Official Performance Rating _____

COST: Registration $_____ Per Diem $_____ Travel $_____ Total $_____

1. Priority assigned to the training requirement.

   ( ) PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

   ( ) Training Needed to ensure attainment of performance objectives

   ( ) Training needed to correct serious performance deficiencies

   ( ) Training required by law, regulation or higher authority

   ( ) Training required for operation/maintenance of new equipment

   ( ) Training required for employees enrolled in a recognized formal training program

   ( ) PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

   ( ) PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

3. How many of your employees have already received this or similar training? _____

4. What will be the impact on the organization or employee if this training is not received?

5. Certification of training requirement:

   I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

_____ Immediate Supervisor

_____ 2d Level Supervisor

_____ Department Head

ENCLOSURE (2)

26 AUG 1985
RECEIVED

OPNAV 5216/14-A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

04 K
045

Memorandum

DATE: 12 MAR 1986

FROM: Commanding General, Marine Corps Base, Camp Lejeune

TO: Distribution List

SUBJ: FY 1986 CIVILIAN TRAINING

Encl: (1) FY 1986 Civilian Training Cancellations

1. Due to the fund reductions caused by the Gramm/Rudman/Hollings Budget Reduction Act, the Fiscal Year 1986 Civilian Training Budget has been reduced by $28,000. Consequently many previously funded training events must now be cancelled.

2. The enclosure identifies the training events in your organization that have been deleted. If you feel it more advantageous to delete some other event vice the one identified, or if you have any other questions, contact the Civilian Training Office, extension 1539.

J. B. AIROLA
By direction

Distribution:
AC/S, COMP
AC/S, MANP
AC/S, LOG
AC/S, TRNG
INSP
PMO
CO, MCSSS
CPD
CEO
BHD
FIRE
MAIN
NREA
PWO
CCMS

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 506-012/18049

FY 1986 CIVILIAN TRAINING-CANCELLATIONS

Public Works Office

Course	Cost
Design Contract Management	$ 675
Facilities Planning and Economic Analysis	1100
Total	$1775

ENCLOSURE (1)

Civilian DMET Training Requirements FY87

Note: Quotas requested in response to FY87 DMET Survey conducted 11-28 February 1985. Include them, if still required, in Civilian Training Requirements Survey, FY1987.

Requesting Department	Course	Civilian Quota
Natural Resources and Environmental Affairs	Managers' Environmental Course	1
Regional Automated Services Center	Contemporary ADP Workshop	2
	Financial Planning and Control Techniques	1
	VSAM for Application Programming	1
AC/S, Manpower	Efficiency Reviews	1
	Management Analysis Workshop	1

On these training courses...

The first three (Werner, Fitch, and Foskey) have already attended their training courses. From "X's" (Stallings - Fitch) down, workload will not permit training in April. Personnel need to submit a substitution course. All other approved training needs to have 1556's typed including all substitutions. Mr. Moran at CPD Training would like to have these forms NLT Wednesday, 28 April. Comptroller's office keeps threatening to pull back all monies by 1 May that have not been obligated.

1556's need to be typed for all courses so that Mr. Moran can obligate the money. He stated that it would probably not be a real big deal if later, the course title again changes because of cancellation of course, etc.

Mr Moran Trng
153c

THE FOLLOWING TRAINING COURSES WERE APPROVED AS SPECIAL O&M "P" PROG FUNDING FOR FY86
For those courses that have been cancelled or already taught, substitution courses are listed, which have been recommended by the sections.

attended ✓	AIR CONDITIONING PIPING SYSTEM Sub. A/C DESIGN SYSTEMS (Madison, WI - already attended)	10-14 Mar	1680 ✓	WERNER
attended ✓	ENERGY THERMAL STORAGE Sub. ENERGY TECHNOLOGY CONFERENCE & EXPOSITION (Washington, DC - attending this week)	17-21 Mar	1700 ✓	FITCH
attended ✓	AIR CONDITIONING AIR DISTRIBUTION Sub. FUNDAMENTALS OF ENERGY AUDITING (Madison, WI)	14-17 Apr	1350	FOSKEY
X	FUNDAMENTALS OF ENERGY AUDITING (Madison, WI)	14-17 Apr	1350	STALLINGS
X	ENERGY THERMAL STORAGE Sub. EXISTING VENTILATION SYSTEMS - TROUBLESHOOTING & REDESIGN	14-17 ~~17-18 Apr~~	1700	HANKINS
X	COMPREHENSIVE LIGHTING DESIGN (Madison, WI)	21-25 Apr	1600	YOUNG
X	SPECIFYING UNINTERRUPTIBLE POWER SYSTEM (UPS) (Madison, WI)	29-30 Apr	1230	FITCH
✓	FUNDAMENTALS OF ENERGY AUDITING (Madison, WI)	21-24 Jul	1350	YOUNG
✓	FUNDAMENTALS OF ENERGY AUDITING (Madison, WI)	21-24 Jul	1350	GAVIN
✓	WATER SUPPLY & DISTRIBUTION (Madison, WI)	12-13 Aug	1000	ASHTON
	SANITARY SEWER LIFT STATION DESIGN Needs Substitution Course	CANCELLED	1400	BAKER
	RESIDENTIAL ENERGY AUDITING Needs Substitution Course	Dec 85	1600	STALLINGS
	RESIDENTIAL ENERGY AUDITING Needs Substitution Course	Dec 85	1600	GAVIN
	ADVANCED ENERGY AUDITING Needs Substitution Course	Feb 86	1700	HANKINS

I asked each person to submit to me the dates, place, time, etc., of the approved course, noting that substitutions would have to be of similar costs and be approved by the Design Director, Public Works Officer and Training.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02 — Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: HANKINS, Thomas J.

First 5 letters of last name 03

2. Social Security Number 04: 224 24 5063

3a. Organization Unit Identification Code (UIC)

b. Date of birth Year Month 05

4. Home address *(Optional - to notify in case of emergency)*:
PO Box 195
Holly Ridge, NC 28445

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*
- [ ] Non-supervisory
- [ ] Manager
- [x] Supervisory
- [ ] Executive
- [ ] Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service — Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 1830 12

13. Type of appointment: Career

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Univ of Wisconsin-Madison
Dept of Engineering - Professional Develop
432 N Lake St, Madison WS 53791-8843

b. Location of training site *(If same, mark box.)* [ ] *(If not required, use for remarks.)*:
University of Wisconsin
Madison, WS

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Air Conditioning Psychrometric Processes

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	09	08	
b. Complete	86	09	12	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	40

20. PART I – training codes *(see instructions)*

	Code		Code
a. Purpose		08 c. Source	10
b. Type		09 d. Special Interest	11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)	b. Security Clearance	d. Training credits	e. Priority / h. Training program
	c. Allocation Status	Continuing education units	f. Training level / i. Reason for selec.
		Other *(college, etc.)*	g. Method of training / j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

[ ] Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars cents	$ 790 dollars 00 cents	$ dollars cents	

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)*: $

24. Total estimated costs *(Optional)*: $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ dollars cents	$ 382 dollars 00 cents	$ 487 dollars 50 cents	

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, Asst PWO
Area code/Number/Extension: 919-451-2213
Signature: M I Kimball
Date: 4/30/86

27. Does nominee meet prerequisites? Yes [ ] No [ ] If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*
Area code/Number/Extension
Signature
Date

28a. Station Symbol

b. Billing instructions *(Identi)*
Furnish original invoice an

Substitute Courses submitted to CPD 4/30/86

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO
Area code/Number/Extension: 919-451-2581
Signature: M I Kimball
[x] Approved [ ] Disapproved
Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date — Year | Month | Day
b. Grade
School official/Trainee *(Signature/code)*
Date

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*
Signature
Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*
Signature
Acceptance approval
Yes – Nominee accepted
No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1
DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: HANKINS, Thomas J.

First 5 letters of last name 03

2. Social Security Number 04: 224 24 5063

3a. Organization Unit Identification Code (UIC)

b. Date of birth Year Month 05

4. Home address *(Optional - to notify in case of emergency)*:
PO Box 195
Holly Ridge, NC 28445

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
X	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 830 12

13. Type of appointment: Career

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Univ of Wisconsin-Madison
Dept of Engineering - Professional Develop
432 N Lake St, Madison WS 53791-8843

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*:
University of Wisconsin
Madison, WS

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Air Conditioning Psychrometric Processes

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	09	08	
b. Complete	86	09	12	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	40

20. PART I – training codes *(see instructions)*

	Code		Code
a. Purpose		08 c. Source	10
b. Type		09 d. Special Interest	11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	dollars	cents	b. Tuition cost	dollars	cents	c. Books, material or other costs	dollars	cents	d. Funding source
	$			$ 790	00		$		

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)*: $

24. Total estimated costs *(Optional)*: $

25. Indirect costs

a. Total est. indirect costs 13	dollars	cents	b. Travel cost	dollars	cents	c. Per diem/other costs	dollars	cents	d. Travel order number
	$			$ 382	00		$ 487	50	

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, Asst PWO

Area code/Number/Extension: 919-451-2213

Signature: M I Kimball

Date: 4/30/86

27. Does nominee meet prerequisites? Yes ☐ No ☐ If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO

Area code/Number/Extension: 919-451-2581

Signature: M I Kimball

☐ Approved ☐ Disapproved

Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)*

Date

31. I certify that this account is correct and proper for payment in the amount of:

Certifying official *(Name and title/code)*

$

Signature

Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes – Nominee accepted

No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02 — Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: FITCH, James H.
First 5 letters of last name 03
2. Social Security Number 04: 223-52-9111
3a. Organization Unit Identification Code (UIC)
b. Date of birth 05 (Year, Month)
4. Home address *(Optional - to notify in case of emergency)*: 3000 Country Club Road, Jacksonville, NC 28542
5. Home telephone *(Optional)* Area code/Number
6. Position level *(X only one)*: Non-supervisory; Manager; x Supervisory; Executive; Other *(Specify)*
7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*: Public Works Division, Marine Corps Base, Camp Lejeune, NC 28542
8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507
9. Continuous federal service: Years; Months
10. Number of prior non-government training days
11. Position title/function: General Engineer
12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 1 801 12
13. Type of appointment: CAREER
14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility: National Fire Protection Assoc. Inc., BatteryMarch Park, Quincy, MA 02269

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: New Orleans, LA

16a. Training Type/Subject Area Identifier

b. Course title or training services: How to Conduct Plans, Review Automatic Sprinkler Systems

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — Year / Month / Day / c. Record ID

	Year	Month	Day
a. Start	86	09	29
b. Complete	86	09	30

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	16

20. PART I – training codes *(see instructions)*: a. Purpose; Code; 08 c. Source; Code 10; b. Type; 09 d. Special Interest; 11

20. PART II – DOD use *(See instructions)*: a. Training Facility/Vendor Unit Identification Code (UIC); b. Security Clearance; c. Allocation Status

d. Training credits: Continuing education units; Other *(college, etc.)*

e. Priority; f. Training level; g. Method of training; h. Training program; i. Reason for selec.; j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars / cents	$ 325 dollars / 00 cents	$ dollars / cents	

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ dollars / cents	$ 410 dollars / 00 cents	$ 262 dollars / 50 cents	

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, Asst PWO
Area code/Number/Extension: 919-451-2213
Signature: M I Kimball
Date: 4/30/86

27. Does nominee meet prerequisites? Yes / No — If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*
Area code/Number/Extension
Signature
Date

28a. Station Symbol — SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO
Area code/Number/Extension: 919-451-2213
Signature: M I Kimball
Approved / Disapproved
Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date (Year, Month, Day)
b. Grade
School official/Trainee *(Signature/code)*
Date

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*
Date
Signature
DSSN number | Check number | Voucher number

32. School official *(Name and title)*
Signature
Acceptance approval: Yes – Nominee accepted; No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | | Resubmission | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: YOUNG, Andrew

First 5 letters of last name 03

2. Social Security Number 04: 281 36 8818

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
X	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Electrical Engineer

12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator: GS 1850 12

13. Type of appointment: Career

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
College of Engr Univ of Wisconsin
Engineering Professional Development
432 N Lake Street
Madison, WI 53707

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Madison, WI

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Fundamentals of Energy Auditing

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	07	21	
b. Complete	86	07	24	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	40

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)	b. Security Clearance		d. Training credits	e. Priority	h. Training program
	c. Allocation Status		Continuing education units •	f. Training level	i. Reason for selec.
			Other *(college, etc.)*	g. Method of training	j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars cents	$ 595 dollars 00 cents	$ dollars cents	

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ dollars cents	$ 382 dollars 00 cents	$ 487 dollars 50 cents	

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, AsstPWO

Area code/Number/Extension: 919-451-2213

Signature: M. I. Kimball

Date: 4/30/86

27. Does nominee meet prerequisites? Yes ☐ No ☐ If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO

Area code/Number/Extension: 919-451-2581

Signature: M. I. Kimball

✓ Approved ☐ Disapproved

Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)*

Date

31. I certify that this account is correct and proper for payment in the amount of:

Certifying official *(Name and title/code)*

$

Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Acceptance approval

Yes – Nominee accepted

No – Not accepted

Signature

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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DOD Overprint for Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02
Initial | | | Resubmission | Correction | | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: ASHTON, Brynn
First 5 letters of last name 03

2. Social Security Number 04: 376 66 9944

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*
X Non-supervisory | Manager
Supervisory | Executive
Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Office
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Civil Engineer, GS-11

12. Pay plan/series/grade/step, Rank/MOS/AFSC or Navy Designator: GS 1083 11

13. Type of appointment: Career

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
College of Engr Univ of Wisconsin
Engineering Professional Development
432 N Lake St, Madison, WI 53707

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Madison, WI

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Water Supply & Distribution

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — c. Record ID

	Year	Month	Day
a. Start	86	08	04
b. Complete	86	08	07

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	32

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12: $ dollars | cents

b. Tuition cost: $650 dollars | 00 cents

c. Books, material or other costs: $ dollars | cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)*: $

24. Total estimated costs *(Optional)*: $

25. Indirect costs

a. Total est. indirect costs 13: $ dollars | cents

b. Travel cost: $382.00 dollars | cents

c. Per diem/other costs: $487 dollars | 50 cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: J. F. GAVIN, BrMgr
Area code/Number/Extension: 919-451-3658
Signature
Date

27. Does nominee meet prerequisites? Yes | No If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*
Area code/Number/Extension
Signature
Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO
Area code/Number/Extension: 919-451-2581
Signature
✓ Approved | Date: 4/30/86
Disapproved

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
School official/Trainee *(Signature/code)*
a. Actual completion date: Year | Month | Day
b. Grade
Date

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*
Signature
Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*
Signature
Acceptance approval
Yes | Nominee accepted
No | Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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DOD overprint of Optional Form 170.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: YOUNG, Andrew — First 5 letters of last name 03

2. Social Security Number 04: 281 36 8818

3a. Organization Unit Identification Code (UIC)

b. Date of birth Year Month 05

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
X	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Electrical Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 1850 12

13. Type of appointment: CAREER

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Mr. W. S. Fisher, Manager
General Electric Lighting Institute
Nela Park, Cleveland, OH 44112

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Cleveland, OH

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Fundamentals "1" Course in Commercial & Industrial Lighting

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	09	08	
b. Complete	86	09	12	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	40

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units	
Other *(college, etc.)*	

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 $ dollars cents

b. Tuition cost $ 300 00 dollars cents

c. Books, material or other costs $ dollars cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 $ dollars cents

b. Travel cost $ dollars cents

c. Per diem/other costs $ dollars cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, Asst PWO — Area code/Number/Extension: 919-451-2213

Signature: M I Kimball — Date: 4/30/86

27. Does nominee meet prerequisites? Yes ☐ No ☐ If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)* — Area code/Number/Extension

Signature — Date

28a. Station Symbol — SF-1080

b. Billing instructions *(Identify discount terms % days.)*:
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO — Area code/Number/Extension: 919 451-2581

Signature: M I Kimball — ✓ Approved ☐ Disapproved — Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* — Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* — Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes	Nominee accepted
No	Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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DOD overprint of Optional Form 170.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | | Resubmission | | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: GAVIN, James F.

First 5 letters of last name 03

2. Social Security Number 04: 241 44 8360

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
X	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Architectural Branch Manager

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 1808 12

13. Type of appointment: Career

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Roofing Industry Educational Institute
6851 South Holly Circle, Suite 100
Englewood, OH 80112

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Cherry Hill, NJ

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Single Ply Roofing

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	09	11	
b. Complete	86	09	12	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	16

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)	b. Security Clearance	d. Training credits	e. Priority / h. Training program
	c. Allocation Status	Continuing education units	f. Training level / i. Reason for selec.
		Other *(college, etc.)*	g. Method of training / j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	dollars	cents	b. Tuition cost	dollars	cents	c. Books, material or other costs	dollars	cents	d. Funding source
	$			$ 325	00		$		

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	dollars	cents	b. Travel cost	dollars	cents	c. Per diem/other costs	dollars	cents	d. Travel order number
	$			$			$		

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, AsstPWO

Area code/Number/Extension: 919-451-2213

Signature: M I Kimball

Date: 4/30/86

27. Does nominee meet prerequisites? Yes ☐ No ☐ If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO

Area code/Number/Extension: 919-451-2581

Signature: M I Kimball

— Approved ☐ Disapproved

Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)*

Date

31. I certify that this account is correct and proper for payment in the amount of:

Certifying official *(Name and title/code)*

$

Signature

Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes ☐ Nominee accepted

No ☐ Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code (X one block) 02

Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name (Last - First - Middle Initial) Indicate preferred title (example - Miss, Mrs., Mr., Ms., LTC, etc.)
STALLINGS, Larry N.

First 5 letters of last name 03

2. Social Security Number 04
244 76 9129

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address (Optional - to notify in case of emergency)

5. Home telephone (Optional) Area code/Number

6. Position level (X only one)
Non-supervisory | Manager
Supervisory | Executive
Other (Specify)

7. Organization mailing address (Branch - Division/Office/Bureau/Agency/Service/Command)
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext
919-91-5517

9. Continuous federal service Years | Months

10. Number of prior non-government training days

11. Position title/function
Architect

12. Pay plan/series/grade/step . Rank/MOS/AESC or Navy Designator
GS | 808 | 11

13. Type of appointment
CAREER

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility
Roofing Industry Educational Institute
6851 South Holly Circle, Suite 100
Englewood, OH 80112

b. Location of training site (If same, mark box.) ☐ (If not required, use for remarks.)
Sheraton Poste Inn
Cherry Hill, NJ

16a. Training Type/ Subject Area Identifier

b. Course title or training services
Standing Seam Metal Roofing Systems

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period (6 digits) 06

	Year	Month	Day
a. Start	86	09	09
b. Complete	86	09	10

c. Record ID

19. Number of course hours (4 digits) 07

a. During duty	
b. Non-duty	
c. TOTAL	16

20. PART I – training codes (see instructions)

	Code		Code
a. Purpose		08 c. Source	10
b. Type		09 d. Special Interest	11
e. Priority		h. Training program	
f. Training level		i. Reason for selec.	
g. Method of training		j. Method of eval.	

20. PART II – DOD use (See instructions)

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other (college, etc.)

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 | $ | dollars | cents

b. Tuition cost | $ 395 | dollars | 00 cents

c. Books, material or other costs | $ | dollars | cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer (follow local procedure)

22. Job order number (Optional)

23. Labor costs (Optional) $

24. Total estimated costs (Optional) $

25. Indirect costs

a. Total est. indirect costs 13 | $ | dollars | cents

b. Travel cost | $ | dollars | cents

c. Per diem/other costs | $ | dollars | cents

d. Travel order number

Section D – APPROVALS

26. Supervisor (Name and title/code)
J. E. GAWIN, BrMgr

Area code/Number/Extension
919-451-3658

Signature

Date 5/14/86

27. Does nominee meet prerequisites? Yes | No If No, attach waiver request

I CERTIFY that this training meets regulatory requirement: Training Officer (Name and title/code)

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions (Identify discount terms % days.)
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official (Name and title/code)
C. H. BAKER, Acting DesignDirector

Area code/Number/Extension
919-451-2213

Signature
C. H. Baker

X Approved | Disapproved

Date 5/16/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date | Year | Month | Day

b. Grade

School official/Trainee (Signature/code)

Date

31. I certify that this account is correct and proper for payment in the amount of:

Certifying official (Name and title/code)

$

Date

Signature

DSSN number | Check number | Voucher number

32. School official (Name and title)

Acceptance approval
Yes | Nominee accepted
No | Not accepted

Signature

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02 — Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: STALLINGS, Larry N.
First 5 letters of last name 03

2. Social Security Number 04: 244 76 9129

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 — Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

X	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507

9. Continuous federal service — Years | Months

10. Number of prior non-government training days

11. Position title/function: Architect

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 808 | 11

13. Type of appointment: CAREER

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Roofing Industry Educational Institute
6851 South Holly Circle, Suite 100
Englewood, OH 80112

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*:
Cherry Hill, New Jersey

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Single Ply Roofing

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	09	11	
b. Complete	86	09	12	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	16

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)	b. Security Clearance		d. Training credits	e. Priority	h. Training program
	c. Allocation Status		Continuing education units •	f. Training level	i. Reason for selec.
			Other *(college, etc.)*	g. Method of training	j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not ihvolve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	dollars	cents	b. Tuition cost	dollars	cents	c. Books, material or other costs	dollars	cents	d. Funding source
	$			$ 325	00		$		

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	dollars	cents	b. Travel cost	dollars	cents	c. Per diem/other costs	dollars	cents	d. Travel order number
	$			$			$		

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: J. F. GAVIN, BrMgr
Area code/Number/Extension: 919-451-3658
Signature: James F. Gavin
Date

27. Does nominee meet prerequisites? Yes ☐ No ☐ If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*
Area code/Number/Extension
Signature
Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO
Area code/Number/Extension: 919-451-2581
Signature: M I Kimball
☐ Approved ☐ Disapproved
Date: 4/30/80

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date — Year | Month | Day
b. Grade
School official/Trainee *(Signature/code)*
Date

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*
Signature
Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*
Signature

Acceptance approval
Yes — Nominee accepted
No — Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1
DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | | Resubmission | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: HANKINS, THOMAS J.

First 5 letters of last name 03

2. Social Security Number 04: 224 24 5063

3a. Organization Unit Identification Code (UIC)

b. Date of birth Year Month 05

4. Home address *(Optional - to notify in case of emergency)*:
P. O. Box 195
Holly Ridge, NC 28445

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

X	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5517

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 1830 12

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Adult Registrar, Donaldson Brown Center for Continuing Education, VA Tech
Blacksburg, VA 24061-0102

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Blacksburg, VA

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Building Energy Systems (EM3)

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start	86	08	25	
b. Complete	86	08	29	

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	40

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars cents	$ 750 dollars 00 cents	$ dollars cents	

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ dollars cents	$ dollars cents	$ dollars cents	

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, Asst PWO

Area code/Number/Extension: 919-451-2213

Signature: M I Kimball

Date: 4/30/86

27. Does nominee meet prerequisites? Yes ☐ No ☐ If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO

Area code/Number/Extension: 919-451-2581

Signature: M I Kimball

Approved ☐ Disapproved ☐

Date: 4/30/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)*

Date

31. I certify that this account is correct and proper for payment in the amount of:

Certifying official *(Name and title/code)*

$

Signature

Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes ☐ Nominee accepted

No ☐ Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1
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EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02 — Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: BAKER, Carl

First 5 letters of last name 03

2. Social Security Number 04: 242 94 9955

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 — Year / Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
X	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Office
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-91-5507

9. Continuous federal service — Years / Months

10. Number of prior non-government training days

11. Position title/function: Civil Engineer

12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator: GS 12

13. Type of appointment: C

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
College of Engr, Univ of Wisconsin
Engineering Professional Dev elopment
432 N Lake St, Madison, WI 53707

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Madison, WI

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Analysis, Design, & Rehab of Underground Pipeline

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — Year / Month / Day

	Year	Month	Day
a. Start	86	08	25
b. Complete	86	08	27

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	24

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11
e. Priority		h. Training program		
f. Training level		i. Reason for selec.		
g. Method of training		j. Method of eval.		

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units	
Other *(college, etc.)*	

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 — $ dollars cents

b. Tuition cost — $ 515 dollars 00 cents

c. Books, material or other costs — $ dollars cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 — $ dollars cents

b. Travel cost — $ 382 dollars 00 cents

c. Per diem/other costs — $ 487 dollars 50 cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: M. I. KIMBALL, Asst PWO

Area code/Number/Extension: 919-451-2213

Signature: M. I. Kimball

Date: 5/1/86

27. Does nominee meet prerequisites? ☐ Yes ☐ No If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Acting PWO

Area code/Number/Extension: 919-451-2581

Signature: M. I. Kimball

☐ Approved ☐ Disapproved Date: 5/1/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date — Year / Month / Day

b. Grade

School official/Trainee *(Signature/code)*

Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)*

Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes	Nominee accepted
No	Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1

DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

* DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | | Resubmission | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* | First 5 letters of last name 03

2. Social Security Number 04

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — a. Start / b. Complete — Year | Month | Day

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units •

Other *(college, etc.)*

e. Priority		h. Training program	
f. Training level		i. Reason for selec.	
g. Method of training		j. Method of eval.	

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 $ dollars cents | b. Tuition cost $ dollars cents | c. Books, material or other costs $ dollars cents | d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 $ dollars cents | b. Travel cost $ dollars cents | c. Per diem/other costs $ dollars cents | d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol — SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
School official/Trainee *(Signature/code)*

a. Actual completion date: Year | Month | Day

b. Grade

Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)*

Signature | Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval: Yes – Nominee accepted / No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS. SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT. DATA REQUIRED BY THE CIVIL SERVICE COMMISSION ESTABLISHES A BASE.

Items A & B—Follow DOD component instructions.

Item C—Follow local procedures.

▶ Section A—TRAINEE INFORMATION

Item 1—Fill in trainee's name. Put the first five letters of last name in shaded box.

Item 2—Use nine digits of SSN

Item 3a—Organization unit identification code (UIC), six digits.

Item 3b—Enter year and month of birth (e.g., if Jan. 14, 1943, it would appear as 43/01).

Items 4 & 5—Follow local procedures.

Item 6—Follow DOD component instructions.

Items 7 & 8—Self-explanatory.

Item 9—Put years and months of continuous Federal Government service.

Item 10—To be computed and filled by the nominating training office.

Items 11 & 12 -Self-explanatory.

Item 13—Enter appropriate code or abbreviation.

CC Career Conditional
1 Regular
C Career
2 Reserve
T Temporary
3 National Guard

Item 14—Enter appropriate code.

00 Not applicable
01 Some elementary
02 Elementary grad.
03 Some high school
04 High school grad.
05 Terminal Occupational Program (TOP)
06 TOP Certificate
07 Started college
08 1 year of college
09 2 years of college
10 Associate
11 3 years of college
12 4 years of college
13 Bachelor degree
14 Post Bachelor
15 1st professional
17 Master degree
18 Post master
19 6th year degree
20 Post 6th year
21 Doctorate degree
22 Post Doctorate

▶ Section B—TRAINING COURSE DATA

Item 15—Self-explanatory.

Item 16a—Follow DOD component instructions

Item 16b -Self-explanatory. If more space required, attach sheet.

Item 16c—Follow local data processing instructions.

Item 17a—Enter training source catalog/course ID number.

Item 17b—Follow DOD component instructions.

Items 18a & b—Enter in year, month, day sequence the course start and complete dates (e.g., June 15, 1977 would be entered as 77/06/15).

Item 18c—Follow local data processing instructions.

Items 19a-c—Total hours is determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory.

Items 20 Part I, a-d—Enter appropriate codes from those listed below.

Item 20 Part I, a—Purpose

1 Mission or program change
2 New technology
3 New work assignment
4 Improve present performance
5 Meet future staffing needs
6 Develop unavailable skills
7 Trade or craft apprenticeship
8 Orientation
9 Adult basic education

Item 20 Part I, b--Type

1 Executive and management
2 Supervisory
3 Legal, medical, scientific or engineering
4 Administration and analysis
5 Speciality and technical
6 Clerical
7 Trade or craft
8 Orientation
9 Adult basic education

Item 20 Part I, c—Source/Vender

A US Air Force
B US Army
C US Navy
D US Marine Corps
E Defense Supply Agency
F Other DOD
G Allied
2 Government—Interagency
3 Non-Government—designed for agency
4 Non-Government—off-shelf
5 State or local Government

Item 20 Part I, d—Special Interest

0 No special program
1 Executive Development
2 Supervision

Items 20 Part II, a-j-(DOD use)

Item 20 Part II, a—Follow DOD component instructions.

Item 20 Part II, b—Enter appropriate code.

C Confidential
S Secret
TS Top Secret
SI Special Interest

Item 20 Part II, c—Enter appropriate code.

1 Primary
2 Alternate
3 Space Available

Item 20 Part II, d—Follow DOD component instructions.

Item 20 Part II, e—Enter priority 1, 2, or 3 in accordance with DOD Instruction 1430.5

Items 20 Part II, f-j—Enter appropriate codes from DOD component instructions.

Item 20 Part II, f—School or Training Level

- Elementary
- High School
- Vocational/Technical/ Secretarial/Business/ Commercial/Administrative
- College, undergraduate
- College, graduate
- College, post graduate

Item 20 Part II, g—Method of Training

- On-the-job training (formal)
- Rotation of work assignment
- Seminar (training)
- Conference/meeting/ symposium
- Correspondence
- Directed study
- Classroom (resident)
- Classroom (on site)
- Test/Equivalency

Item 20 Part II, h—Training Program

- Management Intern
- Engineer-In-Training
- Administrative Intern
- Shop Trainee
- College Work Study
- DOD/CSC Rotation Assignment
- Upward Mobility Agreement
- Apprentice
- Helper to Journeyman
- Long term
- Junior Development
- Cooperative Program
- Student Trainee
- Executive Development
- Mid-Manager Development
- Other

Item 20 Part II, i—Reason for Selection of Source

- Quality of Training
- Most Cost Effective
- Unique capability of training source
- Location
- Not available in Government
- Incidental to Procurement of Equipment
- Timeliness

Item 20 Part II, j—Method of Evaluation

- Economic analysis
- Accomplishment of stated objectives
- Post-training performance, knowledge and attitudes
- Questionnaires
- Tests
- Interview and Follow-up
- Other

▶ Section C—ESTIMATED COSTS AND BILLING INFORMATION

√ First block if there is no expense other than salary, pay or compensation.

Item 21a—Sum of Items 21b & c.

Items 21b & c—Self-explanatory.

Items 21d & e—Follow DOD component instructions.

Item 21f—Follow local procedures.

Items 22 & 23—Follow local procedures.

Item 24—Sum of items 21a & 25a.

Item 25a—Sum of items 25b & c.

Items 25b & c—Self-explanatory.

Item 25d—Follow DOD component instructions.

▶ Section D—APPROVALS

Items 26 & 27—Follow local procedures.

Item 28a—Fill in 8-digit station symbol of the Nominating Agency Finance Office which will report the payment in SF-224, Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type "SF-1080" in this block.

Item 28b—Enter name and mailing address of Finance Officer for billing purposes.

▶ Section E—APPROVAL/CONCURRENCE

Item 29—Follow local procedures.

▶ Section F—CERTIFICATION OF TRAINING COMPLETION

Item 30—If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in Item 27.

Item 31—Follow local procedures.

Item 32—Self explanatory.

PRIVACY ACT STATEMENT

General—This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority—The Government Employees Training Act of 1953 (U.S. Code, Title 5, sections 4101 to 4118).

Purposes and Uses—The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effects of Nondisclosure—Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)—Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | | Resubmission | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* | First 5 letters of last name 03

2. Social Security Number 04

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year ____ Month ____

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service

Years	Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step · Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06

	Year	Month	Day	c. Record ID
a. Start				
b. Complete				

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund chargeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars cents	$ dollars cents	$ dollars cents	

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ dollars cents	$ dollars cents	$ dollars cents	

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol | SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* | Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* | Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes – Nominee accepted

No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* | First 5 letters of last name 03

2. Social Security Number 04

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

Non-supervisory | Manager | Supervisory | Executive | Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — Year | Month | Day

a. Start

b. Complete

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty

b. Non-duty

c. TOTAL

20. PART I – training codes *(see instructions)*

a. Purpose | Code | 08 c. Source | Code | 10

b. Type | Code | 09 d. Special Interest | Code | 11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 | $ dollars | cents

b. Tuition cost | $ dollars | cents

c. Books, material or other costs | $ dollars | cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 | $ dollars | cents

b. Travel cost | $ dollars | cents

c. Per diem/other costs | $ dollars | cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol | SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved | ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date — Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* | Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* | Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)* | Acceptance approval

Signature | Yes – Nominee accepted | No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | | Resubmission | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* | First 5 letters of last name 03

2. Social Security Number 04

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

18. Training period *(6 digits)* 06 — Year | Month | Day

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

b. Offering: a. Start; b. Complete

20. PART II – DOD use *(See instructions)*

d. Training credits

e. Priority

h. Training program

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

Continuing education units

f. Training level

i. Reason for selec.

c. Allocation Status

Other *(college, etc.)*

g. Method of training

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 $ dollars cents

b. Tuition cost $ dollars cents

c. Books, material or other costs $ dollars cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 $ dollars cents

b. Travel cost $ dollars cents

c. Per diem/other costs $ dollars cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirement: Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol | SF-1080

b. Billing instructions *(Identify discount terms % days.)* Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* | Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* | Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)* | Acceptance approval

Signature | Yes Nominee accepted | No Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1

DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* | First 5 letters of last name 03

2. Social Security Number 04

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

Non-supervisory | Manager | Supervisory | Executive | Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step, Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — Year | Month | Day

a. Start

b. Complete

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty

b. Non-duty

c. TOTAL

20. PART I – training codes *(see instructions)*

a. Purpose | Code

b. Type | Code

08 c. Source 10

09 d. Special Interest 11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 | $ | dollars | cents

b. Tuition cost | $ | dollars | cents

c. Books, material or other costs | $ | dollars | cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 | $ | dollars | cents

b. Travel cost | $ | dollars | cents

c. Per diem/other costs | $ | dollars | cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved | ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date — Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* | Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* | Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)* | Acceptance approval

Signature | Yes – Nominee accepted | No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

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Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* | First 5 letters of last name 03

2. Social Security Number 04

3a. Organization Unit Identification Code (UIC)

b. Date of birth Year Month 05

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

- Non-supervisory
- Manager
- Supervisory
- Executive
- Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — a. Start / b. Complete — Year | Month | Day | c. Record ID

19. Number of course hours *(4 digits)* 07 — a. During duty | b. Non-duty | c. TOTAL

20. PART I – training codes *(see instructions)* — a. Purpose | b. Type | c. Source 08 | d. Special Interest 09 | Code 10 | Code 11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits — Continuing education units • Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

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c. Books, material or other costs — $ | dollars | cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 — $ | dollars | cents

b. Travel cost — $ | dollars | cents

c. Per diem/other costs — $ | dollars | cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirement: Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol | SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

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29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved | ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date — Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* | Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* | Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)*

Signature

Acceptance approval

Yes — Nominee accepted

No — Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1

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EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

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3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

Non-supervisory | Manager | Supervisory | Executive | Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

8. Office telephone Area code/AUTOVON/Number/Ext

9. Continuous federal service Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — Year | Month | Day

a. Start

b. Complete

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty

b. Non-duty

c. TOTAL

20. PART I – training codes *(see instructions)*

a. Purpose | Code

b. Type | Code

08 c. Source | Code 10

09 d. Special Interest | Code 11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other *(college, etc.)*

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12 | $ dollars | cents

b. Tuition cost | $ dollars | cents

c. Books, material or other costs | $ dollars | cents

d. Funding source

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13 | $ dollars | cents

b. Travel cost | $ dollars | cents

c. Per diem/other costs | $ dollars | cents

d. Travel order number

Section D – APPROVALS

26. Supervisor *(Name and title/code)* | Area code/Number/Extension

Signature | Date

27. Does nominee meet prerequisites? Yes | No | If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)* | Area code/Number/Extension

Signature | Date

28a. Station Symbol | SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)* | Area code/Number/Extension

Signature | ☐ Approved | ☐ Disapproved | Date

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date — Year | Month | Day

b. Grade

School official/Trainee *(Signature/code)* | Date

31. I certify that this account is correct and proper for payment in the amount of: $

Certifying official *(Name and title/code)* | Date

Signature

DSSN number | Check number | Voucher number

32. School official *(Name and title)* | Acceptance approval

Signature | Yes – Nominee accepted | No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

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DOD overprint of Optional Form 170.

5 December 1985

	TRAVEL COST	PER DIEM COST BY LENGTH OF TRAINING			
		1 DAY	3 DAYS	1 WEEK	2 WEEKS
Aberdeen Proving Grounds, MD	$168.51(POV)	150.00	300.00	450.00	975.00
Albany, GA	316.00	90.00	210.00	330.00	750.00
Albuquerque, NM	470.00	187.50	337.50	487.50	1012.50
Athens, GA	298.00	75.00	175.00	250.00	625.00
Atlanta, GA	180.00	112.50	262.50	412.50	937.50
Bethesda, MD	112.00	112.50	262.50	412.50	937.50
Bloomington, IN	418.00	100.00	200.00	300.00	650.00
Boston, MA	206.00	150.00	300.00	450.00	975.00
Chapel Hill, NC	63.96(POV)	75.00	175.00	250.00	625.00
Charleston, SC	93.48(POV)	136.00	272.00	408.00	884.00
Charlotte, NC	109.47(POV)	108.00	252.00	396.00	900.00
Cincinnati, OH	368.00	112.50	262.50	412.50	937.50
College Park, MD (Wash., D.C.)	112.00	112.50	262.50	412.50	937.50
Columbia, MD (Baltimore, MD)	112.00	75.00	175.00	250.00	625.00
Columbia, SC	258.00	136.00	272.00	408.00	884.00
Dallas, TX	344.00	150.00	300.00	450.00	975.00
Dayton, OH	362.00	112.50	262.50	412.50	937.50
Daytona Beach, FL	420.00	100.00	200.00	300.00	675.00
Fayetteville, NC	61.91(POV)	75.00	175.00	250.00	625.00
Ft. Eustis, VA	94.30(POV)	150.00	300.00	450.00	975.00
Ft. Lee, VA	88.15(POV)	100.00	200.00	300.00	650.00
Ft. Rucker, AL (Dothan)	312.00	75.00	175.00	250.00	625.00
Gainesville, FL	460.00	90.00	210.00	330.00	750.00
Galveston, TX (Houston, TX)	454.00	187.50	337.50	487.50	1012.50
Greensboro, NC	82.00(POV)	100.00	200.00	300.00	650.00
Huntsville, AL (Decatur, AL)	324.00	136.00	272.00	408.00	884.00

Air Fare does not include $25 limo fee.

Per Diem includes travel time.

ENCLOSURE (2)

	TRAVEL COST	PER DIEM COST BY LENGTH OF TRAINING			
		1 DAY	3 DAYS	1 WEEK	2 WEEKS
Indianapolis, IN	372.00	112.50	262.50	412.50	937.50
Jacksonville, FL	344.00	106.50	248.50	390.50	958.50
Kansas City, MO	388.00	150.00	300.00	450.00	975.00
Kinston, NC	20.50(POV)	11.50	34.50	57.50	138.00
Lebanon, PA (Harrisburg)	210.00	100.00	200.00	300.00	650.00
Louisville, KY	378.00	150.00	300.00	450.00	975.00
Madison, WI	382.00	187.50	337.50	487.50	1012.50
Monterey, CA	546.00	187.50	337.50	487.50	1012.50
Nashville, TN	400.00	150.00	300.00	450.00	975.00
Newark, NJ	218.00	112.50	262.50	412.50	937.50
New Orleans, LA	410.00	112.50	262.50	412.50	937.50
New York, NY	218.00	112.50	262.50	412.50	937.50
Norfolk, VA	79.54(POV)	150.00	300.00	450.00	975.00
Orlando, FL	416.00	112.50	262.50	412.50	937.50
Parris Island, SC	123.00(POV)	187.50	337.50	487.50	1012.50
Pensacola, FL	338.00	126.00	252.00	378.00	819.00
Philadelphia, PA	290.00	112.50	262.50	412.50	937.50
Pittsburgh, PA	302.00	150.00	300.00	450.00	975.00
Port Hueneme, CA (Oxnard)	448.00	187.50	337.50	487.50	1012.50
Quantico, VA	127.92(POV)	157.50	284.00	410.00	851.00
Raleigh, NC	50.02(POV)	148.00	296.00	444.00	962.00
Rock Island, IL (Moline, IL)	320.00	125.00	225.00	300.00	675.00
San Antonio, TX	404.00	187.50	337.50	487.50	1012.50
San Francisco, CA	454.00	187.50	337.50	487.50	1012.50
Savanna, IL (Clinton, Iowa)	374.00	125.00	225.00	300.00	675.00
Stroudsburg, PA (Allentown)	254.00	100.00	200.00	300.00	650.00

Air Fare does not include $25 limo fee.
Per Diem includes travel time.

	TRAVEL COST	PER DIEM COST BY LENGTH OF TRAINING			
		1 DAY	3 DAYS	1 WEEK	2 WEEKS
Tampa, FL	348.00	112.50	262.50	412.50	937.50
Warren, MI (Detroit, MI)	244.00	140.00	280.00	420.00	910.00
Washington, D.C.	112.00	112.50	262.50	412.50	937.50
Wichita Falls, TX (Shepard AFB)	454.00	125.00	225.00	300.00	675.00
Williamsburg, VA	101.27(POV)	150.00	300.00	450.00	975.00
Wilmington, DE	350.00	112.50	262.50	412.50	937.50
York, PA (Harrisburg)	210.00	99.00	231.00	363.00	825.00
West Orange, NJ (Newark)	218.00	112.50	262.50	412.50	937.50

Air Fare does not include $25 limo fee.

Per Diem includes travel time.

281-36-8818

TRAINING

EMPLOYEE'S NAME: ANDREW YOUNG

TITLE OF COURSE: FUNDAMENTALS "1" COORSE IN COMMERCIAL & INDUSTRIAL LIGHTING

DATES & LOCATION OF COURSE: SEP 8 - 12, CLEVELAND, OHIO

DESCRIPTION OF COURSE: PROVIDES AN UNDERSTANDING OF LIGHTING SYSTEMS REQUIREMENTS, ~~ITS~~ THEIR CHARACTERISTICS, LIMITATIONS, & COLOR PHENOMENA, & THE UNDERSTANDING TO ACHIEVE EFFICIENT, COST-EFFECTIVE LIGHTING SYSTEMS DESIGNS

COST OF COORSE: $300

BENEFITS OF COORSE: ABILITY TO APPLY THE LATEST ENGWEERWG TECHNIQUES TO ACHIEVE ~~EFFICIENT~~, COST-EFFECTIVE LIGHTING DESIGN WITH MODERN ENERGY-EFFICIENT LIGHTING FIXTURES.

POC: MR. W. S. FISHER, MANAGER
GENERAL ELECTRIC LIGHTING INSTITUTE
NELA PARK,
CLEVELAND, OHIO 44112

PHONE: (216) 266-2614

GS-850 12

Actual Expense

Andy + Dave

Energy Auditing Series

- Residential Energy Auditing
- **Fundamentals of Energy Auditing**
- HVAC Systems and Controls
- Advanced Energy Auditing

This course meets part of the requirements for the nation's first formal advanced Energy Management Diploma.

Energy Technology Center

The College of Engineering
University of Wisconsin–Madison

Engineering Professional Development
432 North Lake Street
Madison, Wisconsin 53706

UW-Madi

requirements

01556-SZBAJJYJY 33
K MURRELL
MECH ENGR
US MARINE CORP
PUBL WKS DIV BLG1005
CAMP LEJEUNE NC 28542

MADISON WISCONSIN
Nonprofit Organization PAID Permit No. 658

Department of
Engineering Professional Development

Fundamentals of Energy Auditing

Practical energy analysis for small commercial and apartment buildings

April 14-17, 1986
July 21-24, 1986

Energy Technology Center

The College of Engineering
University of Wisconsin–Madison

Fundamentals of Energy Auditing

April 14-17, 1986
July 21-24, 1986

Why This Course

Many organizations must train energy auditors to deal effectively with small commercial buildings–the targets of a new federally mandated program for gas and electric utilities. The auditing of these buildings demands skills different from those used on single-family residential structures.

Utility auditors will learn to understand mechanical, electrical, and process energy systems as well as small business practices. Auditors for restaurant, hotel, and retail chains will need the same systems knowledge plus an understanding of utility issues. Government energy auditors reviewing offices, shops, or service facilities will need similar information. This course provides that breadth of knowledge.

What You Will Learn

A mix of classroom lectures and on-site fieldwork will give you both theoretical background and practical experience. This workshop will help you to understand the basic energy systems found in commercial buildings and apartments. It will present a methodology for energy surveys and reporting and provide field experience for a wide range of facilities and systems.

Energy auditing is a set of skills combined with a base of knowledge. You will review basic systems–HVAC, plumbing, electrical, building envelope–as they apply to specific buildings. You will learn how to do energy audits properly.

- What procedures to use
- How much time to budget
- What experience is necessary
- What instruments are useful
- What energy savings to expect
- How to calculate economic benefits

Who Should Attend

Anyone interested in energy conservation in existing light commercial buildings will find the information helpful. This course is specifically designed for:

- Public utility auditors
- Consultants
- Facilities managers
- Fuel suppliers
- Educators from vocational schools, community colleges, or universities working in technical programs related to energy conservation.

Basic knowledge of building systems, energy analysis, and heat transfer is required.

Not Just Another Seminar

University of Wisconsin–Madison, Department of Engineering Professional Development has trained more than 700 energy auditors from the public utilities, consulting firms, vocational schools, community energy agencies, and state conservation programs. Auditors trained through our program have conducted hundreds of thousands of audits since 1977 throughout the United States and Canada. Our experience, combined with the practical, field-oriented approach of this course will help you develop and operate a sensible energy auditing program for apartments and small commercial buildings.

Workshop Speakers

William Dries, Program Coordinator, Engineering Professional Development, University of Wisconsin–Madison

John C. Jenkins, Project Coordinator, Wisconsin Power & Light, Madison, Wisconsin

Keith Kempski, Program Coordinator, Engineering Professional Development, University of Wisconsin–Madison

Donald R. Schramm, Program Coordinator, Engineering Professional Development, University of Wisconsin–Madison

Thomas W. Smith, Program Coordinator, Engineering Professional Development, University of Wisconsin–Madison

outline inside . . .

Program Outline

Day One

Welcome and Introduction

What Is an Audit?: Commercial Building Case Study

How Buildings Use Energy
- Energy Analysis Procedures–conduction, ventilation, infiltration, and internal loads
- Potential Energy Reduction

Lunch–Lowell Hall

Workshop: Audit Preparation

Audit Fieldwork I: Apartment

Workshop: Audit Report

Social Hour and Dinner Buffet–Lowell Hall

Day Two

Workshop: Problem Review

Energy Estimating Methods
- Average Temperature
- Modified Degree Day
- Bin Data
- Evaluating Computer Programs

Lighting Systems Basics
- Lighting Budgets
- Illumination Levels
- Energy-Saving Strategies
- Daylighting

HVAC Systems Basics
- Single Zone
- Reheat
- Multizone and Dual Duct
- Variable Air Volume
- Heat Recovery and Optimization

Lunch–Lowell Hall

Workshop: Audit Preparation

Audit Fieldwork II: Restaurant

Workshop: Analysis Calculations

Day Three

Workshop: Problem Review

Energy Codes/Standards Impact

Audit Instruments and Measurements
- Temperature, Air Flow, and Combustion Analyzers
- Use of Continuous Readout Equipment to Improve Analysis
- Evaluation and Selection

Lunch–Lowell Hall

Workshop: Audit Preparation

Audit Fieldwork III: Office/Retail

Workshop: Audit Reports

Day Four

Workshop: Final Problem Review

Automatic Temperature Control
- Control Fundamentals
- Types of Controls–electric, electronic, pneumatic, system powered
- Flow Control Devices–valves, dampers, electric heat controllers
- Control Systems–economizers, enthalpy, OA/hot water reset and dead band strategies

Energy Cost Analysis Techniques

Lunch–Lowell Hall

Computers in Energy Auditing

Your Next Step

Adjourn at 3:00 P.M.

Limited Class Size

To maximize your learning opportunities, we limit the class size. You will benefit from individualized attention, workshop situations, and personalized problem solving. Work shop teams will prepare and present energy audit reports, guided by our experienced instructors.

Daily Schedule

Registration will be at 8:00 A.M., Monday, in The Wisconsin Center Guest House (Lowell Hall), 610 Langdon Street, Madison, Wisconsin.

The typical daily schedule will be from 8:00 A.M. to 4:30 P.M. with conveniently scheduled midmorning and midafternoon breaks and a one-hour luncheon period. Day One will include an evening social hour and buffet.

Special Note

Please bring a pocket calculator and be prepared for fieldwork. Notetaking materials and clothing appropriate for wear on rooftops and boiler rooms will be necessary.

Copies of *ASHRAE Fundamentals,* 1977 Edition, will be available for your use.

In-Plant Training

This and many other programs offered by Engineering Professional Development can be tailored to meet your specific on-site training needs. For more information about in-plant training opportunities, please inquire.

General Information

Fee Covers Notebook, program materials, break refreshments, lunches, one scheduled buffet, and certificate.

Refund We prefer registration in advance. If you cannot attend, please notify us immediately. We will refund your fee, or you can have someone take your place.

Accommodations Your enrollment confirmation will include hotel/motel information. Advise us at time of registration if you are handicapped and desire special accommodations. Requests will be kept confidential. Republic, Northwest, Ozark, Frontier, United, and Air Wisconsin airlines serve Madison. Please make your own reservations.

Location The Wisconsin Center Guest House (Lowell Hall), 610 Langdon Street, Madison, Wisconsin.

Related Courses To receive information on future courses and seminars, just check the box on the enrollment form, write in your name, title, etc., and mail.

Our programs are supported, in part, by funds administered through UW-Extension.

If you cannot attend this year, call us for information on future scheduling of this and other courses in ENERGY AUDITING.

Enrollment Form

Mail To Engineering Registration
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

Or Call Toll Free 800-262-6243 (608-262-1299 direct)
Ask for Engineering Registration
Wisconsin residents call 800-362-3020

Program Information Dial the Toll Free number above, ask for Engineering Information, request:
Program Director, Don Schramm
Program Assistant, Linda Hook
(Direct phone 608-263-7757)

☐ Please send me information on related courses

Please enroll me in
Fundamentals of Energy Auditing
☐ April 14-17, 1986, Course No. 6411 W I
☐ July 21-24, 1986, Course No. 7372 W I
Fee: $595 (2.4 CEU)

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____ Expires _____

☐ Bill my company ☐ P.O. or check enclosed
(Checks payable in U.S. funds to UW-Extension)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____ State _____

Zip _____ Phone ( ) _____

*Assures prompt enrollment confirmation and an accurate record.

This information is collected to enhance the programming efforts of University of Wisconsin-Extension and is voluntary.

Sex: ☐ Female ☐ Male

Birthdate: *Month* __ *Day* __ *Year* __

Heritage: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White or Other

Occupational Area:

☐ 100 Professional, technical and managerial occupations

☐ 700 Other _____

F-7095d

15
4
300

75
3
375
400

11 Mar 86

THE FOLLOWING TRAINING COURSES WERE APPROVED AS SPECIAL O&M "P" PROG FUNDING FOR FY-86

~~COMPREHENSIVE LIGHTING DESIGN~~ Apr 21-25	1600	YOUNG
~~AIR CONDITIONING PIPING SYSTEM~~ 10-14 Mar	1700	WERNER
Fundamentals of Energy Auditing ~~AIR CONDITIONING AIR DISTRIBUTION~~ Apr 14-17	1700	FOSKEY
WATER SUPPLY & DISTRIBUTION Aug 12-13 86 Madison	1000	ASHTON
SANITARY SEWER LIFT STATION DESIGN ~~9 24-25 (?)~~ Course has been cancelled will need substitution.	1400	BAKER
RESIDENTIAL ENERGY AUDITING ? Dec 85	1600	STALLINGS
RESIDENTIAL ENERGY AUDITING ? Dec 85	1600	GAVIN
ADVANCED ENERGY AUDITING ? ? 86	1700	HANKINS
SPECIFYING UNINTERRUPTIBLE POWER SYSTEM (UPS) Apr 29-30	1230	FITCH
FUNDAMENTALS OF ENERGY AUDITING July 21-24	1350	YOUNG
FUNDAMENTALS OF ENERGY AUDITING Apr 14-17	1350	STALLINGS
FUNDAMENTALS OF ENERGY AUDITING July 21-24	1350	GAVIN
~~ENERGY THERMAL STORAGE~~ ?	1700	FITCH
~~ENERGY THERMAL STORAGE~~ ? Existing Ventilation Systems - Troubleshooting + Redesign 14-16 Oct	1700	~~FITCH~~ Hankins

Each person needs to submit to me the dates, place, time, etc., of the approved course. Any substitutions will have to be of similar costs and be approved by the Design Director, Public Works Officer and Training.

Thanks,

Sue J

Air-Conditioning Design—Testing, Adjusting, and Balancing

April 7-11, 1986

Purpose

Proper maintenance and operation of HVAC air and water systems can reduce operating energy costs and improve the comfort of building occupants. New buildings must be balanced to achieve the design objectives of the consulting engineer, while existing buildings must be rebalanced as needed to acknowledge changes in functional use.

Testing, adjusting, and balancing is the process of checking and adjusting all building environmental systems. Our intensive five-day course can assist you in this process of

- balancing air and water systems
- adjusting new and existing systems to provide design quantities
- verifying equipment and automatic controls performance
- measuring sound and vibration.

Who Should Attend

If your interest is efficient energy operation of commercial buildings, plan to attend. This course will especially assist

- consulting engineers who need to understand initial and supplemental testing, adjusting, and balancing requirements
- building operating staff seeking in-depth training or qualified service organizations
- contractors interested in operation and service of all building environmental systems.

Labs and Workshops

Labs and workshops will stress "how to do it" in a setting where you encounter new and existing air and water systems. **Over $20,000 in TAB equipment will be available for demonstration and use during the week.** Working in small groups you will apply classroom lectures and material in actual fieldwork. This arrangement will insure a thorough transfer of knowledge, promote group discussion, and provide additional student-instructor interaction.

Instructors

Darrel J. Hermans, P.E., president of TAB Services, Ltd., has over 14 years experience in balancing and troubleshooting HVAC system problems—from single unit to nuclear power plant ventilation systems. Prior to forming TAB Services, Ltd., in 1980, he was national manager of Fluid Engineering Services (FES), Division of Johnson Controls, Inc. For the past 10 years he has conducted seminars for training personnel and accepted final responsibility for all air and water balancing projects performed by FES offices.

Mr. Hermans has a B.S.M.E. from the Milwaukee School of Engineering. He is a registered P.E. in eight states and a member of ASHRAE and its technical committee for testing and balancing. He is also a member of NEBB, a national organization of testing and balancing agencies.

Keith J. Kempski, program director, University of Wisconsin-Madison, Department of Engineering Professional Development, has over 18 years experience in energy auditing and temperature control system design, installation, and service. He has extensive experience in HVAC and temperature control system analysis and evaluation.

Text and Materials

You will receive a copy of *Air Conditioning—Testing, Adjusting, and Balancing; A Field Practice Manual,* by John Gladstone, and other related materials that supplement current published balancing manuals.

outline inside . . .

Department of Engineering Professional Development

Air-Conditioning Design—Testing, Adjusting, and Balancing

A course to improve the performance of new and existing systems

April 7-11, 1986

The College of Engineering
University of Wisconsin-Madison

Air-Conditioning Design—Testing, Adjusting, and Balancing

April 7-11, 1986

Course Outline

Duct Design
- Air flow theory • Duct sizing
- Pressure, pressure loss, and measurement

Psychrometrics
- Properties of dry air and water vapor
- Latent, sensible, and combination processes
- Humidifying and dehumidifying
- Use of psychrometric chart

Testing and Measurement
- Instruments and use
  - -mamometers and pilot tubes
  - -rotating vane
  - -swing vane (Alnor velometers)
  - -balancing hoods
- Measurement of flow
  - -selection of test points
  - -traverse
  - -temperature and altitude corrections

Instrument Lab (Optional)
A "hands-on" opportunity to use and evaluate air/water system TAB instruments.

Fans
- Types
- Performance characteristics: arrangements, noise
- Proper selection: fan and system curves, fan laws
- Installation practices: inlet and outlet, drive arrangements
- Testing

Systems and Terminal Units
- Types • Measurement and adjustment

Automatic Temperature Controls
- Types • Control techniques
- Relationship to balancing

Electric Motors
- Types and application
- Motor performance evaluation
- Troubleshooting • Safety

Air Balance Lab
Groups of 4-5 students will test an HVAC system and prepare a balance report based on course fieldwork.
- Preliminary procedures
- Forms • On-the-job procedures
- Presentations and critique

Water Systems and Pumps
- Types and design
- Equipment room piping practice
- Pump applications and selection: pump/system curves, closed/open systems, pump efficiency
- Testing

Water System Balancing
- Flow measurement devices
- Flow balance procedures

Water Balance Lab
Groups of 4-5 students will test an existing hot water/chilled water system and prepare a balance report based on course fieldwork.
- Preliminary procedures
- Forms • On-the-job procedures
- Presentations and critique

Using TAB for Energy Auditing
- HVAC system analysis
- Evaluation of system performance
- Selection of flow measurement locations
- Temperature control analysis

Troubleshooting Existing Air and Water Systems
- Finding obstructions and leaks
- Poor distribution • Flow measurement
- Evaluating fan/pump size and motor size

Sound and Vibration in Systems

Cost Estimating Techniques
- Variables and task requirements
- Estimating procedures

Report and Submittal Requirements

Note: Please bring your calculator! A calculator having exponent and memory functions will be useful.

Enrollment Form

Mail To Engineering Registration
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

Or Call Toll Free 800-262-6243 (608-262-1299 direct)
Ask for Engineering Registration
Wisconsin residents call 800-362-3020

Program Information Dial the Toll Free number above, ask for Engineering Information, request:
Program Director, Keith J. Kempski
Program Assistant, Connie L. Quamme
(Direct phone 608-262-0468)

☐ Please send me information on related courses

☐ Please enroll me in Course No. 6194 W

Air-Conditioning Design—Testing, Adjusting, and Balancing
April 7-11, 1986
Fee: $695 (4.0 CEU) Enrollment Limit of 25

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____ Expires _____

☐ Bill my company ☐ P.O. or check enclosed
(Checks payable in U.S. funds to UW-Extension)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____ State _____

Zip _____ Phone ( ) _____

*Assures prompt enrollment confirmation and an accurate record.

This information is collected to enhance the programming efforts of University of Wisconsin-Extension and is voluntary.

Sex: ☐ Female ☐ Male

Birthdate: *Month* ___ *Day* ___ *Year* ___

Heritage: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White or Other

Occupational Area:

☐ 100 Professional, technical and managerial occupations

☐ 700 Other _____

F-5645d

ENROLLMENT FORM:

B-19-8040

MAIL TO:
Engineering Registration
929 North Sixth Street
Milwaukee, WI 53203

OR CALL:
(414)-224-1833 (direct)
Outside Wisconsin 1-800-222-3623
Wisconsin residents 1-800-222-4643

FOR MORE INFORMATION CALL (414) 224-4193

John T. Snedeker, **Program Director**

☐ **Please enroll me in Course No.** 1864

UNINTERRUPTIBLE POWER SYSTEMS: DESIGN, SELECTION AND SPECIFICATION

April 29-30, 1986

Fee: ($435) . . . . . **(1.2 CEU)**

☐ Bill my company ☐ P.O. or Check enclosed

☐ MasterCard ☐ VISA

Cardholder's Name _____

Cr. Cd. Acct.# _____ Exp Date _____

(Make check payable in U.S. funds to University of Wisconsin-Milwaukee)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____

State _____ Zip _____

Telephone (please include area code) _____

* While not mandatory, the Soc. Sec. number assures you prompt enrollment confirmation and gives you an accurate, readily accessible educational record.

The following information is collected to enhance the programming efforts of University of Wisconsin System and is voluntary.

Sex: ☐ Female ☑ Male

Birthdate: *Month* 10 *Day* 06 *Year* 39

Heritage: ☐ American Indian ☐ Asian ☐ Black
☐ Hispanic ☒ White or Other

Occupational Area:

☐ 100 Professional, technical and managerial occupations

☒ 700 Other occupations — Specifying Engineer

1560-44

Jim Fitch

Center for Continuing Engineering Education
UNIVERSITY OF WISCONSIN–MILWAUKEE

UNINTERRUPTIBLE POWER SYSTEMS: DESIGN, SELECTION AND SPECIFICATION

Tuesday Wednesday
April 29-30, 1986
7:45 4:15

professional development

A Program at the Civic Center Campus
in downtown Milwaukee

UNINTERRUPTIBLE POWER SY SPECIFICATION

April 29-30, 1986

Milwaukee, Wisconsin

COURSE OBJECTIVE:

The objectives of this institute will have been accomplished if, upon completion, the attendee can answer satisfactorily the following questions:

- Where is UPS needed?
- When is it needed?
- Should the system be redundant?
- How should components be chosen?
- How is a system designed?
- What are system maintenance requirements?
- What grounding and noise problems need consideration?

WHO SHOULD ATTEND:

This institute is directed primarily towards systems managers, engineers, designers and others whose responsibilities include the selection and/or design of uninterruptible power systems. Utility personnel should also find the information presented useful. Previous attendees will find that considerable new material has been added to the program.

UNINTERRUPTIBLE POWER SYSTEMS: DESIGN, SELECTION AND SPECIFICATION

April 29-30, 1986

Milwaukee, Wisconsin

COURSE OBJECTIVE:

The objectives of this institute will have been accomplished if, upon completion, the attendee can answer satisfactorily the following questions:

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COURSE OUTLINE:

TUESDAY, April 29, 1986

7:45 A.M. Registration
South Hall, Civic Center Campus
929 North Sixth Street
Milwaukee, WI

8:10 Welcome
John T. Snedeker
Program Director, Center for Continuing Engineering Education
University of Wisconsin–Milwaukee

8:15 Power Line Disturbances
- Frequence and Duration
- Downtime Data
- Catastrophic System Outages

William P. Rades
Superintendent, Technical Services
. . .and
James Holtz
Principal Test Engineer
Wisconsin Electric Power Company
Milwaukee, WI

9:15 Coffee Break

9:30 Power Quality Requirements of Critical Loads
- Interaction Between Loads and Power Sources
- Typical Power/Computer Interface Problems and Solutions

J. Fred Kalbach
Consultant
Kalbach Engineering
Altadena, CA

11:00 Diagnosing Power Quality-Related Computer Problems
- Monitoring Equipment
- Case Studies

Thomas S. Key
Member, Technical Staff
Sandia National Laboratories
Albuquerque, NM

12:00 Lunch

12:45 **Conducting and Understanding a Power Line Study**
- Significant Past Power Line Studies
- Monitoring Power Lines Disturbances
- Analyzing a Power Study

C. Mayo Tabb, Jr.
Power Marketing Manager/Northeast Div.
Liebert Corp.
Columbus, OH

1:45 **AC Power Conditioning Systems - 25KVA and Below**
- Isolation Transformers
- Line Regulators
- UPS

John Waterman
President
Failsafe Power Corp.
Vista, CA

2:45 **Soft drink break**

3:00 **AC Power Conditioning Systems - 25KVA and Up**
- Power Distribution Systems
- Power Line Conditioners
- Static UPS

Dave Griffith
Sr. Vice President
Cyberex Inc.
Mentor, OH

4:15 **Multi-Unit UPS Systems**
- Paralleling
- Redundancy

John D. Mock
Manager, Applications Engineering
EXIDE Electronics Inc.
Raleigh, NC

5:00 **Adjourn**

6:00 **Hospitality hour** (cash bar)

6:30 **Dinner**
John Ernst Cafe
600 E. Ogden, Milwaukee

Dinner Speech:
"'Doc' Lewis' Medicine Show on Computer Room Wiring"
Warren Lewis
Lewis Consulting & Engineering
San Juan Capistrano, CA

WEDNESDAY, April 30

8:15 **Rotating UPS Solutions**
- Advantages
- Limitations

Art Freund
Senior Editor
Electrical Construction & Maintenance
New York, NY

9:15 **Coffee break**

9:45 **Writing Specifications for UPS**
- Usual Hardware
- Pitfalls to Avoid (application hazards)

David Bratton
President
HDR Power Systems
Columbus, OH

10:45 **Grounding and Noise Control**
- Basic Mechanisms
- Control of Current
- Systems Interconnection

Warren Lewis

11:45 **Lunch**

12:30 **Batteries for UPS Systems**
- Battery Characteristics
- Floor Loading
- Charging
- Maintenance

Dick Scarvaci
Applications Engineer – Spec. Prds.
Globe Battery–Div. of Johnson Controls
Milwaukee, WI

1:30 **Soft drink break**

1:45 **UPS Design Workshop**
Various Speakers

4:15 **Certificates Distributed**
Final Adjournment

Enroll Today!

CALL SEMINAR HOTLINES!
(414)-224-1833
1-800-222-3623 (outside Wisconsin)
1-800-222-4643 (Wisconsin Residents)

FUTURE COURSE OF INTEREST:

Computer Room Design
May 1-2, 1986 – Madison, WI
Program Director: Keith Kempski
(608) 262-0468

#6269

Comprehensive Lighting Design
April 21-25, 1986

- Learn about modern lighting systems, new light sources, and the latest lighting design requirements.
- Identify the operating characteristics and limitations of various types of illumination designs.
- Learn to design for illumination quality as well as quantity—Add the aesthetic component to your design.
- Gain experience in using the latest microcomputer techniques to solve your lighting design problems and in using CAD graphics to implement them.
- Learn about new retrofit systems.

The College of Engineering
University of Wisconsin-Madison

Engineering Professional Development
432 North Lake Street
Madison, Wisconsin 53706

01639-PZBADAJSS 33
J H FITCH
PUBLIC WORKS
MARINE CORPS BASE
BLDG 1005
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MADISON WISCONSIN

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Permit No. 658

ding Title IX requirements

Department of
Engineering Professional Development

Comprehensive Lighting Design

One of a series of intensive industrial and commercial electrical engineering short courses.

April 21-25, 1986

The College of Engineering
University of Wisconsin-Madison

Comprehensive Lighting Design

April 21-25, 1986

. . . for engineers, architects, energy managers, and designers responsible for the design, specifications, layout, and analysis of interior lighting systems in institutional, commercial, and industrial buildings and manufacturing plants.

Course Objective

This course is structured to provide the attendees with systematic and step-by-step procedures for implementing comprehensive illumination designs. This course emphasizes the industrial and commercial illuminating engineering design and analysis techniques that most influence life-cycle costs and effective electrical energy management. The purpose of this course is to provide the participants with a sound understanding of the advanced principles and design techniques used to select interior lighting systems. Sample problem exercises and computer workshops in this course allow the participants "hands-on" experience with the design techniques demonstrated during the course. Microcomputer software tools will be used to analyze several case studies, and computer-aided design (CAD) will be introduced as a design tool in lighting design.

Who Will Benefit . . .

Engineers, architects, and designers responsible for interior lighting systems will benefit from this course. Plant engineers, consulting architects and engineers, electrical contractors, and energy management specialists will also find it valuable. Lighting equipment manufacturers and others who may not have had a complete and formal course in specifying and designing illumination systems will find this course helpful in their work.

. . . And Why

You will learn how to provide an environment in which people can function effectively, efficiently, and comfortably. You will study the principles, design techniques, and calculations used to select a lighting system and explore how lighting interacts with the physical, physiological, and psychological components of human behavior. You will acquire the necessary working knowledge required to solve many of the complicated problems involved in energy-conscious lighting design.

Instructors

The course instructors are acknowledged experts in the field of illuminating engineering design and analysis, particularly for industrial, commercial, and institutional facilities. They have participated in this program in prior years. Each instructor has developed specialized interest and expertise in such areas as design methods, lighting and color controls, glare, thermal/illumination factors, lighting system case studies, and microcomputer design. They are active in the Illuminating Engineering Society (IES) as well as other professional engineering groups, and most have written numerous technical publications presented in such journals as *Illuminating Engineering, Journal of IES*, and *ASHRAE Journal.*

Dr. Robert E. Levin, Optics & Illumination Science, GTE-Sylvania Lighting Products, Salem, Massachusetts

Mr. John Hibbs, Lighting Consultant, Computer-Aided Lighting Analysis, Inc., Boulder, Colorado

Mr. Roy Jones, Lighting Consultant, Arcadia, California

Mr. Terry J. McGowan, Specialist, Lighting Technology Department, General Electric Company, Salem, Massachusetts

Mr. Gary Steffy, IES, IALD, Lighting Consultant, Gary Steffy Lighting Design, Inc., Ann Arbor, Michigan

Mr. James W. Griffith, James W. Griffith, Inc., Dallas, Texas

outline inside . . .

Course Outline

Monday, April 21

8:00 **Registration and Welcome**
The Wisconsin Center
702 Langdon St.
Madison, Wisconsin
Dr. Ken Greenwald
Program Director
Engineering Professional Development
University of Wisconsin—Madison

8:30 **Basic Definitions and Concepts in Lighting**
- Elementary Definitions
- Fundamental Equations
- The Inverse Square Law
- Example Problems

12:00 **Lunch**

1:00 **The Zonal Cavity Metric**
- Fundamental Example
- The Procedure and Its Limitations
- Problem Session

Roy Jones

3:30 **Class Problem**
Dr. Robert E. Levin

Tuesday, April 22

8:00 **Instrumentation, Testing, and Interpreting Photometric Data**
- Test Instruments
- Testing Procedures
- Presenting and Interpreting Data

Dr. Robert E. Levin

10:30 **Color and Vision**
- Basic Concepts
- Color Rendition
- The Use of Color

Dr. Robert E. Levin

12:00 **Lunch**

1:00 **The Point-by-Point Metric**
- Fundamental Example
- The Procedure and Its Limitations
- Problem Session

Roy Jones

3:30 **Hands-On Microcomputer Examples**
- Zonal Cavity Analysis
- Point-by-Point Analysis
- Energy Analysis

Roy Jones

Wednesday, April 23

8:00 **Lighting Equipment Specification**
- Sources
- Optical Controls
- Electrical Controls
- Retrofit Example

Terry J. McGowan

12:00 **Lunch**

1:00 **Lighting Design Using a Computer-Aided Design (CAD)**
- Designing with a CAD System
- Case Studies
- Hands-on Lighting CAD Demonstration

John Hibbs

Thursday, April 24

8:00 **Lighting by Design**
- Criteria Checklist
- Design Process
- Case Studies
- Subjective Impressions

Gary Steffy

10:30 **A Design Problem**
- In-class Analysis of Real Project
- Quick Estimating Calculations

Gary Steffy

12:00 **Lunch**

1:00 **Lighting for Electronic Offices**
- Proposed Legislation
- European Standards
- IES Proposed Guidelines
- State-of-the-art Applications

Gary Steffy

3:00 **Open Plan Office Building**
- Guidelines
- Case Studies

Gary Steffy

Friday, April 25

8:00 **Life-Cycle Cost Analysis of Lighting Systems**
- Fundamental Relationships
- Computerized LCC Analysis

James W. Griffith

12:00 **Lunch**

1:00 **Daylighting as an Illumination Source**
- Recommended Practice
- Economics of Daylighting
- Thermal and Lighting Trade Offs

James W. Griffith

3:00 Course Adjournment

Course Material

Each participant will receive selected reference material. We encourage you to bring copies of the *IES Handbook* and other compact reference material.

Hand Calculator

Each attendee should bring a hand calculator for effective and rapid calculations, required for both classroom and homework problems.

Daily Schedule

Coffee, tea, and rolls will be provided at 7:45 A.M. prior to the start of morning sessions Tuesday-Friday. Coffee and tea will be provided at morning breaks; soft drinks at the afternoon breaks.

General Information

Fee Covers Notebook, program materials, break refreshments, lunches, and certificate.

Refund We prefer registration in advance. If you cannot attend, please notify us immediately. We will refund your fee, or you can have someone take your place.

Accommodations Your enrollment confirmation will include hotel/motel information. Advise us at time of registration if you are handicapped and desire special accommodations. Requests will be kept confidential.

Location The Wisconsin Center, 702 Langdon Street, Madison, Wisconsin.

Related Courses To receive information on future courses and seminars, just check the box on the enrollment form, write in your name, title, etc., and mail.

Our programs are supported, in part, by funds administered through UW-Extension.

Enrollment Form

Mail To Engineering Registration
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

Or Call Toll Free 800-262-6243 (608-262-1299 direct)
Ask for Engineering Registration
Wisconsin residents call 800-362-3020

Program Information Dial the Toll Free number above, ask for Engineering Information, request:
Program Director, E. K. Greenwald
Program Assistant, Patricia Butler
(Direct phone 608-262-0573)

☐ Please send me information on related courses

☐ Please enroll me in Course No. 6269 W

Comprehensive Lighting Design
April 21-25, 1986 (3.0 CEU)
Fee: $695; $625 each if two or more from the same company or agency register and attend together

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____ Expires _____

☐ Bill my company ☐ P.O. or check enclosed
(Checks payable in U.S. funds to UW-Extension)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____ State _____

Zip _____ Phone ( ) _____

*Assures prompt enrollment confirmation and an accurate record.

This information is collected to enhance the programming efforts of University of Wisconsin-Extension and is voluntary.

Sex: ☐ Female ☐ Male

Birthdate: *Month* __ *Day* __ *Year* __

Heritage: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White or Other

Occupational Area:

☐ 100 Professional, technical and managerial occupations

☐ 700 Other _____

F-4098d

Enrollment Form

Mail To Engineering Registration
The Wisconsin Center
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Madison, WI 53706

Or Call Toll Free 800-262-6243 (608-262-1299 direct)
Ask for Engineering Registration
Wisconsin residents call 800-362-3020

Program Information Dial the Toll Free number above, ask for Engineering Information, request:
Program Director, Don Schramm
Program Assistant, Linda Hook
(Direct phone 608-263-7757)

☐ Please send me information on related courses

Please enroll me in
Fundamentals of Energy Auditing
☐ April 14-17, 1986, Course No. 6411 W I

☐ July 21-24, 1986, Course No. 7372 W I
Fee: $595 (2.4 CEU)

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____ Expires _____

☐ Bill my company ☐ P.O. or check enclosed
(Checks payable in U.S. funds to UW-Extension)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____ State _____

Zip _____ Phone ( ) _____

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Heritage: ☐ American Indian ☐ Asian ☐ Black
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Occupational Area:

☐ 100 Professional, technical and managerial occupations

☐ 700 Other _____

Fundamentals of Energy Auditing

April 14-17, 1986
July 21-24, 1986

Why This Course

Many organizations must train energy audits to deal effectively with small commercial buildings-the targets of a new federally mandated program for gas and electric utilities. The auditing of these buildings demands skills different from those used on single-family residential structures.

Utility auditors will learn to understand mechanical, electrical, and process energy systems as well as small business practices. Auditors for restaurant, hotel, and retail chains will need the same systems knowledge plus an understanding of utility issues. Government energy officials reviewing offices, shops, or service facilities will need similar information. This course provides that breadth of knowledge.

What You Will Learn

A mix of classroom lectures and on-site fieldwork will give you both theoretical background and practical experience. This workshop will help you to understand the basic energy systems found in commercial buildings and apartments. It will present a methodology for energy surveys and reporting and provide field experience for a wide range of facilities and systems.

Energy auditing is a set of skills combined with a base of knowledge. You will review basic systems-HVAC, plumbing, electrical, building envelope as they apply to specific buildings. You will learn how to do energy audits properly.

- What procedures to use
- How much time to budget
- What experience is necessary
- What instruments are useful
- What energy savings to expect
- How to calculate economic benefits

Who Should Attend

Anyone interested in energy conservation in existing light commercial buildings will find the information helpful. This course is specifically designed for:

- Public utility auditors
- Consultants
- Facilities managers
- Fuel suppliers
- Educators from vocational schools, community colleges, or universities working in technical programs related to energy conservation.

Basic knowledge of building systems, energy analysis, and heat transfer is required.

Not Just Another Seminar

University of Wisconsin-Madison, Department of Engineering Professional Development has trained more than 700 energy auditors from the public utilities, consulting firms, vocational schools, community energy agencies, and state conservation programs. Auditors trained through our program have conducted hundreds of thousands of audits since 1977 throughout the United States and Canada. Our experience, combined with the practical, field-oriented approach of this course will help you develop and operate a sensible energy auditing program for apartments and small commercial buildings.

Workshop Speakers

William Dries, Program Coordinator, Engineering Professional Development, University of Wisconsin-Madison

John C. Jenkins, Project Coordinator, Wisconsin Power & Light, Madison, Wisconsin

Keith Kempski, Program Coordinator, Engineering Professional Development, University of Wisconsin-Madison

Donald R. Schramm, Program Coordinator, Engineering Professional Development, University of Wisconsin-Madison

Thomas W. Smith, Program Coordinator, Engineering Professional Development, University of Wisconsin-Madison

outline inside . . .

Department of Engineering Professional Development

Fundamentals of Energy Auditing

Practical energy analysis for small commercial and apartment buildings

April 14-17, 1986
July 21-24, 1986

Energy Technology Center

The College of Engineering
University of Wisconsin-Madison

Program Outline

Day One

Welcome and Introduction

What Is an Audit?: Commercial Building Case Study

How Buildings Use Energy
- Energy Analysis Procedures–conduction, ventilation, infiltration, and internal loads
- Potential Energy Reduction

Lunch–Lowell Hall

Workshop: Audit Preparation

Audit Fieldwork I: Apartment

Workshop: Audit Report

Social Hour and Dinner Buffet–Lowell Hall

Day Two

Workshop: Problem Review

Energy Estimating Methods
- Average Temperature
- Modified Degree Day
- Bin Data
- Evaluating Computer Programs

Lighting Systems Basics
- Lighting Budgets
- Illumination Levels
- Energy-Saving Strategies
- Daylighting

HVAC Systems Basics
- Single Zone
- Reheat
- Multizone and Dual Duct
- Variable Air Volume
- Heat Recovery and Optimization

Lunch–Lowell Hall

Workshop: Audit Preparation

Audit Fieldwork II: Restaurant

Workshop: Analysis Calculations

Day Three

Workshop: Problem Review

Energy Codes/Standards Impact

Audit Instruments and Measurements
- Temperature, Air Flow, and Combustion Analyzers
- Use of Continuous Readout Equipment to Improve Analysis
- Evaluation and Selection

Lunch–Lowell Hall

Workshop: Audit Preparation

Audit Fieldwork III: Office/Retail

Workshop: Audit Reports

Day Four

Workshop: Final Problem Review

Automatic Temperature Control
- Control Fundamentals
- Types of Controls–electric, electronic, pneumatic, system powered
- Flow Control Devices–valves, dampers, electric heat controllers
- Control Systems–economizers, enthalpy, OA/hot water reset and dead band strategies

Energy Cost Analysis Techniques

Lunch–Lowell Hall

Computers in Energy Auditing

Your Next Step

Adjourn at 3:00 P.M.

Limited Class Size

To maximize your learning opportunities, we limit the class size. You will benefit from individualized attention, workshop situations, and personalized problem solving. Work shop teams will prepare and present energy audit reports, guided by our experienced instructors.

Daily Schedule

Registration will be at 8:00 A.M., Monday, in The Wisconsin Center Guest House (Lowell Hall), 610 Langdon Street, Madison, Wisconsin.

The typical daily schedule will be from 8:00 A.M. to 4:30 P.M. with conveniently scheduled midmorning and midafternoon breaks and a one-hour luncheon period. Day One will include an evening social hour and buffet.

Special Note

Please bring a pocket calculator and be prepared for fieldwork. Notetaking materials and clothing appropriate for wear on rooftops and boiler rooms will be necessary.

Copies of *ASHRAE Fundamentals*, 1977 Edition, will be available for your use.

In-Plant Training

This and many other programs offered by Engineering Professional Development can be tailored to meet your specific on-site training needs. For more information about in-plant training opportunities, please inquire.

General Information

Fee Covers Notebook, program materials, break refreshments, lunches, one scheduled buffet, and certificate.

Refund We prefer registration in advance. If you cannot attend, please notify us immediately. We will refund your fee, or you can have someone take your place.

Accommodations Your enrollment confirmation will include hotel/motel information. Advise us at time of registration if you are handicapped and desire special accommodations. Requests will be kept confidential. Republic, Northwest, Ozark, Frontier, United, and Air Wisconsin airlines serve Madison. Please make your own reservations.

Location The Wisconsin Center Guest House (Lowell Hall), 610 Langdon Street, Madison, Wisconsin.

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Our programs are supported, in part, by funds administered through UW-Extension.

If you cannot attend this year, call us for information on future scheduling of this and other courses in ENERGY AUDITING.

Karen

Fundamentals of Energy Auditing

April 14-17, 1986
July 21-24, 1986

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What You Will Learn

A mix of classroom lectures and on-site fieldwork will give you both theoretical background and practical experience. This workshop will help you to understand the basic energy systems found in commercial buildings and apartments. It will present a methodology for energy surveys and reporting and provide field experience for a wide range of facilities and systems.

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outline inside . . .

Energy Auditing Series

- Residential Energy Auditing
- **Fundamentals of Energy Auditing**
- HVAC Systems and Controls
- Advanced Energy Auditing

This course meets part of the requirements for the nation's first formal advanced Energy Management Diploma.

Energy Technology Center

The College of Engineering
University of Wisconsin-Madison

Engineering Professional Development
432 North Lake Street
Madison, Wisconsin 53706

UW-Madi

requirements

01556-SZBAJJYJY 33
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MECH ENGR
CS MARINE CORP
PUBT WKS DIV BLG1005
CAMP LEJEUNE NC 28542

MADISON WISCONSIN

Nonprofit
Organization
PAID
Permit No. 658

Department of
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Enrollment For

Mail To Engineering Re
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702 Langdon S
Madison, WI 53

Or Call Toll Free 800-2
Ask for Enginee
Wisconsin resid

Program Information Dia
ask for Engineering Infor

Program Director, Don Sc
Program Assistant, Linda
(Direct phone 608-263-

☐ Please send me info

Please enroll me in
Fundamentals of Energy
☐ April 14-17, 1986, Co
☐ July 21-24, 1986, Cou
Fee: $595 (2.4 CEU)

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____

☐ Bill my company ☐
(Checks payable in U.S. fu

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____

Zip _____ Phone (

*Assures prompt enrollment

This information is collecte
efforts of University of Wisc

Sex: ☐ Female ☐ Male

Birthdate: Month

Heritage: ☐ American Indian
☐ Hispanic ☐ A

Occupational Area:

☐ 100 Professional, technic

☐ 700 Other _____

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

Submitted for FY86 Special T. monies

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information: LARRY N. STALLINGS

a. Employee's Name: JAMES F. GAVIN

b. Title of Course: Residential Energy Auditing

c. Dates of Course & Location: Dec 9-13, 1985

d. Description of Course: Audit Procedures and Program Development

e. Cost of Course: $625.00

f. Benefits of Course: what procedures to use, useful instruments, time/budget constraints, energy savings and economic benefits in evaluating residential structures.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

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2. I need the following information: JAMES F. GAVIN.

a. Employee's Name: Larry K. Stallings

b. Title of Course: Fundamentals of Energy Auditing

c. Dates of Course & Location: Jan. 6-9, 1986

d. Description of Course: Practical energy analysis for small commercial and apartment buildings.

e. Cost of Course: $525

f. Benefits of Course: Procedures to be used, time to be budgeted ~~energy~~, experience necessary, instruments that are useful and how to calculate energy savings & economic benefits concerning energy auditing

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

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2. I need the following information:

a. Employee's Name: THOMAS H. HANKINS, JR.

b. Title of Course: ADVANCE ENERGY AUDITING

c. Dates of Course & Location: FEB. 17-21 1986 UNIV OF WI MADISON, WI

d. Description of Course: THE COURSE TEACHES, BOTH IN THE CLASS ROOM AND IN THE FIELD, THE LATEST ENERGY AUDIT METHODOLOGY FOR LARGE SCALE FACILITIES.

e. Cost of Course: #795

f. Benefits of Course: LAST YEAR THE EMPLOYEE TOOK A COORCE "FUNDAMENTALS OF ENERGY AUDITING". THE PROPOSED COURSE WILL COMPLEMENT LAST YEARS COURSE AND WILL HELP THE ENGINEER TO BETER USE THE EXPERENCE GAINED OVER THE YEARS IN PERFORMING ENERGY AUDITS & SURVEYS. THE COURSE WILL BETTER EQUIP THE ENGINEER TO DESIGN MORE ENERGY EFFICIENT SYSTEMS.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

406 Choice #2

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information:

a. Employee's Name: James H. Fitch, P.E.

b. Title of Course: Specifying Uninterruptible Power System (UPS)

c. Dates of Course & Location: 4/28/86 thru 4/30/86; Univ. of Wisc. at Milwaukee
3 days

d. Description of Course: How to specify and design a UPS system. How to select and specify desired components. How to pinpoint probable grounding and noise problems and specify and design to minimize them.

e. Cost of Course: $475 tuition + travel & per diem

f. Benefits of Course: Marine Corps Base, Camp Lejeune, and Marine Corps Air Station, New River, have installed many UPS in recent years. We feel that our greatest problem with new UPS is poor specifications. As UPS support the critical installations in comm. centers, command posts, data processing centers, etc., the Public Works Specifier needs to become more knowledgeable in specifying UPS.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

406 Choice #1

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

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2. I need the following information:

a. Employee's Name: James H. Fitch, P.E.

b. Title of Course: THERMAL STORAGE - ENERGY

c. Dates of Course & Location: 3/3/86 thru 3/8/86; University of Wisconsin at Madison; 5 days

d. Description of Course: A study of current method of Thermal Energy Storage using ice and/or water. Methods of specifying storage liquids and related equipment. An emphasis on off-peak electric power saving and electric usage leveling systems.

e. Cost of Course: $790 tuition + travel and per diem

f. Benefits of Course: Almost no thermal energy storage is utilized at Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River. Our electric power rate structure with CP&L allows a considerable reduction in rate during off-peak hours. PWD Design needs to become familiar with thermal energy storage to accommodate systems designed to save taxpayers' dollars without reducing service.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
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DEPARTMENT OF THE NAVY

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2. I need the following information:

a. Employee's Name: RICHARD KEITH WERNER

b. Title of Course: AIR CONDITIONING PIPING SYSTEMS

c. Dates of Course & Location: 2-10-86 THRU 2-14-86 UNIVERSITY OF WISCONSIN MADISON, WISCONSIN

d. Description of Course: FLUID SYSTEMS ENCOUNTERED IN AIR CONDITIONING OF BLDGS. AND SPECIFICALLY THE PIPING SYSTEMS FOR WATER, STEAM, AND REFRIGERANTS

e. Cost of Course: $790

f. Benefits of Course: TO BETTER UNDERSTAND PIPING SYSTEMS SO THAT THE DESIGNER MAY HAVE THE TOOLS TO DESIGN MORE ENERGY EFFICIENT ~~PIPING~~ HEATING & AIR CONDITIONING SYSTEMS.

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Sue Jarman

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2. I need the following information:

a. Employee's Name: THOMAS H. HANKINS JR

b. Title of Course: ~~[illegible]~~ ENERGY THERMAL STORAGE

c. Dates of Course & Location: MARCH 27-28, 1985 UNIVERSITY OF WISCONSIN MADISON, WISCONSIN

d. Description of Course: THE COURSE STUDIES THE CURRENT METHODS USING ICE AND WATER FOR THERMAL STORAGE AND WILL EMPHASIZE OFF PEAR AND LEVELING SYSTEMS

e. Cost of Course: $1790

f. Benefits of Course: Thermal storage is one of the latest methods to conserve energy in heating and Air Conditioning. This type of system has been designed for the new Camp Lejeune High School. We need the knowhow in the department so the knowledge can be incoporated in reviews and new designs.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information:

a. Employee's Name: KAREN MURRELL FOSKEY

b. Title of Course: AIR CONDITIONING AIR DISTRIBUTION

c. Dates of Course & Location: NOV 11-15, 1985 UNIV OF WI MADISON, WI

d. Description of Course: THE COURSE HELPS THE ENGINEER DEVELOP A UNDERSTANDING OF AIR DUCT SIZING, SELECTION AND BALANCING

e. Cost of Course:

f. Benefits of Course: THE COURSE TEACHES THE ENGINEER HOW TO DESIGN A MORE ENERGY EFFICIENT SYSTEM. IT TEACHES SELECTION OF RELATED ENERGY EFFICIENT EQUIPMENT, INSULATION AND DUCTWORK DESIGN

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

14135

DEPARTMENT OF THE NAVY

Memorandum

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information:

a. Employee's Name: ANDREW YOUNG

b. Title of Course: COMPREHENSIVE LIGHTING DESIGN

c. Dates of Course & Location: 4/21 - 26/86, MADISON, WISC.

d. Description of Course: PROVIDES AN UNDERSTANDING OF LIGHTING SYSTEMS REQUIREMENTS, ITS CHARACTERISTICS & LIMITATIONS & ACHIEVES EFFICIENT, COST-EFFECTIVE LIGHTING SYSTEMS DESIGNS

e. Cost of Course: $695

f. Benefits of Course: ABILITY TO APPLY THE LATEST ENGINEERING TECHNIQUES TO ACHIEVE EFFICIENT, COST-EFFECTIVE LIGHTING DESIGNS & LAYOUTS.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

NAME ANDREW YOUNG

TITLE: FUNDAMENTALS OF ENERGY AUDITING

DATE OF COURSE & LOCATION JAN 06, 1982, MADISON, WISC.

DESCRIPTION: PROVIDES AN UNDERSTANDING OF MODERN METHODS OF EVALUATING & ANALYSISING ENERGY REQUIREMENTS OF BUILDINGS.

COST. $595

BENEFITS: ABILITY TO APPLY THE LATEST ENGINEERING TECHNIQUES TO DETERMINE ENERGY REQUIREMENTS OF BUILDINGS.

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

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2. I need the following information:

a. Employee's Name: CARL H. BAKER

b. Title of Course: SANITARY SEWER LIFT STATION DESIGN

c. Dates of Course & Location: MARCH 24-28, 1986

d. Description of Course: DESIGN TECHNIQUES FOR LIFT STATION DESIGN & DETERMINATION OF MOST COST-EFFECTIVE INSTALLATION

e. Cost of Course: $500.00

f. Benefits of Course: PROVIDE CURRENT DESIGN TECHNIQUES TO ENABLE COST SAVINGS IN CONSTRUCTION AND OPERATIONS.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information:

a. Employee's Name: Brynn Ashton

b. Title of Course: WATER Supply & Distribution

c. Dates of Course & Location: 8/12-16/86, MADISON, WIS.

d. Description of Course: Municipal Water Syst. Design for storage, energy conservation, & water conservation.

e. Cost of Course: $325

f. Benefits of Course: will aid on going program to improve & maintain the efficiency of our water supply system.

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman
SUE JARMAN

- AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER -

Adult Registrar
Donaldson Brown Center for
Continuing Education
Virginia Tech
Blacksburg, VA 24061-0102

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INDUSTRIAL VENTILATION DESIGN
April 14-16, 1986

EXISTING VENTILATION SYSTEMS - TROUBLESHOOTING AND REDESIGN
April 17-18, 1986

presented by the

Donaldson Brown Center for
Continuing Education
and the
Department of Mechanical Engineering
Virginia Tech
Blacksburg, Virginia

to be held at the

Sheraton Red Lion Inn
Blacksburg, Virginia

INDUSTRIAL VENTILATION DESIGN
April 14-16, 1986

YOU WILL LEARN

The purpose of this course is to provide instruction on the evaluation of your equipment and technical alternatives. Using experience-proven methods, you will learn how to properly select fans and motors. You will also learn why rules of thumb and "guesstimates" -- sometimes considered satisfactory for HVAC design -- so very often produce wasteful and ineffective industrial exhaust ventilation systems.

Your learning will focus on six key objectives --

- determine ventilation needs
- recognize wasteful faults in existing systems
- design an efficient collecting hood for dusts and chemicals
- calculate optimal duct sizes for balanced system distribution, minimal setting, and least static pressure drop
- calculate the parameters for determining the most appropriate fan size and RPM
- select the right type of collector for different contaminants.

WHO SHOULD ATTEND

This program will benefit manufacturing, design and maintenance engineers; plant and production managers; safety engineers and industrial hygienists; and others responsible for the design, purchase, implementation or maintenance of an industrial ventilation system.

EXISTING VENTILATION SYSTEMS
April 17-18, 1986

YOU WILL LEARN

During this course you will learn how to troubleshoot and redesign an existing system. You will learn how to determine if a system can be made to work. You will also discover how to predict the effects of changes in the fan or the system - including the effects of blast gates. Your studies will include altitude and temperature corrections.

You will benefit from a unique approach to system redesign. Mr. Guffey, the course instructor, will teach you how to upgrade a poorly functioning ventilation system to a satisfactory level of performance with minimum changes in the system. Mr. Guffey has developed innovative techniques that make redesign of systems rational, yet reasonably simple mathematically. Instead of using hit or miss methods so prevalent in the field, you will learn how to calculate the effects of ANY change in the system. You also will discover what changes in system layout, damper settings, duct diameters, fan RPM, etc., will be necessary to achieve any desired change in the system's performance. With them you will be able to pinpoint changed conditions in the system.

WHO SHOULD ATTEND

Engineers and technical personnel reponsible for design, specification, maintenance or operation of environmental building systems can benefit greatly from the practical information and innovative techniques taught in this program.

ABOUT THE INSTRUCTOR

Mr. Steven E. Guffey is associated with the University of North Carolina at Chapel Hill, School of Public Health, Occupational Safety and Health Educational Resource Center. Mr. Guffey has developed and presented programs on industrial ventilation design to many Fortune 500 companies. He has visited more than 400 industrial plants, checking for air contaminant exposure to employees and identifying properly functioning ventilation systems. Mr. Guffey has a B.S. in engineering mechanics and the Master of Industrial Engineering degree from North Carolina State University. Belonging to several professional organizations, he is certified for Comprehensive Practice of Industrial Hygiene by the American Board of Industrial Hygiene. Mr. Guffey has developed a mathematical technique for redesign of industrial ventilation systems and an easy to understand modified velocity pressure method for designing new systems.

INDUSTRIAL VENTILATION DESIGN

Program Outline

BEHAVIOR OF GASES AND PARTICLES

Dilution Ventilation
- Applications
- Limitations
- Calculating Airflow Volume

Hood Design
- Types and Proper Application
- Determining Required Airflow
- Minimizing Airflow
- Achieving Proper Distribution

Class Workshop

Static Pressure Requirements
- Relationship of Static Pressure, Velocity Pressure and Total Pressure
- Hood Losses
- Losses for Straight Pipe, Elbows, Entries, Expansions and Contractions
- Collector Losses

Class Workshop

Ductwork Sizing
- Achieving Required Airflow
- Maintaining Transport Velocities for Ducts
- Modified Velocity Pressure Method and Its Advantages Over the Equivalent Foot Method
- Duct Sizing to Achieve Balancing
- Recognizing Good and Bad Design and Installation

Class Workshop

MAKE-UP AIR - SIGNS AND SYMPTOMS

Balancing of Air Systems
- Principles
- System Characteristics
- Balancing by Blast Gates
- Balancing by Duct Sizing
- CFM Correction
- Velocity Pressure Correction

Class Workshop

Plenum Systems
- Principles
- Where Useful

Class Workshop

Computer-Aided Design: Program Demonstration
- Recommend Duct Diameters
- Calculate Static Pressure Requirements
- Provide New System Damper Settings

Testing and Measurement - Lecture
- Instruments and Use
- Measurement of Flow

Fans
- Types
- Performance Characteristics
- Proper Selection
- Installation

Collectors
- Dust Collectors
- Wet Methods
- Absorption, Adsorption

EXISTING VENTILATION SYSTEMS

Program Outline

Review of Static Pressure Calculations
- Hood Static Pressure
- System Losses
- Fan SP and Fan TP

Predicting Actual System Performance
- Constructing Fan Curves
- Constructing System Curves
- System Operation Point

Adding On to Existing Systems
- Calculating Effects of Improper Work
- Where You Can Add On

Dampers or Blast Gates
- Balancing
- Shutting Off Unused Branches

Computer-Aided Balancing: Program Demonstration
- Recommend New Damper Settings
- Set Dampers Without Need for Readjustment

Troubleshooting Systems
- Finding Obstructions
- Finding Leaks
- Using Hood Static Pressure
- Settling in Ducts
- Poor Distribution
- Evaluating the Adequacy of Fan Size and Fan Motor Size

Rational Method for Salvaging Systems
- Evaluating Effect of Replacing Poorly Constructed Components
- Determining New Duct Sizes to Improve Distribution and Stop Plugging
- Calculating New Fan and Motor Requirements

Temperature and Altitude Corrections
- Static Pressure Corrections
- CFM Corrections
- Fan SP Corrections

REGISTRATION

The conference fee for Industrial Ventilation Design (April 14-16) is $450; the fee for Existing Ventilation Systems (April 17-18) is $325. To register, please fill out the attached form. Formal registration will be conducted at the Sheraton Red Lion Inn in Blacksburg, Virginia, from 8:00-8:30 a.m. on the first day of both courses.

Requests for refunds will be honored if they are received four working days prior to the starting date of the program. However, names of individuals may be substituted for at any time.

LOCATION

Both courses will be held at the Sheraton Red Lion Inn, 900 Plantation Road, Blacksburg, VA 24060. For lodging reservations for these workshops, please contact the Sheraton directly by calling (703) 552-7770. Please identify yourself with the workshop to receive the special lodging rates.

Blacksburg is southwest of Roanoke on U.S. 460. From the east, Route 460 is reached by Interstate 81 and U.S. 11 at Christiansburg. Follow the 460 Bypass to the Prices Fork Road exit. The Sheraton is located near the exit on Prices Fork Road.

CONTINUING EDUCATION UNITS

Participants successfully completing this workshop will be awarded a Continuing Education Unit certificate. The CEU is designed to serve as a uniform measure of attainment in non-credit educational programs.

BRING YOUR CALCULATOR

As you will be solving problems in both programs, you should possess a calculator to insure rapid and accurate calculations. You will not need a programmable calculator, but a calculator with exponent and memory functions will be essential.

FOR MORE INFORMATION

For more information about either program, please contact Professor William Mashburn, Department of Mechanical Engineering, Randolph Hall, Virginia Tech, Blacksburg, VA 24061, Phone - (703) 961-6684.

INDUSTRIAL VENTILATION DESIGN
April 14-16, 1986

MAIL TO: Adult Registrar, Donaldson Brown Center for Continuing Education, Virginia Tech, Blacksburg, VA 24061-0102
Phone: (703) 961-5182

PLEASE PRINT OR TYPE

*Name _____
Signature _____
Title _____
Social Sec. # _____
Organization _____
Office Phone _____
Address _____
City _____
State _____ Zip _____

Registration Fee: $450.00
Make check payable to: The Center for Continuing Education, VPI&SU

*If more than one person plans to attend, please include the above information for each person on a separate sheet.

EXISTING VENTILATION SYSTEMS - TROUBLESHOOTING AND REDESIGN
April 17-18, 1986

MAIL TO: Adult Registrar, Donaldson Brown Center for Continuing Education, Virginia Tech, Blacksburg, VA 24061-0102
Phone: (703) 961-5182

PLEASE PRINT OR TYPE

*Name _____
Signature _____
Title _____
Social Sec. # _____
Organization _____
Office Phone _____
Address _____
City _____
State _____ Zip _____

Registration Fee: $325.00
Make check payable to: The Center for Continuing Education, VPI&SU

*If more than one person plans to attend, please include the above information for each person on a separate sheet.

ASSISTANT CHIEF OF STAFF, FACILITIES
HEADQUARTERS, MARINE CORPS BASE

DATE 3-Mar 86

TO:

BASE MAINT O
PUBLIC WORKS O
COMM-ELECT O
DIR, FAMILY HOUSING
DIR, UNACCOMPANIED PERS HSG
BASE FIRE CHIEF

ATTN: Sue

1. Attached is forwarded for info/action.

2. Please initial, or com

3. Your file copy

This is what I got back. Verbal instructions from Linda Passingham, Trng at CPD, said all 14 courses were funded... She did state that all "substitutions" might not fly but to try as many as we needed to.

"LET'S THINK OF A FEW REASONS WHY IT CAN BE DONE"

MCBCL 5216/21 (REV. 2-81)

ASSISTANT CHIEF OF STAFF, FACILITIES
HEADQUARTERS, MARINE CORPS BASE

DATE 3-Mar 86

TO:

~~BASE MAINT O~~	DIR, FAMILY HOUSING
PUBLIC WORKS O	DIR, UNACCOMPANIED PERS HSG
COMM-ELECT O	BASE FIRE CHIEF

ATTN: Sue

1. Attached is forwarded for info/action.

2. Please initial, or comment, and return all papers to this office.

3. Your file copy

"LET'S THINK OF A FEW REASONS
WHY IT CAN BE DONE"

MCBCL 5216/21 (REV. 2-81)

OPNAV 5216/145 (Rev. 3-71)
SN-0107-778-8110
USE FOR URGENT LETTERS, ONLY

Naval Speedletter

T12410

DO NOT CLEAR THROUGH COMMUNICATIONS OFFICE

CHECK TYPE OF MAIL
☐ REGULAR ☐ REGISTERED
☐ AIR ☐ CERTIFIED
☐ SPECIAL DELIVERY

CLASSIFICATION
UNCLASSIFIED

DATE
15 OCT 1985

IN REPLY REFER TO
12410 FAC

INSTRUCTIONS

1. Message type phraseology is permissible.

2. Both addresses must be appropriate for window envelope or bulk mailing, as intended. Include attention codes, when known. Use dots and brackets as guides for window envelope addresses.

3. Give priority to processing, routing, and action required. Avoid time-consuming controls.

4. In order to speed processing, a readily identifiable, special window envelope, OPNAV 5216/145A, Speedletter Envelope, is provided for unclassified speedletters where bulk mailing is not used. Other window envelopes also may be used. In bulk mail, speedletters should be placed on top of regular correspondence.

To:
Commandant of the Marine Corps
(Code LFF-2)
Headquarters Marine Corps
Washington, DC 20380

Fold

STANDARD REFERENCES AND ENCLOSURES, IF ANY; TEXT AND SIGNATURE BLOCK

Subj: MARINE CORPS SPECIAL O & M "P" PROGRAM FUNDING FOR FY-86

Ref: (a) CMC Washington DC msg 281426Z Aug 85

Encl: (1) Studies
(2) Courses/Training

1. The enclosures are submitted as requested by the reference.

R. A. TIEBOUT
By direction

Jerry Friedman
694-2171/1425

Fold

COPY TO

From:
Commanding General
Attn: AC/S Facilities
Marine Corps Base
Camp Lejeune, NC 28542-5001

← ADDRESS REPLY AS SHOWN AT LEFT; OR, REPLY HEREON AND RETURN

CLASSIFICATION
UNCLASSIFIED

B-17088

STUDIES AND SURVEYS
PROPOSED FOR FY 86

Priority	Study/Survey Description	Estimated Cost	Benefits	Number of Attendess
1	Monitoring of Water and Wastewater Treatment Plants Provide a feasibility study of monitoring the water and wastewater treatment plants. This study should develop methods of monitoring the chemical content of the influent and effluent at each plant; the elevated tanks and reservoirs for levels and intrusion; wastewater lift stations for power failure, generator failure, high level and hazardous gas presence, in plant equipment status and in plant treatment processes.	$60,000	This study should make recommendations and provide complete cost data to develop a project.	
2	Investigate the Water Distribution System Serving Marine Corps Air, New River This study should investigate the entire distribution system for the Geiger-Air Station Area, including all delivered water pumps and elevated or ground storage tanks for capacities, dead ends and pressure losses.	$80,000	The study should provide preliminary drawings and cost estimates sufficient to develop a project to resolve the problems.	
3	Study of the Ground Water Acquired by U.S. Geological Survey Ground water supply needs, coupled with the threat of present and future contamination of existing wells by disposed wastes or brackish and saline waters prompted this study.	$80,000	This study will determine ground water use and management practices in order to reduce chances of future contamination and help assure future water supply needs are met.	
4	Facilities Energy Plan Perform a F.E.P. survey for 80 miscellaneous buildings aboard Camp Lejeune.	$80,000	This study will identify energy conservation investment opportunties which will be submitted as projects at a later date.	

Encl (1)

TRAINING COURSES AND SEMINARS
PROPOSED FOR FY86

Priority	Course/Seminar Description	Cost	Benefits	Number of Attendees
1	Wallace & Tiernan Chlorinator School Belleville, NJ	$2,700	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	3
2	Energy Management (CECOS)	$1,500	"	1
3.	Steam Turbine Maintenance Norfolk, VA	$ 500	"	1
4.	Boiler Maintenance and Repair Norfolk, VA	$1,500	"	1
5.	Comprehensive Lighting Design	$1,600	To achieve efficient, cost effective lighting systems designs.	1
6.	Energy Auditing Seminar Anaheim, CA	$1,906	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	1
7.	Air Conditioning Piping Systems (Keith)	$1,700	To better understand piping systems so that the designer may have the tools to design more energy efficient heating and air conditioning systems.	1
8.	Electronics/Electrical Controls, San Diego, CA	$4,500	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	3
9.	Air conditioning Air Distribution Karen	$1,700	Latest techniques on how to design a more energy efficient system. Course teaches selection of related energy efficient equipment, insulation and ductwork design.	1

Priority	Course/Seminar Description	Cost	Benefits	Number of Attendees
10	Water Pollution Controls Conference Los Angeles, CA	$3,000	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	2
11	Water Supply & Distribution Bryan	$1,000	Will aid on-going program to improve and maintain the efficiency of our water supply system.	1
12	Boiler Inspection Certification	$3,000	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	1
13	Sanitary Sewer Lift Station Design Carl	$1,400	Provide current design techniques to enable cost savings in construction and operations.	1
14	Certification for Backflow Preventors	$3,700	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	40
15	Residential Energy Auditing Larry S. James D.	$1,600 ea	Correct procedures to use, useful instruments, time/budget constraints, energy savings and economic benefits in evaluating residential structures.	2
16	Combustion Control (Network 90) Bailey Meter Wickliffe, OH	$2,500	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	1
17	Advanced Energy Auditing Tommy	$1,700	Provide knowledge to design more energy efficient systems and perform energy audits and surveys.	1
18	Energy Conservation Trng Films	$ 600	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	

Priority	Course/Seminar Description	Cost	Benefits	Number of Attendees
P 19	Specifying Uninterruptible Power System (UPS) Fitch	$1,230	To provide knowledge in specifying UPS, as MCB, Camp Lejeune has installed many UPS's in recent years.	1
20	Cleaver Brooks Workshop	$1,200	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	2
P 21 Danny Stallings Andy	Fundamentals of Energy Auditing	$1,350	Ability to apply the latest engineering techniques to determine energy requirements of buildings.	3
22.	Boiler Optimization Atlanta, Ga	$1,000	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	2
P 22 Jim Fitch Tommy H.	Energy Thermal Storage	$1,700	To learn current design techniques in thermal storage, one of the latest methods to conserve energy in heating and air conditioning.	2
22	Coal Fired Industrial Workshop New York, NY	$1,605	To help operational and managerial personnel in their work in the area of energy conservation and utility management.	1
23	General Air Conditioning Manassas, Va	$1,200	"	1
24	A/C & Refrigeration Systems York, Pa	$2,106	"	2
25	Hagan Controls Westinghouse Training Division Pittsburgh, Pa	$1,738	"	2

6 SEP 1985

12410
FAC

Assistant Chief of Staff, Facilities, Marine Corps Base,
Camp Lejeune
DISTRIBUTION

MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) CMC Washington DC 281426Z Aug 85

1. The reference requests training courses, seminars, studies, surveys, etc., for possible funding FY-86. Request you please provide a prioritized list in the following format to this office no later than 7 October 1985 for consolidation and submission.

Course/Seminar Description	Cost	Benefits	No. Attendees

B. W. ELSTON
By direction

DISTRIBUTION:
~~PWO~~
~~BMO~~
~~NRCA~~
~~FIRE~~
~~DPH~~
~~DBH~~ negative ID-1
~~CBO~~

Drafter: B. Elston
Typist: J. Peterson, 5 Sept 85

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

12410
FAC

DATE: 6 SEP 1985

FROM: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune
TO: DISTRIBUTION

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) CMC Washington DC 281426Z Aug 85

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Course/Seminar Description	Cost	Benefits	No. Attendees

B. W. ELSTON
By direction

DISTRIBUTION:
PWO
BMO
NREA
FIRE
DFH
DBH
CEO

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

UUUU

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

7100
NREAD

DATE: 3 Oct 1985

FROM: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune

TO: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune

SUBJ: MARINE CORPS SPECIAL O & M "P" PROG FUNDING FOR FY-86

Ref: (a) AC/S FAC memo 12410 FAC of 6 Sep 85

1. The reference has been reviewed and a negative response is submitted.

2. As mentioned in the Base EIRB meeting of 3 Oct 85, it is recommended the Environmental Engineer explore the possibility of funding a potable water supply study (new well field). Also, a request for funding to study means of disposal of POL contaminated soil should be considered. Mr. Shiver, Division of Environmental Management, advised on 25 Sep 85 that he had discussed in a recent meeting with AC/S Facilities forthcoming State POL contaminated soil disposal procedures which would prohibit disposal in the Base Sanitary Landfill as is currently done.

Julian I. Wooten

JULIAN I. WOOTEN

Not my copy to

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

12400
DFH

DATE: 16 Sep 85

FROM: Director, Family Housing Division, MCB, Camp Lejeune

TO: Assistant Chief of Staff, Facilities, MCB, Camp Lejeune

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY86

Ref: (a) Your memo 12410 FAC dtd 6 Sep 85

1. The reference requested a prioritized list for subject funding; a negative report is submitted.

Very respectfully,

L. D. BRINN

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

12410
CEO

DATE: 12 September 1985

FROM: Communications-Electronics Officer, Marine Corps Base, Camp Lejeune

TO: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) AC/S Facilities Memo 12410 FAC dtd 6 Sep 1985

1. In accordance with the reference, a negative response is submitted.

Leslie A. Stensen

LESLIE A. STENSEN

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983-605-010:8484

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 8 Oct 1985

FROM: Base Fire Chief

TO: Assistant Chief of Staff, Facilities

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

1. A negative response for funding is submitted.

R. M. PINER, Jr.
By direction

☆U.S. GOVERNMENT PRINTING OFFICE 1985 — 505-012/18049

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

12410
MAIN

DATE: 07 OCT 1985

FROM: Base Maintenance Officer

TO: Assistant Chief of Staff, Facilities

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) Your memo 12410 FAC of 8 Sep 85

Encl: (1) Training Courses and Seminars
(2) Studies and Surveys

1. Per your request, enclosures (1) and (2) are forwarded.

W. M. RICE

☆ U.S. GPO 1984 - 705-012/8623

This was submitted in Oct 85.

7 Oct 1985

Public Works Officer, Marine Corps Base, Camp Lejeune

Assistant Chief of Staff, Facilities

MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) Your memo 12410 FAC of 6 Sep 1985

1. In response to the reference, the following training courses are submitted in priority as listed for possible FY-86 funding:

Course Description	Cost	Benefits	NO. Attendees
Comprehensive Lighting Design	$1600	To achieve efficient, cost effective lighting systems designs.	1
Air Conditioning Piping Systems	$1700	To better understand piping systems so that the designer may have the tools to design more energy efficient heating and air conditioning systems.	1
Air Conditioning Air Distribution	$1700	Latest techniques on how to design a more energy efficient system. Course teaches selection of related energy efficient equipment, insulation and ductwork design.	1
Water Supply & Distribution	$1000	Will aid on-going program to improve and maintain the efficiency of our water supply system.	1
Sanitary Sewer Lift Station Design	$1400	Provide current design techniques to enable cost savings in construction and operations.	1
Residential Energy Auditing	$3200	Correct procedures to use, useful instruments, time/budget constraints, energy savings and economic benefits in evaluating residential structures. (Cost includes total for two)	2*
Advanced Energy Auditing	$1700	Provide knowledge to design more energy efficient systems and perform energy audits and surveys.	1
Specifying Uninterruptible Power System (UPS)	$1230	To provide knowledge in specifying UPS, as MCB, Camp Lejeune has installed many UPS's in recent years.	1

*Second attendee prioritized as #14

7 Oct 1985

Public Works Officer, Marine Corps Base, Camp Lejeune

Assistant Chief of Staff, Facilities

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Advanced Energy Auditing	$1700	Provide knowledge to design more energy efficient systems and perform energy audits and surveys.	1
Specifying Uninterruptible Power System (UPS)	$1230	To provide knowledge in specifying UPS, as MCB, Camp Lejeune has installed many UPS's in recent years.	1

*Second attendee prioritized as #14

Fundamentals of Energy Auditing	$4050	Ability to apply the latest engineering techniques to determine energy requirements of buildings (Cost includes total for three).	3**
Energy Thermal Storage	$3400	To learn current design techniques in thermal storage, one of the latest methods to conserve energy in heating and air conditioning. **(Cost includes total for two)**	2***

**Second attendee prioritized as #11 and third attendee prioritized as #13
***Second attendee prioritized as #12

E. L. ROUSE
By direction

4 Oct 1985

Public Works Officer, Marine Corps Base, Camp Lejeune

Assistant Chief of Staff, Facilities

Energy/Utility Requirements

1350
2700
6
10

2700
1350
4050

MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) Your memo 12410 FAC of 6 Sep 1985

1. In response to the reference, the following training courses are submitted in priority as listed for possible FY-86 funding:

Pri	Course Description	Cost	Benefits	NO. Attendees	
5	1	~~Comprehensive Lighting Design~~ ✓	1600	To achieve efficient, cost effective lighting systems designs.	1	andy
21	8	Fundamentals of Energy Auditing ✓	2700	Ability to apply the latest engineering techniques to determine energy requirements of buildings.	3	James Dann. Larry Hallin Sandy
15 15	5	Residential Energy Auditing ✓	1600	Correct procedures to use, useful instruments, time/budget constraints, energy savings and economic benefits in evaluating residential structures.	2	Larry S. James Dann
13	4	~~Sanitary Sewer Lift Station~~ Design ✓	1400	Provide current design techniques to enable cost savings in construction and operations.	1	Carl
14	10	~~Water Supply & Distribution~~	1000	Will aid on-going program to improve and maintain the efficiency of our water supply system.	1	Brynn
2	7	~~Air Conditioning Piping Systems~~ ✓	1700	To better understand piping systems so that the designer may have the tools to design more energy efficient heating and air conditioning systems.	1	Keith
22	9	Energy Thermal Storage	3400	To learn current design techniques in thermal storage, one of the latest methods to conserve energy in heating and air conditioning.	2	Jim Fitch Tommy D.
9	3	~~Air Conditioning Air~~ Distribution ✓	1700	Latest tecnniques on how to design a more energy efficient system. Course teaches selection of related energy efficient equipment, insulation and ductwork design.	1	Karen
17	6	~~Advanced Energy Auditing~~ ✓	1700	Provide knowledge to design more energy efficient systems and perform energy audits and surveys.	1	Tommy
19	7	Specifying Uninterruptible Power System (UPS) ✓	1230	To provide knowledge in specifying UPS, as MCB, Camp Lejeune has installed many UPS's in recent years.	1	Jim Fitch

Last year they approved (5 people) 40 courses, for a total of $5,930.00.

FY86 approved

2 * Design contract Mgmt - ?
NAVFAC Spec. System - Lynn
Traffic Mgmt - Carl
Water Dist. System - Brynn
Air Installation Comp. Use - Larry Brant
For Planning & Econ. Anal - Fred

9/

Dec 1983

Public Works Officer, Marine Corps Base, Camp Lejeune

Assistant Chief of Staff, Facilities

MARINE CORPS SPECIAL OEM "P" PROG FUNDING FOR FY-86

Ref: (a) Joint Memo 12110 PAC of 6 Sep 1983

1. In response to the reference, the following training courses are submitted in priority as listed for possible FY-86 funding:

Course Description	Cost	Remarks	Attendees
Comprehensive Lighting Design	800	To achieve efficient, cost effective lighting systems designs.	1
Fundamentals of Energy Conservation	700	Ability to apply the latest engineering techniques to determine energy requirements of buildings.	3
Industrial Energy Conservation	800	Correct procedures to use, install instruments, time/do get conservation energy savings and economic benefits in evaluating retrofit structures.	1
Energy Use Prediction	600	Provide advance design techniques to enable cost savings in construction and operation.	1
Water Supply & Distribution	1000	Will afford on-job training program to improve and maintain the efficiency of our water supply system.	1
Water Conditioning Piping Systems	1200	To learn current design techniques in thermal storage and the latest methods to conserve energy in heating and cooling systems.	1
Air Conditioning Mix Distribution	1400	Learn techniques on how to design a more energy efficient system. Course teaches selection of relative energy efficient equipment, insulation and network design.	1
Advanced Energy Auditing	700	Provide knowledge to design more energy efficient systems and perform energy audits and analysis.	1
Power System (UPS)	1230	To provide knowledge in specifying UPS, as MCB, Camp Lejeune has many UPS's in resident use.	1

Linda,

15 November 1985

The Traffic Management course originally approved for Carl Baker has been cancelled. The attached course is offered by the same people, so we would like to substitute.

If there are any questions, please call me.

Thanks,

Sue Jarman

Sue Jarman
Public Works
(Extension 2213)

#7564
13th Annual
Water Distribution System
. . . Analysis and Design
August 4-7, 1986

Department of
Engineering Professional Development

The College of Engineering
University of Wisconsin-Madison

Engineering Professional Development
432 North Lake Street
Madison, Wisconsin 53706

13th Annual

Water Distribution System . . . Analysis and Design

Featuring personal computer use

August 4-7, 1986

UW-Madison provides equal opportunities in employment and programming, including Title IX requirements

MADISON WISCONSIN
Nonprofit Organization PAID Permit No. 658

The College of Engineering
University of Wisconsin-Madison

Water Distribution System . . . Analysis and Design

August 4-7, 1986

Course Outline

Monday, August 4

Review of Fundamental Concepts

- Principles of Hydraulics
- Flow Through Pipe Networks
- Workshop—Problems Utilizing Basic Principles
- Introduction to System Analysis Problem
- Pumping—Pump Performance and Selection
- Workshop—System Head Curves and NPSH
- Pumping—Booster and Pneumatic Pressure Systems
- PC Workshop—Use of WATER Program
- Optional Evening PC Workshop—Computer Input for WATER

Tuesday, August 5

Required Data and Methodology for Distribution System Analysis

- Population Analysis and System Demands
- Estimating Storage Requirements
- Fire Demands
- Skeletonization
- Pipe Network Analysis by Computer Program
- PC Workshop—Computer Runs for Evaluation of System Analysis Problem—Use of WGRAPH Program
- Optional Evening Session—Continuation of Computer Workshop

Wednesday, August 6

Network Model Applications; Field Testing

- Extended Period Simulation and Automating System Operation—A Case Study
- Personal Computers—Types and Application to Network Analysis
- Introduction to System Testing—Types and Purpose
- System Field Evaluations—Leakage
- Workshop—Continuation of Computer Runs
  —Graphical Input—Digitizing from System Maps
  —Summary of System Analysis Problem

Thursday, August 7

System Data Management, Design and Rehabilitation

- Data Management for the Water Utility
- Data Management Software in Network Analysis
- Data Management Software for System Maintenance
- Optimization and Rehabilitation of Water Transport and Distribution Systems
- Code Design Considerations
- Introduction to External Pipe Corrosion
- Improving Flow Characteristics of Existing Pipes
- Thrust Blocks and Restrained Joints

Daily Schedule

Registration will be at 8:00 a.m. Monday, August 4, at Lowell Hall, 610 Langdon Street, Madison, Wisconsin. Daily sessions will convene at 8:30 a.m. and conclude at 4:30 p.m. Each half day will consist of a one- to two-hour lecture period and a workshop for applying the learned material. Noon lunches and mid morning/midafternoon breaks will be provided. Optional evening sessions may be scheduled.

Continuing Education Computer Lab

You will use a specially designed facility for adult education in computer applications which includes a demonstration room with a 100-inch projection monitor and a lab with 20 IBM-PC's. The computers are equipped with color monitors, graphics, and all standard software. The room is set up for hands-on learning, and a technical staff is available to provide individual attention.

General Information

Fee Covers Notebook, program materials, break refreshments, lunches and certificate.

Refund We prefer registration in advance. If you cannot attend, please notify us immediately. We will refund your fee or you can have someone take your place.

Accommodations Your enrollment confirmation will include hotel/motel information. Advise us at time of registration if you are handicapped and desire special accommodations. Requests will be kept confidential. Republic, Northwest, Ozark, Frontier, United and Air Wisconsin airlines serve Madison. Please make your own reservations.

Location Lowell Hall, 610 Langdon Street, Madison, Wisconsin.

Related Courses To receive information on future courses and seminars, just check the box on the enrollment form, write in your name, title, etc., and mail.

Our programs are supported, in part, by funds administered through UW-Extension.

Future Courses

Analysis of Uncertainty in Water Resources
August 18-20, 1986

Industrial Waste Monitoring, Treatment and Disposal
October 8-10, 1986, at the University of Wisconsin-Green Bay

Detention Basin Design I
December 1-2, 1986

Detention Basin Design II
December 3-5, 1986

Wastewater Treatment and Disposal with CAPDET
December 8-12, 1986

Water Well Hydraulics
January 5-9, 1987

Water Well Design and Construction
January 26-29, 1987

For more information about these courses, contact Roy Holub, Department of Engineering Professional Development, University of Wisconsin-Madison, 432 North Lake Street, Madison, WI 53706, 608-262-5361.

F-7369d

Enrollment Form

Mail To **Engineering Registration**
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

Or Call Toll Free 800-262-6243 (608-262-1299 direct)
Ask for Engineering Registration
Wisconsin residents call 800-362-3020

Program Information Dial the Toll Free number above, ask for Engineering Information, request:
Program Director, Roy Holub
Program Assistant, Patricia Butler
(Direct phone 608-262-5361)

☐ I can't attend; notify me about related courses

☐ Please enroll me in Course No. 7564

Water Distribution System . . . Analysis and Design
August 4-7, 1986
Fee: $650 (2.4 CEU)

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____ Expires _____

☐ Bill my company ☐ P.O. or check enclosed
(Checks payable in U.S. funds to UW-Extension)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____ State _____

Zip _____ Phone ( ) _____

*Assures prompt enrollment confirmation and an accurate record.

This information is collected to enhance the programming efforts of University of Wisconsin-Extension and is voluntary.

Sex: ☐ Female ☐ Male

Birthdate: *Month* __ __ *Day* __ __ *Year* __ __

Heritage: ☐ American Indian ☐ Asian ☐ Black
☐ Hispanic ☐ White or Other

Occupational Area:

☐ 100 Professional, technical and managerial occupations

☐ 700 Other _____

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

all interested have been - sj

DATE: 26 Mar 86

FROM: Civilian Personnel Officer, Marine Corps Base, Camp Lejeune

TO: Distribution List

SUBJ: NUMBER SKILLS TRAINING PROGRAM

1. The Civilian Personnel Division will be conducting subject training from 5 to 9 May 1986 in the Civilian Training Classroom, Building 1003. Class will be held from 0930 to 1130 daily. By regulation this class is offered only to civil service employees.

2. Number Skills is a training program designed to improve the accuracy and speed of those who key, record, transfer, and check numbers. Participants learn number accuracy, number perception, number retention, number patterning, and number checking. These skills enable employees who work in number-intensive departments to reduce both their error rate and the time it takes to perform the number-handling task.

3. You are invited to submit nominations for this class by memorandum to this office, attention Training Branch, not later than 14 April 1986 providing the following information:

a. Name

b. Department

c. Grade and Title

d. Previously nominated but not selected

4. Nominees selected to attend will be notified via their work sections not later than 25 April 1986.

5. Number Skills will be offered periodically on a continuing basis for an indefinite period. Although space is limited for the class, all employees who might benefit from the training will have the opportunity to attend future classes.

Hosea Horne

HOSEA HORNE, JR.

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

Distribution:
CG
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, MWR
AC/S, BOSMAD
AC/S, LOG
AC/S, TRNG
INSP
PMO
SJA
Dir, RASC
CO, SPTBN
CO, HQBN
CO, RRDET
ADJ
CHAP
CPD
CEO
CO, CORRFAC
DRMO
BHD
DFH
DISB
EDO
FSC
FIRE
JPAO
MAIN
NREA
PERS
PO
PWO
SAFD
SCOL
CG, 2d Mar Div
CG, 2d FSSG
SSVCS
CO, MCES

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

We have no union members so we have no action Sue

10 U
1304 Coord

DEPARTMENT OF THE NAVY

Memorandum

DATE: 20 Mar 86

FROM: Civilian Personnel Officer, Marine Corps Base, Camp Lejeune

TO: Distribution List

SUBJ: LABOR RELATIONS FOR THE LINE MANAGER

1. The subject 2 1/2 day course will be presented at Marine Corps Base, Camp Lejeune 28 through 30 May 1986. It will be conducted by the Office of Civilian Personnel Management, Southeast Region.

2. This course is designed to give supervisors and managers an overview of Navy labor relations policy and the Federal labor relations law with particular attention to the rights of employees, supervisors, and union; the scope of bargaining; formal discussions; the "Weingarten" right; contract administration and the negotiated grievance procedure; and unfair labor practices. The course emphasizes how each of these facets of the labor relations program has an impact on supervisors and managers in their day to day working in an environment where their employees are represented by a union.

3. The number of class spaces is limited and will only be open to supervisors and managers whose employees are represented by a labor organization. Therefore, nominations for this course must be submitted to the Civilian Personnel Division, Training Branch, not later than 14 April 1986. Each nomination should include name, grade and job title.

4. You will be notified of selections by 9 May 1986. Mr. John Moran, extension 1539, can provide additional information.

HOSEA HORNE, JR.

Distribution:

CG
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, MWR
AC/S, BOSMAD
AC/S, LOG
AC/S, TRNG
INSP
PMO
SJA
Dir, RASC
CO, SPTBN
CO, HQBN
CO, MCES
CO, MCSSS
CO, RRDET
ADJ
CHAP
CPD
CEO
CO, CORRFAC
DPDO
BHD
DFH
DISB
EDO
FSC
FIRE
JPAO
MAIN
NREA
PERS
PO
PWO
SAFD
SCOL
CO, MCAS
CO, NavHosp
CO, NAVDENCLINIC
ECCC
CG, 2d Mar Div
CG, 2d FSSG
FMSS
CFAO
PersSptDet
CCMS
SSVCS

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HOSEA HORNE, JR.

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CO, MCSSS
CO, RRDET
ADJ
CHAP
CPD
CEO
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DPDO
BHD
DFH
DISB
EDO
FSC
FIRE
JPAO
MAIN
NREA
PERS
PO
PWO
SAFD
SCOL
CO, MCAS
CO, NavHosp
CO, NAVDENCLINIC
ECCC
CG, 2d Mar Div
CG, 2d FSSG
FMSS
CFAO
PersSptDet
CCMS
SSVCS

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME, FIRST NAME, MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
FOSKEY, Haren M.	GS-7	243-21-5434

CHECK MAILING ADDRESS (Include ZIP Code): P. O. Box 386, Trenton, NC 28585

DUTY PHONE NO.: 1833

ORGANIZATION AND STATION: Public Works Division, MCB, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 003116 MCB dtd 10 Apr 86

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, D.O Voucher No., Date Received, Place paid, or D.O Station No. If none, so state): $765.00, DOV #67150 860414 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 19 86		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS: GOVT / DED *	3. NUMBER OF MEALS: OPEN MESS	4. POC MILES
12 APR	DEP	1330	TRENTON, N.C.	PA					
12 APR	ARR	1630	RALEIGH-DURHAM		AT				
12 APR	DEP	1845	AIRPORT	CA					
12 APR	ARR	2140	CHICAGO ILLINOIS		AT				
13 APR	DEP	1700	OHARE AIRPORT	PA					
13 APR	ARR	2006	UNIV. OF WISCONSIN		TD				
18 APR	DEP	830	MADISON WISCONSIN	PA					
18 APR	ARR	1205	CHICAGO ILLINOIS		AT				
18 APR	DEP	1310	OHARE AIRPORT	CA					
18 APR	ARR	1710	RALEIGH DURHAM		AT				
18 APR	DEP	1800	AIRPORT	PA					
18 APR	ARR	2115	TRENTON, N.C.		MC				
	DEP		(HOME)						
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
13 & 18 APR	ROUND TRIP MILEAGE CHICAGO TO MAD WIS. (300 MI) (304 MI)	61.50	
12 & 18 APR	ROUND TRIP MILEAGE TRENTON TO RALEIGH DURHAM	62.32	
13 & 18 APR	PARKING FEES AT RALEIGH DURHAM AIRPORT $3.50/DAY (6 DAYS)	21.00	

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

12. ☐ PER DIEM REQUESTED

13. BAS RATE

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

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

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

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

14. SIGNATURE OF CLAIMANT

DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN	C	(7) PLANE	P
(own expense)		(8) RAIL	R
(4) PRIVATELY-OWNED CONVEYANCE	P	(9) VESSEL	V
		(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

3

☆U.S.GPO:1984-0-706-922/521

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 1986	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
13 APR	27.00	6.90	5.85	16.20			
14 APR	27.00	8.40		17.12			
15 APR	27.00	7.95	12.65	18.60		2.00	
16 APR	27.00	8.10	12.65	17.20		2.00	
17 APR		8.10	13.80	18.60			
18 APR		10.12		14.50		2.00	

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount. cost of alcoholic beverages may not be included.*

3/ *Cost of local transportation and tips between lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, KAREN FOSKEY certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE	DATE

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 003116

FOR Karen M. Foskey SSN: 243-21-5434

1. ___ Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. ___ Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

ESTIMATED COST INFORMATION FOR TDY 1833 —

Itinerary for Karen M. Fookes Organization PWO Ext. 2213

From Trenton, NC To Madison, WI & Return

Dates of Travel 13 & 18 Apr 86 Dates of Training 14-17 Apr 86

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Kinston, NC 13 Apr 0640 Arr Madison, WI —1326 Lv Madison, WI 18 Apr 0820 Arr Kinston, NC —1725	$414.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 13 Apr	56.25	Per Diem	412.50
14-17 Apr	300.00	Travel	414.00
3/4 day 18 Apr	56.25	Limousine Fees	25.00
	412.50	Registration Fees	595.00 (To be billed)
		TOTAL	1446.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 765.00.

☒ 2. Reservations - make reservations with Passenger Transportation, extension 1971. (Traveler to make own arrangements)

☒ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 7¾ hrs. Justification: ☐ Non-exempt under FLSA ☒ Title 5, USC.

☒ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

Ack Copy

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 8 Apr 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Foskey, Karen M. 243-21-5434

3. POSITION TITLE AND GRADE OR RATING: Mechanical Engineer, GS-7

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 2213

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Fundamentals of Energy Auditing, Madison, WI 14-17 Apr 86

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 5 1/2

b. PROCEED O/A *(Date)*: 13 Apr 86

11. ITINERARY ☐ VARIATION AUTHORIZED

From ~~XXXXXXXXXX~~ Kinston, NC to Madison, WI and return

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	X						☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

TRAVELER WILL MAKE OWN RESERVATIONS AND PURCHASE HER OWN TICKETS

☒ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. XX ☐ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$ 412.50	$ 414.00	*$595.00(reg fee) $ 25.00(limo fee)	$ 1446.50

15. ADVANCE AUTHORIZED: $ 765.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo. TO BE BILLED.
MCBCL 12570/1 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

Item 6 of the attached Statement of Instructions apply to this travel order.

17. REQUESTING OFFICIAL *(Title and signature)*
J. F. SHARPE
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
HOSEA HORNE, JR.
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	003116	AA6 10 0484 1022E
*1761106.2720	000	67001	0	067001	2D	003116	AA6 10 0485 1022Q

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 10 Apr 86

22. TRAVEL ORDER NUMBER: 003116

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XXX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
SYM.5190
MCB,CLNC
860414

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*: FOSKEY K.M.
2. RANK OR GRADE: CIV
3. SSN: 243 21 5434
4. ORGANIZATION AND STATION: MCB,CLNC,28542
5. TRAVEL ORDER: TON.003116 DTD.10 APR 86.
6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS: ADV AUTH=$765.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860411	$765.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED.
2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE: D.R. RUCH MAJOR
2. SIGNATURE: BY:

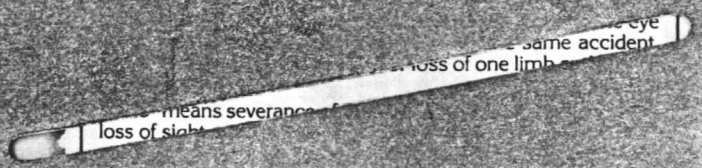
V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	867001/0	067001	1K	003116	6100484102 2E	$765.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
TRL				$765.00

PIEDMONT



FLIGHT	TO	SMOKING	SEAT
460	CLT	YES (NO)	12A

BOARDING TIME	GATE
12:50	D-12

CONNECTION INFORMATION

FLIGHT	TO	GATE	SEAT
68	BOI		19A
FLIGHT	TO	GATE	SEAT

ROOM Fitzkee, Karen 100052

MONTH OF	ARRIVE	DEPART	NO. DAYS	RATE	CONFERENCE
4	13	X		27.00	misc
		(17)			

	CHARGES	DATE	CREDIT
BOARD:			
STATE SALES TAX			
ROOM:	108 55		
PHONE:			
TOTAL:	108 55		
DUE FROM CUSTOMER			
DUE FROM CONFERENCE			

PARKING #

DATE 4/17

CLERK INITIALS PH

AMT PD BY: CA 108.00

TC

CK

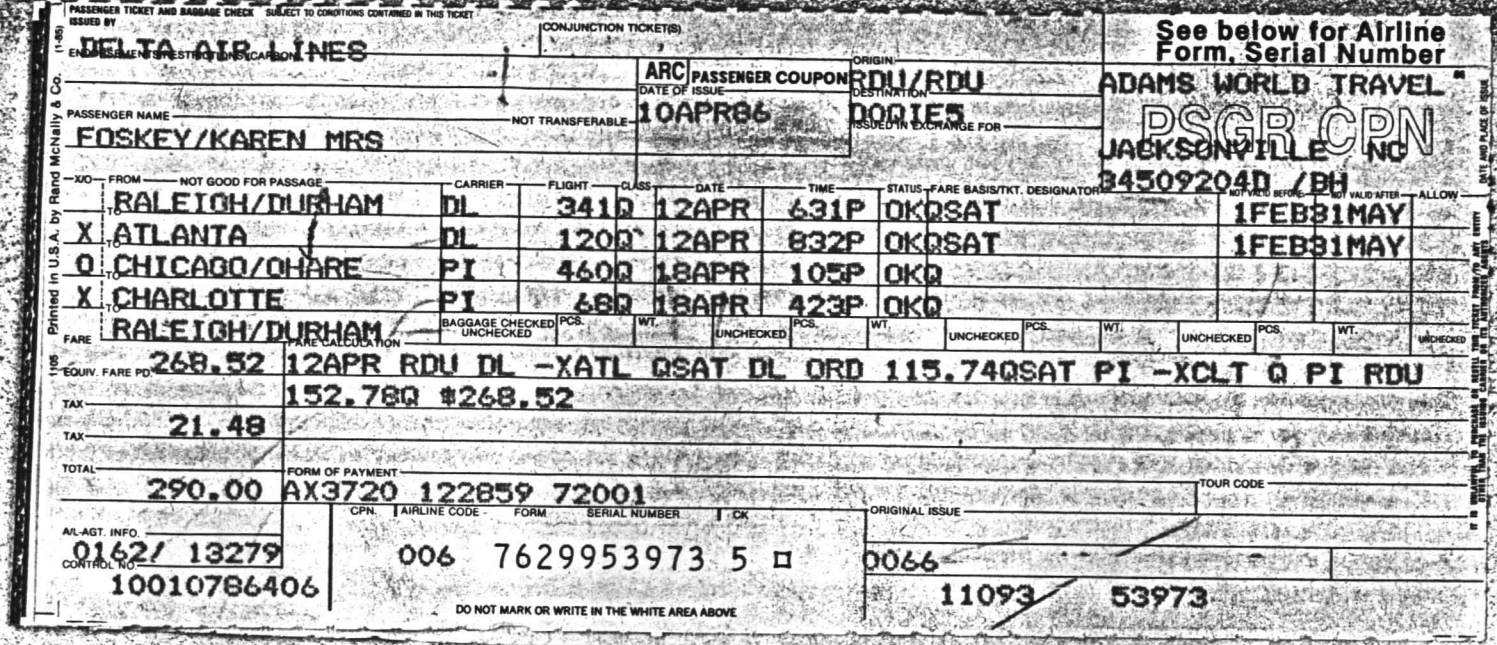
CC

NAME Karen M Fitzkee

STREET ADDRESS [illegible]

CITY Trenton STATE NJ ZIP [illegible] DATE 4/13/86

WISCONSIN CENTER
GUEST HOUSE • 610 LANGDON • MADISON, WI • 53703



PASSENGER TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS CONTAINED IN THIS TICKET

ISSUED BY: DELTA AIR LINES

CONJUNCTION TICKET(S)

See below for Airline Form, Serial Number

ADAMS WORLD TRAVEL

PSGR CPN

JACKSONVILLE NC

34509204D /DU

ENDORSEMENT/RESTRICTION/CARRIER

ARC

PASSENGER COUPON

ORIGIN: RDU/RDU

DATE OF ISSUE: 10APR86

DESTINATION: DORIES

ISSUED IN EXCHANGE FOR

PASSENGER NAME: FOSKEY/KAREN MRS

NOT TRANSFERABLE

X/O	FROM / TO	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT. DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	RALEIGH/DURHAM	DL	341D		12APR	631P	OKQSAT		1FEB	31MAY	
X	ATLANTA	DL	120Q		12APR	832P	OKQSAT		1FEB	31MAY	
Q	CHICAGO/OHARE	PI	460Q		18APR	105P	OKQ				
X	CHARLOTTE	PI	680		18APR	423P	OKQ				
	RALEIGH/DURHAM										

FARE: 268.52

FARE CALCULATION: 12APR RDU DL -XATL QSAT DL ORD 115.74QSAT PI -XCLT Q PI RDU 152.78Q $268.52

EQUIV. FARE PD

TAX: 21.48

TAX

TOTAL: 290.00

FORM OF PAYMENT: AX3720 122859 72001

TOUR CODE

A/L-AGT. INFO: 0162/ 13279

CONTROL NO: 10010786406

CPN | AIRLINE CODE | FORM SERIAL NUMBER | CK: 006 7629953973 5 □

ORIGINAL ISSUE: 0066 11093 53973

DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

Printed in U.S.A. by Rand McNally & Co. (1-86) 1105

BAGGAGE CHECKED / UNCHECKED — PCS. — WT.

DATE AND PLACE OF ISSUE

A PROGRAM OF UNIVERSITY OF WISCONSIN-EXTENSION

UWEX

01

FEE 395.00

FUNDAMENTALS OF ENERGY AUDITING
APRIL 14-17, 1986
REGISTRATION 8:00 A.M., MONDAY
THE MISCO SIN CENTER GUEST HOUSE
(LOWELL HALL) 610 LANGDON STREET
MADISON, WI 53706

Bill Co

DONALD SCHRAMM - PROGRAM DIRECTOR
8SA8619016811+0015 T+07A09302 819A511A33

SOCIAL SECURITY NO. 243215434 FOSKEY, KAREN M.
MECH. ENGINEER

TOTAL 395.00

.00

PREPAID

BALANCE 395.00

CASH OR CHECK NO.

FOSKEY, KAREN M.
PUBLIC WORKS DESIGN
DIV. CAMP LE JEUNE
MCB
JACKSONVILLE NC 28542

CLERK

ENROLLMENT CONFIRMED REGISTRATION NUMBER 0015
047037CB

FORM UW (22) - 244

OPNAV 5216/44A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

04

DATE: 2 Apr 86

FROM: Civilian Personnel Division, Marine Corps Base, Camp Lejeune

TO: Distribution List

SUBJ: CIVILIAN PERSONNEL ADMINISTRATION COURSE

1. The Civilian Personnel Division will conduct subject training 2-6 June 1986 in the Civilian Training Classroom, Building 1003. This training is intended for all supervisors, military and civilian, of civil service employees, including those who supervise less than three.

2. The course is designed to provide instruction in federal, Navy and local personnel policies, practices, procedures and regulations as they relate to the administration of civilian personnel. Specific topics include staffing, position classification, employee relations and services, labor relations, employee development, safety and equal employment opportunity. Through discussion and practical exercises, the supervisor's role and responsibilities in administering these programs is emphasized.

3. You are invited to submit nominations for the class to this Division, attention Training, by 9 May 1986. Each nomination should include name, grade or rank, and position or job title.

4. Please be reminded that this is mandatory training for probationary supervisors. Any that have not yet completed it should be nominated for this class. Probationary supervisors will be given priority consideration for selection.

5. You will be notified of selections by 19 May 1986. Mr. John Moran, extension 1539 can provide additional information.

Hosea Horne

HOSEA HORNE, JR.

we need to submit Andy's name LCdr Kimball said wait until next time. Sue

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

04

DATE: 2 Apr 86

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TO: Distribution List

SUBJ: CIVILIAN PERSONNEL ADMINISTRATION COURSE

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Hosea Horne

HOSEA HORNE, JR.

all said

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 506-012/18049

Distribution:
CG
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, MWR
AC/S, BOSMAD
AC/S, LOG
AC/S, TRNG
INSP
PMO
SJA
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CO, SPTBN
CO, HQBN
CO, MCES
CO, MCSSS
CO, RRDET
ADJ
CHAP
CPD
CEO
CO, CORRFAC
DPDO
BHD
DFH
DISB
EDO
FSC
FIRE
JPAO
MAIN
NREA
PERS
PO
PWO
SAFD
SCOL
CO, MCAS
CO, NavHosp
CO, NAVDENCLINIC
ECCC
CG, 2d Mar Div
CG, 2d FSSG
FMSS
CFAO
PersSptDet
CCMS
SSVCS

☆U.S. GOVERNMENT PRINTING OFFICE: 1995 — 405-017/[illegible]

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code (*X one block*) 02

Initial | | Resubmission | Correction | | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name (*Last - First - Middle Initial*) Indicate preferred title (*example - Miss, Mrs., Mr., Ms., LTC, etc.*): FOSKEY, Karen M.

First 5 letters of last name 03

2. Social Security Number 04: 243-21-5434

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 (Year, Month)

4. Home address (*Optional - to notify in case of emergency*):
P. O. Box 386
Trenton, NC 28585

5. Home telephone (*Optional*) Area code/Number

6. Position level (*X only one*)

X	Non-supervisory		Manager
	Supervisory		Executive
	Other (*Specify*)		

7. Organization mailing address (*Branch - Division/Office/Bureau/Agency/Service/Command*):
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: (919)451-1833

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 830 | 07

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

b. Location of training site (*If same, mark box.*) X (*If not required, use for remarks.*)

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Fundamentals of Energy Auditing

c. Dispute code

17a. Catalog/Course No.

18. Training period (*6 digits*) 06

	Year	Month	Day	c. Record ID
a. Start	86	04	14	
b. Complete	86	04	17	

19. Number of course hours (*4 digits*) 07

a. During duty	
b. Non-duty	
c. TOTAL	32

20. PART I – training codes (*see instructions*)

	Code		Code
a. Purpose		08 c. Source	10
b. Type		09 d. Special Interest	11

20. PART II – DOD use (*See instructions*)

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units

Other (*college, etc.*)

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars cents	$ dollars cents	$ dollars cents	

e. Accounting classification(s)

f. Signature of fiscal officer (*follow local procedure*)

22. Job order number (*Optional*)

23. Labor costs (*Optional*) $

24. Total estimated costs (*Optional*) $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ 595 dollars cents	$ 382 dollars cents	$ 400 dollars cents	

Section D – APPROVALS

26. Supervisor (*Name and title/code*): E. G. JONES, Engineering Tech.

Area code/Number/Extension: 919-451-1833

Signature: E. G. Jones

Date: 4/7/86

27. Does nominee meet prerequisites? Yes | No If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer (*Name and title/code*)

Area code/Number/Extension

Signature

Date

28a. Station Symbol

SF-1080

b. Billing instructions (*Identify discount terms % days.*)
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official (*Name and title/code*): M. I. KIMBALL, Asst. PWO

Area code/Number/Extension: 919-451-2213

Signature: M. I. Kimball

Approved / Disapproved

Date: 4/8/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.

a. Actual completion date: Year | Month | Day

b. Grade

School official/Trainee (*Signature/code*)

Date

31. I certify that this account is correct and proper for payment in the amount of:

Certifying official (*Name and title/code*)

$

Date

Signature

DSSN number | Check number | Voucher number

32. School official (*Name and title*)

Acceptance approval

Yes	Nominee accepted
No	Not accepted

Signature

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1

DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01

B. Standard document number

C. Request Status or Process Code *(X one block)* 02

Initial | Resubmission | Correction | Cancellation

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1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: FOSKEY, Karen M.
First 5 letters of last name 03

2. Social Security Number 04: 243-21-5434

3a. Organization Unit Identification Code (UIC)

b. Date of birth 05 Year Month

4. Home address *(Optional - to notify in case of emergency)*:
P. O. Box 386
Trenton, NC 28585

5. Home telephone *(Optional)* Area code/Number

6. Position level *(X only one)*

X	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: (919)451-1833

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Mechanical Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 830 | 07

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

b. Location of training site *(If same, mark box.)* X *(If not required, use for remarks.)*

16a. Training Type/ Subject Area Identifier

b. Course title or training services: Fundamentals of Energy Auditing

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — c. Record ID

	Year	Month	Day
a. Start	86	04	14
b. Complete	86	04	17

19. Number of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL	32

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special Interest		11

20. PART II – DOD use *(See instructions)*

a. Training Facility/Vendor Unit Identification Code (UIC)

b. Security Clearance

c. Allocation Status

d. Training credits

Continuing education units	
Other *(college, etc.)*	

e. Priority

f. Training level

g. Method of training

h. Training program

i. Reason for selec.

j. Method of eval.

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	b. Tuition cost	c. Books, material or other costs	d. Funding source
$ dollars cents	$ dollars cents	$ dollars cents	

e. Accounting classification(s)

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total estimated costs *(Optional)* $

25. Indirect costs

a. Total est. indirect costs 13	b. Travel cost	c. Per diem/other costs	d. Travel order number
$ 595 dollars cents	$ 382 dollars cents	$ 400 dollars cents	

Section D – APPROVALS

26. Supervisor *(Name and title/code)*: E. G. JONES, Engineering Tech.
Area code/Number/Extension: 919-451-1833
Signature: E G Jones
Date: 4/7/86

27. Does nominee meet prerequisites? Yes | No — If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer *(Name and title/code)*
Area code/Number/Extension
Signature
Date

28a. Station Symbol — SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: M. I. KIMBALL, Asst. PWO
Area code/Number/Extension: 919-451-2213
Signature: M I Kimball
Approved / Disapproved — Date: 4/8/86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date: Year | Month | Day
b. Grade
School official/Trainee *(Signature/code)*
Date

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*
Signature
Date
DSSN number | Check number | Voucher number

32. School official *(Name and title)*
Signature
Acceptance approval
Yes — Nominee accepted
No — Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1
DD Form 1 AUG 77 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 3 Apr 86

FROM: Civilian Personnel Officer, Marine Corps Base, Camp Lejeune

TO: Distribution List

SUBJ: SUPERVISORS' TRAINING LUNCHEON

1. A supervisors' training luncheon will be held at the Marine Corps Exchange Steak House from 1130 to 1300 each day during the week of 12 through 16 May 1986. The after lunch topic, from 1200-1300, will be Workmans' Compensation. All civilian supervisors are encouraged to attend the training.

2. A buffet lunch, with selections from the days menu, will be served. Cost will be determined by individual choices from the buffet.

3. There is a limit to the number of personnel who can attend each day. To facilitate planning, departments should respond by telephone to the Civilian Training Branch, extension 1539, not later than 5 May 1986 with names and dates of those attending.

4. Training records will be credited with one hour of Supervisory Development.

HOSEA HORNE, JR.

Distribution:

CG
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, MWR
AC/S, BOSMAD
AC/S, LOG
AC/S, TRNG
INSP
PMO
SJA
Dir, RASC
CO, SPTBN
CO, HQBN
CO, MCES
CO, MCSSS
CO, RRDET
ADJ
CHAP
CPD
CEO
CO, CORRFAC
DPDO
BHD
DFH
DISB
EDO
FSC
FIRE
JPAO
MAIN
NREA
PERS
PO
PWO
SAFD
SCOL
CO, MCAS
CO, NavHosp
CO, NAVDENCLINIC
ECCC
CG, 2d Mar Div
CG, 2d FSSG
FMSS
CFAO
PersSptDet
CCMS
SSVCS

Gene Jones - Regatné
Tommy - Monday 12
Andy - Tuesday 13

Called in to Nola 8 Apr 86
J. Davis - Wed 14
C. Baker - Thurs 15
Fitch - Decline

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME · FIRST NAME · MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
ASHTON, Brynn	GS-11	376-66-9944

CHECK MAILING ADDRESS (Include ZIP Code): 15 Cherokee Drive, Hubert, NC 28539

DUTY PHONE NO.: 3658

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 001826 29 Jan 86

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $410.00 DOV 65444 860214 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 19 86		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
16Feb	DEP	1200	Hubert	PA					
	ARR	1300	Airport		AT				
16Feb	DEP	1400	Jacksonville, NC	CP					
16Feb	ARR	1930	Madison Airport		AT				
16Feb	DEP	2000	Madison, WI	TA					
16Feb	ARR	2030	Guest House		TD				
23Feb	DEP	0930	Madison, WI	TA					
23Feb	ARR	1000	Madison Airport		AT				
23Feb	DEP	1200		CP					
23Feb	ARR	1800	Airport		AT				
23Feb	DEP	1850	Jacksonville, NC	PA					
23Feb	ARR	1950	Hubert, NC		MC				
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
14Feb	Travelers Checks	$3.00	
16&23Feb	Rd trip mileage from home to Albert Ellis Airport (60 miles)	12.30	
16&23Feb	Taxi from Airport to Guest House	12.00	

SUMMARY OF PAYMENT

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

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT

DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN *(own expense)*	C	(7) PLANE	P
		(8) RAIL	R
(4) PRIVATELY-OWNED CONVEYANCE	P	(9) VESSEL	V
		(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—605-125 D5734

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 19 86	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
16 Feb			4.50	15.00			5.00
17 Feb	27.50	3.50	-	18.50			2.00
18 Feb	27.50	3.00		17.50			2.00
19 Feb	27.50	4.00		16.95			2.00
20 Feb	27.50	3.50		19.50			2.00
21 Feb	27.50	3.50	6.00	19.00			2.00
22 Feb		3.50					

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, Brynn Ashton certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE | DATE

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
SYM 5190
MCB CLNC

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
ASHTON B	CIV	376 66 9944

4. ORGANIZATION AND STATION
PUBLIC WORKS

5. TRAVEL ORDER
TON ** 001826

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVANCE PER DIEM =$410.00**

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860214	$410.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R.RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	001826	6100476322E	$410.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SMF				$410.00

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
SYN 5190
MCB CLNC

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
ASHTON B	CIV	376 66 9944

4. ORGANIZATION AND STATION
PUBLIC WORKS

5. TRAVEL ORDER
TON ** 001826

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVANCE PER DIEM =$410.00**

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	060214	$410.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R.RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
17L1106.2720	308	67001/0	067001	JK	001826	L10047630206	$410.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SHF				$410.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U.S. APRIL 28, 1972

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Bryan Ashton Organization PWO Ext. 2213

From Hubert, NC To Madison, WI & Rtn

Dates of Travel 16 & 22 Feb 86 Dates of Training 17-21 Feb 86

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax, NC 16 Feb 0735	
Arr Madison, WI ——— 1220	
Lv Madison, WI 22 Feb 1112	$ 382.00
Arr Jax, NC ——— 1706	

Per Diem Estimate		Total Estimated Cost	
3/4 day 16 Feb	56.25	Per Diem	487.50
17-21 Feb	375.00	Travel	382.00
3/4 day 22 Feb	56.25	Limousine Fees	25.00
	487.50	Registration Fees	595.00 (To be billed)
		TOTAL	1489.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 440.00 .

☒ 2. Reservations - ~~make reservations with Passenger~~ Transportation, extension 1971. (RESERVATIONS MADE 23Jan8)

☐ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 10½ hrs. Justification: ☐ Non-exempt under FLSA ☒ Title 5, USC.

☒ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3 .

350

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 001826

FOR Brynn Ashton SSN: 376-66-9944

1. X Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. ___ Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

A/S comp 1530 LC

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 24 Jan 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Ashton, Brynn 376-66-9944

3. POSITION TITLE AND GRADE OR RATING: Civil Engineer, GS-11

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 2213

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Storm Sever Design, Madison, WI 17-21 Feb 86

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 6 1/2

b. PROCEED O/A *(Date)*: 16 Feb 86

11. ITINERARY ☐ VARIATION AUTHORIZED

From Hubert, NC to Madison, WI and return

DISBURSING OFFICE, MCB CAMP LEJEUNE, NC 28542 8602/4 LIQUIDATION

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE:
☐ MORE ADVANTAGEOUS TO GOVERNMENT
☐ MILEAGE (REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER-DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 487.50	$ 382.00	*595.00(reg fee) $ 25.00(limo fee)	$1489.50	$ 410.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo. TO BE BILLED.
MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

Items 1 and 6 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
HOSEA HORNE, JR.
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	001826	AA6 10 0476 3D22E
*1761106.2720	000	67001	0	067001	2D	001826	AA6 10 0477 10220

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 29 Jan 86

22. TRAVEL ORDER NUMBER: 001826

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ROOM

MONTH OF	ARRIVE	DEPART	NO. DAYS	RATE	CONFERENCE

	CHARGES	DATE	CREDIT
BOARD:			
PARKING:			
SUBTOTAL			
STATE SALES TAX			
TOTAL TAXABLE			
ROOM:			
TOTAL			
DUE FROM CUSTOMER			
DUE FROM CONFERENCE			

NAME

STREET ADDRESS

CITY STATE ZIP DATE

WISCONSIN CENTER
GUEST HOUSE • 610 LANGDON • MADISON, WI • 53706

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
Ashton Bryan T	GS-11	376-66-9944

CHECK MAILING ADDRESS (Include ZIP Code): Bldg 1035 Public Works 28542

DUTY PHONE NO.: 451-5658

ORGANIZATION AND STATION:

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

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

40 2/14/86

1. ITINERARY (See Item 25 for Symbols)

DATE 19 86		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS GOVT DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
2/16	DEP	100	Jacksonville, NC	Air						
	ARR	730	Madison Airport							
"	DEP	800		Taxi						
"	ARR	830p	Guest House							
2/23	DEP	930a	Madison, WI	Taxi		162.00				
2/23	ARR	1000	Madison							
"	DEP	1200	Airport	Air						
"	ARR	1800	Jacksonville							
23	DEP	1850								
16	ARR	1950	Hulbert							
16	DEP	1200	Hulbert	PA						
2/16	ARR	1330	Airport							
	DEP									
	ARR									

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
	Traveler Checks	300	
	Rd trips mileage to Abbeville 60		

SUMMARY OF PAYMENT

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

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO
	1630	

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT

DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 1986	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
2/16		—	4 50	15 00	—	6 00*	3 00
2/17	27.50	3.50	—	18 50	—		2 00
2/18	"	3 00	—	17 50	—		2 00
2/19	"	4 00	—	16 95	—		2 00
2/20	"	3 50	—	19 50	—		2 00
2/21	"	3 50	6 00	19 00	—		2 00
2/22	165 00	3 50	—	—	—		
						6 00	
Taxi from Airport to Motel							
	2 75						
	6 T 165.00						
	12						
	45						
	47	30					

NOTES

1/ Attach lodging receipt(s) as supporting document(s).

2/ Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)

3/ Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.

4/ (a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseure); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.

I, Bryan Ashton (Type or Print Name) certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE: Bryan Ashton

DATE: 2/24/86

DD FORM 1 JAN 78 1351-3 S/N 0102 LF-013-3300

TAB ▼ STOP

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code agency subelement and submitting office number (xx-xx-xxxx): 01

B. Standard document number:

C. Request Status or Process Code (X one block): 02 — Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name (Last - First - Middle Initial) Indicate preferred title (example - Miss, Mrs., Mr., Ms., LTC, etc.): FITCH, James H.
First 5 letters of last name: 03
2. Social Security Number: 04 — 223-52-9111
3a. Organization Unit Identification Code (UIC):
b. Date of birth (Year Month): 05
4. Home address (Optional - to notify in case of emergency):
3000 Country Club Road
Jacksonville, NC
5. Home telephone (Optional) Area code/Number:
6. Position level (X only one):
- Non-supervisory
- Manager
- X Supervisory
- Executive
- Other (Specify)

7. Organization mailing address (Branch - Division/Office/Bureau/Agency/Service/Command):
Public Works Division
Marine Corps Base
Camp Lejeune, NC 28542
8. Office telephone Area code/AUTOVON/Number/Ext:
919-91-5507
9. Continuous federal service: Years | Months
10. Number of prior non-government training days:
11. Position title/function:
General Engineer
12. Pay plan/series/grade/step . Rank/MOS/AFSC or Navy Designator:
GS 801 12
13. Type of appointment: CAR
14. Education level:

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Energy Technology Conference & Exposition
966 Hungerford Drive, #24
Rockville, MD 20850 USA

b. Location of training site (If same, mark box.) ☐ (If not required, use for remarks.)
The Sheraton Washington Hotel
Washington , DC

16a. Training Type/ Subject Area Identifier:
b. Course title or training services: Energy Technology'86 Conference/Course
c. Dispute code:

17a. Catalog/Course No.:
b. Offering:
18. Training period (6 digits): 06 — Year | Month | Day | c. Record ID
a. Start: 86 | 03 | 17
b. Complete: 86 | 03 | 21
19. Number of course hours (4 digits): 07
a. During duty:
b. Non-duty:
c. TOTAL: 40
20. PART I – training codes (see instructions)
a. Purpose: Code
b. Type: Code
c. Source: 08 Code: 10
d. Special Interest: 09 Code: 11

20. PART II – DOD use (See instructions)
a. Training Facility/Vendor Unit Identification Code (UIC):
b. Security Clearance:
c. Allocation Status:
d. Training credits
Continuing education units:
Other (college, etc.):
e. Priority:
f. Training level:
g. Method of training:
h. Training program:
i. Reason for selec.:
j. Method of eval.:

Section C – ESTIMATED COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund changeable

a. Total est. direct costs 12	dollars	cents	b. Tuition cost	dollars	cents	c. Books, material or other costs	dollars	cents	d. Funding source
	$			$			$		

e. Accounting classification(s):
f. Signature of fiscal officer (follow local procedure):
22. Job order numb (Optional):
23. Labor costs (Optional) $:
24. Total estimated costs (Optional) $:

25. Indirect costs

a. Total est. indirect costs 13	dollars	cents	b. Travel cost	dollars	cents	c. Per diem/other costs	dollars	cents	d. Travel order number
	$ 984	00		$ 112	00		$ 412	50	

Section D – APPROVALS

26. Supervisor (Name and title/code): M. I. KIMBALL, Asst. PWO
Area code/Number/Extension: 919-451-2213
Signature:
Date:

27. Does nominee meet prerequisites? Yes | No — If No, attach waiver request

I CERTIFY that this training meets regulatory requirement:
Training Officer (Name and title/code):
Area code/Number/Extension:
Signature:
Date:

28a. Station Symbol:
SF-1080
b. Billing instructions (Identify discount terms % days.)
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official (Name and title/code): T. L. HUGUELET, PWO
Area code/Number/Extension: 919-451-2581
Signature:
Approved | Disapproved
Date:

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date: Year | Month | Day
b. Grade:
School official/Trainee (Signature/code):
Date:

31. I certify that this account is correct and proper for payment in the amount of:
$
Certifying official (Name and title/code):
Signature:
Date:

DSSN number | Check number | Voucher number

32. School official (Name and title):
Signature:
Acceptance approval
Yes — Nominee accepted
No — Not accepted

TRAVEL AND FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 1
DD Form 1 AUG 72 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD Component Optional Form 120

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 10 Mar 1986

FROM: James H. Fitch, Manager, Specifications and Estimates Section, Public Works

TO: Linda Passingham, Employee Development Superintendent, Civilian Personnel Div.

SUBJ: REQUEST TO SUBSTITUTE ENERGY CONFERENCE COURSE

Encl: (1) DD Form 1556

1. The original Energy-Thermal Storage course at the University of Wisconsin was scheduled for March 1-7 and had convened before we were told of the energy money approval.

2. I have requested to attend the Energy Technology '86 course at Washington, DC scheduled for March 17-21 as a substitution. The enclosure shows desired registration for the conference course, which is approximately the same cost or cheaper than the original course.

3. If this substitution is approved, the following is necessary to accomplish attendance:

a. Advance ready Wednesday, March 12, as I will be departing Jcksonville very early Friday, March 14 for western NC (annual leave on Friday).

b. Air departure from Charlotte on Sunday night due to 1a above. I will be glad to make my own reservations, this time, if I may.

c. Return to Jacksonville on Friday night.

JAMES H. FITCH, P.E.

Sprinkler

Mark

How about Sept 29-30 in New Orleans or 22-23 in Chicago Mon-Tue traveled

NFPA 13 Sprinkler Systems by NFPA.

This Utilities Money has included sprinkler systems before.

More NFPA 13 Knowledge is needed in Design Division

Jack Fitch

1986

Sprinkler

FIRE DEPARTMEN
YOUR TOWN, USA
APPROVED Gold J. F
Monty Hill Sta
FIRE PREVENTION B

$325.00

$325.00 for the two-day seminar. ($295.00 for NFPA members.) The full fee (or a purchase order) is due in advance of the seminar.

Members are entitled to the special discount described above, so be sure to put your membership number on the registration form.

20% discount for groups of 5 or more! Only $260.00 per person ($236.00 for NFPA members and their group).

NFPA is certified to award CEU's. These are nationally recognized, standard units of measurement earned for satisfactory completion of qualified programs of continuing education. They are recorded on a permanent transcript and will be sent to you for a nominal fee. You'll receive 1.4 CEUs for this workshop.

Before you approve your next sprinkler plan . . . Make sure you've got the facts you need!

Announcing a New NFPA Workshop:
How to Conduct Plans Review and Inspection of Automatic Sprinkler Systems
. . . in accordance with the new NFPA 13.

"The *Automatic Sprinkler System Plan Review and Inspection* seminar provided a practical, step-by-step procedure for reviewing sprinkler plans and on-site follow-up field inspections by our Fire Protection Officers. We would highly recommend this type of workshop for others involved in the code enforcement process."

Jack Essex
Acting Fire Marshal
San Ramon Valley Fire Protection District
Danville, CA

(Please Print)

☐ YES! Please reserve _____ spaces for me/us to attend. For additional registrations, please copy this form..

Remember, groups of 5 or more save 20%!

Check the location you will attend

☐ February 24–25 — San Francisco, CA
☐ March 3–4 — Dallas, TX
☐ April 14–15 — West Palm Beach, FL
2 ☐ September 22–23 — Chicago, IL Tue-Wed
1 ☐ September 29–30 — New Orleans, LA Mon-Fri

Sponsored by the Fire Marshals Association of North America.

Enrollment is limited— Call today! 1-800-344-3555

ng in the design of sprinkler systems and a
other fire and life safety services, all Work-
ers have conducted training sessions across
States.

Formerly a designer of sprinkler systems,
Mr. Schultz now advises clients on design
concepts for fire suppression and detection
e is a member of 7 NFPA Technical Committees
the SFPE Seminar Committee. He holds a
Protection and Safety Engineering from the
itute of Technology and an MBA from
iversity.

As a Senior Design Engineer, Mr. Sharp is
responsible for the design of sprinkler
systems for a wide variety of clients.
he is responsible for sprinkler systems
an existing 51-story office building. Mr.
s a BA from the University of Cincinnati.

Experts!

Schirmer Engineering joins the National Fire Protection Association in a workshop to train you for automatic sprinkler system plan reviews and inspections, and to bring you up-to-date on the latest code requirements.

Special Thanks to our Co-Sponsors:

— San Francisco, CA Fire Dept.
— Palm Beach County Fire-Rescue, Chief Herman W. Brice, WPB, FL
— Dallas, TX Fire Dept.
— South Suburban Fire Inspectors Association, South Cook County, IL
— TBA for New Orleans

NFPA®

National Fire Protection Association
Batterymarch Park
Quincy, MA 02269

Non-Profit
Organization
U.S. Postage
PAID
Permit No. 766
Boston, MA 02210

28542****MRNCSTLL1005
LARRY N STALLINGS
ARCHITECT
MARINE CORP PUBLIC WORKS DEPT.
BUILDING 1005
CAMP LEJEUNE NC 28542

How to Conduct Plans Review and Inspection of Automatic

. . . in accordance with the new NFPA 13: Standard for the Installation of Sprinkler Systems

Reviewing sprinkler system plans is no easy job! It takes professional training to conduct a review of these detailed, technical documents—and to do it right. And *that's* what this workshop is all about.

Plus, the timing is perfect! With the 1985 edition of *NFPA 13: Installation of Sprinkler Systems* just published, it is more important than ever for professionals responsible for approving sprinkler plans to have a firm understanding of the latest standard. Review and explanation of the new code is a central part of the workshop.

When you're responsible for approving sprinkler system plans, you want to be sure you're doing the job right—every time. This workshop gives you thorough training for reviews, plus vital information about the technical aspects of automatic sprinkler system installation.

You'll learn about such important topics as analyzing available water supply . . . determining appropriate system design criteria . . . spacing and location requirements of sprinkler heads . . . material requirements . . . the review of hydraulic calculations . . . and much, much more.

How to Conduct Plans Review and Inspection of Automatic Sprinkler Systems provides training that you can put to use right away in your daily work. Whether you've been conducting sprinkler plan reviews for a number of years —or if you're just starting out—you'll find the benefits of this course to be invaluable.

This workshop is packed with valuable information and the format is varied to make the most out of time spent. Hundreds of slides and overhead projections of sprinkler systems supplement the lectures so you know exactly what you're looking at when you're on site. You'll evaluate actual sprinkler system plans and identify errors, just like you would in a real plan review. Then, you'll walk through a construction site where you and your colleagues will put what you've learned to use by viewing an installation and comparing it to the plan.

Plus, the workshop style of this program gives you the opportunity to discuss topics of concern with your colleagues, and to have your questions answered by sprinkler experts.

Anyone responsible for preparing, reviewing, approving, or inspecting automatic sprinkler system plans will benefit by having this course under his belt. And that means:

- Fire Service Inspectors
- Fire Prevention Officers
- Fire Marshals
- Building Officials or Building Plan Reviewers
- Risk Insurance Managers
- Architects
- Building Contractors

Two days of training include how to read and evaluate sprinkler system plans and how to identify different types of sprinkler installations on location. At an actual construction site, you'll learn how to effectively inspect the system for compliance with the latest standard requirements. Plus, group discussions give you a chance to ask questions and work out problems involving your own specific jobs.

1. Sprinkler System Fundamentals

2. System Components

3. Design Considerations

8:30 am to 8:00 pm ET
Our Customer Service Reps are ready to help you!

nkler Systems

Supply

ulic Calculations

through of Construction Site

ave this seminar with an illus-
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tomatic Sprinkler Handbook,
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: *Standard for the Installation of*
Systems, plus commentary to
he more complex code sec-

tions. To round out your sprinkler system library, we also include the three related NFPA standards: *NFPA 172: Standard Fire Protection Symbols for Architectural and Engineering Drawings, NFPA 231: Standard for Indoor General Storage,* and *NFPA 231C: Standard for Rack Storage of Materials.*

"The *Automatic Sprinkler System Plan Review and Inspection* seminar provided a practical, step-by-step procedure for reviewing sprinkler plans and on-site follow-up field inspections by our Fire Protection Officers. We would highly recommend this type of workshop for others involved in the code enforcement process."

Jack Essex
Acting Fire Marshal
San Ramon Valley Fire Protection District
Danville, CA

MasterCard and VISA credit cardholders call toll-free, **1-800-344-3555.**

Complete the order form and mail to: NFPA, Seminar Registrar, Batterymarch Park, Quincy, MA 02269

$325.00 for the two-day seminar. ($295.00 for NFPA members.) The full fee (or a purchase order) is due in advance of the seminar.

Members are entitled to the special discount described above, so be sure to put your membership number on the registration form.

20% discount for groups of 5 or more! Only $260.00 per person ($236.00 for NFPA members and their group).

NFPA is certified to award CEU's. These are nationally recognized, standard units of measurement earned for satisfactory completion of qualified programs of continuing education. They are recorded on a permanent transcript and will be sent to you for a nominal fee. You'll receive 1.4 CEUs for this workshop.

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ember, groups of 5 or more save 20%!

ck the location you will attend

bruary 24–25 — San Francisco, CA

Register by mail: Complete the order form and mail to: NFPA, Seminar Registrar, Batterymarch Park, Quincy, MA 02269

NAME _____ SOCIAL SECURITY #

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ I am an NFPA Member. My Member Number is _____.

Check One:
☐ I enclose a check (payable to NFPA).
☐ I attach a purchase order.
☐ Charge my: ☐ MasterCard ☐ VISA

_____
Card No.

_____
Exp. Date _____ Signature _____

6. Walk-through of Construction Site

You'll leave this seminar with an illustrated workbook, complete with a bibliography, that you'll turn to again and again on the job.

In addition, you'll receive the new *1985 Automatic Sprinkler Handbook*, which includes the complete text of *NFPA 13: Standard for the Installation of Sprinkler Systems*, plus commentary to explain the more complex code sec-

$325

"The *Automatic Sprinkler System Plan Review and Inspection* seminar provided a practical, step-by-step procedure for reviewing sprinkler plans and on-site follow-up field inspections by our Fire Protection Officers. We would highly recommend this type of workshop for others involved in the code enforcement process."

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San Ramon Valley Fire Protection District
Danville, CA

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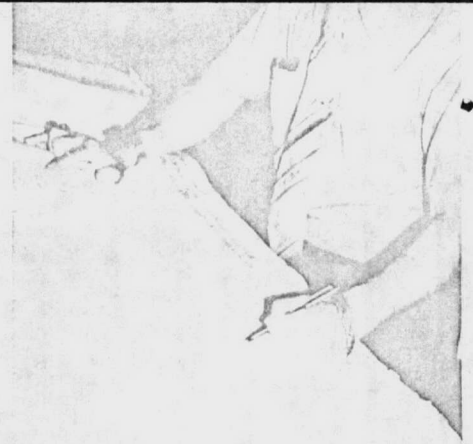

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☐ YES! Please reserve _____ spaces for me/us to attend. For additional registrations, please copy this form.

Remember, groups of 5 or more save 20%!

Check the location you will attend

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Register by mail: Complete the order form and mail to: NFPA, Seminar Registrar, Batterymarch Park, Quincy, MA 02269

NAME _____ SOCIAL SECURITY #

ORGANIZATION

ADDRESS

CITY STATE ZIP

TELEPHONE

I understand that a portion of the program described above involves touring a construction site. On behalf of myself, my heirs, and assigns, I hereby release the National Fire Protection Association, its employees, and instructors from any injury I may suffer as a result of my participation in the program.

SIGNATURE J11 J12 J13

☐ I am an NFPA Member. My Member Number is _____.

Check One:
☐ I enclose a check (payable to NFPA).
☐ I attach a purchase order.
☐ Charge my: ☐ MasterCard ☐ VISA

Card No.

Exp. Date Signature

NFPA reserves the right to substitute instructors, and to cancel at any time, with full refunds.

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
FITCH, James H.	GS-12	223-52-0111

CHECK MAILING ADDRESS (Include ZIP Code): 28540
DUTY PHONE NO.
3000 Country Club Rd., Jacksonville, NC 5507 or 2213

ORGANIZATION AND STATION
Public Works Division, Marine Corps Base, Camp Lejeune

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)
No. 002606, 13 March 1986

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state)
No. 860314, $1400 DOV 66246 MCB, CAMP LEJEUNE, NC

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

1. ITINERARY (See Item 25 for Symbols)

DATE 19 86		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
3-14	DEP	1412	Home, PumpkinCtr	PA					
3-16	ARR	1650	Charlotte, NC		AT				
3-16	DEP	1920	Airport	TP					
3-16	ARR	2025	Washington, D.C		AD				
3-21	DEP	2135	Washington, D.C.	TP					
3-21	ARR	2300	Jacksonville, NC		AD				
3-21	DEP	2340	Airport	PA					
3-22	ARR	0045	Home, PumpkinCtr		MC				
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COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
3-21	Roundtrip Home-Airport-Home 42miles	$9.66	(RT 0.23¢)
3-16	Constructive Calculated Credit as above	$9.66	
3-24	Expenses on DD 1351-3 attached		

SUMMARY OF PAYMENT

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

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

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

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DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN	C	(7) PLANE	P
(own expense)		(8) RAIL	R
(4) PRIVATELY-OWNED		(9) VESSEL	V
CONVEYANCE	P	(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 11 Mar 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Fitch, James H. 223-52-9111

3. POSITION TITLE AND GRADE OR RATING: General Engineer, GS-12

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 2213

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Engrgy Technology '86 Conference/Course, Wash., D.C. 17-21 Mar 86

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 5 1/2

b. PROCEED O/A *(Date)*: 16 Mar 86

11. ITINERARY ☐ VARIATION AUTHORIZED

From Charlotte, NC to Wash., D.C. and return to Jacksonville, NC

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	XX						☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 412.50	$ 150.00	$ ~~25.00(line fee)~~ 984.00(reg fee)	$ 1571.50	$ 1400.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
MCDCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 1 and 6 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
J. F. SHARPE
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	002606	AA6 10 0476 3D22F
*1761106.2720	000	67001	0	067001	2D	002606	AA6 10 0477 1022C

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
J. F. SHARPE
By direction of the Commanding General

21. DATE ISSUED: 13 Mar 86

22. TRAVEL ORDER NUMBER: 002606

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 19 86	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
3/14	41.93			15 86			Injection Chg 14.00
3/15	32.40	5 90	10 73	13 71			
3/16	22 00	8 96	13 36	24 08	4 10	15.00	
3/17	33.00	3 95	16 94	22 76	4 10	1.60	Registration ~~100.00~~
3/18	33.00	3 95	18 15	21 33	4 10	1.60	
3/19	33.00	3 96	18 71	12 43	4 10	1.60	
3/20	33.00	3 95	17 62	12 39	4 10	1.60	
~~3/21~~	33.00	3.95	17 12	14 08		16.50	

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, James H. Fitch certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE James H. Fitch

DATE 24 MAR 86

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
SYM.5190
MCB,CLNC
860314

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
FITCH J.H.	GS-12	223 52 9111

4. ORGANIZATION AND STATION
MCB,CLNC,28542

5. TRAVEL ORDER
TON NO.002606 DTD.13 MAR 86.

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
ADV AUTH=$1400.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860313	$1400.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R. RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	002606	6100476D22E	$1400.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
LAWSON				$1400.00

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10 FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
BRANT, WILLIAM L.	GS-11	240-98-0766

CHECK MAILING ADDRESS (Include ZIP Code): P.O. BOX 25 CHINQUAPIN, N.C. 28521

DUTY PHONE NO.: 451-1833

ORGANIZATION AND STATION: PUBLIC WORKS DIVISION, MARINE CORPS BASE, CAMP LEJEUNE

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 002276 dtd. 26 FEB 86

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

$230.00 6582A MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 1986		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
4MAR	DEP	1200	CAMP LEJEUNE	PA						
4MAR	ARR	1330	ALBERT ELLIS		AT					
4MAR	DEP	1400	AIRPORT	CP						
4MAR	ARR	1445	CHARLOTTE, N.C.		AT					
4MAR	DEP	1530	AIRPORT	CP						
4MAR	ARR	1745	MIAMI, FLA.		AT					
4MAR	DEP	1910	AIRPORT	CP						
4MAR	ARR	2010	KEY WEST, FLA		AT					
4MAR	DEP	2045	AIRPORT	CA						
4MAR	ARR	2110	NAVAL AIR STA.		TD					
7MAR	DEP	0545	KEY WEST B.O.Q.	CA						
7MAR	ARR	0610	KEY WEST, FLA		AT					
7MAR	DEP	0705	AIRPORT	CP						
7MAR	ARR	0740	MIAMI, AIRPORT		AT					

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
4MAR86	PA MILES FROM MCB TO AIRPT (20 MI.)		
4MAR 86	TAXI FEE KEYWEST AIR. TO BOQ.	$14.00	
5MAR86	REGISTRATION FEE AKUZ #39 SEMINAR	$15.00	
4-7MAR86	AIRPORT PARKING FEE	$7.50	

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

COMPUTATIONS

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: William L Brant

DATE: 10 MAR 86

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

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

☆ U.S. Government Printing Office: 1977—707-816

TRAVEL VOUCHER OR SUBVOUCHER
(Continuation Sheet)

PAGE NO. 2

LAST NAME—FIRST NAME—MIDDLE INITIAL *(Print/Type)*
BRANT, WILLIAM L.

I. ITINERARY

DATE 1986		LOCAL STANDARD TIME (24 Hour Clock)	PLACE (Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	GOVT QTS USED	GOVT QTS NOT USED	NON-GOVT QTS USED	NUMBER MEALS USED: GOVT	NUMBER MEALS USED: NON-GOVT	NUMBER MEALS USED: OFFICER OPEN MESS	SPEEDOMETER READING OR MILEAGE
7MAR	DEP	0830	MIAMI, AIRPORT	CP								
7MAR	ARR	1045	CHARLOTTE, N.C.		AT							
7MAR	DEP	1305	AIRPORT	CP								
7MAR	ARR	1350	ELLIS AIRPORT		AT							
7MAR	DEP	1445	JACKSONVILLE, N.C.	PA								
7MAR	ARR	1520	RESIDENCE		MC							
	DEP		CHINQUAPIN, N.C.									
	ARR											
	DEP											
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	DEP											
	ARR											

II. FOR DO USE ONLY

COMPUTATIONS

III. REIMBURSABLE EXPENSES

DATE	NATURE AND EXPLANATION	AMOUNT CLAIMED	ALLOWED
7MAR86	PA MILES AIRPORT TO RESIDENCE (19 mi.)		

IV. TRANSPORTATION REQUESTS/MEAL TICKETS USED

NUMBER	FROM	TO

V. CHARGES—BOQ OR NON-GOVT MEALS AND QTS

FROM (Date)	TO (Date)	TYPE	RATE	TOTAL PAID

DD FORM 1351-2c

FORM APPROVED BY COMPTROLLER GENERAL, U.S. 2 JUNE 1965

3

☆ U.S.GPO:1984-0-706-922/521

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 86	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
4MAR	4.00		5.68	18.79			
5MAR	4.00	6.85	7.76	19.68			
6MAR	4.00	6.57	7.98	18.96			
7MAR		7.59	9.38				

NOTES

1/ Attach lodging receipt(s) as supporting document(s).

2/ Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)

3/ Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.

4/ (a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.

I, William L. Brant certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE William L Brant DATE 11 MAR 86

ISSUED BY
PIEDMONT AVIATION INC.

PASSENGER TICKET AND BAGGAGE CHECK
030 7
SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

ENDORSEMENTS (CARBON)

NAME OF PASSENGER — NOT TRANSFERABLE
BRANT/S MR

PASSENGER'S COUPON
DATE OF ISSUE: 00
TOUR CODE: 27EE086

ORIGIN: JACKSONVILLE NC
DESTINATION: JACKSONVILLE NC
ISSUED IN EXCHANGE FOR:
DATE AND PLACE OF ORIGINAL ISSUE:
CONJUNCTION TICKET(S):

030 5870006432
PIEDMONT AIRLINES
CAMP LEJEUNE
27 CLNOO 1556
22 11 54 DATE AND PLACE OF ISSUE

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	FROM JACKSONVILLE NC										
Y	TO CHARLOTTE	PI	262 Q		04MAR	2002 OK Q					
#	TO MIAMI FLA	PI	361 Q		04MAR	320P OK Q					
F	TO KEY WEST FLA	PI	1193 N		05MAR	900P OK N					
	TO MIAMI FLA	PI	1179 N		07MAR	1000A OK N					

BAGGAGE CHECKED / UNCHECKED — PCS. / WT. / UNCK. WT.

FARE: 319.00 — FARE CALCULATION: ORMIA 130 MIAEYS 99 EYRMIA 5
TAX: 37.96
TAX: 31.04 B MIADAJ 172
TOTAL:
EQUIV. FARE PD.: 419.00
AGT. INFO: 0307/
ISOL NO.:

FORM OF PAYMENT: SCRV4247213/LC/-/C/CT/M

CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK
030	5870006432	3		

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

PRINTED IN U.S.A. BY WALLACE

ISSUED BY
Piedmont Aviation, Inc.
OPERATING AS PIEDMONT AIRLINES

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

ENDORSEMENTS

NAME OF PASSENGER — NOT TRANSFERABLE
BRANT/J MR

PASSENGER'S COUPON
DATE OF ISSUE: 00
TOUR CODE:

ORIGIN
DESTINATION
ISSUED IN EXCHANGE FOR
DATE AND PLACE OF ORIGINAL ISSUE
CONJUNCTION TICKET(S)

AIRLINE 030 — FORM 4466 — SERIAL NUMBER 786455
PIEDMONT AIRLINES
KEY WEST FLA
AP EW01 0014
05 DATE AND PLACE OF ISSUE

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT. DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	FROM KEY WEST FLA										
	TO MIAMI FLA	PI	22 Y		7MAR	825A OK					
	TO CHARLOTTE	PI	239 Y		7MAR	1234P OK					
	TO JACKSONVILLE NC										
	TO --VOID--										

BAGGAGE CHECKED / UNCHECKED — PCS. / WT. / UNCK. WT.

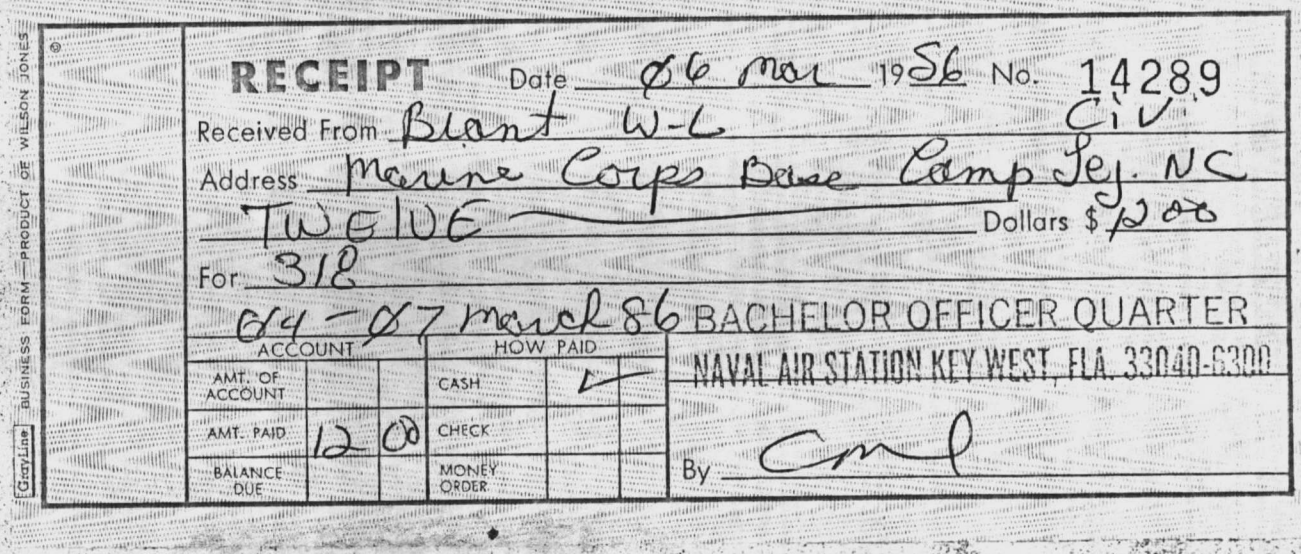
FARE
TAX
TOTAL
EQUIV. FARE PD.

FARE CALCULATION

FORM OF PAYMENT

CPN	AIRLINE	TICKET NUMBER	CK

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN PIEDMONT AIRLINES OR ITS AUTHORIZED AGENTS.



RECEIPT Date 06 mar 1956 No. 14289

Received From Blant W-L CIV

Address Marine Corps Base Camp Lej. NC

TWELVE Dollars $12.00

For 312

04-07 march 86 BACHELOR OFFICER QUARTER

NAVAL AIR STATION KEY WEST, FLA. 33040-6300

ACCOUNT			HOW PAID	
AMT. OF ACCOUNT			CASH	✓
AMT. PAID	12	00	CHECK	
BALANCE DUE			MONEY ORDER	

By CMP

GreyLine BUSINESS FORM—PRODUCT OF WILSON JONES ©

(3)

7.50

ALBERT J. ELLIS AIRPORT

RICHLANDS, NORTH CAROLINA

OVERNIGHT PARKING

THIS IS A LICENSE. NO BAILMENT CREATED. HOLDER MAY PARK ONE AUTOMOBILE IN THIS AREA AT HIS OWN RISK OF ANY FIRE, THEFT OR DAMAGE TO AUTO OR CONTENTS OF SAME.

3-4-86

CLAIM CHECK № 5869

---

05 Mar 19 86 No. ____

Received from Williams Brant

Address ____

For AICU2 #39 Seniors Dollars $ 15.00/xx

Fifteen and no/100 ____

By Brigette G. Glaeser

AMOUNT	
TOTAL AMT.	
AMT. PAID	
BAL. DUE	
HOW PAID	
CASH	
CHECK	
OTHER	

SEMINOLE – MIAMI

FIVE 6's CAB RECEIPT

Permit # ____

From Airport

To Frabo Navy BOQ

Amt. 14.00

Date 2-4

Driver Pascal

Cab # 4

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
MCB CLNC
SYM 5190

860303

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
BRANT, W.L.	CIV	240 98 0766

4. ORGANIZATION AND STATION
PUBLIC WORKS, MCB, CLNC

5. TRAVEL ORDER
CG MCB CLNC TON 2276 dtd 860226

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PD ADV XXXXXXXXXX AUTH: $230.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860228	$230.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED.

2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R. RUCH, MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	002276	61004763D22B	$230.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SN				$230.00

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 002276

FOR William L. Brant SSN: 240-98-0766

1. X Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. X Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

ESTIMATED COST INFORMATION FOR TDY

Itinerary for William L. Brant Organization PWO Ext. 2213

From CLNC To Key West, Fla. & Stn to Chinquapin, NC

Dates of Travel 4 & 7 Mar 86 Dates of Training 5-6 Mar 86

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax, NC 4 Mar 1400 Arr Key West, FL — 1955 Lv Key West, FL 7 Mar 1000 Arr Jax, NC — 1706	$419.00

Per Diem Estimate		Total Estimated Cost	
½ day 4 Mar	37.50	Per Diem	262.50
5-7 Mar	225.00	Travel	419.00
	262.50	Limousine Fees	25.00
		Registration Fees	—
		TOTAL	706.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 230.00.

☒ 2. Reservations ~~- make reservations with Passenger Transportation, extension 1971.~~ RESERVATIONS MADE 14 FEB 86

☒ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is NONE. Justification: ☐ Non-exempt under FLSA ☐ Title 5, USC.

☐ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

Brant

Adj Comp

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 18 Feb 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Brant, William L. 240-98-0766

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-11

4. OFFICIAL STATION: Marine Corps Base Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 2213

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Air Installations Compatible Use Zones Seminar, Key West, FL 5-6 Mar 86

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 3 1/2

b. PROCEED O/A *(Date)*: 4 Mar 86

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Key West, FL and return to Chinquapin, NC

DISBURSING OFFICE
MCB, CAMP LEJEUNE, NC 28542
DATE 860303
ADVANCE LIQUIDATION
Mileage
Per Diem 230.00
Dep Tvl
Self Move
Less Adv TA
Total 230.00

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP
	XX					

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE
☐ MORE ADVANTAGEOUS TO GOVERNMENT
☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

D. R. RUCH
BY:

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 262.50	$ 419.00	$25.00(limofee)	$ 706.50	$ 230.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 1, 6 and 8 of the attached Statement of Instructions apply to this order.

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

17. REQUESTING OFFICIAL *(Title and signature)*
L. F. PASSINGHAM
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
HOSEA HORNE, JR.
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	002276	AA6 10 0476 3D22E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
J. F. SHARPE
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 26 Feb 86

22. TRAVEL ORDER NUMBER: 002276

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN 1971

☆U.S. GOVERNMENT PRINTING OFFICE: 1979—605-1

D5734

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 19 85	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
15Sep	$47.96	3.50	8.86	16.89			
16Sep	47.96	5.85	5.50	17.58	5.25		
17Sep	47.96	5.85	5.50	19.95	5.25		
18Sep	47.96	5.85	5.50	18.98	5.25		
19Sep	47.96	5.85	5.50	17.98	5.25		
20Sep	47.00	6.48	8.89				
Both breakfast and lunch meals from 16Sep-19Sep were buffet.							

NOTES

1/ Attach lodging receipt(s) as supporting document(s).

2/ Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)

3/ Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.

4/ (a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.

I, WILLIAM L. BRANT *(Type or Print Name)* certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE William L. Brant

DATE 26 SEPT 85

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

Carl Baker

6 Jan 85

From: James H. Fitch, Jr.

This is a substitution for the WANG Spec. operators Course at Port Hueneme which will not be held in FY-86, if ever.

Lynn's original course was estimated at $814.00.

Sue

#6501
Storm Sewer Design
February 17-21, 1986

	Please route to
	Drainage Engineer
	Design Engineer
	Street Engineer

Please route duplicate brochures and those undeliverable.

The College of Engineering
University of Wisconsin-Madison

Engineering Professional Development
432 North Lake Street
Madison, Wisconsin 53706

UW-Madison provides equal opportunities in employment and programming, including Title IX requirements

WISCONSIN MADISON

Nonprofit
Organization
PAID
Permit No. 658

Department of
Engineering Professional Development

I sent this brochure to Linda for Bryan — She will take care of it

Storm Sewer Design

Learn to design a balanced drainage system

February 17-21, 1986

The College of Engineering
University of Wisconsin-Madison

Storm Sewer Design

February 17-21, 1986

Schedule

Monday, February 17

8:00 Registration
The Wisconsin Center
702 Langdon Street
Madison, Wisconsin

8:30 Welcome
Don Theobald
Program Director
Department of Engineering Professional Development
University of Wisconsin-Madison

8:45 Lectures and Workshop
- Hydrology review
- Rational formula, peak discharge rates
- Hydraulics review
- Street flow

Professor Ronald Rossmiller
Iowa State University

4:30 Adjourn Session

Tuesday, February 18

8:00 Lectures and Workshop
- Inlet design
  - -curb opening inlets
    - on grade
    - sump
  - -grate inlets
    - on grade
    - sump
- Connector pipes

4:30 Adjourn Session

Wednesday, February 19

8:00 Lectures and Workshop in IBM Computer Laboratory
- Street flow and inlet design using a microcomputer
- Storm sewer sizing
- Friction and minor losses
- Hydraulic grade line determination
- Summary

4:30 Adjourn Session

Thursday, February 20

8:00 Lectures and Workshop
- Urban stormwater management
  - -overview
  - -primary and major systems
  - -on-site and watershed controls
- Inflow hydrographs
- Depth-storage curves

4:30 Adjourn Session

Friday, February 21

8:00 Lectures and Workshop
- Depth-outflow curves
- Routing procedure
- Summary

12:00 Final Adjournment

Lunch on Your Own

Notes for Participants

Lunch will be provided at 12:00 noon Monday through Thursday in The Wisconsin Center. Morning and afternoon refreshments breaks will be provided Monday through Thursday, and Friday morning.

For your use in the workshops, please bring a hand-held electronic calculator and an engineer's scale.

You will receive copies of the following manuals for your use in the classroom and in your office library.

USDA Conservation Soil Service TR55
FHWA Highway Culvert Design HEC #5
FHWA Design Charts for Open Channel Flow HDS #3
FHWA Drainage of Highway Pavement (1985) HEC #12

Upcoming Programs

Highway Pavement Design, Houston, Texas, March 17-20, 1986

Technical Writing for Engineers and Technicians, Green Bay, Wisconsin, May 15-16, 1986

Detention Basin Design Basics, December 1-2, 1986

Detention Basin Design—Advanced, December 3-4, 1986

For information on these courses, contact Don Theobald, 608-262-3516.

General Information

Fee Covers Notebook, design manuals and other program materials, an IBM or Apple II floppy disk, break refreshments, lunches, and certificate.

Refund We prefer registration in advance. If you cannot attend, please notify us immediately. We will refund your fee, or you can have someone take your place.

Accommodations Your enrollment confirmation will include hotel/motel information. Advise us at time of registration if you are handicapped and desire special accommodations. Requests will be kept confidential.

Location The Wisconsin Center, 702 Langdon Street, Madison, Wisconsin.

Continuing Education Units This course meets criteria for the nationally accepted Continuing Education Unit. Each participant completing it successfully will earn 3.0 CEU.

Professional Development Degree This is an advanced degree for practicing engineers. The course described in this brochure can apply as credit toward this University of Wisconsin degree. Ask for details and qualifications.

Related Courses To receive information on future courses and seminars, just check the box on the enrollment form, write in your name, title, etc., and mail.

Our programs are supported, in part, by funds administered through UW-Extension.

F-470d

Enrollment Form

Mail To Engineering Registration
The Wisconsin Center
702 Langdon Street
Madison, WI 53706

Or Call Toll Free 800-262-6243 (608-262-1299 direct)
Ask for Engineering Registration
Wisconsin residents call 800-362-3020

Program Information Dial the Toll Free number above, ask for Engineering Information, request:
Program Director, Don Theobald
Program Assistant, Carolyn Franklin
(Direct phone 608-262-3516)

☐ Please send me information on related courses

☐ Please enroll me in Course No. 6501 W

Storm Sewer Design
February 17-21, 1986 (3.0 CEU)
Fee: $595; $540 if two or more from same agency or company attend

☐ MasterCard ☐ VISA

Cardholder's Name _____

Card No. _____ Expires _____

☐ Bill my company ☐ P.O. or check enclosed
(Checks payable in U.S. funds to UW-Extension)

Name _____

Title _____

SS#* _____

Company _____

Address _____

City _____ State _____

Zip _____ Phone ( ) _____

*Assures prompt enrollment confirmation and an accurate record.

This information is collected to enhance the programming efforts of University of Wisconsin-Extension and is voluntary.

Sex: ☐ Female ☐ Male

Birthdate: *Month* ___ *Day* ___ *Year* ___

Heritage: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White or Other

Occupational Area:

☐ 100 Professional, technical and managerial occupations

☐ 700 Other _____

Storm Sewer Design

February 17-21, 1986

About This Course

Engineers design $3.5 billion of storm sewers each year, with most of the cost in small diameter pipes. Approximately 90 percent of storm sewer designers use the "rational formula" to design their systems. A storm sewer system consists of street gutters, inlets, connector pipes, and storm sewers. Each part must be carefully designed to yield a balanced system. When this is done, substantial savings are possible.

This course offers you a variety of insights into the use of the rational formula. You will discover various approaches to the layout and design of storm sewer systems. Through hands-on workshops, you will apply different methods of estimating the percentage of total flow intercepted by curb opening and grate inlets; you will also size the pipes and determine the hydraulic grade line.

A half-day, hands-on workshop in the computer laboratory will give you the opportunity to design inlet location and capacity. We will provide you with a floppy disk (either IBM or Apple II) for the "Inlet" computer program. The disk, which is yours to keep, is helpful in determining the depth of flow and width of spread on streets, and in estimating the portion of the flow intercepted by curb opening and grate inlets.

Who Should Attend

Plan to attend if you are an engineer or engineering technician with responsibility for designing or approving drainage facilities including underground piping systems, curb inlets, catchbasins, and detention systems. This short course can benefit you and your employer.

Course Instructor

Dr. Ronald L. Rossmiller, a registered professional engineer in California and Iowa, worked for 10 years as a planner and designer of flood control systems for the Los Angeles County Flood Control District. He served for five years in the hydraulics section of the Iowa Department of Transportation, working on the hydrologic and hydraulic design of bridges and culverts. In 1972 he joined the faculty of the Department of Civil Engineering at Iowa State University, where his present responsibilities include teaching, research, and extension activities.

Dr. Rossmiller is a member of the American Society of Civil Engineers, the National Society of Professional Engineers, the Iowa Engineering Society, and the American Public Works Association. Since 1967 he has been active as a consultant to consulting firms in the general field of water resources engineering. During the last four years, these consulting and extension activities have centered on urban stormwater management problems. He was involved with writing portions of the American Public Works Association's manual on *Urban Stormwater Management Facilities.*

Dr. Rossmiller receives consistently high ratings for the drainage short courses that he teaches. In this course he will present all lectures, supervise the workshops, and lead the question-and-answer sessions.

Enroll by phone, toll free!
Dial 800-262-6243.
Request Engineering Registration.
In Wisconsin, 800-362-3020.

schedule inside . . .

CSI SEMINARS

Jan. 17, 1986	**A Cost Classification System for Contractors** The Summit Hotel, Dallas, TX $170/195
Jan. 21-22, 1986	**Standing Seam Metal Roofing System** (Co-sponsor: RIEI) Royce Hotel, West Palm Beach, FL $395
Jan. 31, 1986	**Selling to Design Professionals** Tampa Sheraton, Tampa, FL $170/195
Feb. 25-26, 1986	**Standing Seam Metal Roofing System** (Co-sponsor: RIEI) Town & Country Hotel, San Diego, CA $395
Feb. 28, 1986	**The Project Manual A Non-specifier's Most Valuable Tool** Harley Hotel, Atlanta, GA $170/195
Mar. 10-12, 1986	**Specifications and Construction Contracts** (based on the new CSI Manual of Practice) Parker House, Boston, MA $345/395

395 Tuition
196 Travel
300 Per Diem
891

For a brochure,
call Manager of Education Programs at
(703) 684-0300

Brochure ordered in Oct.
and again in Nov. None recvd.

Civilian Employee Training Request

Employee Name Mary Lynn Phillips Grade GS-5 Organization Public Works Spec

Course Title SPECS & CONTRACTS (based on the New Manual of Practice - Construction Specifications Institute, USA) DATES OF COURSE: March 10-12, 1986

Length of Course 3 days Location Parker House, Boston, Mass.

Employees Last Official Performance Rating Outstanding

COST: Registration $ 395. Per Diem $ 300. Travel $ 196. Total $ 891.00

1. Priority assigned to the training requirement.

☐ PRIORITY ONE - ESSENTIAL: Training required during FY 1986 that is considered essential to mission accomplishment for one or more of the following reasons:

☐ Training needed to correct serious performance deficiencies

☐ Training required by law, regulation, or higher authority

☐ Training required for operation/maintenance of new equipment

☐ Training required for employees enrolled in a recognized formal training program

☐ PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

☐ PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

To develop and expand employee's knowledge of construction specification and contracts, as well as the interrelationship between the two. To provide more insight into how specs are done at varied places, in order to better review Division 1 of A/E submissions, also to provide new ideas for Camp Lejeune PWD Specs.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Employee will not receive broad exposure to specs as prepared in the private sector, by A/E Design Contractors for Government, or by other agencies. Enhanced effectiveness and new ideas of how to increase production and accuracy.

5. Certification of training requirement: are benefits which can never be achieved in Camp Lejeune's two person PW Spec. Branch.

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

James H. Fitch

Immediate Supervisor James H. Fitch PE

2d Level Supervisor M.I.Kimball,Act

Department Head

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—271-206

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10 FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
WERNER RICHARD K	GS-11	444-44-8865

CHECK MAILING ADDRESS (Include ZIP Code): Rt 4 BOX 282, RICHLANDS, N.C.

DUTY PHONE NO.: 3238

ORGANIZATION AND STATION: PUBLIC WORKS DIVISION, MCB CAMP LEJEUNE, N.C.

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 002476 DATED 6MAR 86 MCB CLNC

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $415.00 66020 860307 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 1986		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
9MAR	DEP	0630	HOME, RICHLANDS, NC	PA					
9MAR	ARR	0645	AIR PORT		AT				
9MAR	DEP	0735	JACKSONVILLE, NC	CP					
9MAR	ARR	1320	AIR PORT		AT				
9MAR	DEP	1400	MADISON, WI.	CA					
9MAR	ARR	1430	HOTEL		TD				
15MAR	DEP	0900	MADISON WI.	CA					
15MAR	ARR	0930	AIR PORT		AT				
15MAR	DEP	1115	MADISON, WI	CP					
15MAR	ARR	1800	AIR PORT		AT				
15MAR	DEP	1830	JACKSONVILLE, NC	PA					
15MAR	ARR	1845	HOME		MC				
	DEP		RICHLANDS, NC						
	ARR								

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
8 MAR 86	TRAVELERS CHECKS	7.50	
	MILEAGE TO & FROM AIR PORT + 20 MILES		

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

COMPUTATIONS

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: Richard K Werner — DATE: 17 MAR 86

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

☆ U.S. GOVERNMENT PRINTING OFFICE 1979-604-579

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 1986	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
9 MAR	$27.00	$6.00	$9.00	$14.50		13.00	(b) 5.00
10 MAR	27.00	4.50		23.50	8.45	12.00	(a) 2.00
11 MAR	27.00	4.50		18.50			(a) 2.00
12 MAR	27.00	4.50		21.65	13.57		(a) 2.00
13 MAR	27.00	4.50		16.35			(a) 2.00
14 MAR	27.00	4.50		25.00			(a) 2.00
15 MAR		5.00	10.50	12.00		13.00	(a) 2.00 (b) 5.00

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, RICHARD K. LU'ERNER (Type or Print Name) certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE Richard K Lu'erner

DATE 17 MAR 86

FORM

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 002476

FOR Richard Keith Werner SSN: 444-44-8865

1. X Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. ___ Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

ORIGINAL

06 MAR 86

```
CLNLUPI
.HDQXTPI 061819CLN278U
AFR21H
1.1WERNER/R MR
 1 PI 348Y 09MAR CAJCLT HK1    735A  820A
 2 PI 341Y 09MAR CLTORD HK1    905A  953A
 3 NW 247Y 09MAR ORDMSN HK1   1140A 1220P
 4 UA2844M 15MAR MSNORD HK1   1112A 1154A
 5 PI 460Y 15MAR ORDCLT HK1    105P  338P
 6 PI 207Y 15MAR CLTDAJ HK1    423P  510P
P- 1.CLN 919 353 2122 SATO/TMD
T- T/05MAR
W-T-STORED/FARED
F- 1.FQ 112YDG/79YCA/79MDG/112YDG/TTL.382.00
   2. BY 640
   3.4783/LC/-/C/ T/M
   4.1761105.2720/000/67001/0/067001/2D/032476/5100476JD22E
   5.SGR V4 947 258
   6.ATTN TRAVELER YCA FARE ***GOVT CONTRACT ISSUED
   7.TKT MAY NOT BE CHANGED FOR PERSONAL CONVENIENCE*
   8.IF CHANGED STATEMENT MUST ACCOMPANY TRVL VOUCHER
   9.TKT NO 030 5870 007 737/738
  10.MEMO ENDORSEMENT TO BASIC ORDERS.....BE-43/abh
  11.FR TRAFFIC MANAGEMENT OFFICE MARINE CORPS BASE..4650.1
  12.CAMP LEJEUNE NC 28542-500
  13.MOSXTDY
  14.1SCHEDULED GOVT AIR NOT AVAILABLE TO DESTINATION. IF
  15.ORDERS DIRECT GOVT AIR WHERE AVAILABLE OBTAIN
  16.CERTIFICATION AS TO THE AVAILABILITY PRIOR TO RETURN
  17.2THERE IS NO REFUND TO TRAVELER FOR UNUSED TICKETS ISSUED
  18.ON GOVT T/RS. ANY UNAUTHORIZED ADDITIONAL COST MUST BE
  19.PAID BY THE TRAVELER
  20.REPORT ANY LOST TKTS TO THE AIRLINE CONCERNED OBTAIN
  21.COPY OF LOST TKT REPORT AND PRESENT THIS WITH A
  22.STATEMENT TO CLOSEST MILITARY INSTALL. IN ACCORD/W
  23.MCO P4600.7C
  24.4IF YOU EXCHANGE YOUR ORIGINAL TICKET FOR A TICKET
  25.OF LESSER VALUE ADVISE THE CARRIER THAT THE REFUND
  26.IS PAYABLE TO MARINE CORPS BASE PASSENGER TRAFFIC
  27.BRANCH BLDG 233 CAMP LEJEUNE NC 28542-5000.
  28.SURRENDER ALL UNUSED TICKETS OR REFUND APPLICATION TO
  29.THE PASSENGER TRAFFIC BRANCH BLDG 233
  30.CAMP LEJEUNE NC 28542-5000.
  31.RECONFIRM RESERVATIONS FOR RETURN TRVL
  32.CANCEL RESERVATIONS FOR ANY UNUSED TRVL
  33...................//
  34.............................TA FOR MAJ BH MCNUTT

06MAR1819 0394 PYG
```

LV: JACKSONVILLE, NC 0735 — 0820
CHARLOTTE, NC 0905 — 0953
CHICAGO, IL 1140 — 1220
MADISON, WI 1112 — 1154
CHICAGO, IL 1345 — 1538
CHARLOTTE, NC 1625 — 1710
JACKSONVILLE, NC

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Richard K. Wilmes Organization PWD Ext. 3238

From Jax, NC To Madison, WI & Rtn

Dates of Travel 9 & 15 Mar 86 Dates of Training 10-14 Mar 86

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax, NC 9 Mar 0735 Arr Madison, WI — 1220 Lv Madisa, WI 15 Mar 1112 Arr Jax, NC — 1710	$382.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 9 Mar	56.25	Per Diem	487.50
10-14 Mar	375.00	Travel	382.00
3/4 day 15 Mar	56.25	Limousine Fees	25.00
	487.50	Registration Fees	790.00 (To be billed)
		TOTAL	1684.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ $75.00.

☐ 2. Reservations - ~~make~~ reservations with Passenger Transportation, extension 1971. RESERVATIONS MADE 5 MAR 86

☒ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 10 3/4 hrs. Justification: ☐ Non-exempt under FLSA ☒ Title 5, USC.

☒ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY
67001
SYM 5190
NCB CLNC
060307

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
WERNER R.K	CIV	444 44 6865

4. ORGANIZATION AND STATION
PUBLIC WORKS

5. TRAVEL ORDER
TON ** 002476

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVANCE PER DIEM =$415.00**

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
		$415.00	060306	

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE
D.R.RUCH MAJOR

2. SIGNATURE
BY:

V. REMARKS

3238

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
17X1106.2720	003	67001/0	067001	1K	002476	L1003476SD22E	$415.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SNF				$415.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U.S. APRIL 28, 1972

AC/S Compt AKing 5

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 5 Mar 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Werner, Richard Keith 444-44-8865

3. POSITION TITLE AND GRADE OR RATING: Mechanican Engineer, GS-11

4. OFFICIAL STATION: Marine Corps Base Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 3238

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend A/C Design Sytems, Madison Wisconsin 10-14 Mar 86

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 6 1/2

b. PROCEED O/A *(Date)*: 9 Mar 86

11. ITINERARY: From Jacksonville, NC to Madison, WI and return

☐ VARIATION AUTHORIZED

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	X						☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. X ☐ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 487.50	$ 382.00	*$750.00(reg fee) $ 25.00(limo fee)	$ 1684.50	$ 415.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*
Travel meets criteria of SECDEF 18Jan82 memo. TO BE BILLED.
MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Item 1 and 6 of the attached Statement of Instructions apply to these orders.

17. REQUESTING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
HOSEA HORNE, JR.
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION	APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
	1761106.2720	000	67001	0	067001	2D	002476	~~AA6 10 0476 3D22E~~
	*1761106.2720	000	67001	0	067001	2D	002476	~~AA6 10 0477 1022Q~~

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* FOR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding Genera
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 6 Mar 86

22. TRAVEL ORDER NUMBER: 002476

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702 NAVY OVERPRINT - JAN 1971

IFERENCE | CREDIT

ISSUED BY
ISSUED BY PIEDMONT AVIATION INC.

PASSENGER TICKET AND BAGGAGE CHECK 0307
SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

PIEDMONT AVIATION INC.

PASSENGER TICKET AND BAGGAGE CHECK 0307
SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

PASSENGER'S COUPON

ORIGIN JACKSONVILLE NC
DESTINATION
030 5870007737

ORIGIN JACKSONVILLE NC
DESTINATION JACKSONVILLE NC
030 5870007738

PIEDMONT AIRLINES
CAMP LEJEUNE
27 CLNDO 1613
22 111610

ENDORSEMENTS (CARBON)

NAME OF PASSENGER
KERNER/S MR

NOT TRANSFERABLE

DATE OF ISSUE
00
06MAR86

FOUR CODE

ISSUED IN EXCHANGE FOR

DATE AND PLACE OF ORIGINAL ISSUE

CONJUNCTION TICKET(S)

DATE AND PLACE OF ISSUE

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	FROM CHI OHARE										
X	TO CHARLOTTE	PI	460	Y	15MAR	105P	OK	YOG			
	TO JACKSONVILLE NC	PI	207	Y	15MAR	425P	OK	YOG			
	TO --VOID--										
	TO --VOID--										

FARE
FARE CALCULATION
BAGGAGE CHECKED / UNCHECKED | PCS | WT | UNCK WT | PCS | WT | UNCK WT | PCS | WT | UNCK WT | PCS | WT | UNCK WT
FORM OF PAYMENT
@ CSRVD4725N/LC/-/C/PT/N

TAX 353.70
TAX 28.30 9 ORDOAY 112
TOTAL
EQUIV. FARE PD. 382.00
A/L-AGT. INFO
0307/
CONTROL NO.

CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK
030 5870007738 0

IT IS UNLAWFUL TO PURCHASE OR RETAIL THIS TICKET PROVIDED ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

ROOM	Werner Keith

MONTH OF	ARRIVE	DEPART	NO. DAYS	RATE	CONFERENCE
3	10	12	2	270	540

	CHARGES	DATE	CREDIT
BOARD:			
PARKING:			
SUBTOTAL			
STATE SALES TAX			
TOTAL TAXABLE			
ROOM:			
TOTAL			
DUE FROM CUSTOMER			
DUE FROM CONFERENCE			

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 7 Oct 1985

FROM: Public Works Officer, Marine Corps Base, Camp Lejeune

TO: Assistant Chief of Staff, Facilities

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) Your memo 12410 FAC of 6 Sep 1985

1. In response to the reference, the following training courses are submitted in priority as listed for possible FY-86 funding:

Course Description	Cost	Benefits	NO. Attendees	
Comprehensive Lighting Design	$1600	To achieve efficient, cost effective lighting systems designs.	1	Andy
Air-Conditioning ~~Piping~~ Design Systems	$1700	To better understand piping systems so that the designer may have the tools to design more energy efficient heating and air conditioning systems.	1	Keith Madison, WI 10-14 Mar
Air Conditioning ~~Air Distribution~~ Design - Testing, Adjusting + Balancing 7-11 April	$1700 (695 for codes)	Latest techniques on how to design a more energy efficient system. Course teaches selection of related energy efficient equipment, insulation and ductwork design.	1	Karen
Water Supply & Distribution	$1000	Will aid on-going program to improve and maintain the efficiency of our water supply system.	1	Bryan
Sanitary Sewer Lift Station Design	$1400	Provide current design techniques to enable cost savings in construction and operations.	1	Carl
Residential Energy Auditing	~~$3200~~ $1600 ea	Correct procedures to use, useful instruments, time/budget constraints, energy savings and economic benefits in evaluating residential structures. ~~(Cost includes total for two)~~	2*	Larry S. James D.
Advanced Energy Auditing	$1700	Provide knowledge to design more energy efficient systems and perform energy audits and surveys.	1	Tommy
Specifying Uninterruptible Power System (UPS)	$1230	To provide knowledge in specifying UPS, as MCB, Camp Lejeune has installed many UPS's in recent years.	1	Jim Fitch

*Second attendee prioritized as #14

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

Subj: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Fundamentals of Energy Auditing	~~$4050~~ $ 1350	Ability to apply the latest engineering techniques to determine energy requirements of buildings ~~(Cost includes total for three)~~.	3**
Energy Thermal Storage	~~$3400~~ $ 1700	To learn current design techniques in thermal storage, one of the latest methods to conserve energy in heating and air conditioning. ~~(Cost includes total for two)~~	2***

James Lain
Larry Stallings
Andy Young

Jim F.
Jeremy H.

**Second attendee prioritized as #11 and third attendee prioritized as #13
***Second attendee prioritized as #12

E. L. ROUSE
By direction

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*	GRADE/RANK	SSN
PHILLIPS, MARY LYNN	GS-5	465-25-6823

CHECK MAILING ADDRESS *(Include ZIP Code)*: 125 Andrea Ave., Lot 28, Jacksonville — DUTY PHONE NO.: 451-5507

ORGANIZATION AND STATION: Public Works Division, Building 1005, MCB, Camp Lejeune

TRAVEL ORDERS *(Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders)*: 002106 20 Feb 86 MCB CLNC

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS *(Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state)*: $485.00 DOV # 65892 830306 MCB CLNC

1. ITINERARY *(See Item 25 for Symbols)*

DATE 19 86		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS: GOVT / DED *	3. NUMBER OF MEALS: OPEN MESS	4. POC MILES
3-[illegible]	DEP	0830	Jacksonville, NC	PA					
3-7	ARR	1630	Fredricksburg, VA		LV				17476
3-9	DEP	0900	Fredricksburg, VA	PA					
3-9	ARR	2200	Boston, MASS		TD				
3-12	DEP	1800	Boston, Mass	PA					
3-12	ARR	2000	NorthHappton, MAS		AD				
3-13	DEP	0800	NorthHampton, MA	PA					
3-13	ARR	2400	Jacksonville, NC		MC				19341
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED

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

APPROVING OFFICER *(31 USC 680a)*

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

NUMBER	FROM	TO

8. LEAVE STATEMENT: 2½ days 20 hours taken between 3-7 and 3-14

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

10. *FOR DO USE ONLY*

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

COMPUTATIONS

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

12. ☐ PER DIEM REQUESTED

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT — DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED *(Payee signature and date or check no.)*	21. AMOUNT PAID →

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN *(own expense)*	C	(7) PLANE	P
		(8) RAIL	R
(4) PRIVATELY-OWNED CONVEYANCE	P	(9) VESSEL	V
		(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

☆U.S.GPO:1984-0-706-922/521

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 86	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
3-9	52.65	---	5.65	13.80			
3-10	52.65	4.85	free	18.90			
3-11	52.66	6.77	10.50	15.60			
3-12	50.74	5.40	10.50	20.42			
3-13	---	4.35	---	---			

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, Mary Lynn Phillips certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE: Mary Lynn Phillips

DATE: 3-18-86

PARKER HOUSE

AN OMNI CLASSIC HOTEL
60 SCHOOL STREET, BOSTON, MA 02107
• 617-227-8600

PHILLIPS, MARY
ADVANCE/ MARINE CORP
125 ANDREA DRIVE
JACKSONVILLE, NC
28540

ARRIVAL 3/09/86
DEPARTURE 3/12/86
NO. IN PARTY 1
RATE 48.00

ACCOUNT NO. 658268

ROOM NO. 1115

#	DATE	DESCRIPTION	AMOUNT
1	3/09/86	ROOM..... 1115/27551/1/4/	$48.00
2	3/09/86	STATE OCCP TAX 5.7%. 1115/27552/1/4/	$2.74
3	3/09/86	BOSTON OCCP TAX 4%.. 1115/27553/1/4/	$1.92
4	3/10/86	CASH PAYMENT..... 1115/1/1/4 ADVANCE AT C/IN	$157.96CR
5	3/10/86	LONG DISTANCE-AUTO 1115/3100394003/1/4 08:00/3736184	$.60
6	3/10/86	LONG DISTANCE-AUTO 1115/3100760015/1/4 19:42/9193471552	$.60
7	3/10/86	ROOM..... 1115/29721/1/4/	$48.00
8	3/10/86	STATE OCCP TAX 5.7%. 1115/29722/1/4/	$2.74
9	3/10/86	BOSTON OCCP TAX 4%.. 1115/29723/1/4/	$1.92
10	3/11/86	LONG DISTANCE-AUTO 1115/3110346003/1/4 19:06/4135861211	$.60
11	3/11/86	ROOM..... 1115/32047/1/4/	$48.00
12	3/11/86	STATE OCCP TAX 5.7%. 1115/32048/1/4/	$2.74
13	3/11/86	BOSTON OCCP TAX 4%.. 1115/32049/1/4/	$1.92
14	3/12/86	CASH PAYMENT..... 1115/1115/1/4/	$1.82CR
		BALANCE DUE	$.00

FOLIO #

COMPANY

STREET

CITY

STATE

POSTAL CODE

CUST. NO. _____

AMOUNT OF CHG. _____

I AGREE THAT MY PERSONAL LIABILITY SHALL NOT BE WAIVED IN THE EVENT OF NON-PAYMENT OF THIS BILL

SIGNATURE

ATTN:

PHONE

(ROOM)

(LAST) (NAME) (FIRST) (RATE-OUT DATE)

PAID BY

NO. GUEST | ARR. DATE

ROOM CLERK

R | CR | NR

REMARKS	DATE	CHARGE	AMOUNT	BALANCE

BILLING INFORMATION

FIRM

STREET

CITY STATE ZIP

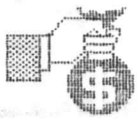
ATTN

GUEST SIGNATURE

RATES DO NOT INCLUDE APPLICABLE SALES, OCCUPANCY, OR OTHER TAXES

NORTHAMPTON HILTON INN
Junction Interstate 91 & Route 5
Northampton, MA. 01060
(413) 586-1211

"TRIP TIPS"



COURTESY OF MCB DISB OFFICE
IF YOU HAVE QUESTIONS PLEASE
ASK!

1. IF ORDERS DIRECT YOU TO REPORT OBTAIN RPT/DET ENDO

2. WHEN TAD IS AT A MILITARY COMMAND OBTAIN A QTRS/MESS ENDO

3. OBTAIN LODGING RECEIPT AND RECEIPTS FOR ANY ITEM OVER 25.00

4. WHEN UNDER NOTE 4 REPORT TO TMO FOR ENDO

"SEMPER FIDELIS"

BASE TRAVEL SECTION
"THE CUTTING EDGE"

A/S Camp

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 18 Feb 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Phillips, Mary Lynn 465-25-6823

3. POSITION TITLE AND GRADE OR RATING: Editorial Assistant (Typing), GS-5

4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: DISBURSING OFFICE, MCB, CAMP LEJEUNE, NC 28542; Public Works B60306

6. PHONE NO.: 2213

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Specifications and Construction Contracts, Boston, Mass

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 4 1/4

b. PROCEED O/A *(Date)*: 9 Mar 86

11. ITINERARY: From Jacksonville, NC to Boston, MASS and return

☐ VARIATION AUTHORIZED

ADVANCE LIQUIDATION
Mileage
PerDiem $485.00
DepTvl
DLA
SelfMove
LessADV TA
TOTAL
DOV CV
SYM 5190
D. R. RUCH
BY:
DISBURSING OFFICE, MCB
CAMP LEJEUNE, NC 28542
DATE 860506

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

PRIVATELY OWNED CONVEYANCE *(Check one)*

RATE PER MILE:

☐ MORE ADVANTAGEOUS TO GOVERNMENT

☒ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$ 318.75	$ 206.00	$ *395.00(reg fee) 25.00(limo fee)	$ 944.75

15. ADVANCE AUTHORIZED: $ 485.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*
Travel meets criteria of SECDEF 18Jan82 memo. MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

Items 4 and 6 of the attached Statement of Instructions apply to this order.

TO BE BILLED $485.00
LessADV TA
DOV 05892 CV
SYM 5190
D. R. RUCH
BY:

17. REQUESTING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
HOSEA HORNE, JR.
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	002106	AA6 10 0476 3D22E
*1761106.2720	000	67001	0	067001	2D	002106	AA6 10 0477 1022Q

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 20 Feb 86

22. TRAVEL ORDER NUMBER: 002106

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Mary Lynn Phillips Organization PWO Ext. 2213

From Jax, NC To Boston, MASS & Ret to CLNC

Dates of Travel 9 & 13 Mar 86 Dates of Training 10-12 Mar 86

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax, NC 9 Mar 0735 Arr Boston, MASS — 1050 Lv Boston, MASS 13 Mar 0700 Arr Jax, NC — 1005	$ 206.00

Per Diem Estimate		Total Estimated Cost	
3/4 day 9 Mar	56.25	Per Diem	318.75
10-12 Mar	225.00	Travel	206.00
1/2 day 13 Mar	37.50	Limousine Fees	25.00
	318.75	Registration Fees	395.00 (To be billed)
		TOTAL	944.75

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $ 485.00 .

☐ 2. Reservations - make reservations with Passenger Transportation, extension 1971.

☒ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☒ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 4½ hrs . Justification: ☐ Non-exempt under FLSA ☒ Title 5, USC.

☒ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 002106

FOR Mary Lynn Phillips SSN: 565-25-6823

1. ___ Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. X Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. ___ Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
MCBCLCN
SYM 5190
860306

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
PHILLIPS-MARY LYNN	CIV	465 25 68 23

4. ORGANIZATION AND STATION
PUBLIS WORKS

5. TRAVEL ORDER
CG MCBCLCN

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PAID AUTH ADV $485.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860306	$485.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R.RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
17X2186.2720	000	67001/0	067001	IK	002106	6200476JPRSE	$485.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
CTL				$485.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102 LF 013 2502

FORM APPROVED BY COMP. GEN., U.S. APRIL 28, 1972

Eris - These are the approved training courses for FY86 with names we originally submitted. Are these still what you want?

Sue

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
MCBCLCN
SYM 5170
860306

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
PHILLIPS,MARY LYNN	CIV	465 25 68 23

4. ORGANIZATION AND STATION
PUBLIS WORKS

5. TRAVEL ORDER
CG MCBCLCN

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PAID AUTH ADV $485.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860306	$485.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R.RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
17x1106.2720	000	67001/[illegible]	067001	IK	002106	[illegible]	$485.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
CTL				$485.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102 LF 013 2502

FORM APPROVED BY COMP. GEN., U.S. APRIL 28, 1972

12410
PWO
1 Mar 1985

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Division, Marine Corps Base, Camp Lejeune
(Attn: Training Branch)
Via: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune

Subj: CIVILIAN TRAINING REQUIREMENTS, FY 1986

Ref: (a) CG MCB CLNC ltr 12410 CPD of 14 Dec 1984

Encl: (1) Civilian Employees' Training Request Forms

1. In response to the reference, the enclosure is forwarded.

E. L. ROUSE
By direction

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name John J. Jordan Grade GS-9 Organization Public Works

Course Title Design Contract Management

Length of Course 3 days Location CECOS (New course for FY-85)

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 0 Per Diem $ 375(Est) Travel $ 300.00(Est) Total $ 675.00

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
New duties. Position Description is being revised.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Proper contractual procedures may not be adhered to, making audit requirements difficult or embarrassing.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene G. Jones
EUGENE G. JONES, JR.
Immediate Supervisor

E. E. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Brynn Ashton Grade GS-11 Organization Public Works

Course Title Water Distribution System Analysis, Testing & Evaluation

Length of Course 3 days Location Virginia Polytechnical Institute & State University, Blacksburg, VA

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 495 Per Diem $ 375 Travel $ 130 Total $ 1,000.00

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

Because of a lack of expertise in this important area, design of major repairs or additions to water systems on the Base are contracted to Architectural/Engineering Firms at a great cost to Marine Corps Base.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Extra costs incurred to Base for Architectural/Engineering Firms for design of projects pertaining to the Base water system.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Carl H. Baker Jr.
CARL H. BAKER, JR.
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Larry L. Brant Grade GS-9 Organization Public Works

Course Title Air Installations Compatible Use Zone Seminar (A-4A-0035) CECOS

Length of Course 2 days Location CECOS (EAST)

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 0 Per Diem $ 225 Travel $ 200 Total $ 425

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

New employee

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? At present, the Planning Section Manager is the only one of five employees in the Section with any formal training in this field. This position will be vacant around January of 1987.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene Jones

EUGENE G. JONES, JR.
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

4

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Mary Lynn Phillips Grade GS-4/GS-5 Organization Public Works

Course Title NAVFAC Specification System - PWC/PWD Wang Operators

Length of Course 1 to 3 days Location Port Hueneme, CA

Employees Last Official Performance Rating New Employee

COST: Registration $ 0 Per Diem $ 300 Travel $ 514 Total $ 814

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
To increase the proficiency of our only WANG operator working with the NAVFAC Guide Specification Program, especially since she receives floppy discs taken off the NAVFAC System to utilize here for Guide Specs.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Less efficiency and proficiency of the editing of the floppy disks based Guide Specs according to the marked-up copy prepared by the Specification writer.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

JAMES H. FITCH
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

242 94 9955 5 ✓

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Carl H. Baker Grade GS-12 Organization Public Works

Course Title Traffic Management

Length of Course 5 days Location Orlando, Florida

Employees Last Official Performance Rating Highly Satisfactory

COST: Registration $ 595 Per Diem $ 412.50 Travel $302 Total $ 1,309.50

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ X / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
Employee serves as Traffic Engineering Coordinator and he has limited training in this field.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Organization involved with traffic management and responsible for making recommendations for safe and efficient traffic control and review of traffic improvement projects.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

E. L. ROUSE
Immediate Supervisor

C. A. JOHANNESMEYER
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Fred W. Estes Grade GS-11 Organization Public Works

Course Title Facilities Planning (A-4A-0016) CECOS*

Length of Course 5 days Location CECOS (EAST)

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 0 Per Diem $ 450 Travel $ 200 Total $ 650.00

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

New Employee

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? At present, the Planning Section Manager is the only one of five employees in the Section with any formal training in this field. This position will be vacant around January of 1987.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene Jones

EUGENE G. JONES, JR.
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

*Runs concurrent with course "Economic Analysis"

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Fred W. Estes Grade GS-11 Organization Public Works

Course Title Economic Analysis (A-4A-0020) CECOS*

Length of Course 5 days Location CECOS (EAST)

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 0 Per Diem $ 450 Travel $ 200 Total $ 650.00

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

New employee

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? At present, the Planning Branch Manager is the only one of five employees in the Branch with any formal training in this field. This position will be vacant around January of 1987.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene G. Jones
EUGENE G. JONES
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

*Runs concurrent with course "Facilities Planning"

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Larry L. Brant Grade GS-9 Organization Public Works

Course Title Special Projects Seminar (A-4A-0048) CECOS

Length of Course 2 days Location CECOS (EAST)

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 0 Per Diem $ 225 Travel $ 250 Total $ 475.00

1. Priority assigned to the training requirement.

/ X / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ X / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

New Employee

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? At present, the planning Branch Manager is the only one of five employees in the Branch with any formal training in this field. This position will be vacant around January of 1987.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene Jones
EUGENE G. JONES, JR.
Immediate Supervisor

E. L. Rouse
E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Keith Werner Grade GS-11 Organization Public Works

Course Title Air Conditioning Design-Systems

Length of Course 5 days Location University of Wisconsin, Madison, WI

Employees Last Official Performance Rating Highly Satisfactory

COST: Registration $ 790 Per Diem $ 487.50 Travel $ 418.00 Total $1,695.50

1. Priority assigned to the training requirement.

/ / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- / / Training Needed to ensure attainment of performance objectives
- / / Training needed to correct serious performance deficiencies
- / / Training required by law, regulation or higher authority
- / / Training required for operation/maintenance of new equipment
- / / Training required for employees enrolled in a recognized formal training program

/ X / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
Training will equip employee with knowledge to help him to evaluate, select, and design the most advantageous air conditioning system for the station.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? The employee will not be as efficiently equipped to perform his required duties since he has not had similar training. He will have to rely on other employees that are considered to be competent in this field.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

T. H. HANKINS, JR.
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name James H. Fitch Grade GS-12 Organization Public Works

Course Title Specifications and Construction Contracts

Length of Course 3 days Location Dallas, Texas

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 425 Per Diem $ 300 Travel $ 330.00 Total $ 1,055.00

1. Priority assigned to the training requirement.

/ / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ X / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
To keep employee abreast of state-of-the-art. To provide interchange of ideas and sharing with other specifiers, Industry representatives, and contractor employees. See attached brochure.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Not learning new concepts and techniques to improve quality, quantity, and accuracy of construction specifications.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command, and that the priority assigned meets the criteria established.

E. L. ROUSE
Immediate Supervisor

C. A. JOHANNESMEYER
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Andrew Young Grade GS-11 Organization Public Works

Course Title Lighting Design: Principles & Practices

Length of Course 2 days Location Raleigh, NC

Employees Last Official Performance Rating Highly Satisfactory

COST: Registration $ 140.00 Per Diem $ 187.50 Travel $ 50.02 Total $ 377.52

1. Priority assigned to the training requirement.

/ / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- / / Training Needed to ensure attainment of performance objectives
- / / Training needed to correct serious performance deficiencies
- / / Training required by law, regulation or higher authority
- / / Training required for operation/maintenance of new equipment
- / / Training required for employees enrolled in a recognized formal training program

/ X / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
To develop better understanding of lighting design and practice in relationship to modern light sources and general economy.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Inadequate lighting designs and practices may result.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Luther G. Norris Jr.
L. G. NORRIS, JR.
Immediate Supervisor

E. L. Rouse
E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Delmar D. Weaver Grade GS-11 Organization Public Works

Course Title Construction Costs: Estimating and Bidding

Length of Course 2 days Location Southern Methodist University, Dallas, TX

Employees Last Official Performance Rating Outstanding

COST: Registration $ 545 Per Diem $ 250.00 Travel $ 330 Total $ 1,125.00

1. Priority assigned to the training requirement.

/ / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

/ / Training Needed to ensure attainment of performance objectives

/ / Training needed to correct serious performance deficiencies

/ / Training required by law, regulation or higher authority

/ / Training required for operation/maintenance of new equipment

/ / Training required for employees enrolled in a recognized formal training program

/ X / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/ / PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
To expose our sole estimator to different techniques and details of preparing construction estimates-both from classroom presentation and from interchange of ideas with the many other professionals attending.

3. How many of your employees have already received this or similar training? None

4. What will be the impact on the organization or employee if this training is not received? Our estimator will not gain an exposure to new concepts of estimating or to other approaches. Therefore, an opportunity to improve his estimating will have passed.

5. Certification of training requirement:

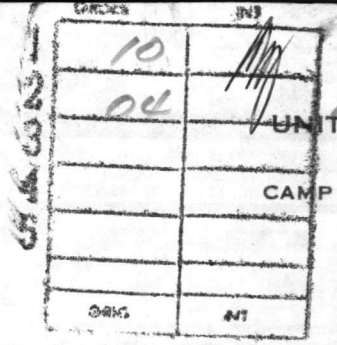
I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

J. H. FITCH
Immediate Supervisor

E. L. ROUSE
2d Level Supervisor

Department Head

ENCLOSURE (1)



1094-3

UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12410
CPD
1 DEC 1984

From: Commanding General, Marine Corps Base, Camp Lejeune

Subj: CIVILIAN TRAINING REQUIREMENTS, FY 1986; SURVEY OF

Ref: (a) BO 12410.3H
(b) CG MCB CLNC ltr CPD/LHP/nmc 12410 9 Dec 83

Encl: (1) Civilian Employee Training Request Form
(2) TAD Cost Estimating Guide
(3) Civilian DMET Training Requirements FY 1986

1. In accordance with reference (a), addressees are requested to compile and submit their civilian training requirements for Fiscal Year 1986 to the Civilian Personnel Division (Attention: Training Branch) by 28 February 1985 using the following guidance:

a. A Civilian Employee Training Request Form, enclosure (1), must be completed for each training requirement, be it local or nonlocal. Briefly describe the type of training needed, or if particular courses are known identify by title and source. The name and grade of the employee to receive training is required for reporting purposes; however, approved training will not necessarily be restricted to the individual indicated. Enclosure (2) is provided for use in determining travel and per diem costs.

b. Any Defense Management, Education and Training (DMET) quotas requested in response to the DMET Survey for Fiscal Year 1986, announced by reference (b), should also be included in this survey if:

(1) the quota request was intended for a civilian and

(2) the request is expected to remain a training requirement for Fiscal Year 1986. Enclosure (3) identifies Fiscal Year 1986 DMET quota requests by Department.

c. The performance of employees should be considered in determining training requirements. Generally, a training need exists when there is a discrepancy between the actual level of performance and the desired level of employee performance.

d. Additional training requirements, beyond that which is required by reference (a), in supervisory/managerial tasks and functions should be identified through the performance appraisal process and requested through this survey.

e. All mandatory training requirements (i.e. pest control certification, handling and certifying hazardous materials for air shipment, etc.) should be included in this survey. Do not include training courses for personnel serving under formalized training plans as those courses will be automatically included.

Subj: CIVILIAN TRAINING REQUIREMENTS, FY 1986; SURVEY OF

2. Addressees are reminded that by reference (a) the Civilian Personnel Officer has sole responsibility for budgeting for civilian training. Also, all civilian training must be approved by the Commanding General and incorporated into the Annual Activity Training Plan before it can be accomplished. Training requirements which surface after the Activity Training Plan is formulated are considered for approval on a case by case basis. Without special approval from the Assistant Chief of Staff, Comptroller, Departments may not fund for civilian training out of their own monies. It is therefore essential that thoughtful planning be put into the completion of this survey.

3. Additional copies of enclosure (1) may be produced locally as needed.

J. B. AIROLA
By direction

Distribution:
CG
AC/S, COMP
AC/S, FAC
AC/S, MANP
AC/S, PSVC
AC/S, LOG
AC/S, BOSM
AC/S, TRNG
AC/S, SSVC
INSP
PMO
SJA
Dir, RASC
CO, SPTBN
CO, HQBN
CO, MCES
CO, MCSSS
CO, RRDET
ADJ
CHAP
CPD
CEO
CO, CORRFAC
DPDO
UPH
DFH
EDO
FSC
FIRE
JPAO
MAIN
NREA
PERS
PO
PWO
SAFD

3 December 1984

	TRAVEL COST	PER DIEM COST BY LENGTH OF TRAINING			
		1 DAY	3 DAYS	1 WEEK	2 WEEKS
Aberdeen Proving Grounds, MD	$168.51(POV)	150.00	300.00	450.00	975.00
Albany, GA	286.00	90.00	210.00	330.00	750.00
Albuquerque, NM	510.00	187.50	337.50	487.50	1012.50
Athens, GA	248.00	75.00	175.00	250.00	625.00
Atlanta, GA	158.00	112.50	262.50	412.50	937.50
Bethesda, MD	96.00	112.50	262.50	412.50	937.50
Bloomington, IN	612.00	100.00	200.00	300.00	650.00
Boston, MA	196.00	150.00	300.00	450.00	975.00
Chapel Hill, NC	63.96(POV)	75.00	175.00	250.00	625.00
Charleston, SC	93.48(POV)	136.00	272.00	408.00	884.00
Charlotte, NC	109.47(POV)	108.00	252.00	396.00	900.00
Cincinnati, OH	336.00	112.50	262.50	412.50	937.50
College Park, MD (Wash., D.C.)	96.00	112.50	262.50	412.50	937.50
Columbia, MD (Baltimore, MD)	96.00	75.00	175.00	250.00	625.00
Columbia, SC	244.00	136.00	272.00	408.00	884.00
Dallas, TX	330.00	150.00	300.00	450.00	975.00
Dayton, OH	330.00	112.50	262.50	412.50	937.50
Daytona Beach, FL	520.00	100.00	200.00	300.00	675.00
Fayetteville, NC	61.91(POV)	75.00	175.00	250.00	625.00
Ft. Eustis, VA	94.30(POV)	150.00	300.00	450.00	975.00
Ft. Lee, VA	88.15(POV)	110.00	220.00	330.00	715.00
Ft. Rucker, AL (Dothan)	292.00	75.00	175.00	250.00	625.00
Gainesville, FL	370.00	90.00	210.00	330.00	750.00
Galveston, TX (Houston, TX)	420.00	187.50	337.50	487.50	1012.50
Greensboro, NC	82.00(POV)	100.00	200.00	300.00	650.00
Huntsville, AL (Decatur, AL)	388.00	136.00	272.00	408.00	884.00

Air Fare does not include $25 limo fee.

Per Diem includes travel time.

ENCLOSURE (2)

	TRAVEL COST	PER DIEM COST BY LENGTH OF TRAINING			
		1 DAY	3 DAYS	1 WEEK	2 WEEKS
Indianapolis, IN	$520.00	112.50	262.50	412.50	937.50
Jacksonville, FL	360.00	106.50	248.50	390.50	958.50
Kansas City, MO	286.00	150.00	300.00	450.00	975.00
Kinston, NC	20.50(POV)	11.50	34.50	57.50	138.00
Lebanon, PA (Harrisburg)	174.00	100.00	200.00	300.00	650.00
Louisville, KY	346.00	150.00	300.00	450.00	975.00
Madison, WI	418.00	187.50	337.50	487.50	1012.50
Monterey, CA	568.00	187.50	337.50	487.50	1012.50
Nashville, TN	366.00	150.00	300.00	450.00	975.00
Newark, NJ	192.00	112.50	262.50	412.50	937.50
New Orleans, LA	378.00	112.50	262.50	412.50	937.50
New York, NY	192.00	112.50	262.50	412.50	937.50
Norfolk, VA	79.54(POV)	150.00	300.00	450.00	975.00
Orlando, FL	302.00	112.50	262.50	412.50	937.50
Parris Island, SC	123.00(POV)	187.50	337.50	487.50	1012.50
Pensacola, FL	308.00	126.00	252.00	378.00	819.00
Philadelphia, PA	308.00	112.50	262.50	412.50	937.50
Pittsburgh, PA	288.00	150.00	300.00	450.00	975.00
Port Hueneme, CA (Oxnard)	514.00	187.50	337.50	487.50	1012.50
Quantico, VA	127.92(POV)	157.50	284.00	410.00	851.00
Raleigh, NC	50.02(POV)	148.00	296.00	444.00	962.00
Rock Island, IL (Moline, IL)	436.00	125.00	225.00	300.00	675.00
San Antonio, TX	400.00	187.50	337.50	487.50	1012.50
San Francisco, CA	376.00	187.50	337.50	487.50	1012.50
Savanna, IL (Clinton, Iowa)	476.00	125.00	225.00	300.00	675.00
Stroudsburg, PA (Allentown)	294.00	100.00	200.00	300.00	650.00

Air Fare does not include $25 limo fee.
Per Diem includes travel time.

	TRAVEL COST	PER DIEM COST BY LENGTH OF TRAINING			
		1 DAY	3 DAYS	1 WEEK	2 WEEKS
Tampa, FL	$322.00	112.50	262.50	412.50	937.50
Warren, MI (Detroit, MI)	236.00	140.00	280.00	420.00	910.00
Washington, D.C.	96.00	112.50	262.50	412.50	937.50
Wichita Falls, TX (Shepard AFB)	380.00	125.00	225.00	300.00	675.00
Williamsburg, VA	101.27(POV)	150.00	300.00	450.00	975.00
Wilmington, DE	316.00	112.50	262.50	412.50	937.50
York, PA (Harrisburg)	286.00	99.00	231.00	363.00	825.00
West Orange, NJ (Newark)	192.00	112.50	262.50	412.50	937.50

Air Fare does not include $25 limo fee.

Per Diem includes travel time.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 11 Feb 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: McCoy, Lynwood 242-62-8385

3. POSITION TITLE AND GRADE OR RATING: Supvy Electrical Engineer, GS-12

4. OFFICIAL STATION: Marine Corps Air Station Cherry Point, NC

5. ORGANIZATIONAL ELEMENT:

6. PHONE NO.:

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To interview for position of Supervisory General Engineer, GM-13, MCB, CLNC on Wednesday, 12 Feb 86 at 1000

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1

b. PROCEED O/A *(Date)*: 12 Feb 86

11. ITINERARY ☐ VARIATION AUTHORIZED

From New Bern, NC to Camp Lejeune, NC and return to Cherry Point, NC

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE: $.205
☒ MORE ADVANTAGEOUS TO GOVERNMENT
☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$ 11.50	$ 19.68	$ ___	$ 31.18

15. ADVANCE AUTHORIZED: $ None

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
Items 2 and 5 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*
SAME AS APPROVING OFFICIAL

18. APPROVING OFFICIAL *(Title and signature)*
M. I. KIMBALL, LCDR, USN
Assistant Public Works Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	[redacted] 002036	AM 6 10 0205 9D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 11 Feb 86

22. TRAVEL ORDER NUMBER: 002036

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 11 Feb 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Conklin, Chester A. 264-17-9106

3. POSITION TITLE AND GRADE OR RATING: Supvy Civil Engineer, GS-12

4. OFFICIAL STATION: Marine Corps Air Station
Cherry Point, NC

5. ORGANIZATIONAL ELEMENT:

6. PHONE NO.:

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To interview for position of Supervisory General Engineer, GM-13, MCB, CLNC on Wednesday, 12 Feb 86 at 1000

10 a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 1

b. PROCEED O/A *(Date)*: 12 Feb 86

11. ITINERARY ☐ VARIATION AUTHORIZED

From New Bern, NC to Camp Lejeune, NC and return to Cherry Point, NC

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: $.205

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☒ MORE ADVANTAGEOUS TO GOVERNMENT

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL
$ 11.50	$ 19.68	$	$ 31.18

15. ADVANCE AUTHORIZED: $ None

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
Items 2 and 5 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*: SAME AS APPROVING OFFICIAL

18. APPROVING OFFICIAL *(Title and signature)*: M. I. KIMBALL, LCDR, USN
Assistant Public Works Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	002046	AM 6 10 0205 9D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 11 Feb 86

22. TRAVEL ORDER NUMBER: 002046

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for William L. Brant
Home Address P. O. Box 25
Chinquapin, NC 28521

Ref: (a) BO 12270.1A

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with reference (a):

Purpose of TDY: To attend "Air Installations Compatible Use Zones Seminar" course

Government Sponsored: [X] Yes [ ] No

*Mode of Transportation Preference: COMMERCIAL AIR

Location of Training Site: Key West, Florida

Type of Quarters: BOQ [ ] Available [ ] Not Available ?
Commercial _____

Date and Time Training Begins: 5 Mar 1986

Date and Time Training Ends: 6 March 1986

Registration Fee or Tuition Involved: ~~Yes~~/No Amount _____

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

Rental Car will ____ will not ____ be required. ?
(If required, written justification must be attached).

M. I. KIMBALL
(Signature of Requesting Official)

*If POV is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (will) (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

This is all the information we have for Larry's course -
Lee

_____
(Signature of Traveler)

ENCLOSURE (1)

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12570
CPD
5 Feb 86

From: Employee Development Superintendent
To: Public Works

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12570.1

Encl: (1) Memo; Subj: Travel orders for William Brant
(2) DD Form 1556

1. In accordance with the reference, enclosure (1) should be completed on the employee named in enclosure (2) and returned to the Civilian Personnel Division not later than 18 Feb 86.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

Amendment No. _____

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01: NV-27-2006

B. Standard document number: 67001 | 86 | TG | 00068 (Organizational Identifier | FY | Doc. type code | Serial Number)

C. Request Status or Process Code *(X one block)* 02: Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)* 03 (First 5 letters of last name): Brant, Barry A. William L.

2. Social Security Number 04: 240-98-0766

3a. Organization Unit Identification Code (UIC): 67001

b. Date of birth 05 (Year, Month)

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level/Supervisor position code *(X only one)*

	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*

Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-1539 AV 484-1539

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 7 11

13. Type of appointment

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility

Commanding Officer
Naval School, Civil Engineer Corps Officers
Attn: Code 31(c), Port Hueneme, Ca 93043-5002

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: East Coast - Key West Florida.... Flyers

16a. Training Type/ Subject Area Identifier: 35910

b. Course title or training services: Air Installations Compatible Use Zones Seminar

c. Dispute code

17a. Catalog/Course No.: [redacted]A-4A-0035

b. Offering: 39

18. Training period *(6 digits)* 06 — Year / Month / Day

a. Start: 85 / 02 / 26

b. Complete: 85 / 02 / 27

c. Record ID

19. Number of course hours *(4 digits)* 07

a. During duty: 16

b. Non-duty:

c. TOTAL: 16

20. PART I – training codes *(see instructions)*

a. Purpose: 4 | b. Type: | 08 c. Source: C | 09 d. Special Interest: Ø | 10 | 11

20. PART II - *(See instructions)* 0306

a. Training Facility/Vendor Unit Identification Code (UIC): 0760A

b. Security Clearance:

c. Allocation Status:

d. Training credits: Continuing education units: Other *(college, etc.)*:

e. Priority: 2 | f. Training level: 3 | g. Method of training: 7

h. Training program: 2 | i. Reason for selec.: 2 | j. Method of eval.: 4

Section C – COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund chargeable *(Costs incurred and billed are not to exceed amount in 21a)*

a. Total direct authorized 12: $ dollars cents

b. Tuition cost: $ dollars cents

c. Books, material or other costs: $ dollars cents

d. Funding source: C

e. Accounting classification for direct costs

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*

23. Labor costs *(Optional)* $

24. Total of direct and indirect costs *(Optional)* $

25. Indirect costs *(For information purposes only)*

a. Total indirect costs 13: $ dollars cents

b. Travel cost: $ dollars cents

c. Per diem/other costs: $ dollars cents

d. Travel order number

Section D – APPROVAL/CONCURRENCE

26. I certify this training is job related. Supervisor *(Name and title/code)*: E.L. ROUSE — Area code/Number/Extension — Signature: /s/ — Date

27. Does nominee meet prerequisites? X Yes ☐ No If No, attach waiver request

I CERTIFY that this training meets regulatory requirements: Training Officer *(Name and title/code)*: L.H. PASSINGHAM, EmplDevelSupt — Area code/AUTOVON/Number/Ext.: 919-451-1539 — Signature — Date: 26 Nov 85

28a. Station Symbol

b. Billing instructions *(Identify discount terms % days.)* Furnish original invoice and 3 copies to:

SF-1080

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: L.H. PASSINGHAM, EmplDevelSupt — Area code/Number/Extension: 919-451-1539 — Signature — X Approved — Disapproved — Date: 26 Nov 85

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo. School official/Trainee *(Signature/code)* — a. Actual completion date (Year, Month, Day) — b. Grade — Date

31. I certify that this account is correct and proper for payment in the amount of: $ — Certifying official *(Name and title/code)* — Signature — Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)* — Signature — Date

Acceptance approval: Yes – Nominee accepted | No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

PRIVACY ACT STATEMENT

General—This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority—The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).

Purposes and Uses—The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effects of Nondisclosure—Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)—Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Employee's Signature	Date

33. NOTE: This agreement must be signed by the nominee for all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G – EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (Employee's Copy)

1. I AGREE that, upon completion of the Government sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 25.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated service

(For non-government training only) ——————→

Employee's Signature	Date

34. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official.

Employee's Signature	Date

35. In order to protect the interest of the Department of Defense, an individual who fails to complete a training course or does not receive a satisfactory grade in accordance with the standards of the institution attended will be required to reimburse the government for the costs of that training.

Employee's Signature	Date

From: Public Works Officer, Marine Corps Base, Camp Lejeune

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for James H. Ftich, Jr.
Home Address 3000 Country Club Road
Jacksonville, NC 28540

Ref: (a) BO 12270.1A

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with reference (a):

Purpose of TDY: To attend "Facilities Support Contracting" course

Government Sponsored: [X] Yes [ ] No

*Mode of Transportation Preference: Commercial Air

Location of Training Site: Leesburg, VA

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial _____

Date and Time Training Begins: 24 Mar

Date and Time Training Ends: 28 Mar

Registration Fee or Tuition Involved: ~~Yes~~/No Amount _____

Employee is [X] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

Rental Car will ____ will not ____ be required.
(If required, written justification must be attached).

M. I. KIMBALL, By direction
(Signature of Requesting Official)

*If POV is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (will) (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

_____
(Signature of Traveler)

ENCLOSURE (1)

Amendment No. _____

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01: MV-27-2006

B. Standard document number: 67001 | 86 | TG | 00115 (Organizational Identifier | FY | Doc. type code | Serial Number)

C. Request Status or Process Code *(X one block)* 02: Initial [ ] | Resubmission [ ] | Correction [ ] | Cancellation [ ]

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: Finch, James H. Jr. | First 5 letters of last name 03

2. Social Security Number 04: 223-52-9111

3a. Organization Unit Identification Code (UIC): 67001

b. Date of birth 05: Year Month

4. Home address *(Optional - to notify in case of emergency)*: C

5. Home telephone *(Optional)* Area code/Number:

6. Position level/Supervisor position code *(X only one)*: [ ] Non-supervisory [ ] Manager [X] Supervisory 01 [ ] Executive [ ] Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext:
919-451-1539
AV 484-1539

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: General Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: G 810 12

13. Type of appointment: C

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Director
Naval Facilities Contracts Training Center
Code 035, Port Heuneme, CA 93043-5002

b. Location of training site *(If same, mark box.)* [ ] *(If not required, use for remarks.)*: Leesburg, VA

16a. Training Type/Subject Area Identifier: 41100

b. Course title or training services: Facilities Support Contracting

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — Record ID:
a. Start: Year 86 Month 03 Day 24
b. Complete: Year 86 Month 03 Day 28

19. Number of course hours *(4 digits)* 07:
a. During duty: 40
b. Non-duty:
c. TOTAL: 40

20. PART I – training codes *(see instructions)*:
a. Purpose: 4 | b. Type: | c. Source 08: C | d. Special Interest 09: Ø | 10 | 11

20. PART II – *(See instructions)*:
a. Training Facility/Vendor Unit Identification Code (UIC): 0760A
b. Security Clearance:
c. Allocation Status:
d. Training credits:
Continuing education units:
Other *(college, etc.)*:
e. Priority: 2
f. Training level: 3
g. Method of training: 8
h. Training program: Z
i. Reason for selec.: 2
j. Method of eval.: 4

Section C – COSTS AND BILLING INFORMATION

[ ] Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund chargeable *(Costs incurred and billed are not to exceed amount in 21a)*

a. Total direct authorized 12: $ dollars cents
b. Tuition cost: $ dollars cents
c. Books, material or other costs: $ dollars cents
d. Funding source

e. Accounting classification for direct costs: 1761106.2720 000 67001 0 067001 2D 000000

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*: AA6 10 0477 10220

23. Labor costs *(Optional)*: $

24. Total of direct and indirect costs *(Optional)*: $

25. Indirect costs *(For information purposes only)*

a. Total indirect costs 13: $ dollars cents
b. Travel cost: $ dollars cents
c. Per diem/other costs: $ dollars cents
d. Travel order number

Section D – APPROVAL/CONCURRENCE

26. I certify this training is job related.
Supervisor *(Name and title/code)*:
Area code/Number/Extension:
Signature:
Date:

27. Does nominee meet prerequisites? [X] Yes [ ] No If No, attach waiver request

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title/code)*: L.H.PASSINGHAM,EmplDevelSupt
Area code/AUTOVON/Number/Ext: AV 484-1539
Signature:
Date: 24Jan86

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: L.H.PASSINGHAM,EmplDevelSupt
Area code/Number/Extension: AV 484-1539
Signature:
[X] Approved [ ] Disapproved
Date: 24Jan86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date: Year Month Day
b. Grade
School official/Trainee *(Signature/code)*:
Date:

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*:
Signature:
Date:

DSSN number | Check number | Voucher number

32. School official *(Name and title)*:
Signature: Date:
Acceptance approval: [ ] Yes Nominee accepted [ ] No Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 8 AGENCY (EMPLOYEE)
DD Form 1 JUN 78 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

PRIVACY ACT STATEMENT

General—This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority—The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).

Purposes and Uses—The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effects of Nondisclosure—Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)—Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Employee's Signature	Date

33. **NOTE:** This agreement must be signed by the nominee for all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G – EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (Employee's Copy)

1. I AGREE that, upon completion of the Government sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.

2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 25.

3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.

4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.

6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated service

(For non-government training only) _____ →

Employee's Signature	Date

34. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official.

Employee's Signature	Date

35. In order to protect the interest of the Department of Defense, an individual who fails to complete a training course or does not receive a satisfactory grade in accordance with the standards of the institution attended will be required to reimburse the government for the costs of that training.

Employee's Signature	Date

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12570
CPD
5 Feb 86

From: Employee Development Superintendent
To: Public Works

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12570.1

Encl: (1) Memo; Subj: Travel orders for James Fitch
(2) DD Form 1556

1. In accordance with the reference, enclosure (1) should be completed on the employee named in enclosure (2) and returned to the Civilian Personnel Division not later than 1 Mar 86.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham

LINDA H. PASSINGHAM

From: Public Works Officer, Marine Corps Base, Camp Lejeune

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for MARY LYNN PHILLIPS
Home Address Rt. 6, Box 639
Jacksonville, NC 28540

Ref: (a) BO 12270.1A

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with reference (a):

Purpose of TDY: To attend course on Specifications and Construction Contracts

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: POV

Location of Training Site: Boston, Mass

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial

Date and Time Training Begins: 10 Mar 1986, 0800

Date and Time Training Ends: 12 Mar 1986

Registration Fee or Tuition Involved: Yes/~~No~~X Amount $395.00

Employee is [ ] Exempt or [X] Nonexempt under the Fair Labor Standards Act.

Rental Car will ___ will not X be required.
(If required, written justification must be attached).

M. I. KIMBALL, By direction
(Signature of Requesting Official)

*If POV is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (~~will~~) (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

Lynn Phillips
MARY LYNN PHILLIPS
(Signature of Traveler)

ENCLOSURE (1)

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12570
CPD
5 Feb 86

From: Employee Development Superintendent
To: Public Works

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12570.1

Encl: (1) Memo; Subj: Travel orders for Mary Lynn Phillips
(2) DD Form 1556

1. In accordance with the reference, enclosure (1) should be completed on the employee named in enclosure (2) and returned to the Civilian Personnel Division not later than 24 Feb 86.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

Amendment No. _____

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01: NV-27-2006

B. Standard document number: 67001 | 86 | TG | 00102 (Organizational Identifier | FY | Doc. type code | Serial Number)

C. Request Status or Process Code *(X one block)* 02: Initial | Resubmission | Correction | Cancellation

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: Phillips, Mary Lynn | First 5 letters of last name 03

2. Social Security Number 04: 565-25-6623

3a. Organization Unit Identification Code (UIC): 67001

b. Date of birth 05: Year Month

4. Home address *(Optional - to notify in case of emergency)*

5. Home telephone *(Optional)* Area code/Number

6. Position level/Supervisor position code *(X only one)*

	Non-supervisory		Manager
	Supervisory		Executive
	Other *(Specify)*		

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC 28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-1539 AV484-1539

9. Continuous federal service: Years | Months

10. Number of prior non-government training days

11. Position title/function: Editorial Assistant (Typing)

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS 1087 5

13. Type of appointment: C

14. Education level

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
CSI
601 Madison Street
Alexandria, VA 22314

b. Location of training site *(If same, mark box.)* ☐ *(If not required, use for remarks.)*: Boston, Mass

16a. Training Type/ Subject Area Identifier: 51300

b. Course title or training services: Specifications and Construction Contracts

c. Dispute code

17a. Catalog/Course No.

b. Offering

18. Training period *(6 digits)* 06 — c. Record ID

	Year	Month	Day
a. Start	86	03	10
b. Complete	86	03	12

19. Number of course hours *(4 digits)* 07

a. During duty	24
b. Non-duty	
c. TOTAL	24

20. PART I – training codes *(see instructions)*

	Code		Code	
a. Purpose	4	08 c. Source	4	10
b. Type		09 d. Special Interest	Ø	11

20. PART II - *(See instructions)*

a. Training Facility / Vendor Unit Identification Code (UIC)	b. Security Clearance		d. Training credits	e. Priority: 2	h. Training program: Z
	c. Allocation Status		Continuing education units	f. Training level: 3	i. Reason for selec.: 2
			Other *(college, etc.)*	g. Method of training: 7	j. Method of eval.: 4

Section C – COSTS AND BILLING INFORMATION

☐ Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund chargeable *(Costs incurred and billed are not to exceed amount in 21a)*

a. Total direct authorized 12: $ 395 00

b. Tuition cost: $ 395 00

c. Books, material or other costs: $

d. Funding source: C

e. Accounting classification for direct costs:
1761106.2720 000 67001 0 067001 2D 000000

f. Signature of fiscal officer *(follow local procedure)*

22. Job order number *(Optional)*: AA6 10 0477 10229

23. Labor costs *(Optional)*: $

24. Total of direct and indirect costs *(Optional)*: $

25. Indirect costs *(For information purposes only)*

a. Total indirect costs 13: $

b. Travel cost: $

c. Per diem/other costs: $

d. Travel order number

Section D – APPROVAL/CONCURRENCE

26. I certify this training is job related.
Supervisor *(Name and title/code)*: James H. Fitch
Signature: /s/
Area code/Number/Extension
Date

27. Does nominee meet prerequisites? [X] Yes [ ] No If No, attach waiver request

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title/code)*: L.H. PASSINGHAM, EmplDevelSupt
Signature
Area code/AUTOVON/Number/Ext: 919-451-1539
Date: 17Jan86

28a. Station Symbol

SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:
PLEASE INVOICE
Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC 28542

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: L.H. PASSINGHAM, EmplDevelSupt
Signature
Area code/Number/Extension: 919-451-1539
[X] Approved [ ] Disapproved
Date: 17Jan86

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
School official/Trainee *(Signature/code)*
a. Actual completion date: Year | Month | Day
b. Grade
Date

31. I certify that this account is correct and proper for payment in the amount of: $
Certifying official *(Name and title/code)*
Signature
Date

DSSN number | Check number | Voucher number

32. School official *(Name and title)*
Signature
Date

Acceptance approval
Yes – Nominee accepted
No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 8 AGENCY (EMPLOYEE)
DD Form 1 JUN 78 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170

PRIVACY ACT STATEMENT

General—This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority—The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).

Purposes and Uses—The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effects of Nondisclosure—Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)—Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Employee's Signature	Date

33. **NOTE:** This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G – EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (Employee's Copy)

1. I AGREE that, upon completion of the Government sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 25.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

Period of obligated service

(For non-government training only) ——————→

Employee's Signature	Date

34. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official.

Employee's Signature	Date

35. In order to protect the interest of the Department of Defense, an individual who fails to complete a training course or does not receive a satisfactory grade in accordance with the standards of the institution attended will be required to reimburse the government for the costs of that training.

Employee's Signature	Date

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979 – 271-206

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
BAKER, CARL H.	GS-12	242-94-9955

CHECK MAILING ADDRESS (Include ZIP Code): 7312 ARCHERS CREEK DR., EMERALD ISLE, NC 28557

DUTY PHONE NO.: 3658

ORGANIZATION AND STATION: PUBLIC WORKS DIVISION, MARINE CORPS BASE, CAMP LEJEUNE, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 001706 DTD 21 JAN 86

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $ 410.60, 64866, MCB, CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 19 86		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
2 FEB	DEP	1230	HOME, EMER. ISLE	PA						
	ARR	1320	ELLIS AIRPORT		AT					
	DEP	1400	JACKSONVILLE, NC	CP						
	ARR	1608	O'HARE AIRPORT		AT					
	DEP	1820	CHICAGO, ILL.	CB						
	ARR	1930	EVANSTON, ILL.		TD					
7 FEB	DEP	1510		CB						
	ARR	1630	O'HARE AIRPORT		AT					
	DEP	1820	CHICAGO, ILL.	CP						
	ARR	2300	KINSTON AIRPORT		AT					
8 FEB	DEP	0930	KINSTON, NC	PA						
	ARR	1100	HOME, EMERALD		MC					
	DEP		ISLE							
	ARR									

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
2 FEB	RT TRANSP. TO AIRPORT (82 MILES)	16.81	
2 FEB	BUS TO EVANSTON, ILL.	8.75	
7 FEB	BUS TO AIRPORT	8.75	
8 FEB	RT TRANSP. TO AIRPORT (82 MILES)	16.81	

SUMMARY OF PAYMENT

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

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: Carl H. Baker

DATE: 2-11-86

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

5

29 Pl Acts Comp

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 15 Jan 86

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. POSITION TITLE AND GRADE OR RATING
Baker, Carl H. 242-94-9955	Civil Engineer, GS-12
4. OFFICIAL STATION	**5. ORGANIZATIONAL ELEMENT** / **6. PHONE NO.**
Marine Corps Base Camp Lejeune, NC	Public Works / 2213
7. TYPE OF ORDERS / **8. SECURITY CLEARANCE**	**9. PURPOSE OF TDY**
Single / N/A	To attend Military Traffic Operations and Analysis Techniques, Evanston, Ill 3-7 Feb 86
10a. APPROX NO. OF DAYS OF TDY *(Including travel time)* / **b. PROCEED O/A *(Date)***	
6 1/2 / 2 Feb 86	

11. ITINERARY ☐ VARIATION AUTHORIZED

From Emerald Isle, NC to Evanston, ILL and return

NURSING OFFICE MCB CAMP LEJEUNE, NC 28542 DATE 860129 LIQUIDATION

Passenger Transportation Office Camp Lejeune, North Carolina 28542
For transportation and subsistence furnished on these orders see Memo endorsement.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	X						☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 487.50	$ 224.00	$400.00(reg fee) $ 25.00(limo fee)	$ 1136.50	$ 410.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo. TO BE BILLED.
MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

Items 1 and 6 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*	18. APPROVING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM Employee Development Superintendent	HOSEA HORNE, JR. Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	001706	AA6 10 0476 3D22E
*1761106.2720	000	67001	0	067001	2D	001706	AA6 10 0477 1022C

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION	21. DATE ISSUED
HOSEA HORNE, JR. By direction of the Commanding General MCB, Camp Lejeune, NC 28542	21 Jan 86 22. TRAVEL ORDER NUMBER 001706

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702 NAVY OVERPRINT - JAN. 1971

THE ORRINGTON HOTEL

1710 ORRINGTON AVENUE
EVANSTON, ILLINOIS 60201
PHONE: 312 / 866-8700

GUEST FOLIO

RATES DO NOT INCLUDE APPLICABLE TAXES

ROOM	NAME	RATE	DEPART	TIME	
505	BAKER, CARL	44.00	02/07/86		ACCT# 6705
TYPE	FIRM OR GROUP	PLAN	ARRIVE	TIME	
DLX1	TRAFFIC INSTITUTE	TFC6	02/02/86	19:20	

ROOM 27 7312 ARCHERS CREEK D
CLERK MOREHEAD ADDRESS NC PAYMENT 3147441007759OO

DATE	28557	REFERENCE	CHARGES	CREDITS	BALANCE DUE
02/02	ROOM	505, 1	44.00		
02/02	RM TAX	505, 1	3.52		
02/03	ROOM	505, 1	44.00		
02/03	RM TAX	505, 1	3.52		
02/04	ROOM	505, 1	44.00		
02/04	RM TAX	505, 1	3.52		
02/05	ROOM	505, 1	44.00		
02/05	RM TAX	505, 1	3.52		
02/06	ROOM	505, 1	44.00		
02/06	RM TAX	505, 1	3.52		
02/07	CR CD-MV			237.60	

.00

Account Payable on Presentation or Departure

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 25 days after receipt of the original statement, it is agreed that the hotel may immediately impose a LATE PAYMENT CHARGE at the rate of 1½% per month (ANNUAL RATE 18%), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney fees.

Please Leave
Your Room Key
at the Front Desk

Signature X _____
Company Name _____
Address _____
City _____ State _____ Zip _____

☆U.S. GOVERNMENT PRINTING OFFICE: 1979 – 271-206

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
BAKER, CARL H.	GS-12	242-94-9955

CHECK MAILING ADDRESS (Include ZIP Code): 7312 ARCHERS CREEK DR. EMERALD ISLE, NC 28557

DUTY PHONE NO.: 3658

ORGANIZATION AND STATION: PUBLIC WORKS DIVISION, MARINE CORPS BASE, CAMP LEJEUNE, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 001706 DTD 21 JAN 86

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $ 410.00, 64866, MCB, CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 1986		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
2 FEB	DEP	1230	HOME, EMER. ISLE	PA						
	ARR	1320	ELLIS AIRPORT		AT					
	DEP	1400	JACKSONVILLE, NC	CP						
	ARR	1608	O'HARE AIRPORT		AT					
	DEP	1820	CHICAGO, ILL.	CB						
	ARR	1930	EVANSTON, ILL.		TD					
7 FEB	DEP	1510		CB						
	ARR	1630	O'HARE AIRPORT		AT					
	DEP	1820	CHICAGO, ILL.	CP						
	ARR	2300	KINSTON AIRPORT		AT					
8 FEB	DEP	0930	KINSTON, NC	PA						
	ARR	1100	HOME, EMERALD ISLE		MC					
	DEP									
	ARR									

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
2 FEB	RT TRANSP. TO AIRPORT (82 MILES)	16.81	
3 FEB	BUS TO EVANSTON, ILL.	8.75	
7 FEB	BUS TO AIRPORT	8.75	
8 FEB	RT TRANSP. TO AIRPORT (82 MILES)	16.81	

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

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

NUMBER	FROM	TO

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

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

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

COMPUTATIONS

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

12. ☐ PER DIEM REQUESTED

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: Carl H. Baker DATE: 2-11-86

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Carl Baker Organization PWO Ext. 2213

From Emerald Isle, NC To Evanston, Ill & Rtn

Dates of Travel 2 & 8 Feb 86 Dates of Training 3-7 Feb 86

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
Lv Jax, NC 2 Feb 0735 Arr Chicago, Ill — 0953 Lv Chicago, Ill 8 Feb 0730 Arr Jax, NC — 1259	$224.00

Per Diem Estimate		Total Estimated Cost	
¾ day 2 Feb	56.25	Per Diem	487.50
3-7 Feb	375.00	Travel	224.00
¾ day 8 Feb	56.25	Limousine Fees	25.00
	487.50	Registration Fees	400.00 (To Be Billed)
		TOTAL	1136.50

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $410.00.

☒ 2. Reservations - ~~make reservations with~~ Passenger Transportation, extension 1971. RESERVATIONS MADE 13 Jan 86

☒ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 8 hours. Justification: ☐ Non-exempt under FLSA ☒ Title 5, USC.

☒ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3.

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 001706

FOR Carl Baker SSN: 242-94-9955

1. X Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. ___ Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other..

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

23 JAN 86

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CLNLUPI
.HDQXTPI 231554CLN278U
AHB4DZ
 1.1BAKER/C MR                                        LV: JACKSONVILLE", NC
 1 PI 348Y 02FEB DAJCLT HK1    735A   820A               CHARLOTTE", NC
 2 PI 341Y 02FEB CLTORD HK1    903A   953A               CHICAGO", IL
 3 PI 100Y 07FEB ORDCLT HK1    620P   851P               CHARLOTTE", NC
 4 PI 432Y 07FEB CLTISO HK1    943P 1028P               KINSTON", NC
P- 1.CLN 919 353 2133 SATO/TMO
T- T/23JAN
W-T-STORED/FARED
M- 1.FQ 112/112YDB/TTL.224.00
   2. BY 514
   3.4464/LC/-/C/CT/M
   4.1761106.2720/000/67001/0/067001/2D/001706/610047710220
   5.BBR V4 947 075
   6.TKT NO 030 5870 003 203
   7.MEMO ENDORSEMENT TO BASIC ORDERS.....SE-43/ abh
   8.FR TRAFFIC MANAGEMENT OFFICE MARINE CORPS BASE..4650.1
   9.CAMP LEJEUNE NC 28542-500
  10.[redacted] TDY
  11.1SCHEDULED GOVT AIR NOT AVAILABLE TO DESTINATION. IF
  12.ORDERS DIRECT GOVT AIR WHERE AVAILABLE OBTAIN
  13.CERTIFICATION AS TO THE AVAILABILITY PRIOR TO RETURN
  14.2THERE IS NO REFUND TO TRAVELER FOR UNUSED TICKETS ISSUED
  15.ON GOVT T/RS. ANY UNAUTHORIZED ADDITIONAL COST MUST BE
  16.PAID BY THE TRAVELER
  17.REPORT ANY LOST TKTS TO THE AIRLINE CONCERNED OBTAIN
  18.COPY OF LOST TKT REPORT AND PRESENT THIS WITH A
  19.STATEMENT TO CLOSEST MILITARY INSTALL. IN ACCORD/W
  20.MCO P4600.7C
  21.4IF YOU EXCHANGE YOUR ORIGINAL TICKET FOR A TICKET
  22.OF LESSER VALUE ADVISE THE CARRIER THAT THE REFUND
  23.IS PAYABLE TO MARINE CORPS BASE PASSENGER TRAFFIC
  24.BRANCH BLDG 233 CAMP LEJEUNE NC 28542-5000.
  25.SURRENDER ALL UNUSED TICKETS OR REFUND APPLICATION TO
  26.THE PASSENGER TRAFFIC BRANCH BLDG 233
  27.CAMP LEJEUNE NC 28542-5000.
  28.RECONFIRM RESERVATIONS FOR RETURN TRVL
  29.CANCEL RESERVATIONS FOR ANY UNUSED TRVL
  30...................//
  31.....................................TA FOR CWO4 BH MCNUTT

23JAN1555 0153 PYB
```

3

☆ U.S.GPO:1984-0-706-922/521

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 86	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
2 FEB	47.52			14.84			TIPS: DOORMAID & BELLBOY $2.00
3 FEB	47.52	4.17	5.40	15.52			
4 FEB	47.52	3.81	4.92	12.42			
5 FEB	47.52	6.50	6.15	11.10			
6 FEB	47.52	3.81	6.52	16.75			
7 FEB	0.00	4.60	4.90	22.30			TIPS: MAID & BELLBOY $4.50
8 FEB	0.00	4.25					

NOTES

1/ Attach lodging receipt(s) as supporting document(s).

2/ Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)

3/ Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimburseable.

4/ (a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimburseable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.

I, CARL H. BAKER (Type or Print Name) certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE Carl H. Baker

DATE 2-11-86

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
SYM 5190
MCB CLNC

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
BAKER C.H	CIV	242 94 9955

4. ORGANIZATION AND STATION

PUBLIC WORKS

5. TRAVEL ORDER

TON ** 001706

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:

PAID ADVANCE PER DIEM =$410.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	860129	$410.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R.RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	001706	6100476300E	$410.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SMF				$410.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U S APRIL 28, 1972

From: PWO

To: Civilian Personnel Officer (ATTN: Training Division)

Subj: Travel Orders for CARL BAKER
Home Address 7312 ARCHER'S CREEK DR.
EMERALD ISLE, NC 28557

Ref: (a) BO 12270.1A

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with reference (a):

Purpose of TDY: TO ATTEND TRAINING

Government Sponsored: [ ] Yes [X] No

*Mode of Transportation Preference: AIR

Location of Training Site: EVANSTON, ILL (CHICAGO)

Type of Quarters: BOQ [ ] Available [X] Not Available
Commercial [✓]

Date and Time Training Begins: 2/3/86

Date and Time Training Ends: 2/7/86

Registration Fee or Tuition Involved: Yes/~~No~~ Amount 460.00

Employee is [✓] Exempt or [ ] Nonexempt under the Fair Labor Standards Act.

Rental Car will ___ will not ✓ be required.
(If required, written justification must be attached).

(Signature of Requesting Official)

*If POV is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I ~~(will)~~ (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

Carl N. Baker, Jr.
(Signature of Traveler)

ENCLOSURE (1)

Amendment No. _____

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code, agency subelement and submitting office number (xx-xx-xxxx) 01: NV-27-2006

B. Standard document number: 67001 | 86 | TG | 00060 (Organizational Identifier | FY | Doc. type code | Serial Number)

C. Request Status or Process Code *(X one block)* 02: Initial [ ] | Resubmission [ ] | Correction [ ] | Cancellation [ ]

Section A – TRAINEE INFORMATION

1. Applicant's name *(Last - First - Middle Initial)* Indicate preferred title *(example - Miss, Mrs., Mr., Ms., LTC, etc.)*: Baker, Carl R. | First 5 letters of last name 03:

2. Social Security Number 04: 242-94-9955

3a. Organization Unit Identification Code (UIC): 67001

b. Date of birth Year Month 05:

4. Home address *(Optional - to notify in case of emergency)*:

5. Home telephone *(Optional)* Area code/Number:

6. Position level/Supervisor position code *(X only one)*:
- [ ] Non-supervisory
- [ ] Manager
- [X] Supervisory
- [ ] Executive
- [ ] Other *(Specify)*

7. Organization mailing address *(Branch - Division/Office/Bureau/Agency/Service/Command)*:
Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC28542

8. Office telephone Area code/AUTOVON/Number/Ext: 919-451-1539

9. Continuous federal service: Years | Months

10. Number of prior non-government training days:

11. Position title/function: Civil Engineer

12. Pay plan/series/grade/step Rank/MOS/AFSC or Navy Designator: GS | 12

13. Type of appointment: C

14. Education level:

Section B – TRAINING COURSE DATA

15a. Name and mailing address of recommended training source, school or facility:
Director, Transportation Engineering Division
The Traffic Institute, Northwestern University
PO Box 1409, Evanston, Ill 60204

b. Location of training site *(If same, mark box.)* [X] *(If not required, use for remarks.)*

16a. Training Type/Subject Area Identifier: 35110

b. Course title or training services: Military Traffic Operations & Analysis Techniques

c. Dispute code:

17a. Catalog/Course No.:

b. Offering:

18. Training period *(6 digits)* 06 — Year | Month | Day | Record ID:
- a. Start: 86 | 02 | 03
- b. Complete: 86 | 02 | 07

19. Number of course hours *(4 digits)* 07:
- a. During duty: 40
- b. Non-duty:
- c. TOTAL: 40

20. PART I – training codes *(see instructions)*:
- a. Purpose: Code 4
- b. Type: Code
- c. Source 08: Code 4 10
- d. Special Interest 09: Code Ø 11

20. PART II - *(See instructions)*:
- a. Training Facility/Vendor Unit Identification Code (UIC): 99999
- b. Security Clearance:
- c. Allocation Status:
- d. Training credits:
- Continuing education units:
- Other *(college, etc.)*:
- e. Priority: 2
- f. Training level: 3
- g. Method of training: 7
- h. Training program: Z
- i. Reason for selec.: 2
- j. Method of eval.: 4

Section C – COSTS AND BILLING INFORMATION

[ ] Training does not involve expenditures of funds other than salary, pay, or compensation.

21. Direct costs and appropriation/fund chargeable *(Costs incurred and billed are not to exceed amount in 21a)*:

a. Total direct authorized 12: $ dollars 400 cents 00

b. Tuition cost: $ dollars 400 cents 00

c. Books, material or other costs: $ dollars cents

d. Funding source: C

e. Accounting classification for direct costs:

f. Signature of fiscal officer *(follow local procedure)*:

22. Job order number *(Optional)*: AA6 10 0477 10229

23. Labor costs *(Optional)*: $

24. Total of direct and indirect costs *(Optional)*: $

25. Indirect costs *(For information purposes only)*:

a. Total indirect costs 13: $ dollars cents

b. Travel cost: $ dollars cents

c. Per diem/other costs: $ dollars cents

d. Travel order number:

Section D – APPROVAL/CONCURRENCE

26. I certify this training is job related.
Supervisor *(Name and title/code)*: E.L.Rouse
Area code/Number/Extension:
Signature: /s/
Date:

27. Does nominee meet prerequisites? [X] Yes [ ] No If No, attach waiver request

I CERTIFY that this training meets regulatory requirements:
Training Officer *(Name and title/code)*: L.H.PASSINGHAM,EmplDevelSupt
Area code/AUTOVON/Number/Ext.: 919-451-1539
Signature:
Date: 19 Nov 85

28a. Station Symbol: SF-1080

b. Billing instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:
PLEASE INVOICE
Civilian Personnel Division
Marine Corps Base
Camp Lejeune, NC 28542

Section E – APPROVAL/CONCURRENCE

29. Authorizing official *(Name and title/code)*: L.H.PASSINGHAM,EmplDevelSupt
Area code/Number/Extension: 919-451-1539
Signature:
[X] Approved
[ ] Disapproved
Date: 19 Nov 85

Section F – CERTIFICATION OF TRAINING COMPLETION

30. If course not completed, return this form with an explanatory memo.
a. Actual completion date: Year | Month | Day
b. Grade:
School official/Trainee *(Signature/code)*:
Date:

31. I certify that this account is correct and proper for payment in the amount of:
Certifying official *(Name and title/code)*:
$
Signature:
Date:
DSSN number:
Check number:
Voucher number:

32. School official *(Name and title)*:
Signature:
Date:
Acceptance approval:
- Yes – Nominee accepted
- No – Not accepted

TRAINING FACILITY Invoice should be sent to office indicated in item 28b. Please refer to Standard document number given in item B at top of page to assure prompt payment.

Copy 10 ACTIVITY (OPTIONAL USE)

DD Form 1 JUN 78 1556

EDITION OF 1 AUG 72 IS OBSOLETE.

DOD overprint of Optional Form 170.

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS. SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT. DATA REQUIRED BY THE CIVIL SERVICE COMMISSION ESTABLISHES A BASE.

COPY DISTRIBUTION

Copy 1: File in the training/personnel folder.
Copy 2: Used in lieu of the CSC Form 1146 to get data for the Central Personnel Data File.
Copy 3: Give vendor to nominate employee.
Copy 4: Give vendor as the obligation for approved costs.
Copy 5: Give vendor for return to confirm nomination status.
Copy 6: Give finance office to authorize payments.
Copy 7: Give finance office to authorize any separate payments for books, materials or other costs.
Copy 8: Give employee.
Copy 9: Use to evaluate training.
Copy 10: Keep at originating office.

COMPLETION INSTRUCTIONS

Item A—May be found in items 33 & 35 of SF-50, when/if required.

Item B—Follow DOD component instruction.

Item C—Follow local procedures. Normally X beside initial.

Section A—TRAINEE INFORMATION

Item 1—Fill in trainee's name. If more than one, use continuation form.

Item 2—Use nine digits of SSN.

Item 3a—Submitting organization unit identification code (UIC), six digits.

Item 3b—Enter year and month of birth (e.g., if Jan. 14, 1943, it would appear as 43/01).

Items 4 & 5—Follow local procedures. Normally blank.

Item 6—X one block when buying from Civil Service Commission.

Items 7 & 8—Enter employee/trainee address and telephone number.

Item 9—Put years and months of continuous Federal Government service.

Item 10—To be computed and filled by the nominating training office.

Items 11 & 12—Self-explanatory.

Item 13—Enter appropriate code or abbreviation.

CC Career Conditional	C Career	T Temporary	E Excepted
1 Regular	2 Reserve	3 National Guard	I Intermittent

Item 14—Enter appropriate code

00 Not applicable	08 1 year of college	16 Post 1st professional
01 Some elementary	09 2 years of college	17 Master degree
02 Elementary graduate	10 Associate	18 Post master
03 Some high school	11 3 years of college	19 6th year degree
04 High school graduate	12 4 years of college	20 Post 6th year
05 Terminal Occupational Program (TOP)	13 Bachelor degree	21 Pre Doctorate
06 TOP Certificate	14 Post Bachelor	22 Doctorate degree
07 Started college	15 1st professional	23 Post Doctorate

Section B—TRAINING COURSE DATA

Item 15—Self-explanatory.

Item 16a—Follow DOD component instruction.

Item 16b—Self-explanatory. If more space required, attach sheet.

Item 16c—Follow local data processing instructions.

Item 17a—Enter training source catalog/course ID number.

Item 17b—Follow local procedures.

Items 18a & b—Enter in year, month, day sequence the course start and complete dates (e.g., June 15, 1977 would be entered as 77/06/15).

Item 18c—If the trainee starts 2 or more courses the same day, put a different number (1-9) for each.

Items 19 a-c—Total hours is determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.

Items 20 Part I, a-d—Enter appropriate codes from those listed below.

Item 20 Part I, a—Purpose

1 Mission or program change	6 Develop unavailable skills
2 New technology	7 Trade or craft apprenticeship
3 New work assignment	8 Orientation
4 Improve present performance	9 Adult basic education
5 Meet future staffing needs	

Item 20 Part I, b—Type (same as first digit of Item 16a).

1 Executive and management	5 Speciality and technical
2 Supervisory	6 Clerical
3 Legal, medical, scientific or engineering	7 Trade or craft
	8 Orientation
4 Administration and analysis	9 Adult basic education

Item 20 Part I, c—Source/Vendor

A US Air Force	E Defense Logistics Agency	2 Government—Interagency
B US Army		3 Non-Government—designed for agency
C US Navy	F Other DOD	4 Non-Government—off-shelf
D US Marine Corps	G Allied	5 State or local Government

Item 20 Part I, d—Special Interest

0 No special program	1 Executive Development	2 Supervision

Items 20 Part II, a-j

Item 20 Part II, a—Follow DOD component instruction.

Item 20 Part II, b—Enter appropriate code. Follow DOD component instruction.

C Confidential	S Secret	TS Top Secret	SI Special Interest

Item 20 Part II, c—Enter appropriate code.

1 Primary	2 Alternate	3 Space Available

Item 20 Part II, d—Enter CEUs, Credit Hours followed by H, or NA.

Item 20 Part II, e—Enter priority 1, 2, or 3 in accordance with DOD Instruction 1430.5.

Item 20 Part II, f-j—Enter appropriate codes.

Item 20 Part II, f—School or Training Level

1 Elementary	3 Vocational/Technical/ Secretarial/Business/ Commercial/Administrative	4 College, undergraduate
2 High School		5 College, graduate
		6 College, post graduate

Item 20 Part II, g—Method of Training

1 On-the-job training (formal)	5 Correspondence	8 Classroom (on site)
2 Rotation of work assignment	6 Directed study	9 Test/Equivalency
3 Seminar (training)	7 Classroom (resident)	
4 Conference/meeting/symposium		

Item 20 Part II, h—Training Program

A Management Intern	G DOD/CSC Rotation Assignment	E Junior Development
B Engineer-In-Training	H Upward Mobility Agreement	R Cooperative Program
C Administrative Intern	J Apprentice	I Student Trainee
D Shop Trainee	M Helper to Journeyman	Y Executive Development
F College Work Study	K Long term	W Mid-Manager Development
		N Other Z None

Item 20 Part II, i—Reason for Selection of Source

1 Quality of Training	4 Location
2 Most Cost Effective	5 Not available in Government
3 Unique capability of training source	6 Incidental to Procurement of Equipment
	7 Timeliness

Item 20 Part II, j—Method of Evaluation

1 Economic analysis	4 Questionnaires	7 Other
2 Accomplishment of stated objectives	5 Tests	8 None
3 Post-training performance, knowledge and attitudes	6 Interview and Follow-up	

►Section C—COSTS AND BILLING INFORMATION

√ First block if there is no expense other than salary, pay or compensation.

Item 21a—Sum of Items 21b & c. (See Note below.)

Item 21b & c—Enter tuition/registration fee dollars and cents.

Item 21d—Follow DOD component instruction.

Items 21 e & f—For finance office use. Put only one accounting classification per DD-1556.

Items 22 & 23—Follow local procedures.

Item 24—Sum of items 21a & 25a.

Item 25a—Sum of items 25b & c. (See Note below.)

Items 25b & c—Enter dollars and cents.

Item 25d—Self explanatory.

Note: With continuation form, totals are for all trainees.

Sections C, D—TERMINATION AND EVALUATION DATA—Copy 9

This information will be filled in on copy 9 after training is completed (follow agency instructions).

►Section D—APPROVALS

Item 26—Certify that the training is job related.

Item 27—To be certified/signed by the official designated CPO Head of Training.

Item 28a—Already complete.

Item 28b—Enter name and mailing address of Finance Officer for billing purposes.

Section E—APPROVAL/CONCURRENCE

Item 29—Follow local procedures.

►Section F—CERTIFICATION OF TRAINING COMPLETION

Item 30—If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in Item 27.

Item 31—Follow local procedures.

Item 32—School official sign, date and return copy 5.

►PRIVACY ACT STATEMENT—Copy 1 Reverse—Signed by the employee.

►Section G—EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (NON-GOVERNMENT TRAINING) Copy 1—Reverse side

The applicant must read and understand the statements contained in the agreement. If there are any questions concerning this section, please contact the nominating activity Training Office.

Item 33—To be completed by nominating Training Office.

Items 33-36 as appropriate. To be signed and dated by employee nominated for non-government training.

Section G—FINANCE—Copies 6 & 7

Items 33, 34 or 35 as appropriate, filled in by the nominating activity Training Office.

Section H—TRAINING VENDOR—Copy 5 only. Instructions on reverse of copy 3.

Section I—Copy 5—Mailing Address of Nominating Agency.

To be filled in by nominating Training Office.

PRIVACY ACT STATEMENT

General—This information is provided pursuant to Public Law 93-570 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.
Authority—The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).
Purposes and Uses—The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Personnel Data File.
Effects of Nondisclosure—Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)—Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

DD FORM 1556

UNITED STATES MARINE CORPS
CIVILIAN PERSONNEL DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
12570
CPD
7 Jan 86

From: Employee Development Superintendent
To: PWO

Subj: TRAVEL ORDER INFORMATION: REQUEST FOR

Ref: (a) BO 12570.1

Encl: (1) Memo; Subj: Travel orders for Carl H. Baker
(2) DD Form 1556

1. In accordance with the reference, enclosure (1) should be completed on the employee named in enclosure (2) and returned to the Civilian Personnel Division not later than 17 Jan 86.

2. DD Form 1610 will be completed by this office.

Linda H. Passingham
LINDA H. PASSINGHAM

Application For Admission To Transportation Engineering Continuing Education Programs

Course title MILITARY TRAFFIC OPERATIONS & ANALYSIS TECHNIQUES Course date FEB. 3-7, 1986

Name (✓ Mr.) (☐ Ms.) BAKER, CARL H., JR.
last first middle initial

Title MANAGER, CIVIL SECTION Birthdate 4/21/56

Agency FACILITIES, PUBLIC WORKS DIVISION, MARINE CORPS BASE

address BLDG. 1005

city CAMP LEJEUNE, NC 28542 (919) 451-3238
state zip telephone

Home address 7312 ARCHER'S CREEK DR.
EMERALD ISLE ( )

city MOREHEAD CITY, NC 28557 (919) 354-3652
state zip telephone

Colleges attended	Dates	Majors	Degrees (if any)
NORTH CAROLINA STATE UNIVERSITY	8/74-5/78	CIVIL ENGINEERING	BSCE

Applicant Carl H. Baker Jr. Date 11/12/85
signature

Complete both sides of application

For office use only TE Appl By Ackn

17

Professional experience(last five years)

18

Employer PUBLIC WORKS DIVISION, CAMP LEJEUNE, NC Dates 11/83 —

Position (briefly describe nature of work) MANAGER, CIVIL ENGINEERING SECTION - RESPONSIBLE FOR CIVIL DESIGN SERVICES FOR NEW CONSTRUCTION & REPAIRS, ROAD WORK & TRAFFIC ENGINEER

Employer OFFICE OF CONSTRUCTION, VETERANS ADMINISTRATION Dates 6/78 - 10/83

Position SENIOR RESIDENT ENGINEER — FIELD ENGINEER RESPONSIBLE FOR MAJOR NEW CONSTRUCTION AND RENOVATION PROJECTS.

Employer _____ Dates _____

Postion _____

Attach additional information, if necessary.

Supervisor's authorization _____
name title

_____ ( )
city state zip telephone

_____
address

_____
signature

Mail invoice to _____
name title

_____ ( )
city state zip telephone

_____
address

Complete one application for each candidate. Mail to:
Director, Transportation Engineering Division • The Traffic Institute, Northwestern University
P.O. Box 1409, Evanston, Ilinois 60204

MILITARY TRAFFIC OPERATIONS AND ANALYSIS TECHNIQUES

February 3 - 7, 1986 3.5 CEU's $400

This course addresses the areas of traffic engineering data collection and analysis, transportation planning and traffic operations as they exist on military bases. Discussion subjects include accident analysis and countermeasures and analysis of traffic operations. Case studies and problem-solving sessions are used to illustrate the practical application of traffic engineering principles as they relate to the unique conditions that exist on military installations.

The course is intended for base engineers with responsibilities relating to traffic planning, operations, and/or design. Individuals may be military officers or civilians employed by the armed forces. A bachelors degree in engineering science or related fields is a desirable prerequisite. Appropriate experience may be substituted for formal engineering education.

Program Content

Studies and Analysis Methods

Traffic Characteristics; Traffic Volume Studies; Travel Time and Delay; Speed Studies and Control; Accident Analysis; Parking Characteristics

Traffic Management and Operations

Intersection Analysis and Control; Traffic Signal Control; Street Network Planning; Management of Traffic Operations

Traffic Design and Control

Analysis of Site-generated Traffic; Access Location and Design; Parking Facility Layout; Signing and Pavement Marking

Geometric Design

Intersection Design; Channelization Design; Military Gate Design

PUBLIC WORKS DIVISION
BUILDING 1005, MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

In reply refer to:

12410
PWO
21 Jan 1985

From: 04S
To: All Public Works Personnel

Subj: CIVILIAN TRAINING FOR FY 1986

Encl: (1) Civilian Employee Training Request Form

1. Request you submit your civilian training requirements for Fiscal Year 1986 using the enclosure. All forms must be completed in draft form and returned to me NLT Friday, 22 February 1985. Under the cost column, fill in "Registration $_____" and I will complete the total cost.

2. CPD submitted the following guidance:

a. Performance of employees should be considered in determining training requirements. They state that generally a training need exists when there is a discrepancy between the actual level of performance and the desired level of employee performance.

b. Additional training requirements in supervisory/managerial tasks and functions should be identified through the performance appraisal process and requested through this survey.

Sue Jarman
SUE JARMAN

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name JOHN J. JORDAN Grade GS-9 Organization PUBLIC WORKS

Course Title REAL ESTATE SEMINAR

Length of Course 2 DA Location

Employees Last Official Performance Rating SATISFACTORY

COST: Registration $ Per Diem $ Travel $ Total $

1. Priority assigned to the training requirement.

/ / PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- / / Training Needed to ensure attainment of performance objectives
- / / Training needed to correct serious performance deficiencies
- / / Training required by law, regulation or higher authority
- / / Training required for operation/maintenance of new equipment
- / / Training required for employees enrolled in a recognized formal training program

/ / PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

/X/ PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

UPDATING INFORMATION AND KNOWLEDGE

3. How many of your employees have already received this or similar training? NONE

4. What will be the impact on the organization or employee if this training is not received?

EMPLOYEE'S OVERALL EFFICIENCY MAY SUFFER.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene Jones 2/4/85
Immediate Supervisor

2d Level Supervisor

Department Head

ENCLOSURE (1)

JOHN J. JORDAN

REAL ESTATE SEMINAR

2 PM

SATISFACTORY

C2-9

PUBLIC WORKS

X

UPDATING INFORMATION AND KNOWLEDGE

NONE

Employee's overall effectiveness may suffer.

8/9/85

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name MARY K. THOMPSON Grade GS-5 Organization PUBLIC WORKS

Course Title TECHNICAL WRITING I

Length of Course 3 DA Location NORFOLK, VA

Employees Last Official Performance Rating SATISFACTORY

COST: Registration $_____ Per Diem $_____ Travel $_____ Total $_____

1. Priority assigned to the training requirement.

[ ] PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- [ ] Training Needed to ensure attainment of performance objectives
- [ ] Training needed to correct serious performance deficiencies
- [ ] Training required by law, regulation or higher authority
- [ ] Training required for operation/maintenance of new equipment
- [ ] Training required for employees enrolled in a recognized formal training program

[ ] PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

[X] PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.

TO IMPROVE THE ABILITY OF EMPLOYEE TO PROOF READ AND MAKE SIMPLE CORRECTIONS TO TECHNICAL WRITTEN DOCUMENTS AND SUPPORTING DATA.

3. How many of your employees have already received this or similar training? NONE

4. What will be the impact on the organization or employee if this training is not received?

QUALITY OF FINALIZED DOCUMENTATION TO BE SENT TO HIGHER AUTHORITIVE WILL SUFFER.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Eugene L. Jones Jr 2/4/85
Immediate Supervisor

2d Level Supervisor

Department Head

ENCLOSURE (1)

MARY K. THOMPSON

TECHNICAL WRITING I

3 DA

NORFOLK, VA

SATISFACTORY

GS-5

PUBLIC WORKS

To improve the ability of employees to produce read and
make simple corrections to technical written documents
and dispensing duties.

NONE

Quality of finished documentation to be sent to users
within suitable time.

Stephen A. Thomas 3/485

#1

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Delmar D. Weaver Grade GS-11 Organization PWD Code 406

Course Title American General Contractors - Carolinas - Meeting

Length of Course _____ Location _____

Employees Last Official Performance Rating _____

COST: Registration $_____ Per Diem $_____ Travel $_____ Total $_____

1. Priority assigned to th

[ ] PRIORITY ONE
essential to

[ ] Train

[ ] Train

[ ] Train

[ ] Traini

[ ] Traini
traini

uring FY 1985 that is considered more of the following reasons:

performance objectives

rmance deficiencies

higher authority

nce of new equipment

in a recognized formal

[ ] PRIORITY TWO - ...ning which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

[X] PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested. To avail employee the valuable opportunt to converse and interchange ideas with his counterparts - the people who prepare Contractor's estimates to develop Bids

3. How many of your employees have already received this or similar training? 0

4. What will be the impact on the organization or employee if this training is not received? No opportunity to learn more about how contractors prepare bids and to inform them of some of our methos and ideas on estimating. will mean the government lost a chance

5. Certification of training requirement: to improve it estimators to educate the Contractors

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

_____ Immediate Supervisor

_____ 2d Level Supervisor

_____ Department Head

ENCLOSURE (1)

Sue
Each 406 members
Form are numbered in
the upper left corner
with my priorities for
each peron.
I you need me to
Prioritize whole section,
t will Jim Fitch

#1

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Delmar D. Weaver Grade GS-11 Organization PWD Code 406

Course Title American General Contractors - Carolinas - Meeting

Length of Course _____ Location _____

Employees Last Official Performance Rating _____

COST: Registration $_____ Per Diem $_____ Travel $_____ Total $_____

1. Priority assigned to the training requirement.

[ ] PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- [ ] Training Needed to ensure attainment of performance objectives
- [ ] Training needed to correct serious performance deficiencies
- [ ] Training required by law, regulation or higher authority
- [ ] Training required for operation/maintenance of new equipment
- [ ] Training required for employees enrolled in a recognized formal training program

[ ] PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

[X] PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested. To avail employee the valuable opportunit to converse and interchange ideas with his counterparts - the people who prepare Contractor's estimates to develop Bids

3. How many of your employees have already received this or similar training? 0

4. What will be the impact on the organization or employee if this training is not received? No opportunity to learn more about how contractors prepare bids and to inform them of some of our methos and ideas on estimating. will mean the government lost a chance to improve it estimatcor to educate the Contractors

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

_____ Immediate Supervisor

_____ 2d Level Supervisor

_____ Department Head

ENCLOSURE (1)

#3

FY-86

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name James H. Fitch, PE Grade GS-12 Organization PWD Code 406

Course Title Engineering Management (Course #518)

Length of Course 3days Oct 20-23 Location Southern Methodist Univ, Dallas, Texas

Employees Last Official Performance Rating Satisfactory

COST: Registration $ 595 Per Diem $ 300 Travel $ 384 Total $ 1289

1. Priority assigned to the training requirement.

[ ] PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- [ ] Training Needed to ensure attainment of performance objectives
- [ ] Training needed to correct serious performance deficiencies
- [ ] Training required by law, regulation or higher authority
- [ ] Training required for operation/maintenance of new equipment
- [ ] Training required for employees enrolled in a recognized formal training program

[ ] PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

[X] PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested.
To learn to provide the link between general management and technical expertise. To better accomplish the big picture of managing a technical funtion in harmony with other technical function within management of a Big Base

3. How many of your employees have already received this or similar training? 0

4. What will be the impact on the organization or employee if this training is not received?
Less efficiency of operation. Less harmony within the organization.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Immediate Supervisor

2d Level Supervisor

Department Head

ENCLOSURE (1)

M U

INDUSTRIAL MANAGEMENT
COMPUTERS
LEGAL and REAL ESTATE
MARKETING
ENGINEERING MANAGEMENT
PROJECT MANAGEMENT
CONSTRUCTION
SALE OF A COMPANY

SOUTHERN METHODIST UNIVERSITY
MANAGEMENT CENTER
EDWIN L. COX SCHOOL OF BUSINESS
DALLAS, TEXAS 75275

SOUTHERN METHODIST UNIVERSITY · DALLAS, TEXAS

Legal and Real Estate

Managing the Small Law Firm #505 $495	Nov. 9-10	Dallas	How to acquire legal business, increase profits in the law office, revise or originate partnership agreements; use of word processing and computers for small office; time management, use of para-professionals; prepaid legal services. **Who Should Attend:** Designed specifically for small and middle sized firms.
Finance and Accounting for Lawyers #530 $360	Sept. 14-15 Sept. 27-28 Oct. 5-6 Oct. 29-31 Nov. 9-10 Nov. 30-Dec. 1 Dec. 7-8 Dec. 14-15	St. Louis New York Chicago Dallas Houston Las Vegas Washington, DC New Orleans	What lawyers need to know about finance and accounting — the vocabulary, tools and methods used daily in the language of business and finance. Shows nuts and bolts of how business works; procedures of financial reporting, and methods used to analyze key financial decisions. **Who Should Attend:** Lawyers.
Fundamentals of Real Estate Syndication and Securities #552 $545	Nov. 8-9	Atlanta	The fundamentals of the syndicating process. Planning the venture, selecting the property, determining the ownership entity, selecting the syndicate interest. A broad overview of the syndication industry. **Who Should Attend** — Primarily for real estate practitioners, attorneys and CPA's.

Marketing

How to Design and Implement the Annual Marketing Plan #714 $535	Oct. 15-16	Dallas	How to use planning to build profits, organize to facilitate planning, take advantage of research, set up timetables for action, and develop contingency plans; presenting the plan to management and implementation. **Who Should Attend** — Marketing directors, managers, product managers, marketing planners.
Fundamentals of Sales Management #776 $595	Sept. 11-13	Dallas	How to motivate your sales force to peak performance; recruit and select the best sales people; forecast effectively; determine territory potentials; communicate with greater impact; develop compensation plans which direct sales activity to achieve company objectives; methods to classify customers and prospects by volume, profitability and potential. **Who Should Attend** — Prospective and practicing sales managers.

Engineering Management

Engineering Management #815 $595	Oct. 22-24	Dallas	Learn how to provide the linkage between general management and the technical expertise within the company; how to prepare for the broader responsibilities of managing technical functions. **Who Should Attend:** Engineering managers, engineering project managers and project leaders, non-technical managers with responsibilities for managing technical functions.

MU

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#1

FY-86

CIVILIAN EMPLOYEE TRAINING REQUEST

Employee Name Mary Lynn Phillips ~~James H. Fitch, PE~~ Grade GS-12 Organization PWD Code 406

Course Title Specifications and Construction Contracts

Length of Course 3days Location Dallas, Texas

Employees Last Official Performance Rating New Employee

COST: Registration $ 425 Per Diem $ 225 Travel $ 384 Total $ 1034

1. Priority assigned to the training requirement.

[X] PRIORITY ONE - ESSENTIAL: Training required during FY 1985 that is considered essential to mission accomplishment for one or more of the following reasons:

- [X] Training Needed to ensure attainment of performance objectives
- [ ] Training needed to correct serious performance deficiencies
- [ ] Training required by law, regulation or higher authority
- [ ] Training required for operation/maintenance of new equipment
- [ ] Training required for employees enrolled in a recognized formal training program

[ ] PRIORITY TWO - NEEDED: Training which if not funded may impact adversely on complete and qualitative mission accomplishment during the next two to three fiscal years. Example: Training to provide for the systematic replacement of skilled employees.

[ ] PRIORITY THREE - USEFUL: Training of a broadening nature that might be helpful in enhancing the overall performance levels of employees already considered to be competent.

2. Provide more specifically why this training is being requested. It provides the employee with a better understanding of ALL aspects of specifications & construction contracts pertinent to her position description. Very informative & beneficial.

3. How many of your employees have already received this or similar training? 0

4. What will be the impact on the organization or employee if this training is not received?
A lesser working knowledge of the fundamentals of the employees position as the Editorial Assistant to the Specifying Engineer for construction contracts.

5. Certification of training requirement:

I certify that I have reviewed the training requested for this employee. It is my opinion that the training is necessary to support the mission of the organization and the command; and that the priority assigned meets the criteria established.

Immediate Supervisor

2d Level Supervisor

Department Head

ENCLOSURE (1)

Tuition 425.00
Travel 384.50
PD 225
$1034

Left 300 - Lynns
A&T Contracting

The Construction Specifications Institute, Inc.
601 Madison Street
Alexandria, Virginia 22314

Bulk Rate
U.S. Postage
PAID
Berea, Ohio
Permit No. 333

CSI SEMINARS

SPECIFICATIONS and CONSTRUCTION CONTRACTS

Professional Development

3 Day ? 1986
March 18-20, 1985
Dallas, Texas

SPECIFICATIONS and CONSTRUCTION CONTRACTS

3 Day
Monday-Wednesday
March 18-20, 1985

8:30 a.m. - 4:30 p.m. daily
Dallas, Texas

Continuing Education Units: 2
Probably same → $395-CSI members
$425-Non-members

Information:
(703) 684-0300

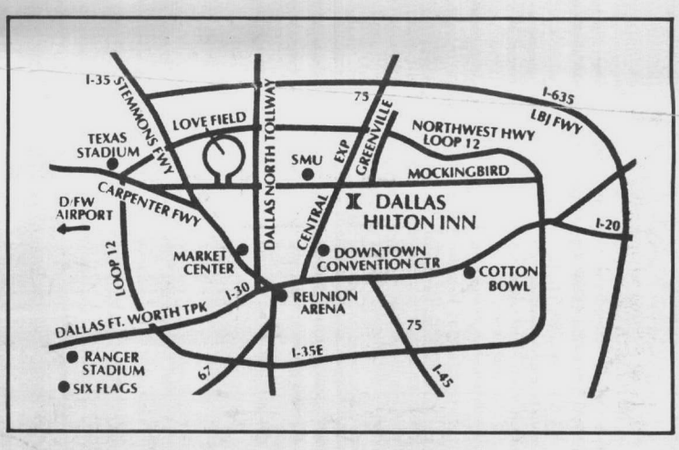
This program meets criteria for the nationally accepted Continuing Education Unit. CSI issues certificates of completion and maintains records of non-credit educational experience.

In-House Training

CSI seminars can be tailored to the needs of your organization and offered at a site convenient to your participants. In-house training eliminates the cost of travel and lodging and reduces the per person registration fees. Contact CSI for information on in-house training programs.

Course Manual Included

A comprehensive reference book reviews major points of the course and includes reprints, documents, and reproducible illustrations.



SPECIFICATIONS and CONSTRUCTION CONTRACTS

Objective

This seminar takes a look at the changing regulations, technology and contractual relationships that are effecting the preparation of written construction documents. In a condensed three-day program, it reviews current practices in preparing the project manual and explains the legal implications of language used in the Conditions of the Contract and specifications. Through team teaching and practical workshop exercises it explains how to use the Manual of Practice and presents the basic principles of CSI's nationally accepted format. The importance of a standardized format and how it can be effectively applied across design disciplines is demonstrated throughout the workshop.

Applicants of the Certified Construction Specifier exam may wish to use this course for review. Product representatives may wish to take this seminar to better understand the needs of their professional clients.

Program Outline

Day 1:
- Orientation and Overview
- Introduction to Contracts
  - Role of the Parties
  - Role of the Documents
- Principles of Specifying
- Workshop exercise

Day 2:
- Specifications Language
  - Style
  - Grammar
- Modes of Specifying
- Workshop exercise
- CSI Method of Document Organization
- CSI Format
- Workshop exercise
- Variations in Specifying

Day 3:
- Document Production
  - Preparation
  - Information Gathering
  - Specifying
- Tailoring Documents to the Project
- Workshop exercise
- Legal Implications
  - Conditions of the Contract
  - Modifying General Conditions
  - Liability of Specifying
- Panel Discussion

Participants will learn how to

- Relate product specifications to the Conditions of the Contract
- Define the responsibilities of parties to the contract
- Assemble information for document production
- Organize the Project Manual according to CSI format
- Prepare product specifications according to CSI format
- Use various types of specifications
- Use effective specifications language
- Tailor documents to the project
- Recognize the legal implications of language used in Conditions of the Contract and specifications
- Define which information goes on the written documents and which goes on the drawn documents

You should attend

- If you are involved in contract administration;
- If you are responsible for project and document coordination;
- If you interpret or implement construction documents;
- If you are involved in the selection and evaluation of construction materials;
- If you specify or purchase construction products;
- If you manufacture construction products;
- If you enforce construction codes;
- If you are an owner, builder, or developer concerned about accurate implementation of specifications;
- If you are involved with construction arbitration or litigation.

Instructors

Sheldon B. Israel, FCSI, CCS (Principal Instructor and Faculty Chairman) is President, TECON, Inc., Construction Technology Consultants, Ft. Lauderdale, Florida. Israel, who has more than 25 years' experience in construction specifications, materials research, and contract administration, has served as a specifications and materials consultant for architectural and engineering firms nationwide. A former chairman of the Institute's Education Committee and current Southeast Region Director of CSI, Israel is active as a public speaker and instructor. He is a member of the Construction Industry Panel of Arbitrators of the American Arbitration Association.

Diana M. Hamilton, CSI, is Director of Specifications for the San Francisco architectural firm Kaplan/McLaughlin/Diaz. With more than 20 years' experience in the design and production of construction documents and master specifications systems for architectural and engineering firms, she is a frequent seminar speaker and has lectured at San Jose State University and the University of California, Berkeley. She is currently West Region Director of CSI.

Joseph H. Kasimer, Esq., CSI, is a graduate of Yale University (B.A. cum laude) and George Washington National Law Center (J.D. with Honors). Currently engaged in private law practice, he specializes in construction contract litigation and claims and represents owners, architects, general contractors, subcontractors, sureties, construction managers and suppliers throughout the United States. Kasimer is a frequent contributor to The Construction Specifier and has authored articles and seminar materials for Engineering News Record, The Public Contract Law Journal, The Military Engineer, National Asphalt Pavement Association, and Federal Publications, Inc. He is a member of the American Arbitration Association and in 1983 CSI awarded him an Education Commendation.

Hotel

Reservations must be made by participants. A block of rooms at a preferred rate will be held up to two weeks prior to the seminar.

Dallas Hilton Inn
5600 N. Central Expressway, Dallas, Texas 74206
(214) 827-4100
Room rate: $62-single; $82-double
Transportation: Surtran from the Dallas Fort Worth Airport: $6
Courtesy transportation to and from Love Field
Recreation: Outdoor pool; SMU campus is across the street.
Restaurants: Two restaurants, a cafe, and lobby piano bar.
Shopping: The famous Greenville Avenue entertainment area is around the corner; Courtesy transportation to and from North Park Mall.

General Information

REFUND POLICY
- The registration fee is refundable, except for a $25.00 service charge, provided the request is received in writing at least five days prior to the date of the seminar.
- Full refund is made if the course is cancelled.
- No refunds will be made once the seminar has begun.

The registration fee covers the cost of the seminar, refreshments, lunch, course materials, and continuing education certificate.

The registration fee does not cover other meals, hotel accommodations, transportation, or incidentals.

Registration Form

Seminar _____

Seminar date/location _____

Name _____
(Print exactly as name should appear on certificate)

Organization _____

Address _____

City/State/Zip _____

Daytime phone _____ No. yrs. experience _____

☐ Architect ☐ Engineer ☐ Specifier ☐ Sales Rep. _____

☐ CSI member: $395 ☐ Non-member: $425

☐ Send CSI membership information

Mail to: Manager, Education Programs, **CSI**
601 Madison Street, Alexandria, VA 22314

- Make check payable to: The Construction Specifications Institute
- CSI education program fees are tax deductible.
- Registration will be confirmed by letter.

8

Pers Comp

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 7 Nov 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: Brant, William L. 240-98-0766

3. POSITION TITLE AND GRADE OR RATING: Engineering Technician, GS-11

4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC

5. ORGANIZATIONAL ELEMENT: Public Works

6. PHONE NO.: 2581

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend Special Projects Seminar Jacksonville, FL 14-15 Nov 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 3

b. PROCEED O/A *(Date)*: 13 Nov 85

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Jacksonville, FL and return to Chinquapin, NC

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	XX						☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. X ☐ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 213.00	$ 340.00	$ --	$ 553.00	$ 170.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*
Travel meets criteria of SECDEF 18Jan82 memo.
MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 1, 6 and 8 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM L.H. Passingham
Employee Development Superintendent

18. APPROVING OFFICIAL *(Title and signature)*
HOSEA HORNE, JR.
Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	000976	AA6 10 0476 3D22E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
J. F. SHARPE J.F. Sharpe
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 8 Nov 85

22. TRAVEL ORDER NUMBER: 000976

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—271-206

3

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
BRANT, WILLIAM L.	GS-11	240-98-0766

CHECK MAILING ADDRESS (Include ZIP Code): P.O. Box 25, Chinquapin, N.C. 28521

DUTY PHONE NO.: 451-1833

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 000976 dtd. 8 Nov 85

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): #170.00 62627 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 1985		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity; City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
13Nov	DEP	1200	Camp Lejeune	PA						
13Nov	ARR	1330	Albert Ellis		AT					
13 Nov	DEP	1400	Airport	CP						
13Nov	ARR	1623	Airport		AT					
15Nov	DEP	1950	Jacksonville, Fla	CP						
15Nov	ARR	2224	Albert Ellis		AT					
15Nov	DEP	2255	Airport	PA						
15Nov	ARR	2325	Residence		MC					
	DEP		Chinquapin, N.C.							
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
13Nov85	PA Miles from MCB to Airport (20 mi.)		
15Nov85	PA Miles from Airport to Res. (19 mi.)		
13-15Nov85	Airport Parking Fee	$5.00	

SUMMARY OF PAYMENT

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

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

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: William L Brant DATE: 25Nov85

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

(3)

☆ U.S.GPO:1984-0-709-038/615

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 1985	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
13Nov 85	40.95		5.59	15.78			
14Nov 85	40.95	6.97	8.50	16.65			
15Nov 85		6.58	7.95	14.89			

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, WILLIAM L. BRANT (Type or Print Name) certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE William L. Brant

DATE 25 Nov 1985

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
MCB CLNC
SYM 5190

851112

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*: BRANT, W.L.

2. RANK OR GRADE: CIV

3. SSN: 240 98 0766

4. ORGANIZATION AND STATION: PUBLIC WORKS, MCB, CLNC

5. TRAVEL ORDER: CG MCB CLNC TON 000976 dtd 851#108

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS: PD ADV AUTH: $170.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	851108	$170.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED. 2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE: D.R.RUCH, MAJOR

2. SIGNATURE: BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	000976	61004763D22E	$170.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
SN				$170.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U S APRIL 28, 1972

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 000976

FOR William Brant SSN: 240-98-0766

1. X Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. X Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other. .

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

1. ESTIMATED COST INFORMATION FOR TDY

Itinerary for William Brant Organization Maint Ext. 3722

From Camp Lejeune, NC To Jax, Fl & Stw to Chinguapin NC

Dates of Travel 13 & 16 Nov 85 Dates of Training 14-15 Nov 85

Maximum Per Diem Allowed in Accordance with JTR $71.00

Schedule	Cost - Round Trip
Lv Jax, NC 13 Nov 1400 Arr Jax, Fl — 1423 Lv Jax, Fl 16 Nov 0900 Arr Jax, NC — 1254	$340.00

Per Diem Estimate		Total Estimated Cost	
½ day 13 Nov	35.50	Per Diem	213.00
14-15 Nov	142.00	Travel	340.00
½ day 16 Nov	35.00	Limousine Fees	—
	213.00	Registration Fees	—
		TOTAL	553.00

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ 170.00.

☐ 2. Reservations - ~~make reservations with~~ Passenger Transportation, extension 1971. (RESERVATIONS MADE 5 NOV 85)

☑ 3. High Cost Area - ~~On the form attached to the~~ travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☑ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 4 hrs. Justification: ☑ Non-exempt under FLSA ☐ Title 5, USC.

☑ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

BO 12570.1
29 Oct 1985

MEMORANDUM

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer

Subj: Travel Orders for WILLIAM L. BRANT, SSN# 240-98-0766

P. O. Box 25, Chinquapin, NC 28521

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with the reference:

Purpose of TDY: To attend "Special Projects Seminar" - CECOS course

Government Sponsored: X Yes ____ No

*Mode of Transportation Preference: Commercial Air (Employee desires "Open Ticket")

Location of TDY Site: Jacksonville, Florida (Naval Air Station)

Type of Quarters: BOQ ____ Available X Not Available (000 8185)

Commercial ____

Date and Time Training, Conference, etc., begins: 0800, 14 November 1985

Date and Time Training, Conference, etc., ends: 1630, 15 November 1985

Registration Fee or Tuition Involved: ~~Yes~~ No Amount: ____

Rental Car will ____ will not X be required.
(If required, written justification must be attached.)

Employee is X Exempt or ____ Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, By direction

*If POC is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I ~~XXXXX~~ (will not) operate a Government-owned vehicle for the purpose of performing travel required by temporary duty.

WILLIAM L. BRANT

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10 FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
ESTES FRED W. JR	E-5-H	455-60-2446

CHECK MAILING ADDRESS (Include ZIP Code) 28541 — DUTY PHONE NO.

P.O. BOX 8796 CAMP LEJEUNE, NC — 1633

ORGANIZATION AND STATION

PUBLIC WORKS DIVISION MARINE CORPS BASE CAMP LEJEUNE NC

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

000966 dtd. 8NOV85

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

$170.00 02628 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 19 85		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
13 NOV	DEP	1200	CAMP LEJEUNE	PA						
13 NOV	ARR	1330	ALBERT ELLIS AIRPORT		AT					
13 NOV	DEP	1400		CP						
13 NOV	ARR	1623	AIRPORT		AT					
15 NOV	DEP	1950	JACKSONVILLE, FL	CP						
15 NOV	ARR	2224	AIRPORT —		AT					
15 NOV	DEP	2235	JACKSONVILLE NC	PA						
15 NOV	ARR	2305	RESIDENCE		MC					
	DEP		GUM BRANCH RD							
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
13 NOV 85	PA miles from MCB to AIRPORT (20 miles)		
15 NOV 85	PA miles from AIRPORT to residence (22 miles)		

SUMMARY OF PAYMENT

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

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

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: Fred W Estes Jr

DATE: 15 Nov 85

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

LAST NAME FIRST NAME MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
ESTES FRED W JR	GS-11	455-60-2446

CHECK MAILING ADDRESS (Include ZIP Code) 28542 — DUTY PHONE NO.

P.O. BOX 8796 CAMP LEJEUNE NC — 1833

ORGANIZATION AND STATION CAMP LEJEUNE, NC

PUBLIC WORKS DIVISION MARINE CORPS BASE

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

DDE 906 dtd. 8 NOV 85

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

$170.00 626-28 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 19__		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT	3. NUMBER OF MEALS DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									
	DEP									
	ARR									

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
13NOV85	AIRPORT PARKING FEE	5.00	

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

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

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

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

COMPUTATIONS

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

12. ☐ PER DIEM REQUESTED

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT Fred W. Estes Jr — DATE 18NOV85

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

Acts Comp w Alt

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 7 Nov 85

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*	3. POSITION TITLE AND GRADE OR RATING	
Estes, Fred W. Jr. 455-60-2446	Engineering Technician, GS-11	
4. OFFICIAL STATION	**5. ORGANIZATIONAL ELEMENT**	**6. PHONE NO.**
Marine Corps Base Camp Lejeune, NC	Public Works	2581
7. TYPE OF ORDERS	**8. SECURITY CLEARANCE**	**9. PURPOSE OF TDY**
Single	N/A	To attend Special Projects Seminar Jacksonville, FL 14-15 Nov 85
10 a. APPROX NO. OF DAYS OF TDY *(Including travel time)*	**b. PROCEED O/A *(Date)***	
3	13 Nov 85	

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Jacksonville, FL and return to Jacksonville, NC

Passenger Transportation Office
Camp Lejeune, North Carolina 28542-5000
For transportation and subsistence furnished on these orders see Memo endorsement.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
	XX						☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 213.00	$ 340.00	$ ---	$ 553.00	$ 170.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
MCBCL 12270 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 1, 6 and 8 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*	18. APPROVING OFFICIAL *(Title and signature)*
L. H. PASSINGHAM Employee Development Superintendent	HOSEA HORNE, JR. Civilian Personnel Officer

AUTHORIZATION

19. ACCTG. CITATION(S)	APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
	1761106.2720	000	67001	0	067001	2D	000966	AA6 10 0476 3D22E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

J. F. SHARPE
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED 8 Nov 85

22. TRAVEL ORDER NUMBER 000966

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702 NAVY OVERPRINT - JAN. 1971

3

☆ U.S.GPO:1984-0-706-922/521

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 85	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
13 NOV 85	$ 40.95		4.75	13.50 RX			
14 NOV 85	$ 40.95	$ 6.50	8.50	14.95			
15 NOV 85	$ [redacted]	7.50	8.75	13.50			

NOTES

1/ Attach lodging receipt(s) as supporting document(s).

2/ Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)

3/ Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.

4/ (a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.

I, FRED W. ESTES JR (Type or Print Name) certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE: Fred W. Estes Jr.

DATE: 18 NOV 85

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 000966

FOR Fred Estes SSN: 455-60-2446

1. X Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. ___ Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. X Use of Government quarters directed if available. Endorsement required.

9. ___ Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
MCB CLNC
SY,M, 5190

851112

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
ESTES, F.W. Jr.	CIV	455 60 2446

4. ORGANIZATION AND STATION
Public Works MCB CLNC

5. TRAVEL ORDER
CG MCB CLNC TON 000966 dtd 851108

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PD ADV AUTH: $170.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
	851108	$170.00		

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R. RUCH, MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	000966	61004763D22E	$170.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
sn				$170.00

ROOM NO.	LAST NAME	FIRST	INITIAL	ARRIVE
441	Estes	F. W.		11/13
RATE	DIRECT BILL INFORMATION			DEPART
39				11/14
NO. GUESTS				GSR
1				SR
				METHOD OF PAYMENT
				cash

Holiday Inn® OF ORANGE PARK

441 1 0239 0 ESTE

NOV 13	PREV BAL			.00
NOV 13	CASH		81.90-	
NOV 13	RM CHARG		39.00	
NOV 13	TAX 5%		1.95	
213792	ROOM 441-1			40.95
NOV 14	RM CHARG		39.00	
NOV 14	TAX 5%		1.95	
214263	ROOM 441-1			.00
NOV 14	PREV BAL			.00
#.	9193468409			
NOV 14	PHONE *		4.06	
314628	ROOM 441-1			4.06
NOV 15	CASH		4.06-	
129346	ROOM 441-1			.00
--------CHECKOUT-06:32AM--------				

NOV 13 6 42 PM '85
ORANGE PARK, FLA.
I-295 & U.S. 17

Holiday Inn®
OF JACKSONVILLE-ORANGE PARK
I-295 &/U.S. 17
TELEPHONE 904/264-9513
ORANGE PARK, FLORIDA 32073

FOLIO NUMBER
069354

JUL2.581.100

ENDORSEMENTS (CARBON)

SUBJECT TO CONDITIONS SET OUT ON THIS TICKET

PASSENGER'S COUPON

DATE OF ISSUE

BOOKING REFERENCE

ISSUED IN EXCHANGE FOR

DATE AND PLACE OF ORIGINAL ISSUE

CONJUNCTION TICKET(S)

PIEDMONT
CAMP LEJEUNE
27 CLNOO 1805
11194C
DATE AND PLACE OF ISSUE

NAME OF PASSENGER — NOT TRANSFERABLE

ESTES/F MR

J 00
08NOV85

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS/TKT DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	FROM JACKSONVILLE NC										
	TO CHARLOTTE	PI	262	Q	13NOV	200P	OK	Q			
X	TO CHARLOTTE	PI	285	Q	13NOV	315P	OK	Q			
	TO JACKSONVILLE FL	PI	804	Q	16NOV	900A	OK	Q			
X	TO CHARLOTTE	PI	239	Q	16NOV	1212P	OK	Q			
	TO JACKSONVILLE NC										

BAGGAGE CHECKED / UNCHECKED — PCS / WT / UNCK. PCS / UNCK. WT.

FARE 314.82

TAX 25.18

TOTAL

EQUIV. FARE PD 340.00

FORM OF PAYMENT
*SGRV4927323/LC/-/C/CT/M

CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK

5872881106 1

A/L-AGT INFO

CONTROL NO.

REV 1-85 Printed in U.S.A. by Rand McNally & Co. TUGBOAT

IF A BOARDING PASS IS REQUIRED, THIS TICKET MUST BE EXCHANGED FOR ONE BY AIRLINE AGENT

ALBERT J. ELLIS AIRPORT

RICHLANDS, NORTH CAROLINA

OVERNIGHT PARKING

01 00

2

THIS IS A LICENSE. NO BAILMENT CREATED. HOLDER MAY PARK ONE AUTOMOBILE IN THIS AREA AT HIS OWN RISK OF ANY FIRE, THEFT OR DAMAGE TO AUTO OR CONTENTS OF SAME.

11/13/85

CLAIM CHECK No. 4447

1. ESTIMATED COST INFORMATION FOR TDY

Itinerary for Fred Estes Organization Maint Ext. 3722

From Camp Lejeune, NC To Jax, Fl & Stw to Jax

Dates of Travel 13 & 16 Nov 85 Dates of Training 14-15 Nov 85

Maximum Per Diem Allowed in Accordance with JTR $71.00

Schedule	Cost - Round Trip
Lv Jax, NC 13 Nov 1400 Arr Jax, Fl — 1423 Lv Jax, Fl 16 Nov 0900 Arr Jax, NC — 1254	$340.00

Per Diem Estimate		Total Estimated Cost	
½ day 13 Nov	35.50	Per Diem	213.00
14-15 Nov	142.00	Travel	340.00
½ day 16 Nov	35.00	Limousine Fees	—
	213.00	Registration Fees	—
		TOTAL	553.00

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ 170.00.

☐ 2. Reservations - ~~make reservations with~~ Passenger Transportation, extension 1971. (RESERVATIONS MADE 5 NOV 85)

☑ 3. High Cost Area - ~~On the form attached to the travel order,~~ traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☑ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is 4 hrs. Justification: ☑ Non-exempt under FLSA ☐ Title 5, USC.

☑ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

DEPARTMENT OF THE NAVY
NAVAL SCHOOL
CIVIL ENGINEER CORPS OFFICERS
PORT HUENEME, CALIFORNIA 93043-5002

1500/0048
09P
28 OCT 1985

Commanding General
Marine Corps Base
ATTN: Fred Estes
Public Works Department
Camp Lejeune, NC 28542

Dear Mr. Estes:

You have been accepted to attend the CECOS Special Projects Seminar #28, 14-15 November 1985 at the Naval Air Station (NAS), Jacksonville, Florida. A local map is enclosed.

For military attendees, the uniform for the class is Summer Khaki or Service Dress Blue.

Even though residential space is limited at the NAS Bachelors Officers' Quarters (BOQ), all civilian and military personnel must check in there upon arrival and have their orders endorsed. Persons not occupying government quarters WHEN AVAILABLE, will be subject to a reduction in per diem entitlement. The AUTOVON number for the BOQ is 942-3139 and reservations are recommended. If use of off-Base accommodations becomes necessary, a car will be required for daily travel to class. The Commissioned Officers Mess at the NAS serves lunches and dinners.

I have enclosed a model schedule for the course you will be attending. The workshops which are shown on Thursday and Friday are team efforts and normally conclude at the times shown. To reduce the amount of reading you will be required to do and to increase the effctiveness of the class sessions, I have also enclosed Pre-Course Reading Assignments. All texts required by the course will be provided to you after check-in; however, you are encouraged to bring your own "marked-up copies of OPNAVINST 11010.20D or 20E. Personal calculators are not a specific requirement, but may expedite some of the workshop exercises.

The class will be held in the conference room of the BOQ, Building 11 on board the NAS. The class will convene at 0800 on Thursday, 14 November and conclude by 1600 on 15 November. Please do not make any travel arrangements which would require you to leave before this time.

1500/0048
09P
28 OCT 1985

In the event that your plans change and you are unable to attend, please notify our Registrar as soon as possible at AUTOVON 360-5655, FTS 799-5655 or Commercial (805) 982-5655 to allow us time to identify a substitute for your class billet from our waiting list. Local command substitutes cannot be accepted.

I know you will find your stay both professionally rewarding and personally enjoyable, and I look forward to seeing you.

Sincerely,

M. S. KEMPER
Lieutenant Commander, CEC, U.S. Navy
Director, Special Projects Seminar

Encls:
(1) Reading Assignment
(2) Course Schedule
(3) Local Map

0023d
CLASS SCHEDULE

COURSE: SPECIAL PROJECTS	CLASS NO.: 28	CLASSROOM: BOQ CONFIRM	WEEK: ONE	NOTE: DRAFT 10/23/85 LOCATION: NAS JACKSONVILLE		

	0810 - 0900	0910 - 1000	1010 - 1100	1110 - 1200	1330 - 1420	1430 - 1520	1530 - 1620
MON 11 NOV 85	H O L I D A Y				H O L I D A Y		
TUES 12 NOV 85							
WED 13 NOV 85							
THURS ~~12~~ 14 NOV 85	LCDR KEMPER WELCOME ABOARD/ REGISTRATION	MR. WILLIAMS NAVFAC CODE 100 SPECIAL PROJECTS PROGRAM OVERVIEW 4700	LCDR KEMPER INTRODUCTION TO CATEGORIES OF WORK 4710	LCDR KEMPER PROJECT CLASSIFICATION 4720	LCDR KEMPER PROJECT PREP, SUBMITTAL, AND REVIEW 4730	MR. WILLIAMS NAVFAC CODE 100 PROBLEMS, PERILS & PITFALLS 4740	LCDR KEMPER PROJECT PREP, DETAILED LOOK 4750 / WORKSHOP ASSIGNMENT (TEAMS) 4760/4770
FRI ~~13~~ 15 NOV 85	LCDR KEMPER/MR. WILLIAMS WORKSHOP (TEAMS) 4760/4770		LCDR KEMPER/MR. WILLIAMS WORKSHOP REVIEW 4760		LCDR KEMPER/MR. WILLIAMS WORKSHOP REVIEW 4770		LCDR KEMPER/ MR. WILLIAMS SPECIAL PROJECT FORUM / CRITIQUE SESSION 4780

ENCLOSURE (2)

REPRODUCED AT GOVERNMENT EXPENSE

SPECIAL PROJECTS SEMINAR PRE-COURSE READING ASSIGNMENTS

Text: OPNAVINST 11010.20D, Facilities Projects Manual

Read following page or paragraphs in your text:

2101
2104 (a - e)
Pages 3-1 thru 3-11
3201 and 3202
4101 - 4103
4201
5101 - 5103
5201
6101 - 6105
7101 - 7102
7301 - 7304
7201
App. C-1 thru C-3 (for format only - $ limits have changed)
App. D-13 thru D-15

Note: Workshops will require familiarity with full text.

Enclosure (1)

REPRODUCED AT GOVERNMENT EXPENSE

BO 12570.1
29 Oct 1985

MEMORANDUM

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer

Subj: Travel Orders for Fred W. Estes, Jr., SSN #455-60-2446
Gum Branch Road, Jacksonville, NC 28540

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with the reference:

Purpose of TDY: To attend "Special Projects Seminar" - CECOS course

Government Sponsored: X Yes ____ No

*Mode of Transportation Preference: Commercial Air (Employee desires "Open Ticke

Location of TDY Site: Naval Air Station, Jacksonville, Florida

Type of Quarters: BOQ ____ Available X Not Available (000-8086)
Commercial ____

Date and Time Training, Conference, etc., begins: 0800, 14 November 1985

Date and Time Training, Conference, etc., ends: 1630, 15 November 1985

Registration Fee or Tuition Involved: XXXX No Amount: ____

Rental Car will X will not ____ be required.
(If required, written justification must be attached.)

Employee is ____ Exempt or X Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, By direction

*If POC is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (XXXXX) (will not) operate a Government-owned vehicle for the purpose of performing travel required by temporary duty.

FRED W. ESTES, JR.

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME - FIRST NAME - MIDDLE INITIAL (Print/Type)	GRADE/RANK	SSN
ASHTON, Bryan T.	GS-11	376-66-9944

CHECK MAILING ADDRESS (Include ZIP Code): 15 Cherokee Drive, Hubert, NC 28539

DUTY PHONE NO.: 451-3238

ORGANIZATION AND STATION: Public Works Division, Marine Corps Base, Camp Lejeune, NC

TRAVEL ORDERS (Paragraph, S.O. No., Issuing Hq., Date) (Include amending orders): 000776 MCB 310ct85

PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date Received, Place paid, or DO Station No. If none, so state): $185.00 DOV#62345 851101 MCB CLNC

1. ITINERARY (See Item 25 for Symbols)

DATE 19 85		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
310ct	DEP	1200	Camp Lejeune, NC	PA					
310ct	ARR	1700	Edenton, NC		AD				
1Nov	DEP	0700		PA					
1Nov	ARR	0830	U.S. Army Corps of		TD				
1Nov	DEP	1400	Engineers, Norfolk	PA					
1Nov	ARR	1430	LANTDIV		TD				
1Nov	DEP	1600	Norfolk, VA	PA					
1Nov	ARR	2130	Residence		MC				
	DEP		Hubert, NC						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
	15 miles from Army Corps of Engineers' office to LANTDIV	3.08	

SUMMARY OF PAYMENT

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

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

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

NUMBER	FROM	TO

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: BRYAN T. ASHTON

DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN *(own expense)*	C	(7) PLANE	P
(4) PRIVATELY-OWNED CONVEYANCE	P	(8) RAIL	R
		(9) VESSEL	V
		(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XXX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
SYM-5170
MCB,CLNC
851101

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
ASHTON B.T.	GS-11	376 66 9944

4. ORGANIZATION AND STATION
CIVIL ENGINEER,MCB,CLNC,28542.

5. TRAVEL ORDER
TON NO:000776 DTD.31 OCT 85.

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
ADV AUTH=$185.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
		$185.00	851031	

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. THROUGH ATTACHED. 2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R. RUCH MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	000776	6100205SD12E	$185.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
TRL				$185.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U S
APRIL 28, 1972

PWO 1745 Ltr

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 28 Oct 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: ASHTON, Brynn T. SSN: 376-66-9944

3. POSITION TITLE AND GRADE OR RATING: Civil Engineer, GS-11

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Public Works Office
~~Civilian Personnel Division~~

6. PHONE NO.: 3238

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend a one-day seminar presented by the U.S. Corps of Engineers on the topic of "Design of Construction of Rolled Concrete Pavements" and meet w/LANTDIV personnel on subject, Norfolk, VA 1 Nov 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 2

b. PROCEED O/A *(Date)*: 31 Oct 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Norfolk, VA and return to Hubert, NC

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: $.205
							☒ MORE ADVANTAGEOUS TO GOVERNMENT
							☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST				15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL	
$ 150.00	$ 79.54	$	$229.54	$185.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECNEF 18Jan82 memo.
MCBCL 12570 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 2, 6, 8 and 9 of the attached Statement of Instructions apply to this order.

17. REQUESTING OFFICIAL *(Title and signature)*
C. A. JOHANNESMEYER
Public Works Officer

18. APPROVING OFFICIAL *(Title and signature)*
A. K. MAREADY, HEAD, FA-10, Command

AUTHORIZATION

19. ACCTG CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER (Tango) NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	000776	AM6 10 0205 5D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED: 31 Oct 85

22. TRAVEL ORDER NUMBER: 000776

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT JAN 1971

☆ U.S. GOVERNMENT PRINTING OFFICE 1979-604-579

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 19 85	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
31Oct	26.13		6.00	16.00			
1Nov		6.00	5.85	14.60			

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, BRYNN T. ASHTON *(Type or Print Name)* certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE	DATE

DD FORM 1 JAN 78 1351-3 S/N 0102-LF-013-3300

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Brynn Ashton Organization PWD Ext. 2581

From CLNC To Norfolk, VA + Nth to Hubert, NC

Dates of Travel 31 Oct + 2 Nov Dates of Training 1 Nov 85

Maximum Per Diem Allowed in Accordance with JTR #75.00

Schedule

388 miles rd trip
CLNC to Norfolk, VA
+ nth to Hubert, NC
@.205 = #79.54

Cost - Round Trip

#79.54

Per Diem Estimate

½ day 31 Oct	37.50
1 Nov	75.00
½ day 2 Nov	37.50
	150.00

Total Estimated Cost

Per Diem	150.00
Travel	79.54
Limousine Fees	—
Registration Fees	—
TOTAL	229.54

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ 185.00.

☐ 2. Reservations - make reservations with Passenger Transportation, extension 1971.

☑ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☑ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is NONE. Justification: ☐ Non-exempt under FLSA ☐ Title 5, USC.

☐ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

STATEMENT OF INSTRUCTIONS

DISBURSING REQUIRES ORIGINAL AND THREE COPIES OF THE TRAVEL ORDERS FOR AN ADVANCE, PASSENGER TRANSPORTATION REQUIRED THE ORIGINAL AND TWO COPIES TO ISSUE A TRAVEL REQUEST IF YOUR MODE OF TRAVEL IS AIR. PLEASE HAVE NECESSARY COPIES MADE IN YOUR DEPARTMENT.

THE FOLLOWING STATEMENTS (INDICATED BY X) APPLY TO TRAVEL ORDER NO. 000776

FOR Bryan Ashton SSN: 376-66-9944

1. ___ Immediately upon receipt of these orders you will report to the Passenger Traffic Ofc., Bldg 233, for issuance of travel request. Limousine service will be utilized when available and practicable. The attached itinerary is considered the most economical schedule for this travel. If for your own convenience you travel by an indirect route or interrupt travel by a direct route, the extra expense will be borne by you and you will be charged annual leave as appropriate.

2. X Use of POV is authorized within the limits of immediate vicinity of temporary duty station. To be reimbursed for daily travel between temporary quarters and training site, you should determine distances from speedometer readings.

3. ___ No reimbursement for travel is authorized as you will be a passenger in the privately owned conveyance of Mr./Ms. _____ .

4. ___ Travel by POV is authorized for your convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

5. ___ No per diem is authorized if the travel period is 10 hours or less.

6. X Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form. Receipts for lodging, all items in excess of $25, and registration fees are required. Guidelines are: 54% lodging, 39% meals, and 7% incidentals.

7. ___ Since you are traveling to a high cost area, you must keep a detailed daily record of expenses on the attached form.

8. X Use of Government quarters directed if available. Endorsement required.

9. X Government vehicle not available.

10. ___ Rental Car authorized.

11. ___ Other.

WITHIN THREE WORK DAYS AFTER TRAVEL IS COMPLETED YOU MUST REPORT TO THE DISBURSING OFFICE, BLDG. 1005, WITH ORIGINAL AND FOUR COPIES OF DD FORM 1610, DD FORM 1351-2, RECEIPTS, AND DD FORM 1351-3 WHEN APPLICABLE FOR SETTLEMENT OF YOUR TRAVEL CLAIM.

5

No. 16

ROSE OF TRALEE INN
206 S. OAKUM STREET
EDENTON, NC 27932

11. 1. 1985

Received of Mr. BEN ASHTON

TWENTY FIVE 00/100 Dollars

Amt of Account	25	00
Amt Paid		
TAX	1	13
Balance Due	26	13

ROOM NO 3

$ 26.13 Fe.r

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 28 Oct 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: ASHTON, Brynn T. SSN: 376-66-9944

3. POSITION TITLE AND GRADE OR RATING: Civil Engineer, GS-11

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Civilian Personnel Division

6. PHONE NO.: 3238

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend a one-day seminar presented by the U.S. Corps of Engineers on the topic of "Design of Construction of Rolled Concrete Pavements" and meet w/LANTDIV personnel on subject

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 2

b. PROCEED O/A *(Date)*: 31 Oct 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Norfolk, VA and return to Hubert, NC

04 ER

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: $.205

☒ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST				15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL	
$ 150.00	$ 79.54	$	$ 229.54	$ 185.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECNAV 18Jan82 memo.
MCBUL 12570 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

17. REQUESTING OFFICIAL *(Title and signature)*: C. A. JOHANNESMEYER
Public Works Officer

18. APPROVING OFFICIAL *(Title and signature)*: A. K. MARREADY, HEAD, FA-10, Command

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER (Tango) NO.	COST CODE
1761106.2720	000	67001	0	067001	2D		AM6 10 0205 5D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED

22. TRAVEL ORDER NUMBER

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN. 1971

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Brynn Ashton Organization PWD Ext. 2581

From CLNC To Norfolk, VA + Nth to Hubert, NC

Dates of Travel 31 Oct + 2 Nov Dates of Training 1 Nov 85

Maximum Per Diem Allowed in Accordance with JTR $75.00

Schedule	Cost - Round Trip
388 miles rd trip CLNC to Norfolk, VA + nth to Hubert, NC @.205 = $79.54	$79.54

Per Diem Estimate		Total Estimated Cost	
½ day 31 Oct	37.50	Per Diem	150.00
1 Nov	75.00	Travel	79.54
½ day 2 Nov	37.50	Limousine Fees	—
		Registration Fees	—
	150.00	TOTAL	229.54

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☒ 1. Advance - maximum that can be authorized is $185.00.

☐ 2. Reservations - make reservations with Passenger Transportation, extension 1971.

☒ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☒ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is NONE. Justification: ☐ Non-exempt under FLSA ☐ Title 5, USC.

☐ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3_.

BO 12570.1
23 Oct 1985

MEMORANDUM

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer

Subj: Travel Orders for Brynn T. Ashton, SSN# 376-66-9944
15 Cherokee Drive, Hubert, NC 28539

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with the reference:

Purpose of TDY: To attend a one-day seminar presented by the U.S. Corps of Engineers on the topic of "Design of Construction of Rolled Concrete Pavements" and meet with LANTDIV personnel on subject

Government Sponsored: X Yes ____ No

*Mode of Transportation Preference: POV

Location of TDY Site: Front Street, Norfolk, VA (Regional Office) and LANTDIV

Type of Quarters: BOQ ____ Available X Not Available
005 87 86
Commercial ____

Date and Time Training, Conference, etc., begins: 1 Nov 1985 at 0800

Date and Time Training, Conference, etc., ends: 1 Nov 1985 at 1700

Registration Fee or Tuition Involved: ~~Yes~~/No Amount: ____

Rental Car will ____ will not X be required.
(If required, written justification must be attached.)

Employee is X Exempt or ____ Nonexempt under the Fair Labor Standards Act.

C. A. JOHANNESMEYER

*If POC is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (~~will~~ (will not) operate a Government-owned vehicle for the purpose of performing travel required by temporary duty.

Brynn Ashton
BRYNN T. ASHTON

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

10. **FOR DO USE ONLY**

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Print/Type)*	GRADE/RANK	SSN
PHILLIPS, Mary Lynn	GS-5	465-25-6823

CHECK MAILING ADDRESS *(Include ZIP Code)*	DUTY PHONE NO.
Rt. 6, Box 639, Jacksonville, NC	5507

ORGANIZATION AND STATION

Public Works Division, MCB, Camp Lejeune, NC

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

000846 dtd 4Nov85 MCB CLNC

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

$155.00 DOV 62464 851105 MCB CLNC

1. ITINERARY *(See Item 25 for Symbols)*

DATE 1985		LOCAL TIME *(24 Hour Clock)*	PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / DED*	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
5Nov	DEP	1200	Camp Lejeune,NC	PA					
5Nov	ARR	1730	BOQ, Norfolk,VA		TD				
8Nov	DEP	0800		PA					
8Nov	ARR	1330	Residence		NC				
	DEP		Jacksonville, NC						
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED
6&7Nov	2 miles from BOQ to LANTDIV office (Total of 4 miles)	.82	

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

APPROVING OFFICER *(31 USC 680a)*

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

NUMBER	FROM	TO

8. LEAVE STATEMENT: ____ days 3 hours taken between 1330 and 1630

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

COMPUTATIONS

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

12. ☐ PER DIEM REQUESTED

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT: MARY LYNN PHILLIPS

DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

17. COMPUTED BY	18. AUDITED BY	19. TVL RCRD POSTED BY	20. RECEIVED *(Payee signature and date or check no.)*	21. AMOUNT PAID →

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN	C	(7) PLANE	P
(own expense)		(8) RAIL	R
(4) PRIVATELY-OWNED CONVEYANCE	P	(9) VESSEL	V
		(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

☆U.S.GPO:1984-0-709-038/615

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES (JTR, C4612 AND M4009)

DATE 19 85	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
5 Nov	5.50			12.54			
6 Nov	5.50	3.16	4.35	15.07			
7 Nov	5.50	3.16	5.87	13.47			
8 Nov		2.85	4.85				

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

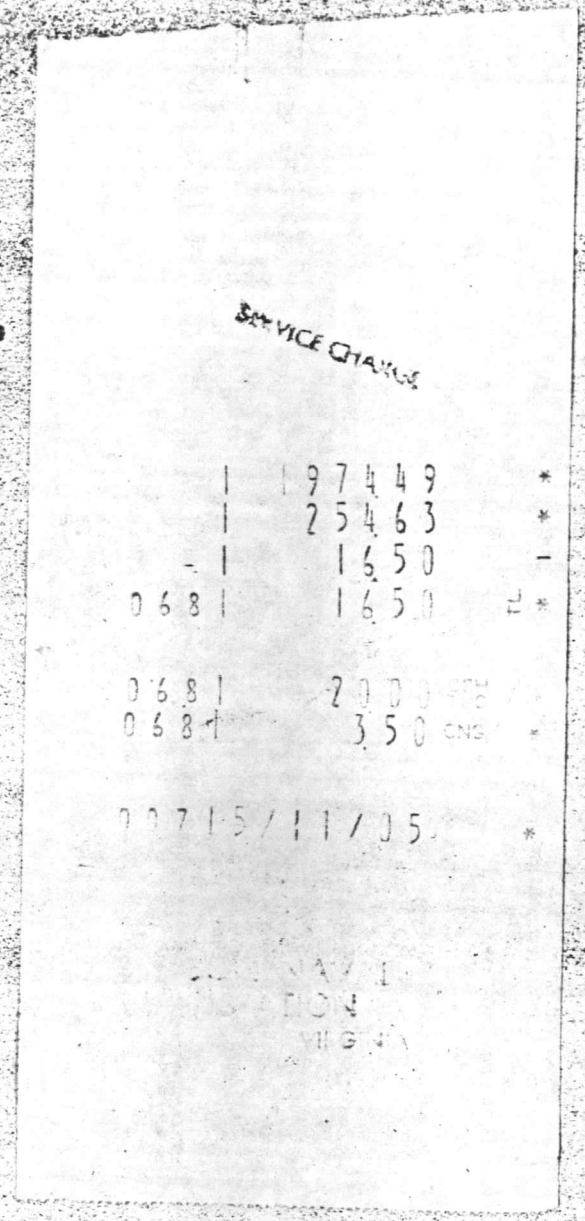
3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, Mary Lynn Phillips *(Type or Print Name)* certify that itemized amounts are actual and necessary expenses incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE

DATE


SERVICE CHANGE
1 197449 *
1 25463 *
1 1650 -
0681 1650 *
0681 200
0681 350 CNG *
07/15/11/05 *

TRAVEL VOUCHER

BUREAU VOUCHER NUMBER

D.O. VOUCHER NO.

I. PAYMENT FOR

1. ADVANCE OF TRAVEL ALLOWANCES *(TDY/TAD)*	XX	6. TRANSPORTATION OF DEPENDENTS	
2. ADVANCE OF TRAVEL ALLOWANCES *(PCS)*		7. DISLOCATION ALLOWANCE	
3. ACCRUED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE	
4. SETTLEMENT OF TDY/TAD TRAVEL		9.	
5. SETTLEMENT OF PCS TRAVEL		10.	

PAID BY

67001
MCB CLNC
SYM 5190

851105

II. INDIVIDUAL PAYMENT

1. PAYEE *(Last Name, First, Middle Initial)*	2. RANK OR GRADE	3. SSN
PHILLIPS, M.L.	CIV	465 25 6823

4. ORGANIZATION AND STATION
PWO, MCB, CLNC

5. TRAVEL ORDER
CG MCB CLNC TON 000846 dtd 851104

6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:
PD ADV AUTH: S155.00

7. CHECK NUMBER	8. CHECK DATE	9. AMOUNT PAID	10. DATE PAID	11. RECEIVED IN CASH *(Signature of payee)*
		$155.00	851104	

III. PAYMENTS CONSOLIDATED

1. PER SUBVOUCHER NO. _____ THROUGH _____ ATTACHED.

2. PER _____ TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.

IV. APPROVED FOR PAYMENT *(When required by individual service regulations)*

1. TYPED NAME AND TITLE	2. SIGNATURE
D.R.XXXXXX RUCH, MAJOR	BY:

V. REMARKS

VI. ACCOUNTING CLASSIFICATION(S)

APPROPRIATION SYMBOL AND SUBHEAD	OBJECT CLASS	BUR. CONT. NO./SUB. ALLOT. NO.	AUTH. ACCT'G ACTIVITY	TYPE	AUXILIARY COST CODE	COST CODE	AMOUNT
1761106.2720	000	67001/0	067001	1K	000846	61002052D12E	$155.00

COMPUTED BY	AUDITED BY	POSTED TO TVL RECORD BY	DATE ENTERED	AMOUNT PAID
sn				$155.00

DD FORM 1 JUL 65 1351 (7PT)(NAVY OVERPRINT) S/N 0102-LF-013-2502

FORM APPROVED BY COMP. GEN., U S
APRIL 28, 1972

★ U.S. GOVERNMENT PRINTING OFFICE: 1979-604-670

A C/S Compt Akin

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 30 Oct 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: PHILLIPS, Mary Lynn SSN #465-25-6823

3. POSITION TITLE AND GRADE OR RATING: Editorial Assistant, GS-5

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Civilian Personnel Division

6. PHONE NO.: 5507

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To become familiar with more advanced glossary functions to better utilize the NAVFAC Guide Specs and learn more about editing techniques.
Norfolk,VA 6-7 Nov 85

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 3

b. PROCEED O/A *(Date)*: 5 Nov 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Norfolk, VA and return.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: $.205
							☒ MORE ADVANTAGEOUS TO GOVERNMENT
							☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 112.50	$ 79.54	$ ---	$ 192.04	$ 155.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
MCBCL 12570 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.
Items 2, 6, 8, and 9 of the attached Statement of Instructions apply to these orders.

17. REQUESTING OFFICIAL *(Title and signature)*
C. A. JOHANNESMEYER
Public Works Officer

18. APPROVING OFFICIAL *(Title and signature)*
A. K. MAREADY, Head, FA-10, Command

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER (Tango) NO.	COST CODE
1761106.2720	000	67001	0	067001	2D	000846	AM6 10 0205 2D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
HOSEA HORNE, JR.
By direction of the Commanding General
MCB, Camp Lejeune, NC 28542

21. DATE ISSUED 4 Nov 85

22. TRAVEL ORDER NUMBER 000846

ESTIMATED COST INFORMATION FOR TDY

Itinerary for Mary Lynn Phillips Organization PWO Ext. 2213

From Camp Lejeune, NC To Norfolk, VA + Rtn

Dates of Travel 5 + 8 Nov 85 Dates of Training 6-7 Nov 85

Maximum Per Diem Allowed in Accordance with JTR $37.50 (BOQ)

Schedule	Cost - Round Trip
388 miles CLNC to Norfolk, VA + Rtn @ .205 = $79.54	$79.54

Gov't Veh Not Avail

Per Diem Estimate		Total Estimated Cost	
½ day 5 Nov	18.75	Per Diem	112.50
6-7 Nov	75.00	Travel	79.54
½ day 8 Nov	18.75	Limousine Fees	—
	112.50	Registration Fees	—
		TOTAL	192.04

NOTE: ITEMS CHECKED BELOW APPLY TO ABOVE TRAVEL.

☑ 1. Advance - maximum that can be authorized is $ 155.00 .

☐ 2. Reservations - make reservations with Passenger Transportation, extension 1971.

☑ 3. High Cost Area - on the form attached to the travel order, traveler must keep record of each meal, tip, and any other expense incurred. Receipts for lodging are required.

☐ 4. Constructive Travel - POV is authorized for the traveler's convenience. Work time spent in travel outside common carrier schedule will be charged to annual leave or LWOP.

☑ 5. Overtime - approximate number of hours traveler may be subject to overtime based on the above schedule is None / to travel during duty hrs. Justification: ☐ Non-exempt under FLSA ☐ Title 5, USC.

☐ 6. Review - this form must be attached to travel order for Comptroller's review prior to approval of travel.

☐ 7. Submit DD 1556 with travel order if purpose of TDY is other than for work. See enclosure (2) to BO 12410.3 .

TRAVEL VOUCHER OR SUBVOUCHER

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

READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM.

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

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

ORGANIZATION AND STATION

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

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

10. FOR DO USE ONLY

DO VOUCHER NO.

SUBVOUCHER NO.

PAID BY

20.54 / .82d

1. ITINERARY (See Item 25 for Symbols)

DATE 1985		LOCAL TIME (24 Hour Clock)	PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	MODE OF TRAVEL	REASON FOR STOP	2. COST OF LODGING	3. NUMBER OF MEALS GOVT / DED *	3. NUMBER OF MEALS OPEN MESS	4. POC MILES
11/5	DEP	1200	Camp Lejeune						
	ARR	1730	BOQ Norfolk						
11/8	DEP	0800	BOQ Norfolk						
	ARR	1330	Camp Lejeune						
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								
	DEP								
	ARR								

COMPUTATIONS

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

DATE	NATURE AND EXPLANATION	AMT CLAIMED	ALLOWED

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

APPROVING OFFICER (31 USC 680a)

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

NUMBER	FROM	TO

SUMMARY OF PAYMENT

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

11. PAYMENT DESIRED ☐ CHECK ☐ CASH

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

12. ☐ PER DIEM REQUESTED

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

13. BAS RATE

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

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

14. SIGNATURE OF CLAIMANT | DATE

15. ACCOUNTING CLASSIFICATION

16. COLLECTION DATA

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

DD FORM 1 JUN 78 1351-2 EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED.

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

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427, and E.O. 9397.
PRINCIPAL PURPOSE:	Used for reviewing, approving, accounting and disbursing for official travel, SSN is used to maintain a numerical identification system for individual claims.
ROUTINE USES:	To substantiate claims for reimbursement for official travel.
DISCLOSURE:	Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

22. CLAIMANT'S STATEMENT

a. I have identified on the face of this voucher all travel in connection with leave, delay en route or travel to home or permanent station for personal reasons.

b. I have not claimed any allowances for travel, transportation and/or TDY for which I have or will receive reimbursement from any other agency of the U.S., Foreign Government, or the United Nations, except as specifically authorized by the Secretaries concerned.

c. I hereby assign to the United States any rights I have against other parties in connection with reimbursable charges described herein associated with transportation procured at personal expense.

d. If travel by POC was authorized as more advantageous to the Government I, as owner or operator of the vehicle, was primarily responsible for payment of its operating expenses.

23. REQUIRED ATTACHMENTS

a. Original or copies of all travel orders and amendments.

b. Traveler's copy of transportation requests and MAC authorizations used.

c. Receipts from transportation office for unused transportation request, totally or partially unused carriers' tickets, and unused meal tickets.

d. Receipts from carriers, copies of tickets, or required certifications if cost of transportation is claimed.

e. Receipts for lodgings and any item of expense claimed in excess of $15.

f. Statements of nonavailability *(Government quarters, mess and directed mode of transportation).*

g. Itemization of actual expenses on a daily basis when claim for reimbursement includes travel on an actual expense basis.

24. DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a Government mess. *(See JTR, Vol 1, App. J and Vol. 2, App. D for definition of Deductible Meals.)* Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

25a. SYMBOLS *(Use two letters)*

MEANS/MODE OF TRAVEL

FIRST LETTER		SECOND LETTER	
(1) TRNSPN REQ	T	(5) AUTO	A
(2) GOVT TRNSPN	G	(6) BUS	B
(3) COML TRNSPN *(own expense)*	C	(7) PLANE	P
		(8) RAIL	R
(4) PRIVATELY-OWNED CONVEYANCE	P	(9) VESSEL	V
		(10) MOTORCYCLE	M

25b. SYMBOLS

REASONS FOR STOPS

(1) AWAITING TRNSPN	AT
(2) LEAVE EN ROUTE	LV
(3) MISSION COMPLETE	MC
(4) AUTHORIZED DELAY	AD
(5) TEMPORARY DUTY	TD

26. REMARKS

27. APPROVED FOR PAYMENT *(When required by individual service regulations)*

DATE	SIGNATURE OF AUTHORIZED APPROVING/CERTIFYING OFFICER

STATEMENT OF ACTUAL EXPENSES

REIMBURSABLE EXPENSES *(JTR, C4612 AND M4009)*

DATE 1985	1/ LODGING	2/ MEALS			LAUNDRY PRESSING CLEANING	3/ & 4/ LOCAL TRANSP	4/ OTHER
		BREAKFAST	LUNCH	DINNER			
11/5	5.50	—	—	12.54			
11/6	5.50	3.16	4.35	15.07		2 mi	
11/7	5.50	3.16	5.87	13.47		2 mi	
11/8	—	2.85	4.85	—			
	JAX	1815			NOR	12147	
	NOR	12086			JAX	12392	

NOTES

1/ *Attach lodging receipt(s) as supporting document(s).*

2/ *Cost of each meal and tip to be shown as single amount (the cost of alcoholic beverages may not be included.)*

3/ *Cost of local transportation and tips between places of lodging or duty points to and from places where meals are taken not otherwise reimbursable.*

4/ *(a) Fees and tips to bellboys and maids; (b) fees and tips to porters and baggagemen (Members of Uniformed Services indicate only those fees and tips paid to porters and baggagemen and at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.); (c) telephone and telegraphic charges for lodging reservations; (d) expenses (other than those shown on lodging receipts) related to lodging and valet services (except barbers, manicurists, or masseurs); (e) related taxes and service charges on allowable items of expense (other than those in note 3) if not included elsewhere.*

I, _____ certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE	DATE

DD FORM 1 JAN 78 **1351-3** S/N 0102-LF-013-3300

BO 12570.1
28 Oct 1985

MEMORANDUM

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer

Subj: Travel Orders for Mary Lynn Phillips, SSN# 465-25-6823
Route 6, Box 639, Jacksonville, NC

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with the reference:

Purpose of TDY: Familiarize herself with more advanced glossary functions to better utilize the NAVFAC Guide Specs and learn more about editing techniques.

Government Sponsored: X Yes ____ No

*Mode of Transportation Preference: POV

Location of TDY Site: Atlantic Division, Naval Facilities Engineering Command

Type of Quarters: BOQ X Available ____ Not Available

Commercial ____

Date and Time Training, Conference, etc., begins: 04 Nov 1985 - 0800

Date and Time Training, Conference, etc., ends: 06 Nov 1985 - 1630

Registration Fee or Tuition Involved: XXX/No Amount: ____

Rental Car will ____ will not X be required.
(If required, written justification must be attached.)

Employee is ____ Exempt or X Nonexempt under the Fair Labor Standards Act.

E. L. ROUSE, By direction

*If POC is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I XXXXXX (will not) operate a Government-owned vehicle for the purpose of performing travel required by temporary duty.

Mary Lynn Phillips

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)

Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 30 Oct 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: PHILLIPS, Mary Lynn SSN #465-25-6823

3. POSITION TITLE AND GRADE OR RATING: Editorial Assistant, GS-5

4. OFFICIAL STATION: Marine Corps Base, Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Civilian Personnel Division

6. PHONE NO.: 5507

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To become familiar with more advanced glossary functions to better utilize the NAVFAC Guide Specs and learn more about editing techniques.

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 3

b. PROCEED O/A *(Date)*: 6 Nov 1985

11. ITINERARY ☐ VARIATION AUTHORIZED

From Camp Lejeune, NC to Norfolk, VA and return.

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: $.205
							☒ MORE ADVANTAGEOUS TO GOVERNMENT
							☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.

☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 112.50	$79.54	$	$ 192.04	$155.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*

Travel meets criteria of SECDEF 18Jan82 memo.
MCBCL 12570 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

17. REQUESTING OFFICIAL *(Title and signature)*: C. A. JOHANNESMEYER, Public Works Officer

18. APPROVING OFFICIAL *(Title and signature)*: A. K. MARKADY, Head, FA-10, Command

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
761106.2720	000	67001	0	067001	2D		AM6 10 0205 2D12E

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION

21. DATE ISSUED

22. TRAVEL ORDER NUMBER

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

NAVY OVERPRINT - JAN 1971

OPNAV 5216/144B (Rev. 8-81)
S/N 0107-LF-052-2322

DEPARTMENT OF THE NAVY

Memorandum

DATE: 4 November 1985

FROM: Public Works Officer, Marine Corps Base, Camp Lejeune

TO: Civilian Personnel Officer

SUBJ: TRAVEL ORDERS FOR WILLIAM L. BRANT AND FRED W. ESTES, JR.

Encl: (1) PWO memo BO 12570.1 of 29 Oct 1985 (Fred W. Estes, Jr.)
(2) PWO memo BO 12570.1 of 29 Oct 1985 (William L. Brant)

1. Enclosures (1) and (2) are provided as requested. As noted, a rental car will be required for one of the employees. The acceptance letter for the course signed by M. S. Kemper, Lieutenant Commander, CEC, U.S. Navy, Director, Special Projects Seminar, from the Naval School at Port Hueneme, California dated 28 October 1985, stated that if BOQ was unavailable, a car would be required for daily travel to class. Therefore, request one rental car be provided.

E. L. ROUSE
By direction

☆ U.S. Government Printing Office: 1984—705-012/8569 2-1

10 0249

IOS has copy

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina

COMP-B/SBD/bb
7000
11 Jan 1983

From: Assistant Chief of Staff, Comptroller
To: Distribution List

Subj: Statistical Reporting of Travel Costs

Ref: (a) CMC 191332Z Dec 1982

1. Effective immediately, Temporary Additional Duty (TAD) costs will no longer be reported as Administrative (AD or AR) or Mission Essential (MD or MR). The reference directs that TAD be identified in the following categories:

a. Site Visit - Visit to a particular site in order to personally perform operational or managerial activities; e.g. oversee programs; operate and manage activities for internal control purposes; carry out audit, inspection, or repair activity; conduct negotiations; provide instructions or technical assistance.
Example: Liaison Visits

b. Information Meeting - Attendance at meeting to discuss general agency operations, review status reports or discuss topics of general interest. (NOTE: If a site visit was conducted as part of the same trip, consider the entire trip to be site visit).

c. Training Attendance - Travel to sites outside of the commuting area to receive training.
Example: Formal Government/ Non-Government Training Courses and Workshops

d. Speech or Presentation - Travel to make a speech or a presentation, deliver a paper, or otherwise take part as a Government representative in a formal program other than a training course.

e. Conference Attendance - Travel to attend a conference, seminar, convention or symposium for purposes of observation or education only, with no formal role in the proceedings.

COMP-B/SBD/bb
7000
11 Jan 1983

Subj: Statistical Reporting of Travel Costs

6 f. Relocation - Movement from one official duty station to another.
Example: Civilian Permanent Change of Station (PCS) Moves

7 g. Entitlement Travel - Travel to which an employee (or dependent) is entitled as the result of an assignment; e.g., official, medical and emergency travel.
Example: Military medical appointments or Travel outside CONUS on emergency Leave

8 h. Special Mission Travel - Travel to carry out a special agency mission, e.g., provide security for movement of a person, parcel or shipment; move witnesses to participate in Government hearings or trials.
Example: Witness travel or prisoner escort costs

9 i. Other Travel- Travel required for reasons or purposes which are not otherwise shown in the previous eight (8) categories
Examples: Local mileage, Travel of Mounted Color Guard, Rifle and Pistol matches

2. The existing Job Order Numbers (JONs) will be modified to permit identification of TAD costs to each of the nine categories listed above. There is still a requirement to differentiate between direct and reimbursable funded TAD. An explanation of the change to the JONs follows:

a. Old System - Previously, the only requirement to identify the purpose of TAD was satisfied by using the first two digits of the Work Center in the JON. The first digit was an A for administrative TAD or an M for mission TAD. The second digit was a D for direct funded or an R for reimbursable funded. Acceptable codes were AD, AR, MD and MR.

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Subj: Statistical Reporting of Travel Cost

AM	10	3	1234	2R30	E

Information Meeting
Reimbursable

AM	10	3	1234	3D30	E

Training Attendance
Direct

AM	10	3	1234	4D30	E

Speech or Presentation
Direct

(Note: The third and fourth digits of the Work Center will continue to be the applicable shop for the Fund Administrator)

3. It is imperative that all Fund Administrators identify the applicable TAD category on all future TAD requests.

A. K. MAREADY

DISTRIBUTION:
AC/S, Manpower (Mil Pers Section)
10 Command
12 Security
13 Communications
16 Support Battalion
18 Property Control
19 Food Services
21 Laundry
22 Printing Plant
23 Base Maintenance
24 Base Motor Transport
25 Infantry Training School
26 MCSSS
27 MCES
28 FMSS
29 Rifle Range Detachment
30 Headquarters Battalion
31 Dir, RASC
32 AC/S, Logistics
33 Dependents' Schools
34 RSU
35 Dir, FamHsg
36 Dir, UPH
40 Corrections Company
44 AC/S, Training
46 AC/S, Personnel Services
50 East Coast Commissary Complex
51 Hadnot Point Commissary
52 Tarawa Terrace Commissary

Copy to:
CPO (Training Division)

2nd Copy to MCSSS. Attn: Mr. Patterson

COMP-B/SBD/bb
7000
11 Jan 1983

Subj: Statistical Reporting of Travel Cost

Samples of existing TAD JONs under the old system:

FUND CODE	FUND ADMIN	FISCAL YEAR	JOS	WORK CENTER	EXPENSE ELEMENT
AM	10	3	1234	AD30	E

Administrative
Direct

AM	10	3	1234	MR30	E

Mission
Reimbursable

b. New System - The new requirement replaces the old two digit code with a new two digit code. The new code will continue to appear as the first and second digits of the Work Center in the JON. The first digit identifies the new TAD category as follows:

Code	TAD Category
1	Site Visit
2	Information Meeting
3	Training Attendance
4	Speech or Presentation
5	Conference Attendance
6	Relocation
7	Entitlement Travel
8	Special Mission Travel
9	Other Travel

The second digit continues to be assigned as a D for direct funded and an R for reimbursable funded. Acceptable codes are 1D, 2D, 3D, 4D, 5D, 6D, 7D, 8D, 9D, 1R, 2R, 3R, 4R, 5R, 6R, 7R, 8R and 9R.

Samples of New TAD JONs:

FUND CODE	FUND ADMIN	FISCAL YEAR	JOS	WORK CENTER	EXPENSE ELEMENT
AM	10	3	1234	1D30	E

Site Visit
Direct

PINK

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5001

BO 12570.1
CPD/nmc
26 Aug 1985

PWO

BASE ORDER 12570.1

From: Commanding General
To: Distribution List

Subj: Travel Orders for Civil Service Personnel

Ref: (a) DoD Joint Travel Regulations - Volume 2 (NOTAL)
(b) BO 12410.3H
(c) BO 7000.1J (NOTAL)
(d) BO 12610.1H

Encl: (1) Sample memorandum request
(2) Preparation of DD Form 1610

1. Purpose. To promulgate instructions concerning issuance of travel orders to civil service personnel.

2. Cancellation. BO 12270.1A

3. Background. Reference (a) authorizes the Commanding General to issue travel orders to civil service personnel and contains regulations governing payment of certain travel and transportation expenses. Reference (b) contains information concerning participation in training. Reference (c) contains a list of Fund Administrators.

4. Policy. It is the policy of this command that travel and transportation at Government expense will be directed only when officially justified and by those means which meet mission requirements at the lowest possible cost consistent with good management practices. Rates of reimbursement will be as prescribed by reference (a). Official travel for employees included in the bargaining unit for which the American Federation of Government Employees (AFGE) has exclusive recognition, must be in compliance with provisions of the Master Labor Agreement between the U. S. Marine Corps and the AFGE. Persons directed to travel on official business will exercise the same care in incurring expenses and accomplishing a mission that a prudent person would exercise if traveling on personal business. Excess costs, circuitous routes, delays, or luxury accommodations unnecessary or unjustified in the performance of a mission are not considered acceptable as exercising prudence.

5. Temporary Duty Orders. The following procedures will be followed in issuing temporary duty orders:

a. The requesting organization will send a memorandum to the Civilian Personnel Division (CPD) to obtain the estimated cost information for completion of Request and Authorization of TDY Travel of DoD Personnel, DD Form 1610. The request should be made a least three weeks prior to the date the proposed travel will begin. Enclosure (1) is the format to use for the memorandum request. Before requesting cost information, make necessary BOQ or motel reservations. If the temporary duty is performed at a military installation and government quarters are available, the per diem rate will be based on their use. If unavailable, travelers are required to obtain a non-availability certification from the military installation at the temporary duty point. Failure to do so will result in reduced per diem rates. It is important that the requesting organization consider the possibility of the traveler being subject to overtime and determine if overtime funds are available. Line management officials are responsible for specifying, within reasonable limits, the time during which travel will be performed. There are two different statutes covering time spent traveling in a TDY status They are:

(1) Under Title 5, United States Code, time spent by an employee in travel status away from his official duty station is not considered as hours of employment unless (a) travel is performed within the days and hours of his regularly scheduled

administrative workweek, including regular overtime work, or (b) the travel involves the performance of actual work while traveling, is incident to travel that involves the performance of work while traveling, is carried out under arduous conditions, or results from an event which could not be scheduled or controlled administratively. (Nongovernment sponsored meetings, conferences, or training cannot be scheduled or controlled administratively.) Any employee may be subject to overtime under Title 5.

(2) Overtime entitlement under the Fair Labor Standards Act (FLSA) does not begin to accrue until the employee has completed 40 hours of actual work, as defined by the Act, in a week. For example, an employee who has any paid time off during the week (holiday, annual leave, sick leave, or any excused absence with pay) will not accrue any entitlement to overtime pay under FLSA until additional actual work exceeds the paid hours of nonwork, and is in excess of 40 hours of actual work in the week. Whether time spent traveling outside regular working hours is considered "hours of work" under FLSA depends upon the kind of travel involved. In general, authorized travel time outside regular working hours is "hours of work" under FLSA if an employee (1) performs work while traveling (including travel as a driver of a vehicle), (2) travels as a passenger to a temporary duty station and returns during the same day, or (3) travels as a passenger on nonworkdays during hours which correspond to his/her regular working hours. Only nonexempt employees are subject to overtime under FLSA. Reference (d) provides guidance in granting compensatory time.

b. Upon receipt of the memorandum, the CPD will determine per diem and mode of transportation in accordance with reference (a). Since travel by common carrier (air, rail or bus) will generally result in the most efficient use of energy resources and is the least costly and most expeditious method of travel, this method shall be used whenever reasonably available. When it is determined that common carrier is not advantageous to the government because of the location or short distance involved and that a vehicle is required for official travel, a government vehicle shall be used whenever it is reasonably available and travel is within permissible operating distance. Mileage will be computed in accordance with reference (a) when a government vehicle is not available. Use of a rental car will not be authorized unless determined to be essential for transportation.

c. When the estimated cost information has been furnished, the requesting organization will complete DD Form 1610. (For Marine Corps Base employees, the Employee Development Superintendent, Civilian Personnel Division will complete the form for training.) The requesting official should sign in Item 17, retain one copy and forward the remaining copies to the Fund Administrator for funding approval. When temporary duty is for attendance at professional meetings, as defined in reference (b), Request, Authorization, Agreement, Certification of Training and Reimbursement, DD Form 1556, must be submitted with DD Form 1610. Detailed instructions for completing DD Form 1610 are contained in enclosure (2). The Civilian Personnel Officer (CPO) will sign as Approving Official, Item 18, for Marine Corps Base employees when travel is for attendance at training functions.

d. Fund Administrators in reference (c) are responsible for administering travel funds for activities included in their funding responsibilities. When a DD Form 1610 is received, approval will be shown by signing Item 18. The signature must be the Fund Administrator's or, when absent, the Acting Fund Administrator's. By direction signatures will not be accepted. If travel funds are disapproved, return all copies to the requesting official with appropriate explanation. After approval, forward for final approval of funding via the Assistant Chief of Staff, Comptroller to the CPD at least 10 working days in advance of departure date.

e. In accordance with paragraphs C3000 and C3001 of reference (a), the CPO is designated to act for the Commanding General in authorizing and authenticating travel orders for civil service personnel. The CPO will ensure that information entered on the DD Form 1610 complies with the requirements of reference (a). Detailed instructions will be provided to the traveler in the remarks section of the form. When approved, DD Form 1610 will be returned to the requesting official along with a Statement of Actual Expenses, DD Form 1351-3, if necessary.

f. The requesting official will ensure that the DD Form 1610 is provided to the traveler and that he/she understands the instructions provided. If privately owned conveyance has been authorized for the convenience of the traveler, time spent in

travel outside the time required had common carrier been used will be charged to annual leave or LWOP as appropriate. When travel is required outside the regular scheduled work week, the provisions of reference (d) must be followed. If the traveler does not go TDY, promptly return unused DD Form 1610 to the CPD with a written explanation. The CPD will cancel the travel order.

g. The requesting official will ensure that the following instructions are complied with:

(1) If a Transportation Request (T/R) is required, deliver the original and all remaining copies of approved orders to the Passenger Traffic Office, for issuance of the T/R and endorsement on the orders, at least seven working days prior to date of departure.

(2) If an advance of travel funds is required and authorized, deliver the original and remaining copies of travel orders no sooner than ten and not later than three working days prior to departure to the Disbursing Office (Travel Section). Travel advances will normally be limited to 80 percent of the estimated per diem and miscellaneous expense costs, plus 100 percent of the estimated transportation costs if travel is to be performed at personal expense subject to reimbursement. Advances will not normally be made for one-day trips or for expenses of less than fifty dollars.

(3) If TDY is in an actual expense area, it is mandatory that the DD Form 1351-3, attached to the travel order be filled out. In all cases, receipts for lodging, all items in excess of $25, and registration fees must be submitted with the Travel Voucher or Subvoucher, DD Form 1351-2, to Disbursing.

(4) Record departure and arrival time, limousine/taxi fees, tolls, mileage to/from TDY site.

(5) Upon return to work report to the Travel Requesting Official for completion of DD Form 1351-2 (Travel Voucher).

(6) Within three working days after travel is completed, report to the Disbursing Office, Building 1005, with original and four copies of DD Form 1610; DD Form 1351-2; receipts; and DD Form 1351-3 when applicable. Failure to comply with this requirement may result in all travel advances being deducted from the employee's pay. Normally no travel advances on subsequent travel orders will be authorized if a claim has not been submitted for a previous travel period.

h. Travelers who received an excess travel advance will be notified of the overpayment by letter from the Disbursing Officer. The notification letter will advise the traveler that if repayment is not received within 15 calendar days from the date of the letter, the overpayment will be recovered by pay account checkage/ salary offset. The Disbursing Officer should be notified of any extinuating circumstances that would prevent the traveler from taking action to repay the excess advance within the 15-calendar day period.

i. Upon settlement of travel claim, Disbursing will furnish the CPD one copy of DD Form 1351-2. Upon receipt of the DD Form 1351-2, the CPD will determine if the employee is subject to overtime under Title 5 or FLSA and prepare the Civilian Overtime/ Compensatory Time/Holiday Premium Pay Authorization, MCBCL Form 12550. The CPO will sign as the requestor, and forward it to the Assistant Chief of Staff, Comptroller.

6. Permissive Orders. When an employee agrees to pay his own expenses for attendance at a meeting of a technical, professional, scientific or other similar type conference/ seminar and it is determined by the department that the employee will be in a duty status a travel order will be issued. DD Form 1610 is sent directly to the Order Authorizing Official. Instructions for completing DD Form 1610 are in Appendix B to enclosure (2). Overtime provisions of the FLSA apply in cases where nonexempt employees are permitted to travel outside normal scheduled hours of work on permissive orders.

7. Permanent Change-of-Station Orders. When considering an employee from another activity for a vacancy, travel/moving entitlements as authorized in reference (a) will be discussed during the interview. Approval from the Fund Administrator and Assistant Chief of Staff, Comptroller must be obtained before a commitment is made to pay any

travel/moving expenses. The CPO is responsible for obtaining necessary data and completion of Request and Authorization for DoD Civilian Permanent Duty Travel, DD Form 1614. Authority to sign this form by direction is delegated to the CPO.

8. Assistance. Questions concerning travel of civil service employees should be referred to the CPD, telephone extension 1539.

9. Concurrence. This Order has been coordinated and concurred in by the Commanding Generals, 2d Marine Division, 2d Force Service Support Group and the Commanding Officer of the East Coast Commissary Complex.

R. L. FORMANEK
Chief of Staff

DISTRIBUTION: C less Categories III & IV

SAMPLE MEMORANDUM REQUEST

MEMORANDUM

From: (Requesting Official)
To: Civilian Personnel Officer

Subj: Travel Orders for (Traveler's Name) (SSN)

(Home Address)

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with reference (a):

Purpose of TDY: _____

_____

Government Sponsored: _____Yes _____No

*Mode of Transportation Preference: _____

Location of TDY Site: _____

Type of Quarters: BOQ _____ Available _____ Not Available
Commercial _____

Date and Time Training, Conference, etc. Begins: _____

Date and Time Training, Conference, etc. Ends: _____

Registration Fee or Tuition Involved: Yes/No Amount: _____

Rental Car will _____ will not _____ be required.
(If required, written justification must be attached).

Employee is _____ Exempt or _____ Nonexempt under the Fair Labor Standards Act.

_____
(Signature of Requesting Official)

*If POC is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (will) (will not) operate a Government owned vehicle for the purpose of performing travel required by temporary duty.

_____
(Signature of Traveler)

ENCLOSURE (1)

PREPARATION OF DD FORM 1610

1. Most of the items on DD Form 1610 are self-explanatory. In general, it should be completed as follows:

Item 1: Date of Request -- Enter day, month, and year.

Item 2. Name -- Enter name and social security number of traveler.

Item 3: Position Title and Grade or Rating -- Self-explanatory.

Item 4: Official Station -- Enter name and location of the permanent duty station.

Item 5: Organization Element: -- Enter division, branch, or unit to which traveler is assigned.

Item 6: Phone No. -- Enter that of the traveler at organizational element.

Item 7: Type of Orders -- Indicate as appropriate, e.g., confirmatory, amendment, extension, blanket, group.

Item 8: Security Clearance -- The degree of security clearance for the period of temporary duty will be included in the order as interim or final security clearance; TOP SECRET, SECRET, or CONFIDENTIAL, as appropriate, i.e., "Individual is cleared for access to classified material up to and including (classification) for the period of this temporary duty." The statement "Access to classified data not required" will be included when appropriate.

Item 9: Purpose of TDY -- Enter title of conference/training, dates of temporary duty less travel time, location, and reference any pertinent communication or directive.

Item 10: (a) Approx. No. of Days of TDY (Including travel time) -- Self-explanatory.

(b) Proceed O/A (Date) -- Indicate date for beginning of official travel which will be as accurate as possible.

Item 11: Itinerary -- Indicate places from and to which official travel is authorized and "return to" point. If it is expected that the traveler may have to vary from a prescribed itinerary to accomplish the mission assignment, indicate by "X" in the block preceding, "variation authorized."

Item 12: Mode of Transportation -- Indicate in the block(s) provided, the mode(s) authorized. If travel is to be authorized via privately owned conveyance state the appropriate mileage rate in the space provided. Indicate in the appropriate block if such travel is determined to be advantageous to the Government or if reimbursement is limited.

Item 13: Per Diem -- Check the block "Per Diem authorized in accordance with JTR" unless a specified rate has been set for that area.

Item 14: Estimated Cost -- Self-explanatory. Indicate by asterisk(s) which line of accounting data in Item 19 applies to particular cost.

Item 15: Advance Authorized -- Show amount authorized as an advance of travel funds. This amount should not include travel expense unless privately owned conveyance is used. Regulations for advance of funds are contained in reference (a).

Item 16: Remarks -- Enter the following statements:

(1) Travel meets criteria of SECDEF 18Jan82 memo.

(2) MCBCL 12570 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

ENCLOSURE (2)

Item 17: Requesting Official -- Enter title and name of the unit or staff official concerned.

Item 18: Approving Official -- Fund Administrator's title and name.

Item 19: Accounting Data -- The complete Accounting Classification Code consisting of nine coding elements shall be shown. The data will be listed horizontally in sequence as follows:

(1) Appropriation (17*1106 or 17*1804 as applicable)
(2) Subhead (applicable four digits)
(3) Object Class (insert 3 zeros)
(4) Bureau Control Number (67001)
(5) Suballotment (insert 1 zero)
(6) Authorization Accounting Activity (067001)
(7) Transaction Type Code (2D)
(8) Property Accounting Activity (Leave Blank - CPD will insert Travel Order Number.)
(9) Cost Code (the last 12 digits of job order number)

* Insert last digit of fiscal year.

Separate Cost Codes must be cited when tuition and registration fees are required. When TDY starts in one fiscal year and ends in the next fiscal year, show accounting information for each fiscal year and the amount charged to each year.

Item 20: Order Authorizing Official or Authentication -- Leave Blank. (This will be filled out by CPD.)

Item 21: Date Issued -- Leave Blank. (This will be filled out by CPD.)

Item 22: Travel Order Number -- Leave Blank. (This will be filled out by CPD.)

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 13 June 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*: DOE, John H. SSN: 634-00-1809

3. POSITION TITLE AND GRADE OR RATING: Employee Relations Specialist, GS-9

4. OFFICIAL STATION: Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT: Civilian Personnel Division

6. PHONE NO.: 1886

7. TYPE OF ORDERS: Single

8. SECURITY CLEARANCE: N/A

9. PURPOSE OF TDY: To attend a Labor and Employee Relations Specialist Workshop on 19-21 July 1985

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*: 4

b. PROCEED O/A *(Date)*: 18 Jul 85

11. ITINERARY ☐ VARIATION AUTHORIZED

From Jacksonville, NC to Norfolk, VA and return

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: $.205
							☒ MORE ADVANTAGEOUS TO GOVERNMENT
							☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

13. ☒ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ 300.00	$ 79.54	* $ 15.00(reg fee)	$ 394.54	$ 320.00

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*
Travel meets criteria of SECDEF 18Jan82 memo.
MCBCL 12570 (Estimated Cost Information for TDY) is required to be submitted upon liquidation of these orders.

17. REQUESTING OFFICIAL *(Title and signature)*
John H. Brown
Civilian Personnel Officer

18. APPROVING OFFICIAL *(Title and signature)*
Fund Administrator

AUTHORIZATION

19. ACCTG CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER (Tango) NO.	COST CODE
1751106.2720	000	67001	0	067001	2D	BLANK	AA5 10 0476 3D22E
*1751106.2720	000	67001	0	067001	2D	BLANK	AA5 10 0477 1022Q

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
BLANK (CPD will fill out)

21. DATE ISSUED
Blank (CPD will fill out)

22. TRAVEL ORDER NUMBER
Blank (CPD will fill out)

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

USE FOR PERMISSIVE ORDERS ONLY

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL

(Reference: Joint Travel Regulations)
Travel Authorized as Indicated in Items 2 through 21.

1. DATE OF REQUEST: 13 June 1985

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*
DOE, JOHN H. SSN: 634-00-1809
BROWN, Jack A. SSN: 512-00-0000

3. POSITION TITLE AND GRADE OR RATING
Employee Relations Specialist, GS-9
Employee Relations Specialist, GS-9

4. OFFICIAL STATION
Marine Corps Base
Camp Lejeune, NC 28542

5. ORGANIZATIONAL ELEMENT
Civilian Personnel Division

6. PHONE NO.
1886

7. TYPE OF ORDERS
Group Permissive

8. SECURITY CLEARANCE
N/A

9. PURPOSE OF TDY
To attend Semi-Annual Labor Relations Workshop 12 July 1985 in Raleigh, NC

10a. APPROX NO. OF DAYS OF TDY *(Including travel time)*
1

b. PROCEED O/A *(Date)*
12 July 1985

11. ITINERARY ☐ VARIATION AUTHORIZED
From Jacksonville, NC to Raleigh, NC and return

12. MODE OF TRANSPORTATION

COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE *(Check one)*
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
							☐ MORE ADVANTAGEOUS TO GOVERNMENT

☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*

☐ MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.

13. ☐ PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.
☐ OTHER RATE OF PER DIEM *(Specify)*

14. ESTIMATED COST

PER DIEM	TRAVEL	OTHER	TOTAL	15. ADVANCE AUTHORIZED
$ ----	$ ----	$ ----	$ ----	$ ----

16. REMARKS *(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)*
LEAVE BLANK -- (CPD will fill out)

17. REQUESTING OFFICIAL *(Title and signature)*
JOHN H. BROWN
Civilian Personnel Officer

18. APPROVING OFFICIAL *(Title and signature)*
FUND ADMINISTRATOR

AUTHORIZATION

19. ACCTG. CITATION

APPROPRIATION AND SUBHEAD	OBJECT CLASS	BUREAU CONTROL NUMBER	SUB-AUTH	AUTHORIZATION ACCOUNTING ACTIVITY	TYPE	TRAVEL ORDER *(Tango)* NO.	COST CODE
LEAVE BLANK							

20. ORDER AUTHORIZING OFFICIAL *(Title and signature)* OR AUTHENTICATION
LEAVE BLANK (CPD will fill out)

21. DATE ISSUED
Blank (CPD will fill out)

22. TRAVEL ORDER NUMBER
Blank (CPD will fill out)

DD FORM 1 JUN 67 1610 S/N 0102-LF-016-7702

MEMORANDUM

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer

Subj: Travel Orders for _____

_____

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with the reference:

Purpose of TDY: _____

_____

_____

Government Sponsored: _____Yes _____No

*Mode of Transportation Preference: _____

Location of TDY Site: _____

Type of Quarters: BOQ _____Available _____Not Available

Commercial _____

Date and Time Training, Conference, etc., begins: _____

Date and Time Training, Conference, etc., ends: _____

Registration Fee or Tuition Involved: Yes/No Amount: _____

Rental Car will _____ will not _____ be required.
(If required, written justification must be attached.)

Employee is _____Exempt or _____Nonexempt under the Fair Labor Standards Act.

_____

*If POC is shown, the following written certification by the traveler is required in accordance with JTR Volume 2, C2158.

I (will) (will not) operate a Government-owned vehicle for the purpose of performing travel required by temporary duty.

_____

MEMORANDUM

From: Public Works Officer, Marine Corps Base, Camp Lejeune
To: Civilian Personnel Officer

Subj: Travel Orders for _____

_____

Ref: (a) BO 12570.1B

1. It is requested that estimated cost information be furnished to complete DD Form 1610 on the subject employee. The following information is forwarded in accordance with the reference:

Purpose of TDY: _____

_____

_____

Government Sponsored: _____Yes _____No

*Mode of Transportation Preference: _____

Location of TDY Site: _____

Type of Quarters: BOQ _____Available _____Not Available

Commercial _____

Date and Time Training, Conference, etc., begins: _____

Date and Time Training, Conference, etc., ends: _____

Registration Fee or Tuition Involved: Yes/No Amount: _____

Rental Car will _____ will not _____ be required.
(If required, written justification must be attached.)

Employee is _____Exempt or _____Nonexempt under the Fair Labor Standards Act.

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04

DEPARTMENT OF THE NAVY
NAVAL FACILITIES ENGINEERING COMMAND
PWC Industrial Management Division
San Diego, CA 92136

IN REPLY REFER TO
Code 151.5
29 August 1985

Subj: TRAINING INFORMATION BULLETIN

1. Purpose: The purpose of this Bulletin is to alert you to the changes in the NAVFACENGCOM Public Works Training Center (NPWTC) Technical Training Program.

2. Background: We are undertaking a major effort to assure that all of NPWTC's training activities and efforts are accomplished in the most cost effective manner to meet real Public Works Center (PWC) and Public Works Department (PWD) training needs, as outlined in NAVFACINST 12410.44D. Assuring that these responsibilities are properly carried out is critically important in light of the large Government expenditures for training and the need for cost efficiency. NPWTC is an integral part of the Naval Facilities Engineering Command (NAVFACENGCOM) responsibility as technical advisor for Navy-wide public works maintenance and operations.

3. Objectives: NPWTC will be relocated on or about 1 October 1985 to the Public Works Center Industrial Management Division in San Diego, California. Future emphasis will shift resources away from NPWTC staff-taught technical training programs and which the private sector can provide as well or better than NPWTC. Resources currently committed to providing such training will be redirected toward achieving cost efficient training for PWC/PWD specific functions. The training provided to achieve this goal will be as follows:

a. Training in the use of modern public works management techniques and systems;

b. Basic and advanced public works skills training courses arranged through government facilities and/or contractors at various locations;

c. Development, issuance and administration of public works related correspondence training courses for personnel at Navy and other DOD agencies throughout the world;

d. Design, development and assistance in implementing specific public works training programs for individual activities and to meet Navy-wide needs; and

e. Limited development and presentation of NPWTC resident training center courses in specialized public works subjects.

4. The correspondence course program while very popular throughout the government has become costly for NAVFACENGCOM to operate. Therefore, a nominal charge of $15.00 per course will be assessed for all courses issued after 1 October 1985 to establish the function on a self-supporting basis. Either form DD 1556 or SF 182 is acceptable for payment.

5. Action: Addressees are requested to ensure that all personnel concerned with or engaged in public works functions are made aware of the objectives and services of the NPWTC and encouraged to take full advantage of the opportunities afforded in the area of training and development. Communications in regard to nominations, requests for materials, services, on-site visits, and other matters of a routine nature should be addressed to:

Commander
Naval Facilities Engineering Command
Assistant Commander for PWCs
PWC Industrial Management Division
Naval Station, Box 205
San Diego, CA 92136-5205
ATTN: Code 151.5

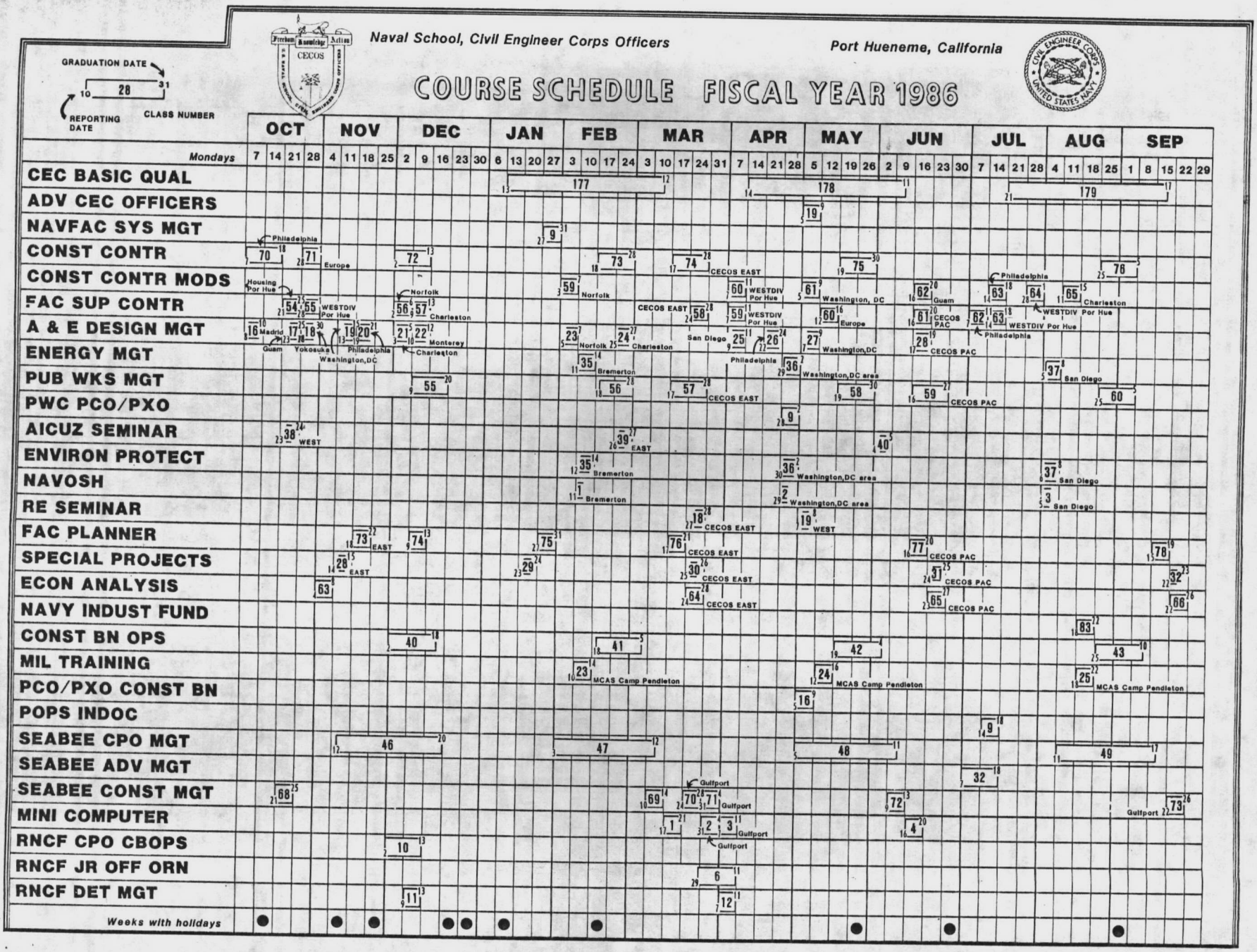
Telephone (619) 235-5654 (AVN) 958-5654
(619) 235-2411 (AVN) 958-2411

NOTICE

NPWTC HAS MOVED!

Effective 1 October 1985, and thereafter, please correspond with NPWTC *at the following address:*

NAVFACENGCOM HQ DET (code 151.5)
PWC Industrial Management Division
NAVSTA BOX 205
San Diego, CA . 92136-5205
Tele.(619)235-5654 Atv.(958)5654


Naval School, Civil Engineer Corps Officers
Port Hueneme, California
COURSE SCHEDULE FISCAL YEAR 1986
GRADUATION DATE
10 28 31
REPORTING DATE
CLASS NUMBER
OCT NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP
Mondays
7 14 21 28 4 11 18 25 2 9 16 23 30 6 13 20 27 3 10 17 24 3 10 17 24 31 7 14 21 28 5 12 19 26 2 9 16 23 30 7 14 21 28 4 11 18 25 1 8 15 22 29
CEC BASIC QUAL
ADV CEC OFFICERS
NAVFAC SYS MGT
CONST CONTR
CONST CONTR MODS
FAC SUP CONTR
A & E DESIGN MGT
ENERGY MGT
PUB WKS MGT
PWC PCO/PXO
AICUZ SEMINAR
ENVIRON PROTECT
NAVOSH
RE SEMINAR
FAC PLANNER
SPECIAL PROJECTS
ECON ANALYSIS
NAVY INDUST FUND
CONST BN OPS
MIL TRAINING
PCO/PXO CONST BN
POPS INDOC
SEABEE CPO MGT
SEABEE ADV MGT
SEABEE CONST MGT
MINI COMPUTER
RNCF CPO CBOPS
RNCF JR OFF ORN
RNCF DET MGT
Weeks with holidays
177
178
179
Philadelphia
Europe
Norfolk
Charleston
Housing Por Hue
WESTDIV Por Hue
Monterey
Guam
Yokosuka
Washington,DC
Philadelphia
Bremerton
CECOS EAST
San Diego
Washington,DC area
WEST
EAST
CECOS PAC
MCAS Camp Pendleton
Gulfport

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

DATE: 17Sep 1985

FROM: 04S

TO: All Branch Managers

SUBJ: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information:

a. Employee's Name: _____

b. Title of Course: _____

c. Dates of Course & Location: _____

d. Description of Course: _____

_____

_____

_____

_____

e. Cost of Course: _____

f. Benefits of Course: _____

_____

_____

_____

_____

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

Sue Jarman

SUE JARMAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

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SMU

INDUSTRIAL MANAGEMENT
COMPUTERS
LEGAL and REAL ESTATE
MARKETING
ENGINEERING MANAGEMENT
PROJECT MANAGEMENT
CONSTRUCTION
SALE OF A COMPANY

SOUTHERN METHODIST UNIVERSITY
MANAGEMENT CENTER
EDWIN L. COX SCHOOL OF BUSINESS
DALLAS, TEXAS 75275

Project Management

SEMINAR	WHEN	WHERE	COURSE DESCRIPTION
Project Management and the Personal Business Computer #804 $645	Sept. 24-26	Dallas	How to use software packages to develop project schedules and budgets, track and control expenses, analyze project costs, update schedules, generate printed process reports, level resources, evaluate productivity. "Hands-on" computer experience with supervision. **Who Should Attend:** Project leaders and managers. No prior programming or computer experience needed.
Project Management: Planning, Scheduling and Control #813 $545	Nov. 14-16 Dec. 12-14	San Antonio Dallas	Learn the skills to help bring in projects on schedule and within budget; develop and coordinate the total project plan; use tools such as PERT, CPM and BAR charts; motivate project team members to peak performance; prevent interdepartmental conflicts; deal with specifications and resource needs which are unrealistic; design and implement reporting and briefing documents. **Who Should Attend:** Project and program managers involved in the areas of engineering, data processing, research and development, construction, manufacturing, maintenance, corporate planning, finance and marketing. Especially valuable for executives, managers and supervisors in government and industry who are concerned with effectively managing ventures and projects where the cost, schedule, and performance of programs must meet rigid requirements.

Construction

Construction Costs: Estimating and Bidding #935 $545	Nov. 1-2	Dallas	Learn about elements of risk, proven bidding strategies, how and where to include overhead in cost estimates; how to deal with adjustments in estimates, how to optimize crew size and structure, and much more. **Who Should Attend:** Construction contractors, representatives, engineers, architects, construction managers, cost engineers, contract administrators.
Construction Project Management #970 $525	Oct. 22-23	San Antonio	Single steps to reduce costs and maintain schedules in construction project management; will discuss the project teams, proposals, pre-award negotiations, priorities, work assignments and performance deadlines, estimate and control costs, and relationships among clients, contractors, and the project teams. **Who Should Attend:** Project managers, department managers, project engineers, marketing personnel, all disciplines working on a project team.

Sale of a Company

How to Structure and Finance a Leveraged Buyout #832 $565	Sept. 27-28 Nov. 27-28	Houston Dallas	Learn the background of the leveraged buyout; study the players (buyer, seller, and third party); study how to organize the acquisition program, evaluate prospective leveraged deals and put the deals together. **Who Should Attend:** Investors, managers, corporate buyers, venture capitalists, intermediaries.
How to Profitably Sell or Buy a Company or Business #869 $545	Sept. 20-21	Dallas	Ways to buy or sell . . . assets vs. corporation . . . cash or stock . . . preparing the business for sale . . . what is it worth . . . marketing the business . . . screening the buyer. Evaluations of different types of industries and businesses, valuing goodwill, financing, contracts, case studies. **Who Should Attend:** Business owners, board members, entrepreneurs, CEO's, financial officers and analysts, corporate planners, accountants, attorneys interested in sale or purchase of businesses where gross sales are 1 million to 35 million dollars annually.

M U

INDUSTRIAL MANAGEMENT
COMPUTERS
LEGAL and REAL ESTATE
MARKETING
ENGINEERING MANAGEMENT
PROJECT MANAGEMENT
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The Construction Specifications Institute, Inc.
601 Madison Street
Alexandria, Virginia 22314

Bulk Rate
U.S. Postage
PAID
Berea, Ohio
Permit No. 333

CSI SEMINARS

SPECIFICATIONS and CONSTRUCTION CONTRACTS

Professional Development

3 day

March ~~18-20,~~ 1986

Dallas, Texas

SPECIFICATIONS and CONSTRUCTION CONTRACTS

Monday-Wednesday
March ~~18-20,~~ 1986

8:30 a.m. - 4:30 p.m. daily
Dallas, Texas

Continuing Education Units: 2
$395-CSI members
$425-Non-members

Probably same

Information:
(703) 684-0300

This program meets criteria for the nationally accepted Continuing Education Unit. CSI issues certificates of completion and maintains records of non-credit educational experience.

In-House Training

CSI seminars can be tailored to the needs of your organization and offered at a site convenient to your participants. In-house training eliminates the cost of travel and lodging and reduces the per person registration fees. Contact CSI for information on in-house training programs.

Course Manual Included

A comprehensive reference book reviews major points of the course and includes reprints, documents, and reproducible illustrations.

SPECIFICATIONS and CONSTRUCTION CONTRACTS

Objective

This seminar takes a look at the changing regulations, technology and contractual relationships that are effecting the preparation of written construction documents. In a condensed three-day program, it reviews current practices in preparing the project manual and explains the legal implications of language used in the Conditions of the Contract and specifications. Through team teaching and practical workshop exercises it explains how to use the Manual of Practice and presents the basic principles of CSI's nationally accepted format. The importance of a standardized format and how it can be effectively applied across design disciplines is demonstrated throughout the workshop.

Applicants of the Certified Construction Specifier exam may wish to use this course for review. Product representatives may wish to take this seminar to better understand the needs of their professional clients.

Program Outline

Day 1:
- Orientation and Overview
- Introduction to Contracts
  - Role of the Parties
  - Role of the Documents
- Principles of Specifying
- Workshop exercise

Day 2:
- Specifications Language
  - Style
  - Grammar
- Modes of Specifying
- Workshop exercise
- CSI Method of Document Organization
- CSI Format
- Workshop exercise
- Variations in Specifying

Day 3:
- Document Production
  - Preparation
  - Information Gathering
  - Specifying
- Tailoring Documents to the Project
- Workshop exercise
- Legal Implications
  - Conditions of the Contract
  - Modifying General Conditions
  - Liability of Specifying
- Panel Discussion

Participants will learn how to

- Relate product specifications to the Conditions of the Contract
- Define the responsibilities of parties to the contract
- Assemble information for document production
- Organize the Project Manual according to CSI format
- Prepare product specifications according to CSI format
- Use various types of specifications
- Use effective specifications language
- Tailor documents to the project
- Recognize the legal implications of language used in Conditions of the Contract and specifications
- Define which information goes on the written documents and which goes on the drawn documents

You should attend

- If you are involved in contract administration;
- If you are responsible for project and document coordination;
- If you interpret or implement construction documents;
- If you are involved in the selection and evaluation of construction materials;
- If you specify or purchase construction products;
- If you manufacture construction products;
- If you enforce construction codes;
- If you are an owner, builder, or developer concerned about accurate implementation of specifications;
- If you are involved with construction arbitration or litigation.

Instructors

Sheldon B. Israel, FCSI, CCS (Principal Instructor and Faculty Chairman) is President, TECON, Inc., Construction Technology Consultants, Ft. Lauderdale, Florida. Israel, who has more than 25 years' experience in construction specifications, materials research, and contract administration, has served as a specifications and materials consultant for architectural and engineering firms nationwide. A former chairman of the Institute's Education Committee and current Southeast Region Director of CSI, Israel is active as a public speaker and instructor. He is a member of the Construction Industry Panel of Arbitrators of the American Arbitration Association.

Diana M. Hamilton, CSI, is Director of Specifications for the San Francisco architectural firm Kaplan/McLaughlin/Diaz. With more than 20 years' experience in the design and production of construction documents and master specifications systems for architectural and engineering firms, she is a frequent seminar speaker and has lectured at San Jose State University and the University of California, Berkeley. She is currently West Region Director of CSI.

Joseph H. Kasimer, Esq., CSI, is a graduate of Yale University (B.A. cum laude) and George Washington National Law Center (J.D. with Honors). Currently engaged in private law practice, he specializes in construction contract litigation and claims and represents owners, architects, general contractors, subcontractors, sureties, construction managers and suppliers throughout the United States. Kasimer is a frequent contributor to The Construction Specifier and has authored articles and seminar materials for Engineering News Record, The Public Contract Law Journal, The Military Engineer, National Asphalt Pavement Association, and Federal Publications, Inc. He is a member of the American Arbitration Association and in 1983 CSI awarded him an Education Commendation.

Hotel

Reservations must be made by participants. A block of rooms at a preferred rate will be held up to two weeks prior to the seminar.

Dallas Hilton Inn
5600 N. Central Expressway, Dallas, Texas 74206
(214) 827-4100
Room rate: $62-single; $82-double
Transportation: Surtran from the Dallas Fort Worth Airport: $6
Courtesy transportation to and from Love Field
Recreation: Outdoor pool; SMU campus is across the street.
Restaurants: Two restaurants, a cafe, and lobby piano bar.
Shopping: The famous Greenville Avenue entertainment area is around the corner; Courtesy transportation to and from North Park Mall.

General Information

REFUND POLICY
- The registration fee is refundable, except for a $25.00 service charge, provided the request is received in writing at least five days prior to the date of the seminar.
- Full refund is made if the course is cancelled.
- No refunds will be made once the seminar has begun.

The registration fee covers the cost of the seminar, refreshments, lunch, course materials, and continuing education certificate.

The registration fee does not cover other meals, hotel accommodations, transportation, or incidentals.

Registration Form

Seminar _____

Seminar date/location _____

Name _____
(Print exactly as name should appear on certificate)

Organization _____

Address _____

City/State/Zip _____

Daytime phone _____ No. yrs. experience _____

☐ Architect ☐ Engineer ☐ Specifier ☐ Sales Rep. _____

☐ CSI member: $395 ☐ Non-member: $425

☐ Send CSI membership information

Mail to: Manager, Education Programs, **CSI**
601 Madison Street, Alexandria, VA 22314

- Make check payable to: The Construction Specifications Institute
- CSI education program fees are tax deductible.
- Registration will be confirmed by letter.

13857

12410
PWO
5 Oct 1984

From: 04S
To: All Branch Managers

Subj: MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY85

1. Funds to accomplish studies, surveys, and training related to the FY85 Energy and Utilities and Fire Protection programs have been established. I need a list of any training courses that you and/or your personnel could benefit from that would fall under these categories. Actual funding of all submitted items will be subject to priorities established by CMC.

2. I need the following information:

a. Employee's Name: _____

b. Title of course: _____

c. Dates of Course & Location: _____

d. Description of course: _____

_____

_____

_____

_____

e. Cost of course: _____

f. Benefits of course: _____

_____

_____

_____

3. In order for me to submit this training for possible funding, I must have above information returned to me by Friday, 12 October 1984.

SUE JARMAN

17Sep 1985

04S

All Branch Managers

MARINE CORPS SPECIAL O&M PROGRAM FUNDING FOR TRAINING FOR FY86

1. Funds to accomplish studies, surveys, and training related to the FY86 activity energy/utilities requirements are available from Headquarters under the subject special funding. I need a list of any training courses that you and/or your personnel could benefit from that would fall under this category (courses should be offered during the period from 15 November 1985 - 31 October 1986). Actual funding of all submitted courses will be subject to priorities established by the Public Works Officer, Facilities and CMC.

2. I need the following information:

a. Employee's Name: _____

b. Title of Course: _____

c. Dates of Course & Location: _____

d. Description of Course: _____

_____

_____

_____

_____

e. Cost of Course: _____

f. Benefits of Course: _____

_____

_____

_____

_____

3. In order for me to submit this training for possible funding, I must have above information returned to me by Wednesday, 2 October 1985.

SUE JARMAN

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

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FAC

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DATE: 6 SEP 1985

FROM: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune
TO: DISTRIBUTION

SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY-86

Ref: (a) CMC Washington DC 281426Z Aug 85

1. The reference requests training courses, seminars, studies, surveys, etc., for possible funding FY-86. Request you please provide a prioritized list in the following format to this office no later than 7 October 1985 for consolidation and submission.

Course/Seminar Description	Cost	Benefits	No. Attendees

B. W. ELSTON
By direction

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30 Aug 85

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Mr Elston,
Please coordnt with all Branches to ensure a good consolidated effort. Maybe a Memo to them with a bf would be appropriate for this response

Copy for Alex

ROUTINE

R 281426Z AUG 85

FM CMC WASHINGTON DC

TO AIG ZERO ZERO EIGHT

UNCLAS //N04101//

CMC//CODEXLFF-2//
SUBJ: MARINE CORPS SPECIAL O&M "P" PROG FUNDING FOR FY86

1. SPCL PROG FUNDING IS AVAILABLE IN FY86 FOR ENERGY CONSERVATION AND UTILITIES OPERATIONS/MANAGEMENT. THESE FUNDS ARE MADE AVAILABLE FROM HDQTRS TO FIELD ACTIVITIES FOR STUDIES, SURVEYS, AND TRAINING RELATED TO ACTIVITY FY86 ENERGY/UTILITIES REQUIREMENTS WHICH ARE IN EXCESS OF TARGETED OTHER ENGINEERING SUPPORT AMTS PROVIDED IN COMMAND OPERATING BUDGETS.

2. ADDRESSES ARE REQUESTED AND HIGHLY ENCOURAGED TO SUBMIT, TO THIS HDQTRS (CODE LFF-2) BY 15 OCT 1985, THE FOLLOWING FOR SPCL PROG CONSIDERATION AND POSSIBLE FUNDING. PLEASE PUT THE REQUEST IN YOUR DESIRED PRIORITY OF ACCOMPLISHMENT.
A. TRAINING COURSES AND SEMINARS PROPOSED FOR FY86.
B. STUDIES AND SURVEYS PROPOSED FOR FY86.
INCLUDE DESCRIPTION, COST, AND BENEFITS. ACTUAL FUNDING OF THE SUBMITTED ITEMS WILL BE SUBJ TO PRIORITIES ESTABLISHED IN BEST INTEREST OF THE MARINE CORPS AND THE AVAILABLE FUNDING.

3. POC (AV 224-1425, 2171, 3188) IS MR. JERRY FRIEDMAN (HQMC/LFF-2).

BT

BFAC(2)...ACT FOR CG MCB CAMP LEJEUNE(11) 17000/ 2/0369
BADJ(4) BCOS(1) BMAO(1) BSDO(1) CEOB(1) OICB(1)

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CSN:AUIA00537 CMC WASHINGTON

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6 SEP 1985
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